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Umschlagabbildung: Wounded and traumatized German prisoners receiving medical attention at first-aid station of 103rd and 104th Ambulance Companies second-line trench. September 12, 1918; Pvt. J. M. Liles. (Army) NARA FILE #: 111-SC-23442. U.S. National Archives, Washington/Maryland

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Reassessing War, Trauma, and Medicine in Germany and Central Europe (1914–1939)

Hans-Georg Hofer and Cay-Rüdiger Prüll

In the post–cold war era, marked by new terrorist threats and the new military campaigns that are waged in the name of counterterrorism, military medicine is receiving renewed attention. Countless veterans of the wars in Iraq and Afghanistan, for example, provide current reminders, in word and in example, that the aftermath of war can continue to compromise the health of soldiers even if they have survived combat without traces of physical wounds. In all Western societies, the psychological traumatization of soldiers, medically categorized as post-traumatic stress disorder (PTSD), has become the subject of controversies echoed in academia as well as in the public media.[1] Current interest in war trauma is distinguished by a remarkable curiosity about the history and experiences of times past, and indeed, even the slightest of glimpses into the war-related psychological sufferings of previous eras confirm the controversial nature of the history of military medicine. In this respect, the First World War – the first modern, industrialized war to be fought on a large scale – has received particular attention.[2] Historical trauma studies have strengthened the view that the decades before and after the First World War were decisive in establishing "trauma" as a fundamental, albeit highly controversial, phenomenon of modernity. In particular, these studies have brought a critical awareness to the problem of using current concepts and notions of trauma in any retrospective manner; rather, resurgent interest in the topic has strengthened the view that, like all medical concepts, trauma is best interpreted as a function of historical and cultural contingencies.[3]

[1] For an overview along with more recent clinical perspectives on PTSD, see Gilbert Reyes, Jon D. Elhai, Julian D. Ford (eds.), *The Encyclopedia of Psychological Trauma*, Hoboken, New Jersey 2008. On the career of the PTSD concept, see Allan Young, *The Harmony of Illusions. Inventing Post-traumatic Stress Disorder*, Princeton 1995.

[2] See, for example, the catalogue on the collaborative project of the German Hygiene Museum at Dresden and the Wellcome Collection, London, on *War and Medicine*: Melissa Warner, James Peto, Colleen Schmitz (editors for the German Hygiene Museum and the Wellcome Collection London.); German edition: *Krieg und Medizin*, Göttingen 2009; Gerhard Hirschfeld, Gerd Krumeich, Irina Renz (eds.), *Enzyklopädie Erster Weltkrieg*, Paderborn 2003.

[3] The most nuanced introduction to historical trauma studies is still Mark S. Micale, Paul Lerner (eds.), *Traumatic Pasts. History, Psychiatry, and Trauma in the Modern Age, 1870-1930*, Cambridge 2001.

Despite recent widespread interest in terror, war, and trauma, historical analysis of the precarious interplay between war and medicine has remained comparatively rare, especially with regard to Germany and Central Europe in the First World War. Undoubtedly, there has been a vast and vivid tradition of military medicine historiography, mainly dominated by accounts of physicians attempting to improve therapy in times of war and by descriptive narratives of the institutionalization of military medicine.[4] Furthermore, in the 1980s, in the wake of comprehensive analyses of Nazi medicine, many publications appeared concerning the awkward role of medicine and its ethical dilemmas in relation to modern warfare, and these works have remained essential to the scholarship of these topics.[5] And even by 1984, with the publication of the magisterial *Bitter Wounds: German Victims of the Great War, 1914-1939*, the historian Robert Weldon Whalen provided a study of suffering during the First World War and its aftermath.[6] However, it was not until the 1990s that historians of science and medicine started to analyze the complex relationships among war, medicine, and modernity with any significant regard for the theoretical and methodological resources of social and cultural history or for the research developments in sociology and science studies.[7] Importantly, this more complex analysis was backed by impulses from a "new military history" that sought to dispense with uncritical narratives of "war heroes" and their weapons.[8] Instead, the new impulses favored a "military history from below," premised on investigation into the life conditions, experiences, and mentalities of ordinary soldiers at the front as well as those people residing at the home front.[9]

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[4] Christian Kliche, *Die Stellung der deutschen Militärärzte im Ersten Weltkrieg*, Thesis Berlin 1968. Godwin Jeschal, *Politik und Wissenschaft deutscher Ärzte im Ersten Weltkrieg*, Pattensen, Hanover 1977.

