Preface

The Introduction to this volume draws attention to the Constitution of the World Health Organization (WHO), which was signed by 61 countries under the auspices of the United Nations (UN) on 22 July 1946. It suggests, too, that a close comparative reading of supposedly universal documents such as the Constitution, and other kinds of text, such as life-writing, can be productive for a complex understanding of the relationships between medicine and humanity (or inhumanity), as the present chapter demonstrates.

The WHO Constitution confirmed that ‘Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.’ In wartime, however, governments deliberately endanger the health of their peoples by forcing citizens to fight and to suffer injury and death. This historical responsibility of states for the well-being of their populations developed in the nineteenth and twentieth centuries during a period of mass warfare and conscription, in which all men of fighting age and an increasing number of civilians faced ‘rationalised slaughter’. Inhumane treatment and humanity, as understood by philosophers, doctors and humanists of different kinds in the wake of the Enlightenment, often coexisted under such conditions.

In the nineteenth century, most commentators and participants, including soldiers and physicians, considered war to be inevitable. What
medics were seeking to do, therefore, was to lessen the suffering and heal wounds caused by states in their conflicts with each other. Their actions – and those of later military psychiatrists – are to be understood in this context. The first international codification of the conduct of war took place in the second half of the nineteenth century, after wars in Crimea (1853–6) and Italy (1859). The resulting Geneva Convention of 22 August 1864, which was signed by 12 states including Denmark and Prussia (but not Austria), only extended to care for the wounded on the battlefield by medics and stretcher-bearers, all of whom were to be treated as neutral civilians, not military enemies.\(^3\) Treaties regulating the taking of prisoners, the definition and treatment of civilians, the use and proscription of specified weapons and shells, and the general conduct of war did not come into existence until the two Hague Conventions of 1899 and 1907. Against this background, the efforts of military doctors and early psychiatrists of war seem modest from a twentieth and twenty-first-century perspective, often overwhelmed by the scale of the violence that characterised modern warfare.\(^4\) This chapter examines, through a reading of autobiographical literature, how medics and soldiers viewed the role of medicine at such a critical but contradictory nexus, when subjects’ bodies and minds were tested in an extreme fashion.\(^5\)

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**Introduction**

Medical responses to injuries incurred in modern wars have been informed by broader questions about combat. Can soldiers and civilians in purportedly civilised, urban, industrial societies – or post-industrial societies – go to war in the old sense of symmetrical warfare, with combatants on each side facing similar types and risks of injury and death? This problematic hinges to a significant extent on the literature about combat readiness and combat fatigue in the Second World War, and to a lesser extent the Vietnam War and wars in Iraq (sometimes referred to as ‘new wars’).\(^5\) In particular, it rests on the definition of and discussions about post-traumatic stress disorder (PTSD).\(^7\) The degree of humanity – or inhumanity – displayed by medics has come, during the course of the last century, to rest to a considerable extent on their diagnosis and treatment of warfare’s psychological and physiological effects. This chapter contrasts such a state of affairs with the medical assumptions and practices of the nineteenth century.
The term ‘post-traumatic stress disorder’ was first included in the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association in 1980, but it referred to symptoms that had been described earlier under the heading of combat stress, ‘trauma’, shell shock or ‘war neurosis’ – as the first cases in 1870–1 were labelled. The diagnostic criteria of the DSM related to someone who had:

experienced an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone, e.g., a serious threat to one’s life or physical integrity; a serious threat or harm to one’s children, spouse, or other close relatives and friends; sudden destruction to one’s home or community; or seeing another person who has recently been, or is being, seriously injured or killed as the result of an accident or physical violence. 8

The traumatic event had to be re-experienced in the form of ‘recurrent and intrusive distressing recollections of the event’, ‘recurrent distressing dreams of the event’, ‘sudden acting or feeling as if the traumatic event were recurring’ (including hallucinations, flashback episodes and reliving the experience), and ‘intense psychological distress at exposure to events that symbolize or resemble an aspect of the traumatic event (for instance, anniversaries of the trauma)’. 9 It was also typical to avoid ‘stimuli associated with the trauma or numbing of general responsiveness (not present before the trauma)’, indicated by ‘efforts to avoid thoughts or feelings associated with the trauma, … activities or situations that arouse recollections of the trauma’, ‘inability to recall an important aspect of the trauma’, ‘markedly diminished interest in significant activities, … feelings of detachment or estrangement from others, restricted range of affect, e.g., unable to have loving feelings’, and a ‘sense of a foreshortened future, e.g., does not expect to have a career, marriage, or children, or a long life’. 10 In some cases, ‘symptoms of increased arousal could also be present: insomnia, ‘irritability or outbursts of anger, difficulty concentrating, hypervigilance, exaggerated startle response’, and ‘physiologic reactivity upon exposure to events that symbolize or resemble an aspect of the traumatic event’. 11

A study of the Vietnam War in 1990 commissioned by the Veterans’ Administration found that 15 per cent of all male veterans met all criteria of PTSD, and 11 per cent partially, or 830,000 cases overall out of 2.9 million Americans who served in Vietnam. In the Second World War, 23 per cent of all US evacuations from the fighting front had taken place because of psychiatric or neurological causes. 12 Overall, 1.3 million American soldiers were diagnosed with psychological disturbances in the Second World War, compared to 613,047 German soldiers in the First World War.
(of whom just under 200,000 were diagnosed as ‘war neurotics’). These are high proportions in circumstances where disclosure has traditionally been difficult, associated with charges of cowardice, weakness and lack of patriotism on the one hand, and characterised by official neglect and ignorance on the other hand. In the previous German wars – the ‘wars of unification’, fifty years earlier – most military doctors paid no attention at all to the psychological impact of military conflict. The first psychiatric report by the German military was published in the mid-1880s and it detailed a minuscule number of cases. Here, I investigate the grey areas that these circumstances created, considering the symptoms and treatment of those who did attract medical attention, alongside the millions of soldiers who were not diagnosed as psychiatric cases but who were profoundly affected by combat in a psychological sense.

