The Aviator as Superhero?

The Individual and The First War In The Air

By Air Cdre Peter Dye

The following narrative focuses on the pilots and observers employed on a single squadron (No 9 Army Co-operation Squadron) during the Third Battle of Ypres, July-November 1917. It aims to achieve a better understanding of the personal experience of individual aircrew involved in the First World War and, in particular, the mental and physical aspects of the war in the air. It was stimulated by a recent article in *History Today*[1] that examined 'The Aviator as Superhero' in the context of the rise of fascism. The author has suggested that First World War pilots were 'special', pursuing an attractive existence far above the trenches and able to resist the mental traumas that afflicted ordinary soldiers due to their unique control over their fate.

On Monday morning 7 January 1918, Lieutenant Robert Barton Cameron, a 21 year-old observer with No 9 Squadron Royal Flying Corps, flying from an airfield at Proven on the Western Front, was reported as Killed In Action. What the official record does not reveal is that he had deliberately jumped to his death from 1,000 ft over British Lines.

We will never know for certain what motive lay behind the decision to include this particular casualty as one of the 50 aircrew from No 9 Squadron who were reported as Killed In Action during the course of the war — rather than employing the more prosaic 'Killed Accidentally' — but it might be inferred that the Squadron

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Commander, Major James Rodwell, felt Robert Cameron's parents would prefer to believe their son had died in the face of the enemy rather than by his own hand. In so doing, Major Rodwell may also have believed that Robert Cameron was as much a casualty of the fighting as those killed or injured on active operations.

A single death, however regrettable, may not seem significant compared to the hundreds of thousands killed in the trenches yet suicide remains a subject little discussed by either surviving participants or subsequent historians. It was certainly a surprise when I stumbled on an account of the actual circumstances. At the time, I was unaware of any other suicides or self-inflicted injuries within the Royal Flying Corps, although on reflection the manner of Robert Cameron's death was unlikely to have been an isolated occurrence.[2] It also raised a number of potentially uncomfortable questions. In disguising the events surrounding Robert Cameron's death did the Squadron Commander (and presumably Higher Authority) conform to a wider perhaps unconscious deception that sought to provide an image of war acceptable both to those at home and those at the front? How did his comrades react? And, was it indicative of a wider problem — the exceptional and relentless pressure felt by individuals fighting a lonely, very personal and unprecedented battle in the sky?

While there is a substantial body of work on the suffering of those caught up in the maelstrom that was trench warfare, very little has been written about the effect on the relatively small group of airmen engaged in the war in the air. Yet, it was a struggle that tested men and machines to their very limits, both physical and psychological, although both areas were poorly understood at the time. In fact, much of the contemporary medical literature appears to be directed at the identification of characteristics that make for a good pilot, focussing on temperament as a key factor rather than any deeper or wider analysis.[3] Moreover, one need only consider the initial treatment of shell shock to understand how limited was medical knowledge about mental health and the effective treatment of post-traumatic stress disorder.[4]

The following quotation, forming part of a contributing chapter on the medical aspects of aviation published in 1918, appears to reflect the generally held view about pilots suffering from 'nerves'. "It is certain that an aviator's disinclination to fly must have its basis upon some temporary defect of body or mind, and, without being unduly sensitive or timid, he should realize this and overcome the cause rather than tempt Providence by running the danger of overtaxing his power".[5] In the remaining five pages, the novice aviator is offered advice encompassing visual, auditory, tactile, muscular and balance reflexes as well as the need to avoid drinking and to restrict smoking. The text is a mixture of the sensible, the simplistic and the simply odd, including the following: "The fact that aeroplanes are now so improved and structurally strong that there is little or no danger of anything giving way in the air, should reassure pupils, who sometimes are distressed with this thought whilst in the air"; and, "Most aviators fly with the mouth slightly open. Pupils should see that their teeth and gums are in a healthy state, otherwise any local disease therein is apt to be increased by the cold and rush of air"

To be fair, it is hardly surprising that the medical aspects of aviation were poorly understood. There had been little opportunity for research and little time to build up a body of knowledge. What is more puzzling is that the literary legacy, by and large, does not seek to explore the impact on individuals and the price they paid physically and mentally. In fact, much post-war writing portrays aviators as heroes (the knights of the air) fighting an honourable war (in chivalric combat) far removed from the trauma and squalor of the struggle on the ground. The emphasis on individual fighter aces (who quickly achieved

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heroic status amongst the public on both sides), the natural pride in technological progress and the apparent freedom of the skies compared to static warfare of the Western Front, have largely masked the darker side of air warfare.[6]

Unfortunately, the ranks of the British Air Services have not produced the equivalent of a Sassoon or Blunden to argue to the contrary. The exception perhaps is Victor Yeates and his novel Winged Victory.