[5] Johanna Bleker, Peter Schmiedebach (eds.), *Medizin und Krieg. Vom Dilemma der Heilberufe 1865 bis 1985*, Frankfurt/M. 1987; Thomas M. Ruprecht, Christian Jensen (eds.), *Äskulap oder Mars? Ärzte gegen den Krieg*, Bremen 1991.

[6] Robert Weldon Whalen, *German Victims of the Great War, 1914-1939*, Ithaca, London 1984. Anglo-Saxon historiography on the First World War became earlier interested in medical and psychiatric aspects of the First World War. See, for example, Eric J. Leed's influential study *No Man's Land: Combat and Identity in World War One*, Cambridge 1979.

[7] Roger Cooter, *War and Modern Medicine*, in: William F. Bynum, Roy Porter (eds.), *Companion Encyclopedia of the History of Medicine*, vol. 2, London, New York 1993, 1536-1573; Roger Cooter, Mark Harrison, Steve Sturdy (eds.), *Medicine and Modern Warfare*, Amsterdam 1999; Roger Cooter, Mark Harrison, Steve Sturdy (eds.), *War, Medicine and Modernity*, Phoenix, Mill 1998. To a certain extent, also: Rolf Winau, Heinz Müller-Dietz (eds.), *„Medizin für den Staat – Medizin für den Krieg". Aspekte zwischen 1914 und 1945*, Husum 1994.

[8] Thomas Kühne and Benjamin Ziemann, *Militärgeschichte in der Erweiterung. Konjunkturen, Konzepte, Interpretation*, in: idem (eds.), *Was ist Militärgeschichte?* Paderborn 2000, 9-45.

[9] Bernd Ulrich, *„Militärgeschichte von unten". Anmerkungen zu ihren Ursprüngen, Quellen und Perspektiven im 20. Jahrhundert*, in: *Geschichte und Gesellschaft* 22 (1996), 473-503; Wolfram

Within this new framework, medical historians began to research the reciprocal effects of medicine and war in a broader societal context. In 1996, the first German volume explicitly dealing with medicine in the First World War appeared. The volume, edited by Wolfgang U. Eckart and Christoph Gradmann, concentrated not only on medical specialties and their distinguished representatives, but also on the question of how medicine was experienced and practiced between 1914 and 1918. This work, furthermore, opened new dimensions in medical historical research, indicating opportunities afforded through cultural history, highlighting the insights available through transnational comparisons; and reinvigorating interest in neglected topics such as the mentality of medical experts and the effect of war on medical care in the *Hinterland*.[10] Along with the two volumes edited by Roger Cooter, Mark Harrison, and Steve Sturdy, Eckart and Gradmann's edition symbolized the growth and diversification of interest into the complexities of war and modern medicine. Further to these volumes, several singles studies showed how medical disciplines, confronted with the industrialization of violence, turned to the rationalization of treatment regimes.[11] Most significantly, many of the more recent impulses have strong connections with (or origins in) Cultural History,[12] Body History and Gender Studies,[13] and Historical Disability Studies.[14] Careful considera-

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Wette, *Militärgeschichte von unten. Die Perspektive des „kleinen Mannes",* in: idem (ed.), *Der Krieg des kleinen Mannes. Eine Militärgeschichte von unten*. Munich 1992, 9-47. Gerhard Hirschfeld, Gerd Krumeich, Irina Renz (eds.), *Keiner fühlt sich hier mehr als Mensch…Erlebnis und Wirkung des Ersten Weltkriegs*, Essen 1993; Bernd Ulrich, *Die Augenzeugen. Deutsche Feldpostbriefe in Kriegs- und Nachkriegszeit 1914-1933*, Essen 1997.

[10] Wolfgang U. Eckart, Christoph Gradmann (eds.), *Die Medizin und der Erste Weltkrieg*, Pfaffenweiler 1996.