This chapter asks how differing conceptions of humanity and inhumanity were transformed by soldiers’ exposure to modern forms of warfare in Germany, which were typified by artillery and dismemberment. It examines the boundaries established by psychiatrists, military doctors and other commentators between normally functioning humans and ‘deviants’, and between normal human responses to combat and lapses into barbarism and bestiality. Historians have already carried out extensive research into the diagnosis and treatment of the German cases of ‘diseases of the nervous system’ suffered by combatants between 1914 and 1918. They describe a decisive shift among psychiatrists, who were widely employed within the German army, away from theses concerning ‘traumatic neuroses’, which were held to be caused by physical events and mental shocks, to diagnoses of ‘male hysteria’, which focused on the pre-traumatic constitutional weaknesses of patients. Psychoanalysts, including Sigmund Freud, contested such arguments about human weakness, positing that the physical conditions of modern warfare had removed civilised inhibitions, revealed the significance of the death wish alongside libido, and exposed the limits of humanity. This study examines the relationship between doctors’ and, more rarely, psychiatrists’ accounts and those of soldiers themselves in the period before the First World War, asking how medics understood the impact of modern warfare between 1864 and 1871.

Military Doctors’ Responses to the Injuries of Modern Warfare

The wars of unification stood in the interstices between the introduction of modern warfare and the beginnings of internationally agreed laws of war and humanitarianism. The Crimean War witnessed the exploitation
of new technologies of warfare, marking it out from previous wars. More destructive, accurate and longer-range bullets and shells increased the need for skirmishers and protected positions and reduced the role of infantry formations, hand-to-hand fighting and cavalry charges, as well as producing more deadly, gruesome wounds and more effective medical means of treating such wounds. At the same time, the conflict in 1864 between Prussia, Austria and Denmark, all of which were held to be civilised states, was believed by some to be the first ‘humanitarian’ war. Jean Henri Dunant, who had published Un Souvenir de Solferino in 1862 about his experiences in the Franco–Austrian War of 1859, had gone on to found the International Committee for Relief to the Wounded – later becoming the Red Cross – in February 1863 with other notables from Geneva. Its first conference in October of the same year had been attended by official delegates from Prussia, Austria, Bavaria, Saxony, Baden and the Electorate of Hesse, as well as Russia, Britain, France, Italy, Spain, the Netherlands, Sweden and Norway. It had resolved, among other things, to protect and guarantee the neutrality of wounded soldiers and to use volunteers, recognisable by the red cross on their white armband, to provide relief on the battlefield. When war broke out the following year, the committee sent an envoy, Louis Appia, to Prussian and Austrian headquarters, where he dined with the Prussian commander Friedrich Heinrich Ernst von Wrangel, and was allowed free access to the fighting front.

Prussian officers were unsentimental about the wounding of soldiers, but at least some commanders appear to have modified their view of the human costs of warfare, faced with new technologies of killing and changing civilian attitudes to violence and death. No war, remarked Helmuth von Moltke, ‘has ever been conducted with more humanity than this one’. Prussian military doctors such as the Schleswig-born Friedrich von Eschmarth, one of the founders of modern field surgery, were known in the mid-nineteenth century for their innovations in first aid, bandaging, prostheses, transport for the wounded, and the use of chloroform. They had also encouraged religious associations – most famously, the Order of St John – to look after soldiers in the field. Notwithstanding warnings about the impact of modern weaponry, and a long and well-known history of the agony of the wounded in battle, it was anticipated that the war between Denmark, Prussia and Austria would be more humane than previous conflicts.

In the event, the war of Prussia and Austria against Denmark was destructive, albeit on a comparatively small scale, as a result of the use of modern technologies such as breech-loading needle-guns, new types of bullet and artillery shell, ironclad steamships, trenches, fortifications and
attrition. The same types of warfare were typical of 1866 and 1870–1 but with much larger armies. In 1864, Appia, who had visited the main battlefield at Düppel on the afternoon of 18 April, wrote to Dunant and the International Committee for Relief to the Wounded to describe what he had witnessed: ‘The streams are flooded with blood, one finds shreds of uniforms and personal things’, ‘here lie all sorts of grenades, spiked grenades, bullets, grapeshot cartridges, and there are shells the size of my head’. “The landscape is completely ploughed by grenade explosions”, he continued:

A bit further on, I went past twenty-five corpses, which lay on a plank, ready to be buried in a mass grave. Beside them, there are already two mass graves with a cross, on which was written, ‘Here rest 308 brave soldiers, who have fallen for the fatherland.’

Army doctors, who had started to record causes and types of injury and death, showed how combat had changed, but generally remained matter of fact. In his General-Bericht on the Danish war, the chief medical officer of the Prussian army, Gottfried Friedrich Franz Loeffler, gave an objective account of the injuries sustained, reproducing the medical notes of 197 cases. His main interest was to improve military medicine. Although he was mindful that the campaign of 1864 was ‘more limited in its dimensions and was conducted under exceptionally favourable conditions’, he saw it as ‘the first large practical test, not only of the increase of the army’s ability to strike and its energetic reforms, but also the feasibility of the principles on which the improvement of the military medical establishment rested’. The report itself was explicitly connected by Loeffler to ‘the wonderful achievements of a Miss Nightingale in the Crimean War’ and to ‘the international conference in Geneva in October 1863’, the formulation of whose regulations the conflict had actually preceded.

Unlike the reputedly humanist Dunant, the Prussian medical chief’s interest in the incidence of injury was primarily technical, but he betrayed in passing how the physical impact of warfare had altered, with fewer deaths from illness than in the past (about a quarter of cases) and more from shrapnel and bullet wounds (nearly three quarters of cases). Among the Prussians, 702 out of 738 deaths and 2,388 of 2,443 injuries were the result of gun and cannon shot rather than bayonets (1 death, 26 woundings), swords (1 death, 22 woundings), or rifle butts and clubs (no deaths, 5 woundings). In this war, noted Loeffler, troops were most likely to die outright from artillery and rifle fire, or from complications arising from more severe wounding through gunshot, in contrast to the Revolutionary and Napoleonic Wars (and even the Crimean War), when
they more often perished because of cold, hunger or sickness. In other words, the soldiers of the wars of liberation frequently died of ‘natural’ causes, not far removed from those of their daily lives, while combatants in 1864 were incapacitated and died in an unaccustomed, more terrifying way, with their wounds rendered worse by new kinds of weaponry and projectiles.