The exact circumstances of Robert Cameron's death might have remained a mystery were it not for the personal diary of his flight commander, Captain BUS Cripps. The entry for 7 January 1918 reads: ". . . I had put Lt Cameron down for a practice contact patrol, as he was in bed at the time, I went and strafed him and sent him up. He committed suicide by jumping out of the machine. I then went up with Lt Robson to do the practice contact. In the afternoon I went up again to take an officer for a joy ride. It snowed in the night".

As insensitive as this passage might read from a distance, it should be put in context. Captain Cripps had joined No 9 Squadron nearly six months previously at the very start of the Third Battle of Ypres, since when he had seen 52 of his colleagues killed or injured out of a total complement of 40 pilots and observers. Death was not a stranger to him or to the other members of the squadron, many of whom he would have known only briefly before they were struck off strength. After such a period of sustained offensive operations a certain degree of fatalism might be expected. Interestingly, although the pilot involved — Lieutenant Jim Croden, a Canadian — has left an account of his experiences in France he does not mention the incident.[7]

Robert Cameron was a medical student in his third year at Glasgow University when he joined the Royal Flying Corps in 1917. After initial training he was posted on 10 September 1917 to No 9 Squadron, equipped with the two-seater RE8, as an Observer on Probation (OOP). An OOP was not awarded his observer's badge until he had completed a period of satisfactory performance, nominally after several months (or some 25 hours war flying). In this task he was evidently successful as a group photograph dated to late October 1917 shows a very young looking Robert Cameron in his RFC Maternity Jacket proudly displaying his observer's 'wing'.

No 9 Squadron was an army co-operation squadron and as such worked closely with the front line providing support to infantry attacks, counter-battery fire, artillery registration, photography and reconnaissance. Although the RE8 has subsequently suffered from a mixed reputation, it was generally liked by its crews proving to be a reliable and rugged aircraft. It was certainly not the sitting duck for enemy fighters that popular myth has suggested. There was almost equal danger from ground fire and accidents (Fig 1), including the not infrequent occurrence of being hit in the air by British artillery shells.

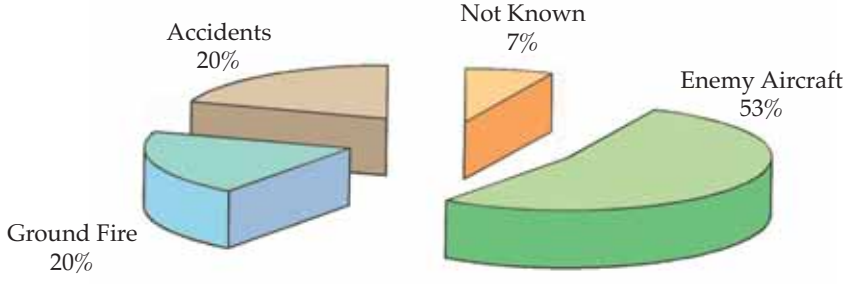
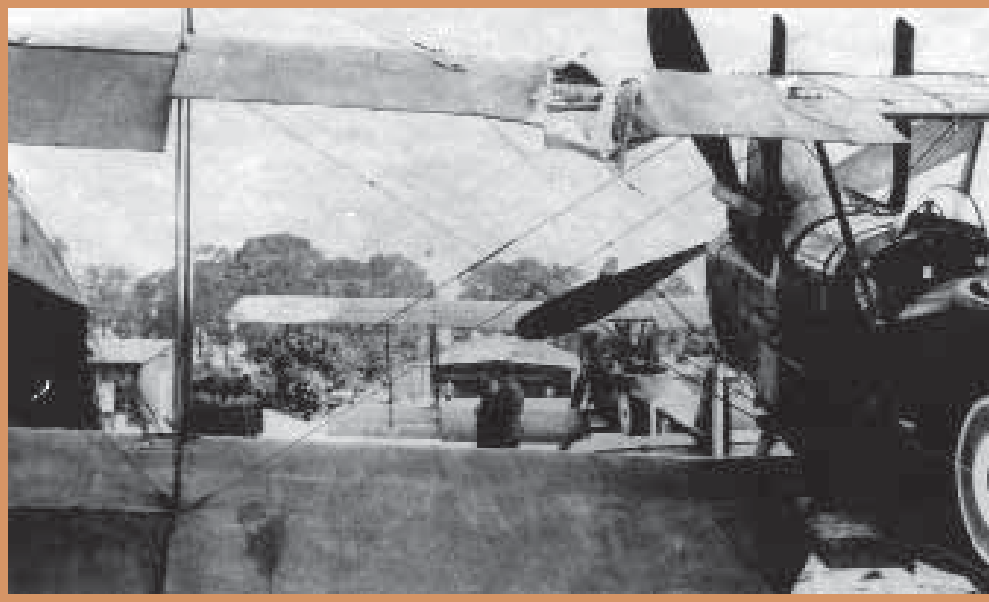