[11] Excellent examples are Thomas Schlich, *The Perfect Machine. Lorenz Böhler's Rationalized Fracture Treatment in World War I*, in: *Isis* 100 (2009), 758-791; Paul Lerner: *Hysterical Men. War, Psychiatry, and the Politics of Trauma in Germany, 1890-1930*, Ithaca, London 2003, esp. 124-162.

[12] See, for example, studies on cultures of trauma, most recently Anton Kaes, *Shell Shock Cinema. Weimar Culture and the Wounds of War*, Princeton 2009; Doris Kaufmann, *Science as Cultural Practice: Psychiatry in the First World War and Weimar Germany*, in: *Journal of Contemporary History* 34 (1999), 125-144 as well as more recent studies on the significance of bacteriology along with its mobilization of metaphors: Silvia Berger, *Bakterien in Krieg und Frieden. Eine Geschichte der medizinischen Bakteriologie in Deutschland, 1890-1933*, Göttingen 2009, 171-290; Christoph Gradmann, *Unsichtbare Feinde. Bakteriologie und politische Sprache im Deutschen Kaiserreich*, in: Philipp Sarasin et al. (eds.), *Bakteriologie und Moderne. Studien zur Biopolitik des Unsichtbaren 1870-1920*, Frankfurt/M. 2007, 327-353.

[13] Ana Carden-Coyne, *Reconstructing the Body. Classicism, Modernism, and the First World War*, Oxford 2009; idem, *Painful bodies and brutal women: remedial massage, gender relations and cultural agency in military hospitals, 1914-18*, in: *Journal of War and Culture Studies* 1 (2008), 139-158; Joanna Bourke, *Dismembering the Male. Men's Bodies, Britain and the Great War*, London 1996; Leah Lenemann, *Medical Women at War*, *1914-1918*, in: *Medical History* 38 (1994), 160-177.

tion of specific social and national contexts has not only cast new light on our understanding of the diagnosis and treatment of war-related disorders and diseases[15], but has also deepened our appreciation for the more subtle ways in which war is reflected and remembered in postwar medicine, society, and culture. Though far from comprehensive, our understanding of the manifold aspects of medicine in the First World War has benefited greatly from these and ongoing studies, which over time seem to integrate into discussions at a more general level. For example, the Dutch historian Leo van Bergen has recently pulled together various approaches and aspects into his *Suffering, Dying and Military Medicine on the Western Front*. Relying on a remarkable number of diverse accounts of medicine in the First World War, van Bergen provides an impressive synthesis of the subject.[16]

The exploration of the relationship between war, trauma and medicine that we present here follows some of the questions raised during a session on the history of medicine in the First World War held at the Conference of German Studies Association in San Diego, September 2007.[17] The discussion that began in that session encouraged us to organize a transatlantic team of historians to pursue their interests in the manifold aspects of medicine and the First World War. In this volume, we intend to present some of the results of this collaboration and to open up further avenues of historical research into medicine in the First World War. In the following, we will concentrate on three important and interrelated approaches that the papers of this volume take and integrate: (1) *Historicizing Trauma: Psychiatry in the First World and in the Aftermath* (Cay-Rüdiger Prüll, Hans-Georg Hofer, Jason Crouthamel); (2) *Coping with the Wounds of War: Medical Responses to the Industrialization of Violence* (Wolfgang U. Eckart, Heather R. Perry; and (3) *Physicians, Patients and Disabled Veterans: Towards a History of Military Medicine from Below* (Petra Peckl, Philipp Rauh). We consider these themes not as segregated enti-

[14] The subject of mentally and physically disabled veterans in the aftermath of the First World War represents a main area of analysis. See Jason Crouthamel, *The Great War and German Memory. Society, Politics and Psychological Trauma, 1914-1945*, Exeter 2009; Sabine Kienitz, *Beschädigte Helden: Kriegsinvalidität und Körperbilder 1914-1923*, Paderborn 2008; Deborah Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939*, Berkeley, Los Angeles 2001.

[15] See, for example, Susanne Michl, *Im Dienste des "Volkskörpers". Deutsche und französische Ärzte im Ersten Weltkrieg*, Göttingen 2007; Lutz D.H. Sauerteig, *Sex, Medicine and Morality during the First World War*, in: Cooter, Harrison, Sturdy, *War, Medicine and Modernity*, 167-188.