The bullet wounds made by round shot had often been dismissed by the experienced soldiers of previous wars, but such shot had been ‘replaced by extended shot from an extended barrel’ in the wars of unification. ‘For hand weapons, this change was complete in 1864’, remarked Loeffler: ‘Cylindrical grenades with explosive detonators were already predominant on the Prussian side.’ The preponderance of these weapons and shells explained, together with improvements in military medicine and ‘assured connections to a nearby theatre of war in a rich land’, why Prussian casualties were low. Loeffler was well aware that the use of such weaponry on both sides (many Danish artillery shells were still round) in a war of movement and battles of ‘annihilation’ would be much more destructive. ‘With the extraordinary increase in the portability and accuracy of the new precision weapons – cannon as well as guns – the number of hits entered into a new relationship to the number of combatants, and serious injury becomes all the more overwhelming the greater the distances are’, he warned.

Much attention had already been devoted to new guns, artillery, bullets and missiles in the military literature, wrote Loeffler in 1867. Less attention had been given to the physical impact of such weapons. ‘Not only the number, but – much more – the type of wounding could be used to characterise each campaign, and individual actions in each campaign, if one were able to gain and to give a complete overview’, he lamented: ‘Until now, that has not happened. A view of the dead on the battlefield was thought of to such a limited extent that the injuries of the fallen could scarcely come into consideration.’ Statistics had been collected during the Crimean War and the American Civil War, but they remained incomplete, with the best figures for the former deriving from the wounded who were evacuated to Constantinople and with the principal study of the latter ignorant of the ‘outcome [of treatment] for thousands’ of the 77,775 soldiers suffering from artillery and gunshot wounds. With modern shells, it was common for ‘more or less heavy and angular pieces’ to splinter, ‘which cause the most terrible mutilation’. The majority of Prussian wounds – about 80 per cent – were caused by rifle fire, a figure considerably higher than estimates for the Danish wounded, where dominant and more modern Prussian artillery caused a higher proportion
of casualties. Like shrapnel, bullets ‘change their form on hitting bone, split and, by carrying on their trajectory as separate pieces or by lying between the fragments of bone, make the wound more complicated and make healing more difficult’.38 Prussian soldiers suffered these types of injuries in 1866 and, especially, in 1870.

**Professionalism, Indifference and Disgust**

Many field doctors seem to have maintained a tradition of indifference to soldiers’ suffering in the wars of unification, concentrating for the good of science – when they showed any interest at all – on the diverse nature of soldiers’ injuries.39 Thus, in 1866, Ernst von Bergmann, an academic surgeon from Dorpat, was delighted finally to see about thirty wounded men in a hospital in Zittau. ‘There were very nice wounds there’, he wrote: ‘we saw a piece of cannon shot, weighing more than three pounds, cutting its way out of a Prussian Landwehrmann’, causing them such excitement that they had to undergo the subsequent ‘pain’ of missing their train towards the fighting.40 For the army doctor Karl-Ludwig August Stahmann, the main aim of his work was the ‘enrichment of his knowledge’, which was hindered by his position in the front line of fighting – as a regimental medic – and his inability to follow up and study the progress of his cases.41 These cases, as in 1864, were made up principally of shot wounds produced by bullets and shells, along with several bayonet and sabre cuts, which – although they were in the face or head in some instances – often healed.42 The effects of wounding by shells depended on whether the shot was solid (four-pounders, six-pounders and twelve-pounders) or hollow (grenades), in which case injuries were similar to those caused by shrapnel and grapeshot. ‘Of all these types of shot, fragments are rarely found in the body of the wounded’, recorded Stahmann, ‘because, naturally, they kill for the most part, immediately or soon’.43 That many instances of death occur on the battlefield as a result of such immense wounds, we saw in the fortifications of Lipa’, the doctor continued.44 Splinters of shrapnel could travel up to 200 yards, ranging from invisible shards to large fragments that ‘smash and tear bones, vessels and nerves’, all of which were common in the field hospital of Sadowa on 3 July.45

Bullet wounds were still more commonplace, creating different incisions on entry and exit, ‘in the form of a star, a slit etc.’.46 The Austrian front-loading musket, which was based on the ‘Lorenz-Wilkinson system’, was effective over a range up to nine hundred yards. The Prussian
needle-gun extended beyond one thousand yards and could be loaded in a lying position, which meant that infantrymen were more often hit in the head than their Habsburg counterparts, even though less frequently injured overall. Austrian bullets, which more regularly split on impact, caused more tissue damage, which was ‘indifferent’ from a military point of view (since ‘it is a question of making as large a number as possible no longer capable of fighting’), but which remained relevant from a medical one. Typical cases included Musketeer K., who was shot in the upper jaw on the right-hand side, with the bullet smashing his palate and taking two incisors with it, boring a hole in the tongue, penetrating down into the left side of the throat and exiting the body near the left shoulder blade. Much of the treatment of such wounds proceeded without chloroform, which was reserved for ‘larger operations’ such as amputation:

For smaller operations, like the cutting out of superficially embedded bullets, the amputation of fingers and toes, scars from sabre wounds, the extraction of bullets etc., we would not use chloroform because the pain cannot be compared to the dangers which the use of chloroform brings with it.

Doctors such as Stahmann appeared to be more or less inured to soldiers’ suffering and to the horrors of the battlefield. Not all medics were so indifferent. Most showed concern for their patients, tempered by a sense of scientific detachment and desensitisation as a consequence of the sheer volume of injuries. One hospital inspector working in Dresden wrote on 16 July 1866 that more than fifty amputations per day were being carried out – ‘for one an arm, for another a leg’ – and that ‘many, many tears flow here and the groaning and pain is without end’. The Prussian doctor Heinrich Fritsch, working in France in 1870–1, continued to believe that ‘much has got better and will become even better as a result of the Geneva Convention’, yet he went on to concede that this would be of little comfort to civilians who had become ‘better, milder, more compassionate and perhaps softer’. Treatments had improved marginally during the 1860s for some injuries – for example, bullet wounds to the chest – but mortality from other wounds remained high: thus, for hospitalised leg wounds it varied between about 25 per cent and more than 60 per cent. It has been estimated that more than 50 per cent of the wounded might eventually have died as a result of their injuries (notwithstanding official figures indicating a death rate of 25 per cent). Such statistics seemed to disprove anecdotal evidence that ‘seriously wounded men [had] returned
after healing to duty at the front two or even three times, one after the other'. Some dressing stations and field hospitals had improved, with soldiers being treated more quickly, but others were notorious for their death rates. The castle at Sedan, which received more than two thousand wounded between mid-September 1870 and the end of February 1871, was said to be ‘infected’ and had an ‘unfavourable’ overall mortality rate of almost 10 per cent, with more than two thirds of operations there ending in the death of the patient.