Fig 1: No 9 Sqn Aircrew Casualties (By Cause) – 1917

9 Sqn RE8 damaged by AA fire – Captain Youdale and Lt Ashcroft

9 Sqn RE8 – engine failure during the Third Battle of Ypre

Lt Robert Cameron – standing centre, third from left

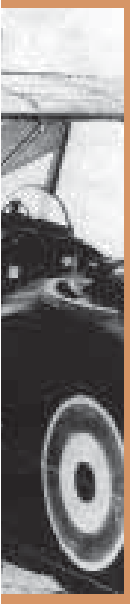


9 Sqn RE8 – hit by Allied shell fire – Third Battle of Ypres

The graves of Lts Lewis and Holt, brought down by Allied fire

of Ypres

9 Sqn RE8 – November 1917



Crashed 9 Sqn RE8 – on Proven airfield

Proven airfield, photographed from a 9 Sqn RE8

It was a rare sight not to see an aeroplane in an unnatural position somewhere on or near the aerodrome

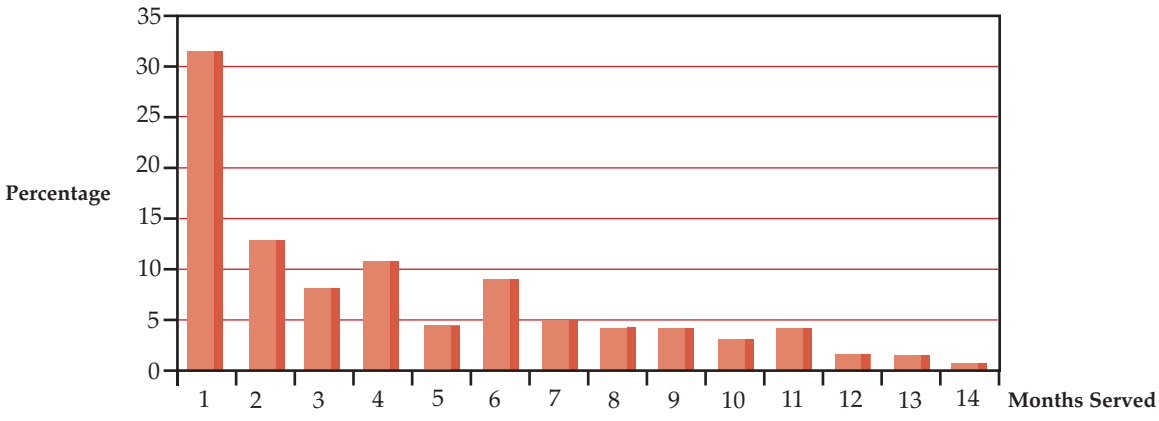
The squadron record book shows that Robert Cameron crashed twice in September and twice in October (the aircraft being written off on all four occasions). Between 18 October and 12 November he was attacked on three occasions by enemy aircraft, each time driving them off by fire from his Lewis gun. Although such experiences were not exceptional, they were hardly welcome and might well have weighed heavily on the newly arrived observer — all the more so as he appears not to have been crewed with a regular pilot.[8] The importance of the pilot/observer team has been commented on by a pilot who also flew RE8s at Proven. More significantly, perhaps, he adds "I was shot at and sometimes hit and I had as my constant companion a large quota of fear, which is I consider inevitable to all normal individuals in one form or another".[9]