[16] Leo van Bergen, *Before my Helpless Sight. Suffering, Dying and Military Medicine on the Western Front, 1914-1918*, Bodmin 2009.

[17] See Heather Perry's Panel Report, *Trauma, Psychiatry, and the Great War (GSA 2007)*, in: H-German/H-Net, 6 November 2007, URL: http://h-net.msu.edu/cgi-bin/logbrowse.pl?trx=vx&list=h-german&month=0711&week=a&msg=tuqyTxYQcJiJjaEfmNFKow&user=&pw. Accessed November 25, 2010.

ties, but as constituents of a flexible framework upon which to consider the papers with regard for currently evolving research contexts. In this way, we hope to provide an "entangled introduction," by which we mean to indicate that each paper provides essential results that, as part of a whole, shed light on broader contexts; we will also suggest how each paper touches upon desiderata for further research.

Historicizing Trauma: Psychiatry in the First World War and Its Aftermath

War, psychiatry, and trauma are a compelling triad that has received broad interest in mainstream history as well as in the history of medicine[18], literary studies, and cultural studies[19]. Cultural histories of psychological trauma highlight the vast array of often contradictory accounts and contexts of war neuroses, establishing relationships with political narratives, military conditions, and the cultural and social meanings of trauma; these perspectives offer us a more nuanced picture of the varied ways in which war experiences have been represented, remembered, narrated, and symbolized. For instance, Julia Köhne has analyzed how, in the course of the war, psychiatrists made use of new forms of media, such as documentary films; how they constructed case narratives in order to typify the war hysteric; and how they cast themselves on stage in order to be perceived as "magical healers", driven to administer therapy according to their own unique ingenuities.[20] As another example, the First World War simultaneously portrayed, under the spell of the war neuroses problem, both traditional and modern images of masculinity. The war transformed visions of muscle-based masculinity, based on traditional fighting skills, into a modern, functional masculinity that encompassed war-psychiatric visions of perfect emotional control and mental stability.[21] But at the same time, the war invoked traditional versions of heroic masculinity. A culture of commemoration

[18] See, above all, Paul Lerner, Mark S. Micale, *Trauma, Psychiatry, and History: A Conceptual and Historiographical Introduction*, in: Micale, Lerner, *Traumatic Pasts*, 1-27 as well as Günther H. Seidler, Wolfgang U. Eckart (eds.), *Verletzte Seelen. Möglichkeiten und Perspektiven einer historischen Traumaforschung*, Gießen 2005. For an overview, see also Hans-Georg Hofer, *War Neuroses*, in: John Merriman, Jay Winter (eds.), *Europe since 1914: Encyclopedia of the Age of War and Reconstruction*, vol. 5, Detroit 2006, 2699-2705.

[19] Kaes, *Shell Shock Cinema* (2009); Inka Mülder-Bach (ed.), *Modernität und Trauma. Beiträge zum Zeitenbruch des Ersten Weltkrieges*, Vienna 2000. For more recent works, see also Julia Encke, *Augenblicke der Gefahr. Der Krieg und die Sinne 1914-1934*, Paderborn 2006; Norman Ächtler, *Hitler's Hysteria: War Neurosis and Mass Psychology in Ernst Weiß' Der Augenzeuge*, in: *The German Quarterly* 80 (2007), 325-349.

[20] Julia Barbara Köhne, *Kriegshysteriker. Strategische Bilder und mediale Techniken militärpsychiatrischen Wissens (1914-1920)*, Husum 2009, 145-242.

[21] Hans-Georg Hofer, *Nervenschwaeche und Krieg. Modernitätskritik und Krisenbewältigung in der oesterreichischen Psychiatrie (1880-1920)*, Vienna 2004, 253-282.

strongly reactivated classical imagery and attempted to juxtapose soldiers in the age of total war with those armor-plated knights of the Middle Ages.[22] As Ana Carden-Coyne has argued, the modern drew upon the classical to reconstruct the devastated bodies and shattered minds of the First World War and to transform sites of mourning into sites of healing.[23] Evolving conceptions and images of masculinity with regard to psychiatric responses to war neuroses can also be studied through the wartime experiences of the ordinary soldier, recorded in wartime letters and diaries, postwar memoirs, and letters written to the ministry of pension.[24]