Although some modern weapons were less bloody (the bullets of chassepots creating only ‘a small hole’, for instance), others – such as the Prussian needle-gun, with its long, lead bullets – caused ‘enormous wounds’ and smashed bones. The British guns supplied to francs-tireurs and the troops of Garibaldi left ‘quite enormous, great holes in soft tissue’ up to 7 cm in diameter. The total number of such injuries had increased dramatically in 1870–1 (with between 115,000 and 135,000 dead and wounded on the German side), compared to the shorter war of 1866 and the smaller-scale, less intensive one of 1864. The ‘bloody work’ of treating these types of cases – ‘the great amount of blood and the many injuries’ – transported even hardened military doctors into ‘a painful mood’, as Gustav Waltz described his daily experience of a field hospital. In rooms full of corpses, observing barely identifiable bones protruding through tissue, Fritsch’s positive expectations of war had dissolved: ‘I knew of nothing that had affected me more and made me more unhappy in the entire war than these conditions’ in a field hospital. Soldiers’ suffering in a military hospital was worse than the sight of a ‘fresh battlefield’, which was itself ‘terrible’. ‘War, creating hatred, passion and the collision of duties, tore one heart from another’, observed Fritsch: ‘The misery and misfortune which such a time casts over a true family life together is immeasurable and endless, in great things and small. Oh – wish on no one that a time like this returns!’ ‘Anyone with any fantasy’ would prefer to be blind or to veil ‘the cold skeleton of facts’, which ‘such hardship, suffering and heart-felt pain’ had ‘spread amongst people’. The painfulness of modern warfare was difficult even for doctors – with their professional experience of pain – to ignore.

Doctors were generally more detached from the suffering of soldiers than many combatants. Julius Naundorff, a doctor working under the aegis of the ‘red cross’, was one exception who demonstrated – in 1866 – what conditions were like without the filter of medical professionalism. His hope was to bring an end to the conditions that had characterised battle until then. In previous conflicts, soldiers remained
‘behind on the bloody battlefield with burning pain, calling out for refreshment and help’. In Naundorff’s ideal war, ‘help and care for their wounds would not be lacking, which they need and without delay, and which itself is so often deadly or can at least have the loss of the wounded limb as a consequence’. Further, soldiers should not have ‘the worse fate of expecting to become the terrible victim of those creatures greedy for booty – the hyenas of the battlefield – who fall on the defenceless for plunder, murdering those still living in order to be able to rob them all the more securely, as they do the dead’. Such conditions were not ‘pictures of fantasy’ or ‘from long ago’, but ‘how it has been in recent times’. Naundorff’s impression of war was based on his experiences of 1866. ‘Whoever has not seen a battle himself can only with difficulty summon up a picture of the apparent disorder, the wild on-top-of-each-other, which predominates within its sphere’, and is kept in check only by ‘the power of discipline’ of ‘good soldiers’, degenerating into chaos with the involvement of ‘truly disciplined troops’ or with any divergence from the ‘mechanical norms’ of ‘an unchangeable order’. ‘Under the impression of indescribable horrors’, the soldier began to ‘fail in his duty’ and the ‘machine, whose action is not regulated precisely for every case, starts to falter’.

As they approached the ‘hot point of a battle’, Naundorff and a group of medics were surrounded by all kinds of wounded men:

Kugeln umschwirren sie so dicht, daß man sie zu sehen glaubt. Es ist als befänden sie sich inmitten eines summenden Bienenschwarms. Über ihnen, neben ihnen, überall die pfeifenden Töne, die Musik der Schlacht, nur unterbrochen durch das tiefere Summen und Rauschen der Voll- und Hohlkugeln, welche die Geschütze schleudern.

Geschlossene Bataillone rücken an ihnen vorüber, zum Sturm; sie werden bald genug ihre Trümmer von der Erde auszusuchen haben… .


Bullets whizz around them so thickly that one thinks one sees them. It is as if they found themselves in the middle of a buzzing swarm of bees. Above them, around them, everywhere the whistling tones, the music of battle, only interrupted by the humming and din of solid and hollow shells which the cannon hurl out. Closed battalions push forward towards them; soon enough, they will have to pick out their own rubble from the earth….

The earth shakes, as during a raging hurricane…. ‘Forwards, comrades,’ says an NCO to his men in support – they lower their heads now and then. A bullet glances the arm of one. One puts on a bandage. Who asks anything about it? The bag of bandages was ripped from another by grenade splinter. ‘Better than if it had been the body’, says my comrade…. They pay no attention to it, they rush forwards, true to their duty. Past the dead, whom they are no longer able to help, past hills of corpses. Some of these have an expression of calm on their faces. They are the ones who have been given a quick end, the true, ecstatic death of the soldier in ‘the joy of battle’.
But a far greater number carry the trace of a terrible struggle with death. With rigid, outstretched limbs, their hands drilled into the earth, their eyes distant and unnaturally wide open, the hair of their beards bristling on end and covered with a sticky slime, often a haunting and desperate smile on their lips, which allows their teeth to be seen, pressed together – they lie here, there and all over, images of death, which seem to flicker before our spiritual eyes, waking and sleeping, for a long time.