The airfield at Proven was certainly difficult to land on as well as providing hazards to aircraft that had to abort their take-off. An observer who served on the squadron earlier in 1917 recalled that "The RE8s were reputed to have a landing speed of about 70-80mph or they would stall. This was all right on a big aerodrome but . . . Proven was very small and one approach was over a belt of trees. There were very many crashes especially on landing. I was now specialising in 'Contact Patrols' which involved close trench reconnaissance with photographing trenches and gun emplacements and so forth, flying just above the attacking infantry sounding a code on a klaxon at specified times. It meant flying very low in the midst of the artillery barrage. My pilot developed some nervous trouble that affected his landings. We crashed eight times coming into land and then the next crash was on taking off downwind into a petrol store and onto a hangar where the machine turned upside down and I fell out and then the whole contraption descended on me. Miraculously there was no fire though petrol was spilling all around. My pilot — strapped in — escaped with a scratch to his nose but was much shaken. I was dragged by the wrists from the wreckage. A few days later our MO returned from leave and took me at once to the hospital which discovered that my right arm had a clean fracture above the wrist but the break had been set — presumably by my having been dragged by the wrists from the wreck."[10]

Although a request was made to extend the landing ground and remove some of the more prominent obstacles (such as the surrounding hop poles) no action appears to have been taken. A contemporary of Robert Cameron observed that "During the whole time I was there, it was a rare sight not to see an aeroplane in an unnatural position somewhere on or near the aerodrome".[11]

It is not clear that there was a common or consistent attitude towards aircrew who demonstrated 'nerves'. There appears to have been a degree of tolerance and what data is available suggests that squadron commanders were quick to root out new arrivals who were unsuitable for war flying and equally careful to return to Home Establishment those who had done their 'share' for the war effort. The approach taken on No 9 Squadron might best be described as 'robust sympathy'. It should also be remembered that it was not until late 1916 that a Medical Officer was

Fig 2: Average Tour Lengths for all Aircrew 1915 – 1918



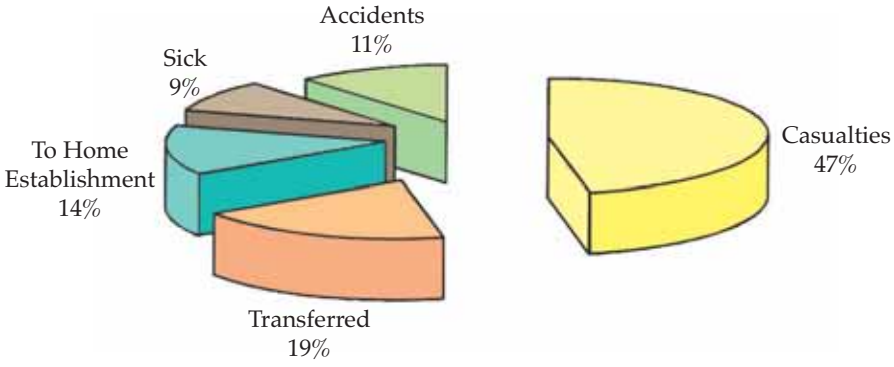


Fig 3: Postings By Cause (less than one month served)

appointed to each brigade (comprising some five to 10 squadrons) in France. Individual squadrons were provided with a single RAMC Orderly — capable of providing First Aid but not allowed to administer morphia — responsible for taking the patient to the nearest hospital in a tender or a car, depending on whether he was a stretcher case or not.[12]

An analysis of more than 300 aircrew who joined No 9 Squadron during the three years December 1915 to November 1918 reveals that a significant number of pilots and observers only served briefly on the front line. In fact, just over 32% of all aircrew stayed less than a month with the squadron (Fig 2). Further evidence in support of this picture is provided by a post-war study that also calculated a monthly wastage of 32% in the number of effective pilots employed on the Western Front.[13]

The causes of wastage on No 9 Squadron were various, the largest single category being combat casualties (47%) but a significant proportion (14%) was returned to Home Establishment (Fig 3). Sickness accounted for 9%: this excludes those hospitalised through accidents (11%). While confirming the vulnerability of newly arrived and generally inexperienced aircrew, the data also provides some evidence for a conscious weeding out of those considered unsuitable for war flying.