On a more concrete level, we have dependable and wide-ranging surveys of psychiatric responses to war trauma in the twentieth century;[25] we also have fascinating studies on "national styles" of war psychiatry, for example by Paul Lerner, who has convincingly examined processes of rationalization as key to understanding the relationship between German psychiatry and modern warfare.[26] In another important study, Peter Leese has traced the complex ramifications of shell shock in Britain during and after the war.[27] It has become apparent to us that psychiatric concepts of wartime-related psychological suffering changed dramatically over the course of the war and that these concepts could differ enormously in accordance with comparative perspectives.[28] We have a far more nuanced view of how the war shaped, transformed, and also radicalized the role of psychiatry in reconstructing and puri-

[22] Stefan Goebel, *The Great War and Medieval Memory. War, Remembrance and Medievalism in Britain and Germany, 1914-1940*, Cambridge 2007.
[23] Carden-Coyne, *Reconstructing the Body*, 20-35.
[24] See, for example, Jessica Meyer, *Men of War. Masculinity and the First World War in Britain*, Basingstoke 2009, and Crouthamel, *The Great War.*
[25] Ruth Kloocke, Heinz-Peter Schmiedebach and Stefan Priebe, *Psychological Injury in the Two World Wars: Changing Concepts and Terms in German Psychiatry*, in: *History of Psychiatry* 16 (2005), 43-60; Edgar Jones, Simon Wessely, *Shell Shock to PTSD: Military Psychiatry from 1900 to the Gulf War*, Hove, New York 2005; Ben Shephard, *A War of Nerves. Soldiers and Psychiatrists in the Twentieth Century*, Cambridge, Mass., 2001; Hans Binneveld, *From Shellshock to Combat Stress. A Comparative History of Military Psychiatry*, Amsterdam 1997.
[26] Lerner, *Hysterical Men* (2003).
[27] Peter Leese, Shell Shock, *Traumatic Neurosis and the British Soldiers of the First World War*, Basingstoke 2002; Ted Bogacz, *War Neurosis and Cultural Change in England, 1914-22: The Work of the War Office Committee of Enquiry into 'Shell-Shock'*, in: *Journal of Contemporary History* 24 (1989), 227-256.
[28] See *Journal of Contemporary History*, vol. 35, 2000, No. 1, *Special Issue: Shell-Shock*, which provides an excellent collection of articles with an emphasis on comparative perspectives, includes articles on war neuroses in France, Germany, Great Britain, Ireland, Italy and Russia. See also, Susanne Michl, Jan Plamper, *Soldatische Angst im Ersten Weltkrieg. Die Karriere eines Gefühls in der Kriegspsychiatrie Deutschlands, Frankreichs und Russlands*, in: *Geschichte und Gesellschaft* 35 (2009), 209-248.

fying the damaged *Volkskörper*.[29] But we have continued to lack the case studies that would allow a closer and more detailed inspection of psychiatric practice in war; there is a great need for further research into how psychiatrists and nerve doctors confronted their soldier-patients – how they observed, recorded, diagnosed, talked to, and treated these patients.

In the more recent historiography of World War One, regional and microhistorical perspectives have become much more prominent. As historian Benjamin Ziemann has shown in his analysis of rural regions in southern Germany, such perspectives can help us to avoid rash assumptions and gross generalizations and to get a more nuanced and differentiated interpretation of how people experienced the war.[30] Of course, micro- and macrohistorical approaches in no way preclude one another. Indeed, large-scale theories and concepts of the war (e.g., "total war") and sound microanalyses of wartime experiences can be nicely combined together, as Roger Chickering has demonstrated in his comprehensive portrait of wartime Freiburg.[31] This complementarity of approaches is also useful when looking at the subject of medicine and psychiatry. Wartime psychiatric practices, reflecting wider processes of rationalization and patriotism, mobilized all the intellectual, institutional, and therapeutic resources necessary to maximize manpower efficiency and protect the state economy, the success of which was measured in terms of restoring mentally ill soldiers to military service.[32] But at the micro level, the interactions of psychiatrists, neither with local authorities nor with the armament factories that employed the majority of the treated soldiers, remain unknown. Similarly, investigations of the different local or "regional styles" of psychiatric treatment in wartime are lacking. Thus, we must remain cautious in our regard for overarching theories or the allegedly homogenous reactions of a national "German", "French" or "British"

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[29] Michl, *Im Dienste des "Volkskörpers"*; Hans-Georg Hofer, *Aus Krieg, Krise und Kälte. Alfred Hoche über „lebensunwertes Leben"*, in: Mariacarla Gadebusch Bondio und Thomas Stamm-Kuhlmann (eds.), *Wissen und Gewissen. Historische Untersuchungen zu den Zielen von Wissenschaft und Technik*, Berlin 2009, 47-89.