On the rise of the hills and in hollows, they lie piled up, and a sluggish, dark flood seeps from them and collects in the depressions of the ground to form bloody puddles, which steam. It smells of gunpowder and blood, and it is not without reason when one attributes an intoxicating and wild, inflaming energy to this unusual, particular smell of blood. By climbing from the senses to the brain and to the sources of life, it pours into the arteries a feverish excitement. Wild peoples drink blood before they leap into their cruel battles with the rage and hunger of a tiger.\(^72\)

Parts of Naundorff’s account fused fantasy and streams of consciousness, as doctors – ‘covered over and again with blood’ – could ‘no longer carry out their difficult work’, since they, too, were humans, and what they were being asked to do was ‘beyond the power of humanity’.\(^73\) In other parts, the medic revealed unimagined horrors (‘sometimes, from a piled-up wall of dead bodies, one sees an arm stretch out and flail around, trying to grab something’) and expressed hopes of religious redemption (in a chapter on ‘The Coming Dawn’, for instance).\(^74\) Citing Dante’s vision of hell and Dunant’s description of Solferino, he gave a description of a war that might be necessary for the existence of the state, but which was nerve-shattering and ‘unnatural’.\(^75\)

**War Psychosis**

In modern wars, it seemed, courage had become ‘passive’, hinting at the new strains felt by combatants. Richard Martin, a Saxon student who chose deliberately to remain in the ranks, revealed what this meant:

Die Tapferkeit freilich, welche der Soldat der modernen Heere zeigen muß, ist von anderer Art, als es die unserer Vorfahren oder die der griechischen und römischen Heroen gewesen ist. Zu ihrem größten Teile kann sie heutzutage nur in der Verachtung der Todesgefahr

Immerhin fordert auch diese Art von Heldentum unsere Achtung heraus, densiezeugtvongroßerSeelenstärkeundSelbstbeherrschung. Es gilt dabei, gegen den stärksten Trieb im Innern des Menschen anzukämpfen, das ist der Trieb der Selbsterhaltung. Die Liebe zum Leben ist ja jedem Menschen angeboren; ebenso tief eingewurzelt ist ihm damit zugleich die Furcht vor dem Tode, und das Auflehnen seiner individuellen Natur gegen das Vernichtetwerden ist etwas ganz Natürliches.

Der gemeine Mann, der in sich selbst vielleicht nicht immer moralische Kraft finden würde, dieser instinktiven Regung Herr zu werden, schaut in der Schlacht auf seine Vorgesetzten, auf das Verhalten, das diese inmitten des Kugelregens an den Tag legen. Und da muß ich denn sagen, daß die Haltung unserer Offiziere mit ganz wenigen Ausnahmen über alles Lob erhoben war. . . . Man könnte ge-rost jedem deutschen Offizier einen Totenkopf, wie bei den braun-schweigischen Husaren, an seine Kopfbedeckung heften, den jeder muß sich eigentlich schon von dem Augenblicke an als dem Tode geweiht betrachten, wo er überhaupt die Offizierscarriere einschlägt.

Admittedly, the courage that the soldier of the modern army must show is of a different kind from that of our ancestors or that of Greek and Roman heroes. For the most part, it can only exist today in contempt for the risk of death; in modern battles, it only comes to a struggle of man against man in the rarest cases, for death-bringing bullets reach the majority beforehand from a great distance. Yes, in the battles of the last Franco-German war, many were wounded and killed without ever having seen a single enemy in the face. How should heroic attitudes manifest themselves here other than in the
suppression of the fear of death? The weakest and militarily worst-
schooled man can be greater in this respect than many of gigantic
stature who show themselves to be anxious and timid when they
think of being shot dead from an unexpected position. I believe that
I am right to designate the courage of our modern soldiers as a pre-
dominantly passive virtue.

Nevertheless, this type of heroism, too, deserves our respect, for
it betrays a great strength of soul and self-control. It is a question of
struggling against the strongest internal urge of man, the urge for
self-preservation….. The common man, who perhaps will not always
find the moral strength in himself, looks in battle to his superiors,
to the conduct which they display in a hail of bullets. And, there, I
must say that the conduct of our officers, with very few exceptions, was
beyond all praise…. One could assuredly stick a death’s head on the
helmet of every German soldier, as amongst the Brunswick hussars,
for every one of them must have seen themselves devoted to death
from the moment that they began the career of an officer. 76

There are some signs that soldiers broke down when confronted – in a
‘passive’ state – by such conditions. Many admitted they were unable
to banish recollections of battle and its aftermath when they returned
to civilian life. 77 Leonard Heiners, an ordinary soldier at the battle of
Gravelotte in August 1870 was so overwhelmed by the sensations of bat-
tle – ‘the persistent thunder of cannon from both sides, the peculiar rattle
of mitrailleuse, the constant small arms fire of the infantry, the roar of the
cavalry, the cries of pain of the wounded, the groaning of the dying’ – that
he was unable to banish them after the event. 78 Looking back on the bat-
tle, after which he was sent home wounded, he was unable to find words
for it: ‘Dear God, the sights of a battlefield cannot be described. They are
too terrible.’ 79 In a similar fashion, Georg von Bismarck, a junior officer in
1866, ‘was deeply shaken by the view, beyond all measure’, of a field hos-
pital that he visited on the evening of 3 July, commenting that ‘whoever
sees all that for the first time will be shaken to his core’, even those with
‘good nerves’ like himself. 80 Like many other soldiers, Bismarck had fallen
asleep on the battlefield, waking up in the middle of the night to wander
between the corpses, not bothered – apparently – that he stumbled and
fell several times on top of them: ‘my receptiveness for otherwise terrify-
ning impressions was so cauterised that I hardly paid attention to the plain-
tive cries from the nearby dressing station nor the marrow-penetrating
shrill neighing of the horses, suffering from open wounds’. 81 All the same,
‘all the impressions of that night have remained in my memory in the most
vital way’, he concluded: clearing the field of bodies gave rise to scenes that shook ‘even those with the strongest nerves and which stick in the memory forever’. Soldiers’ inability to forget or, at least, to control the recollection of combat – hinted at by many troops in 1864, 1866 and 1870–1 – was later seen as a critical symptom of PTSD.