Overall, about 8% of all aircrew serving with the squadron were returned to the Home Establishment having served less than three months on the Western Front. An official study carried out in 1918 on 1436 pilots, who were sent to France during the six months July to December 1917, reveals that 7% of RE8 pilots originally despatched to France were sent home having served less than three months (compared, for example, with 5% of fighter pilots).[14]

Reflecting on his wartime experiences with No 9 Squadron, Squadron Leader AWF Glenny wrote "I remember one incident (at Proven) when . . . one of my flight crashed (and) the RE8 loaded with bombs and ammunition caught fire and in a few moments the bullets were exploding and the bombs white hot . . . both pilot and observer . . . survived though the pilot's nerves were shaken further by being bombed in hospital in London shortly after he got home and he gave up flying! Nowadays, a crash creates a great deal of stir and alarm, the pilot and observer have to go to a medical inquisition and as often as not are recommended to a short rest if they are not seriously hurt. During the war a different spirit prevailed and I recollect that the principle was to step out of the remains of one aeroplane into a whole and flyable new one. To my mind the war idea is much sounder and I often think that many cases of 'nerves' one meets nowadays among beginners may be down to the present system".[15]

Notwithstanding the problems of landing at Proven, Robert Cameron can be considered to

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have been unlucky in the number of crashes he was involved in — even if he was able to walk away. There is no doubt that he experienced a hectic and very testing first three months at the front. However, like many of his colleagues he was able to take advantage of the opportunity for two weeks leave once the fighting around Passchendaele ended. Returning on 3 December he found the squadron still at Proven but flying a great deal less intensively.[16] The weather had turned particularly cold — something that was felt greatly by the RE8's observer who was more exposed to the elements than the pilot. Fellow-observer George Fuller, who had joined No 9 Squadron on the same day as Robert Cameron, wrote of a sortie on 3 January 1918. "I never suffered so badly from the cold; one of my cheeks was frozen by the time we landed. I certainly had taken all the measures that I could to combat the weather; heavy woollen underwear, silk socks underneath wool socks, slippers (I think these were of the ladies bedroom variety) with leather soles lined with felt and woollen uppers, overshoes, silk gloves under combination leather gloves with adjustable fur-lined mitt to cover fingers, Sidcot suit, woollen balaclava helmet under my fur-lined helmet, and face mask and goggles, both lined with fur".[17]

Although George Fuller knew Robert Cameron and must have been familiar with the circumstances of his death he makes no mention of it in his reminiscences. However, he concludes his account of his time on No 9 Squadron as follows. "Of the seven of us who had reported for duty just six months before, only two of us were going back. Three had been wounded and sent home and two others were buried in the Military Cemetery at Proven. The casualties sustained including those killed, wounded, or missing, numbered 157 — enough to provide over three squadrons".[18]

There is some evidence that the casualty rate amongst observers was higher than for pilots — the observer was certainly more exposed — although serious injury to the pilot almost invariably meant that the observer became a casualty. Captain 'Rosie' Hilton, in arguing that an artillery pilot's life was not devoid of risk, noted that he had two observers killed in his machine and two others wounded during the year he was with the squadron.[19] It took considerable courage to face the attacks of enemy aircraft. "I had several air fights, mostly unsatisfactory. Once I was attacked by two enemy scouts and my observer cried like a child and refused to fire, though they fired about 200 rounds at us. Foolishly I did not report this as I rather pitied his terror, which was akin to my own but more wantonly and stupidly expressed".[20]

The motives that caused Robert Cameron to take his own life can only be guessed at. A Court of Enquiry was convened at Proven on 8 January 1918 to investigate and report on the circumstances of his death.[21] Having heard evidence from eight witnesses, it felt unable to show how his death had occurred, concluding only that the pilot was in no way responsible and that great credit was due to him for bringing the aircraft down safely. The various statements indicate, however, that the quality of Robert Cameron's work had fallen off considerably in the previous few months, that he was drinking heavily, he had not gone to bed sober the night before and he had seemed pale and confused in the morning.