[30] Benjamin Ziemann, *War Experiences in Rural Germany*, *1914-1923*, Oxford, New York 2007.

[31] Roger Chickering, *The Great War and Urban Life in Germany. Freiburg, 1914-1918*, Cambridge 2007. Further examples of microlevel studies on the home front of the First World War are: Jay Winter, Jean-Louis Robert (eds.), *Capital Cities at War. Paris, London, Berlin 1914-1919*, 2 vols, Cambridge 2007; Christoph Nübel, *Die Mobilisierung der Kriegsgesellschaft. Propaganda und Alltag im Ersten Weltkrieg in Münster*, Münster 2008; Christian Geinitz, *Kriegsfurcht und Kampfbereitschaft. Das Augusterlebnis in Freiburg. Eine Studie zum Kriegsbeginn 1914*, Essen 1998.

[32] John Horne, *Introduction: Mobilising for 'Total War', 1914-1918*, in: idem (ed.), *State, Society and Mobilization in Europe during the First World War*, Cambridge 1997, 1-18; Roger Chickering, Stig Förster (eds.), *Great War, Total War: Combat and Mobilization on the Western Front, 1914-1918*, Cambridge 2000.

psychiatry. Within the national context, the politics of diagnosing, treating, or otherwise dealing with soldiers could vary enormously from place to place and from one hospital to another. In order to get a more accurate picture of psychiatric practice in the First World War, we cannot be single-minded: we need both to broaden our focus, and we need to zoom in on the essentials.

In this volume, this duality of approaches is demonstrated by Cay-Rüdiger Prüll. In his case study of the Gießen psychiatrist Robert Sommer, Prüll explores the manifold and emphatic mission of a prominent psychiatrist, in a German university town far away from the frontlines. As a leading figure of the Medical Faculty at Gießen University, Sommer saw himself placed at the intersection of science and society and thus well-positioned to engage in local wartime politics. Driven by the idea that only a cohesive and healthy national community could meet the demands of war, Sommer warded off signs of crisis and exhaustion and worked tirelessly to re-establish the collective power and will of the *Volksgemeinschaft*. The "psychic stability" of the whole wartime population and the permanent re-activation of the collective will were Sommer's chief concerns. Thus, Prüll's paper not only exemplifies the blurring of the border between military and civil spheres, but also highlights the transformation of the psychiatric profession vis-à-vis society. Over the years of war, with its ever-increasing challenges, psychiatrists moved beyond their purview as experts on war neuroses and began to see themselves as guiding figures for the mental fortification of the whole population – as keepers of the nation's fate.

In Germany, the debate over traumatic neurosis and hysteria had continued to fester within the psychiatry community until 1916, when a large conference of experts was held in Munich that decisively favoured a psychogenic explanation for the condition. With the techniques of hypnosis and suggestion, these experts claimed, psychiatry would be better able to treat the diagnosis of "hysteria".[33] In Vienna, leading German-Austrian psychiatrists, having participated in the Munich conference and having made contact with German colleagues, took a different path, in which neither the diagnosis "hysteria" nor the post-1916 favoured methods of hypnosis and suggestion would play a major role. Instead, Viennese psychiatrists stayed with the catch-all term "war neurosis" (*Kriegsneurose*) and continued, until the end of the war, to administer painful electrical currents to their patients. Thus, as Hans-Georg Hofer argues in his paper, wartime psychiatry in Austria-Hungary

[33] Paul Lerner, *From Traumatic Neurosis to Male Hysteria: The Decline and Fall of Hermann Oppenheim, 1889-1919*, in: Micale, Lerner, *Traumatic Pasts*, 141-171.