Occasionally, combatants referred to other symptoms that seem close to those displayed by soldiers in later conflicts whose actions were monitored more extensively. Caspar Honthumb, a rank-and-file soldier who took part in the storming of Danish fortifications at Düppel in April 1864, became completely immobile, for instance. After storming and taking Fort 3, he wrote later, ‘the fire was not spent’ and ‘the call of “forwards” echoed through the ranks’, prompting ‘the braver ones to storm from fort to fort in wild, victorious jubilation, more and more audacious, more and more certain of victory and further and further forwards’, and to take part ‘in the often bitter fighting’. Honthumb was swept forwards in the same movement, yet he quickly fell to the ground, having seen – in his own words – ‘a tremor to the left and to the right’: ‘As clear as if it had just happened, this moment and the thoughts and experiences which I had then stand before my eyes now.’ He ‘felt’ that he had been wounded in the left hip, but he was not sure whether the bullet had ‘grazed it or gone right in’. When he realised that it was ‘a rather insignificant glancing blow’, he wanted to get up again and advance. ‘This attempt failed; I had no more strength to stand up, which I don’t attribute to the injury – in itself, small – but largely to my previous endeavours and violent excitation.’ His situation, as a consequence, was ‘disagreeable in the highest degree’, exposed to a ‘persistently violent rain of bullets’ and surrounded by ‘a great number of dead and wounded’, whose ‘moaning and groaning helped to make up the unpleasantness of his position’. Worst of all, he was forced to watch ‘inactively’ as his comrades stormed the other forts, before eventually being moved by the sight of Danes retreating with impunity from the fort in front of him to re-enter the battle, ‘since I could not forego the pleasure, thirsting for amusement’, of sending all ‘my bullets … towards the Danes’. ‘I can assure you’, he wrote to his civilian friend, ‘that I now experience as much pleasure in thinking about these manifold acts of killing as I would if I had saved as many human lives as I have now destroyed.’ This overpowering combination of emotions was further confused by the disgusting sight of the battlefield, visible as the fighting subsided in the afternoon: ‘God, what a view! Wherever the eye looked, corpses; wherever the foot trod, blood. I will not further illuminate these sad groups, these painfully contorted faces, these glassy, broken eyes.’ He was only happy, ‘and first breathed in again’, as he finally left ‘this site
of misery and devastation’ at around four o’clock. Few other combatants were completely overcome by their emotions during the fighting itself, to the point of lying motionless on the ground, but many recorded similar types of feeling. To such veterans, news of more fighting after the lapsing of the armistice in late June 1864 came as a ‘message of terror’.

Horror and heroism coexisted in many memoirs of the wars, with the latter constituting the framework by means of which combatants’ experiences could be ordered in a meaningful and socially recognised fashion, and with the former often comprising the core or a disruptive element, which could not be ignored or repressed completely. Psychiatrists were not employed by the German armies during the wars of unification, and psychiatric diagnoses or psychological explanations of the effects of combat played little role in 1864, 1866 or 1870–1, even though the official military report on the medical consequences of the Franco–German War, published in the late 1880s, commented extensively on mental and nervous conditions. The concluding section of the report on ‘War Psychoses’, which was non-committal and seemingly reassuring, began:

Given that ‘a relatively high number of the mentally ill have come to a demise on the battlefields and barricades, or in prisons for some individuals, one should treat the question of whether wars increase the number of lunatics in the population as a whole … as an open one, as previously’. The report went on:

Im Gegensatz zu der Neigung, die Vermehrung der Geisteskrankheiten in der Bevölkerung während kriegerischer Zeitaläufe zu bezweifeln, findet sich in Verhandlungen psychiatrischer Gesellschaften und anderen Veröffentlichungen meist die Üeberzeugung...
ausgesprochen, dass, wie schon das Soldatenleben überhaupt, so noch mehr das Kriegsleben der Heeresangehörigen allerdings dazu angethan sei, zu psychischen Störungen Veranlassung zu geben und dass solche sowohl während der kriegerischen Ereignisse als namentlich nach Ablauf derselben verhältnismässig häufig zur Entwicklung und Ausbildung kommen.

In opposition to the tendency to doubt the increase of mental illnesses in the population during the course of wars, one finds in the bulletins of psychiatry associations and other publications the conviction voiced, in the main, that the life of the soldier in general, and even more the wartime life of members of the army, tends to cause mental disturbances, and that these develop and are reinforced relatively frequently both during the events of wartime and after them.  

Yet such disagreements were presented as the disciplinary disputation of a handful of experts, with the army summary citing in opposition only a lecture by the Rhenish psychiatrist Karl Friedrich Werner Nasse and the contribution of the Prussian academic Rudolf Arndt – who had served as a military doctor in the war – to the psychiatry section of the meeting of natural scientists in Leipzig in August 1872. The report’s own figures for ‘the mobile Prussian army’, based on admissions to military hospitals, showed that 53 per 100,000 of the average strength of the army and 37 per 100,000 of all those mobilised had been admitted for ‘mental disturbances’ during the period of the war, compared to 51 to 64 per 100,000 in 1867–9. The statistical analysis of the report confirmed:


Accordingly, it seems, it is true, as if the gradual decline after the increase in mental illnesses in the army caused by the campaign of 1866 was followed by a new one [increase] in the second half of 1871 and 1872, which was already showing considerable signs of relenting in 1873, whilst 1874 sank far below the average, and then slowly but steadily began to climb again.
The recovery of soldiers seemed to have been rapid, with the majority recorded as ‘healed’, and the absolute numbers – 316 men admitted from a total force of approximately 1.5 million – were small.\textsuperscript{102} Taking into account late admissions and other statistical anomalies, ‘a moderate increase of the mentally ill during the duration of wartime activities could be deduced with considerable probability’, ran the Sanitätäts-Bericht’s cautious conclusion.\textsuperscript{103}

The army hierarchy generally ignored psychiatrists’ notions of ‘war’ or ‘military psychosis’, which were discussed from the 1870s onwards.\textsuperscript{104} Nevertheless, some doctors were aware that combatants betrayed symptoms of trauma or, at least, acute psychological and physiological distress, unable to pick themselves up or to move on the battlefield, for instance. At the battle of Mars-la-Tour on 16 August 1870, one doctor even claimed to have witnessed ‘the first person that I have seen die from anxiety’: ‘The person screamed out of anxiety and, with contempt, we let him lie where he was. After two hours, he was brought to us at the dressing station, still unwounded but with rasping breath and open eyes which did not blink when one touched the eyeball; he died shortly afterwards.’\textsuperscript{105} Most suffered milder reactions, but ones that they termed ‘terrible’ and that they were unable to forget. Many attempted to banish them.\textsuperscript{106} One chaplain reassured himself in 1870 that it was ‘good that the implicated relatives at home don’t get to see the suffering and misery of their own here’, for ‘even the doctors admit that the sight of this horror almost wears them down over the long term’.\textsuperscript{107}