Conclusive evidence is unlikely to emerge but there is no doubt that Robert Cameron and his fellow aircrew had to function under considerable physical and mental pressure. This is evident in the high attrition amongst newly arrived aircrew and the high level of hospitalisation (12% of all postings). The authorities were certainly aware of the impact of continuous operations on individuals (and on their overall effectiveness) and consciously chose to limit tours (for observers to a maximum of six months).[22] Combat, the loss of colleagues, the limited ability to relax and the cumulative impact of long hours spent in noisy, open cockpits with no oxygen or heated clothing created an increasing level of fatigue. Indeed, it has been reported that 80% of aircrew grounded suffered from 'nerves' and that 50% of pilots developed serious neurosis during operational tours. [23]

Even though the effects of stress were evident, the medical causes remained unclear. This uncertainty was reflected in the wide range of official and unofficial terms employed to describe the symptoms. These 'functional nervous

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disorders' comprised hysteria, neurasthenia and psychasthenia, although the terms more commonly employed were 'fatigue', 'flying stress' or 'nerves'. The phrase 'Flying Sickness D' appears to have used on some medical records as a catch-all for any aircrew neurosis arising from anxiety, hysteria, depression or obsession. The relatively few Medical sheets that have been preserved indicate that the terms most commonly used were 'Shell Shock', Neurasthenia, Insomnia and NYD(N) — Not Yet Diagnosed (Neurological).[24] In fact, it would not be until the early years of the Second World War that the primary causes of nervous disability amongst flying personnel would be fully understood. Under these circumstances, the treatment of individuals was at best haphazard — even though it was subsequently claimed that, of those treated for aircrew neurosis during the First World War, 40% were returned to full flying duties.[25]

The decision to fix tour lengths (even if they were not formalised) was largely driven by the need to maintain efficiency. In the absence of a resident Medical Officer, the task fell to the squadron commander to determine whether individuals needed a temporary rest or should be returned permanently to Home Establishment. Although the brigade Medical Officer could and did provide an 'expert' opinion the ultimate responsibility was that of the squadron commander.

We now know how important leadership is to the prevention and management of stress on operations.[26] Strong unit cohesion and high moral can create a high degree of resistance to stress. Of course, good leadership cannot compensate for predisposition or poor training, both of which factors can determine an individual's reaction to stressful circumstances. However, there is ample evidence of the powerful and positive influence exerted by the better squadron commanders. In the case of No 9 Squadron, Major Jack Hunter was greatly respected and much liked commanding officer. He led the squadron for over six months and throughout the Third Battle of Ypres. He was dined out in some style at Proven on 19 November 1917 but his successor, Major James Rodwell, was less popular. George Fuller for one "was never very much impressed by our new squadron commander, who was much more reserved and who lacked the fine personality of Major Hunter". [27]

The question of whether Robert Cameron should have been hospitalised or transferred to the Home Establishment before his suicide cannot properly be answered. Of course, it is not even certain that he was suffering from stress, although the circumstances are persuasive. It may be significant that none of his colleagues chose to refer to his death in their various memoirs. The reason could have been guilt, sympathy, embarrassment or a mixture of all three. We will never know; although it was clearly a conscious choice on the part of the squadron commander (and Higher Authority) to record his death as Killed in Action.

In some ways the silence surrounding Robert Cameron's death merely reflects the contemporary state of medical knowledge about 'Flying Sickness D'. Indeed, a full understanding of the cause of flying-related stress and of appropriate treatments would remain elusive until well into the Second World War — witness the handling of Bomber Command crews suffering from stress and the inference by some that it was simply due to a lack of moral fibre.

Robert Cameron was buried in Medinghem Military Cemetery, a few hundred metres from the airfield at Proven. His grave is surrounded by those of nearly 2,500 other Commonwealth servicemen who died on the Western Front. The headstone simply reads 'In Memory of'.

Notes:

[1] Cook, The Myth of the Aviator, History Today, pages 36-42, December 2003.

[2] There are at least another 14 recorded suicides amongst members of the British Air Services during the First World War. However, the actual total may well be higher.

[3] A classic example of this genre appeared in the Lancet of 28 September 1918 under the title, The Essential Characteristics of Successful and Unsuccessful Aviators with Special Reference to Temperament. Amongst the riveting insights provided by the authors (Capt TS Rippon & Lt EG Manuel) is the observation that marriage is a definite handicap to producing a successful pilot owing to the increased sense of responsibility.