was by no means identical to that practised in Germany. Indeed, rather than establishing itself as an exception to the First World War "dynamic of destruction" (Alan Kramer)[34], wartime psychiatry became fundamental to the ever-increasing culture of violence and aggressiveness. Before processes of estrangement had culminated in an arsenal of aggressive therapies that were harshly administered, however, certain elements of the traditional doctor–patient relationship were still discernable in the treatment of soldiers at war's beginning. What, then, set wartime psychiatry on the distinctive path laid out by the Austro-Hungarian psychiatry community? One answer may be found by looking to the notorious "Wagner-Jauregg trial", which saw a leading psychiatrist indicted for the aggressive electrical treatments used in his clinic. The public investigation against Wagner-Jauregg was a decidedly unique event in postwar Europe; however, Habsburg's war psychiatry cannot be satisfactorily explained by simply pointing to "brutal" psychiatric personalities who lacked ethical standards, which was the argument advanced by psychoanalyst Kurt R. Eissler in his Freud-centred analysis of the trial.[35] In contrast, Hofer considers the key to a more careful historical interpretation of medical treatment within the multiethnic dynamics and composition of the Austro-Hungarian population and military.[36] In an army composed of soldiers with a variety of backgrounds and languages, it was not unusual for psychiatrists – most frequently, German-speaking psychiatrists in Vienna – to be assigned patients whose native tongue was Polish, Czech, or Magyar. In addition to doctor-patient language differences, significant problems in communication were caused by the very nature of the injuries and traumata that were presented by wounded soldiers, often rendering them incapable of expressing themselves or describing their injuries. Without the benefit of verbal communication between patient and doctor, most psychiatrists fell back upon those treatment methods that did not rely on speech. Electrotherapy was thus preferred to

[34] Alan Kramer, *Dynamic of Destruction. Culture and Mass Killing in the First World War*, Oxford 2007.

[35] Kurt R. Eissler, *Freud as an Expert Witness: The Discussion between Freud and Wagner-Jauregg*, translated by Christine Trollop, Madison, Wisc. 1986. [Kurt R. Eissler, *Freud und Wagner-Jauregg vor der Kommission zur Erhebung militaerischer Pflichtverletzungen*, Vienna 1979].

[36] The socio-political and cultural pecularities of the Habsburg Empire in their relations to science and medicine are increasingly coming into focus, see Tatjana Buklijas, Emese Lafferton, *Introduction to the special section on "Science, medicine and nationalism in the Habsburg Empire from the 1840s to 1918"*, in: *Studies in History and Philosophy of Biological and Biomedical Sciences* 38 (2007), 679-686; Marius Turda, Paul Weindling (eds.), *Blood and Homeland: Eugenics and Racial Nationalism in Central and Southeast Europe, 1900-1940*, Budapest 2007. On aspects of Austro-Hungarian military medicine in the First World War, see Brigitte Biwald, *Von Helden und Krüppeln. Das österreich-ungarische Militärsanitätswesen im Ersten Weltkrieg*, 2 vols., Vienna 2002, and Daniela Claudia Angetter, *Dem Tod geweiht und doch gerettet. Die Sanitätsversorgung am Isonzo und in den Dolomiten 1915-18*, Frankfurt/M. 1995.

other therapies, such as hypnosis and suggestion therapy, and became more widely applied in the treatment centres of the Austro-Hungarian military.

The experiences of the First World War also had a severe impact on the physician–patient relationship. While German and Austrian psychiatrists never tired of stressing the important role and profound changes of the war for their discipline and for medicine itself, they denied any long-lasting impact on the psyche of their patients. Diagnostic labels, like hysteria and war neuroses, bore strong connotations of military defeat and conveyed the serious threat that the condition posed to the nation's economy. Psychiatrists persistently attacked any proposition that postwar distress in veterans might legitimately be traced back to traumatic wartime experiences. The disparity of views between authorities and veterans in remembering the war led to a competitive "politics of trauma"[37], characterized by vehement arguments. Beyond shaping the collective memory of Weimar Germany, as Jason Crouthamel demonstrates in his paper, the competing narratives of World War One trauma continued to color the debates of trauma even after World War Two. In particular, veterans of Nazi Germany, who insisted on the long-lasting psychological effects of war, concurrently claimed to be active members of the national community. Crouthamel's paper, based on previously unexplored sources, such as letters of mentally disabled veterans addressed to governmental and welfare institutions, offers fascinating insights into a history of mental trauma "from the margins" and challenges prevailing narratives on the link between the front experience and the Nazi vision of creating a *Volksgemeinschaft*.