What happened when soldiers (and doctors) returned home themselves? It is not known how many experienced ‘nervous cramps, in which they broke down in tears’, like one evangelical pastor, but it can be surmised that a large number had at least some difficulties, which they endeavoured to conceal.\textsuperscript{108} Few, though, made much fuss, rarely referring in writing to their reintegration into interrupted civilian lives. Georg von Siemens, coming back in ‘proud virility’ (Manneskraft) and giving his father his ‘last great joy’, was probably closer to the norm.\textsuperscript{109}

**Conclusion**

Military doctors and, later (from the 1880s onwards), a handful of military psychiatrists (or doctors with some training in psychiatry), treated their patients in the 1860s and 1870s within a broader paradigm of warfare deriving from previous conflicts. Some of the most illuminating literature on this topic is that on the American Civil War, which tends to
emphasise ‘voluntary’ reasons for continuing to fight; either the ‘cause’ that soldiers took up or a ‘constellation of values’ including duty, honour, godliness, chivalry and masculinity, all of which supposedly contributed to troops’ ‘courage’ – or ‘heroic action undertaken without fear’. These soldiers refused to show fear or to hide from bullets and shrapnel (in demonstrations of courage). As one common saying went: ‘A brave man dies but once’, whereas ‘a coward dies a thousand times’. These types of explanation of fighting, it can be held, derive from the particular nature of the conflict in the United States – it was, after all, a civil war involving militia armies composed of volunteers. However, research on the other wars of the 1860s – those in Schleswig, Bohemia and Germany, which were more typical of interstate conflicts involving mass armies of conscripts and reservists – has also found evidence of such ‘character’ or constellations of values – and indeed patriotic and national ‘causes’ – as reasons for fighting. Overall, though, historians have found far more evidence in the German wars of the 1860s and early 1870s of hardiness, matter-of-factness and unthinking acceptance of both war and the military, frequently followed by shock and disgust at the conditions and outcomes of combat.

Doctors noted the damaging effects of new military technologies at the same time as maintaining a professional distance from them, in contrast to combatants, including many officers. Their desire to record cases and ameliorate the provisions of military medicine usually belonged to this conception of their scientific vocation. The external reports of the International Committee for Relief to the Wounded were markedly less optimistic (or, even, matter of fact) than those of German military doctors. German medics were – partly as a consequence of this broader detachment, partly as a result of their training – relatively indifferent to the psychological impact of modern warfare on soldiers. Troops had continued to fight in the wars of unification, going on to be celebrated – and to remember their own deeds – within a heroic narrative of military glory. Field doctors remained for the most part behind the fighting front and appear only infrequently – Naundorff was an exception – to have shared the experiences of combatants. They had little reason to challenge the dominant, heroic narrative and break with the traditions of the medical profession, which had been established during the 1830s, 1840s and 1850s. Although questions were posed after the fighting, in the 1880s, about the psychiatric effects of combat, with some soldiers having symptoms that resembled those of PTSD, they remained – in these circumstances – unanswered. As Hermann Oppenheim developed his theory of ‘traumatic neurosis’, and rivals such as Willy Hellpach and
Alfred Hoche put forward an opposing thesis about predispositions to mental illness, at a time when the number of asylum inmates in Prussia increased from 27,000 in 1880 to 143,000 in 1910, they did so with no reference to the traumas of the wars of unification.\(^{117}\)

The neglect of psychiatric cases in nineteenth-century wars allowed specialists in the First World War to advance their theses about ‘male hysteria’ among those with weak constitutions and other predispositions, rather than those suffering physical and emotional shocks, with relatively little opposition, referring back only to ‘accident trauma’ and ‘pension hysterics’ during the 1890s.\(^{118}\) In this sense, the professional ‘objectivity’ – rather than more active ‘inhumanity’ – of medics combined with the avoidance of ‘bad news’ by the army as a whole to wipe soldiers’ suffering from the official record of the German wars.