[4] Corns & Hughes-Wilson, Blindfold and Alone, pages 52-59, Cassell & Co, London 2001, provides a useful summary of attitudes regarding mental health in Britain before the First World War.

[5] McMinnies, Practical Flying, pages 212-216, Temple Press, London, 1918.

[6] The one notable exception is Denis Winter's study of First World War fighter pilots, The First of the Few, Allen Lane, London, 1982.

[7] Some Experiences of Captain James Eric Croden, No 9 Squadron RFC, Canadian Air Historical Society, Vol 2 No 1, Winter 1964.

[8] The 7 sorties were:

11 Sep 17 - 2/Lt Gardner & 2/Lt Cameron. Engine failed on take-off and crashed into 2 lorries.

25 Sep 17 – 2/Lt Hackman & 2/Lt Cameron. Aircraft overran aerodrome and crashed.

18 Oct 17 – 2/Lt Jones & 2/Lt Cameron. Attacked by EA, driven off by observer.

27 Oct 17 – 2/Lt Cryer & 2/L Cameron. Aircraft overturned on landing.

31 Oct 17 – 2/Lt Dixon & 2/Lt Cameron. Aircraft crashed on landing and ran into ditch.

9 Nov 17 – Lt Walker & Lt Cameron. Attacked by 3 EA driven off by observer.

12 Nov 17 – Capt Anderson & Lt Cameron. Attacked by EA, driven off by observer.

[9] Flt Lt P Warburton – Service Experiences, NA(PRO) AIR1/2388.

[10] Liddle Collection, Recollections of 2/Lt MH Harland, University of Leeds.

[11] Sqn Ldr AWF Glenny - Service Experiences, NA(PRO) AIR1/2389/228/11/119.

[12] NA(PRO) CAB44/1.

[13] NA(PRO) AIR1/686/21/13/2252.

[14] NA(PRO) AIR1/818/204/4/130 — Report on Average Lifetime of Pilots in France.

[15] Glenny, op cit.

[16] Robert Cameron flew for the first time back from leave on 8 December 1917 and undertook just 12 further sorties in the remaining weeks before his death on 7 January 1918.

[17] Fuller, Reminiscences of Lt GSB Fuller, Cross & Cockade (USA) Vol 10 No 1, pages 34-54, 1969.

[18] The 7 observers were:

2/Lt T Simmons - Injured Accidentally (aircraft stalled and caught fire on take-off) 14 Sep 17

2/Lt AJ Powney - Died of Wounds (aircraft brought down by EA) 15 Sep 17

2/Lt GD Turner - Wounded in Action (attacked by EA) 20 Sep 17

2/Lt WE Rothwell - Hospital 20 Dec 17

2/Lt RB Cameron - Killed in Action (suicide) 7 Jan 18

2/Lt GSB Fuller - Home Establishment 13 Mar 18

2/Lt NS Robson - Home Establishment 13 Mar 18

[19] Richard Hilton, Nine Lives, pages 50-53, Hollis & Carter, Londin, 1955.

[20] EL Williams – Personal Experiences, NA(PRO) AIR1/2390/228/11/219.

[21] NA(PRO) AIR1/962/204/5/1061.

[22] The average tour length for all aircrew on No 9 Squadron was 4 months. This compares very well with the attrition assumptions employed to determine training requirements in 1917. NA(PRO) AIR1/683/21/13/2234 records the estimated life (in months) of pilots and observers as:

Squadrons	Pilots	Observers
Corps	**4**	**4**
Night Flying	**4**	**4**
Fighter Reconnaissance	**3.5**	**3.5**
Bombing	**3.5**	**3.5**
Single Seat Fighter	**2.5**	**—**

[23] Winter, op cit, pages 174-191.

[24] These are preserved in NA(PRO) MH106/2202-2206 and cover the period 1916-1919.

[25] Medical Problems of Flying, Medical Research Council Pamphlet No 53, London, HMSO, 1920, NA(PRO) FD4/53.

[26] Kearney, Military Stress and Performance, pages 15-16, Melbourne University Press, 2003.

[27] Fuller, op cit.