Notes

1. Pick, *War Machine*. All translations are mine unless otherwise indicated.
4. See, for example, Strachan, ‘Essay and Reflection’.
5. I have written more extensively about the relationship between ‘war literature’ and ego documents in Hewitson, ‘“I Witnesses”’. For the wider context, see Pethes and Richter, *Medizinische Schreibweisen* and Micale, *The Mind of Modernism*.
7. The main debates concern the ‘invention’ of PTSD and its cultural heterogeneity: see Young, *The Harmony of Illusions*; for a recent summary, see Hinton and Good, *Culture and PTSD*.
11. Tiffany and Allerton, ‘Army Psychiatry in the Mid-’60s’.
13. This approach is consistent with Young’s case in *The Harmony of Illusions*, 3–42, about cultural and historical heterogeneity and specificity, but it leaves open the possibility that the specific physical and emotional ‘shocks’ of modern warfare could have effects that were at least partly separable from contemporaries’ understanding of them.
20. Embree, Bismarck’s First War, 42–3.
21. Officers, at least, expected chloroform to be used and were now shocked when it was not available. See, for example, Von Gründorf, The Danish Campaign of 1864, 23, on the wounding of the Prince of Württemberg at Oeversee: ‘His heel-bone was shattered, and the head doctor of the Belgians had to work with very limited means in his personal first-aid kit to resection the bone, or in other words to saw out its splintered part. There was no chloroform, and Württemberg suffered excruciating pain.’
22. Some authors, such as Epstein, ‘Patterns of Change and Continuity’, 375–88, have contended that, ‘although the mid-nineteenth century saw the advent of technological change regarding strategic deployment and communication on the one hand, and the introduction of new tactical weapons on the other, the operational conduct of warfare remained remarkably consistent with that of 1809–15. This was due to the similarity of the size of the forces committed to operations, their organization and structure.’ The physical and psychological impact of technological changes, which is what concerns us here, was much greater, however. See, for instance, Phillips, ‘Military Morality Transformed’, 579. The debate about the impact of modern military technology and associated transformations of combat is an old one: Howard, War in European History; Gooch, Armies in Europe; Strachan, European Armies and the Conduct of War; Wawro, Warfare and Society in Europe, 1792–1914. More specifically, see Wirtgen, Das Zündnadelgewehr.
23. Louis Appia, Les blessés dans le Schleswig pendant la guerre de 1864 (1864), in Buk-Swienty, Schlachtbank Düppel, 308.
25. Loeffler, General-Bericht, viii, xvi.
27. Loeffler, General-Bericht, ix.
28. Loeffler, General-Bericht, 1, 10, 36, 46.
30. Loeffler, General-Bericht, 42.
31. Loeffler, General-Bericht, 2.
32. Loeffler, General-Bericht, 44.
33. Loeffler, General-Bericht, 44.
34. Loeffler, General-Bericht, 42. For example, J. Zechmeister, Die Schusswunden und die gegenwärtige Bewaffnung der Heere (Munich, 1864).
35. Loeffler, General-Bericht, 35.
37. Loeffler, General-Bericht, 43.
38. Loeffler, General-Bericht, 44.
39. See accounts such as those of Fischer, Militärärztliche Skizzen and Peltzer, Militärarztliche Kriegserinnerungen.
40. Buchholtz, Ernst von Bergmann, 207.
41. Stahmann, Militärärztliche Fragmente und Reminiscenzen, 1.
42. Stahmann, Militärärztliche Fragmente und Reminiscenzen, 90–4.
43. Stahmann, Militärärztliche Fragmente und Reminiscenzen, 97.
44. Stahmann, Militärärztliche Fragmente und Reminiscenzen, 97.
45. Stahmann, Militärärztliche Fragmente und Reminiscenzen, 97–9.
46. Stahmann, Militärärztliche Fragmente und Reminiscenzen, 103.
47. Stahmann, Militärärztliche Fragmente und Reminiscenzen, 152–3. Most of the wounded still had shots to the upper and lower extremities: Stahmann, Militärärztliche Fragmente und Reminiscenzen, 128.
48. Stahmann, Militärärztliche Fragmente und Reminiscenzen, 153.
50. Stahmann, Militärärztliche Fragmente und Reminiscenzen, 103.
52. Herr Blittowsky, 16 July 1866, Kriegsbriefe Archive, Universitäts- und Landesbibliothek Bonn.
54. Billroth, Chirurgische Briefe, 192–4, 266–75.
55. Steinbach, Abgrund Metz, 45.
57. Billroth, Chirurgische Briefe, 10–14, reported that the Johanniter and other volunteer hospitals received casualties 'very much more quickly' than the reserve field hospitals, for instance.
58. Stromeyer, Erinnerungen eines deutschen Arztes, 420.
60. Fritsch, 1870/71: Erinnerungen und Betrachtungen, 169.
61. Steinbach, Abgrund Metz, 45, argues convincingly that many tallies of the dead need to be revised upwards, since initial figures are cited that subsequently increased because of death as a result of wounds. For example, Bazaine estimated 5,000 dead and 23,500 wounded for the Army of the Rhine between 14 August and 7 October 1870, but the number of deaths probably rose by 6,000–10,000.
63. Fritsch, Erinnerungen und Betrachtungen, 133.
64. Fritsch, Erinnerungen und Betrachtungen, 133.
65. Fritsch, Erinnerungen und Betrachtungen, 263.
66. Fritsch, Erinnerungen und Betrachtungen, 263.
68. 'Da werden Weiber zu Hyänen', in Petsch, Heldenthaten Preußischer Krieger, 19–22.
69. Naundorff, Unter dem rothen Kreuz. This was confirmed, among others, by officers in Deitl, Unter Habsburgs Kriegsbanner, vols. 1–6.
70. Naundorff, Unter dem rothen Kreuz, 108.
73. Naundorff, Unter dem rothen Kreuz, 136.
74. Naundorff, Unter dem rothen Kreuz, 161, 168–75.
76. Martin, Kriegserinnerungen eines 105ers, 176–7. See also Stier, Unter Prinz Friedrich Karl, 62, who labelled the troops – himself included – ‘leaderless sheep’, once their officer had been killed.
77. Stier, Unter Prinz Friedrich Karl.
82. Von Bismarck, Kriegs-Erlebnisse, 52.
83. Honthumb, Mein Tagebuch, 86.
84. Honthumb, Mein Tagebuch, 87.
85. Honthumb, Mein Tagebuch, 87.
86. Honthumb, Mein Tagebuch, 87.
87. Honthumb, Mein Tagebuch, 87.
88. Honthumb, Mein Tagebuch, 87.
89. Honthumb, Mein Tagebuch, 87–8.
90. Honthumb, Mein Tagebuch, 88.
91. Honthumb, Mein Tagebuch, 89.
92. Honthumb, Mein Tagebuch, 89.
93. Honthumb, Mein Tagebuch, 118.
94. Krüger, ‘German Suffering in the Franco-German War, 1870/71’, 417 makes a similar point. The argument here militates against those put forward by Becker, Bilder von Krieg und Nation and Mehrkens, Statuswechsel.


102. Militär-Medizinal-Abtheilung des Königlich Preussischen Kriegsministeriums, *Traumatische, idiopathische und nach Infektionskrankheiten beobachtete Erkrankungen*, 413. The calculations (53 and 37 per 100,000) are taken from the lower totals of the actual fighting force.


112. I have written about this at greater length in Hewitson, *The People’s Wars*, 312–472.


114. The work of Frank Becker is particularly useful: Becker, *Bilder von Krieg und Nation*.


116. This does not mean that PTSD lacked cultural inflections, merely that some symptoms referred to combatants were consistent with later descriptions of ‘trauma’, ‘shell-shock’ and ‘post-traumatic stress disorder’: Good and Hinton, ‘Introduction: Culture, Trauma and PTSD’, in Hinton and Good, *Culture and PTSD*, 3–49.


### Bibliography