Significantly, the voices of veterans gave rise to multiple interpretations of the war experience and thus different narratives of meaning of masculinity and the national community. Although the attempts of these men in reclaiming their places in work, family, and politics were supported by the social democratic and the communist parties, their reactions to any instrumentalization from the left's internationalist vision of "comradeship" were less than positive. Moreover, "neurotic veterans" steadfastly defended their views and experience of war against persistent attack from extreme right–wing groups in Weimar Germany and ultimately, from the Nazi

[37] Lerner, *Hysterical Men*, 223-248; Jason Crouthamel, *War Neurosis versus Saving Psychosis: Working-class Politics and Psychological Trauma in Weimar Germany*, in: *Journal of Contemporary History* 37 (2002), 163-182. For further perspectives, see Andreas Killen, *From Shock to Schreck, Psychiatrists, Telephone Operators and Traumatic Neurosis in Germany, 1900-1926*, in: *Journal of Contemporary History* 38 (2003), 201-220, and Stephanie Neuner, *Politik und Psychiatrie. Die staatliche Versorgung psychisch Kriegsbeschädigter in Deutschland, 1920-1939*, Göttingen 2011.

government. In 1934, only one year after the Nazis came to power, the National Pension Law completely eliminated mentally disabled veterans from the pension roll. National Socialist ideology doggedly portrayed war neurotics as an ongoing threat to Germany's strength, economy, masculine character, and memory of war.[38] Nevertheless, many of the "weak-willed" victims of the war found the strength to defy this portrayal and responded with remarkable courage. In letters to welfare authorities, ministries, and even to high-ranking Nazi officials, veterans claimed that the new regime was betraying the authentic front experience. These letters further protested that the spirit of the front had in fact emanated from a commitment to caring and protecting its most vulnerable members. Thus, Crouthamel concludes, the traumatized veterans of the Great War, though socially marginalized and economically disenfranchised, challenged the hegemonic myths of the war experience and undermined the Nazi vision of *Volksgemeinschaft*. Instead of demonizing and excluding the victims of war as "national enemies" or celebrating violent masculinities as the core of national community, the traumatized veterans tried to re-define *Volksgemeinschaft* to fit their visions of a society mobilized through a "spirit of sacrifice" on behalf of the impoverished and brutalized.

Coping with the Wounds of War: Medical Responses to the Industrialization of Violence

How did physicians respond to the explosion of violence in the First World War? How did they perform their own work and form their professional identity? To what extent did they contribute to the reciprocal processes that Mark Harrison has called the *Medicalization of War* and the *Militarization of Medicine*?[39] It is a truism to say that the First World War had a tremendous impact on medicine. An entire medical generation was for years confronted with the shattering effects of industrial

[38] Jason Crouthamel, *„Hysterische Männer"? Traumatisierte Veteranen des Ersten Weltkriegs und ihr Kampf um Anerkennung im „Dritten Reich"*, in: Babette Quinkert, Philipp Rauh, Ulrike Winkler (eds.), *Krieg und Psychiatrie, 1914-1950*, Göttingen 2010, 29-53. Philipp Rauh has shown that, in the late 1930s, the new psychiatric paradigm of *Erbpsychiatrie* and the radicalization of Nazi plans towards the elimination of "unworthy lives" made mentally traumatized veterans as victims of the "euthanasia" program: Philipp Rauh, *Von Verdun nach Grafeneck. Die psychisch kranken Veteranen des Ersten Weltkrieges als Opfer der nationalsozialistischen Krankenmordaktion T4*, in: Quinkert, Rauh, Winkler, *Krieg und Psychiatrie*, 54-74. Concerning the radicalization of medicine in the interwar and Nazi period, see also Cay-Rüdiger Prüll: Die Bedeutung des Ersten Weltkriegs für die Medizin im Nationalsozialismus, in: Gerd Krumeich (ed.), *Nationalsozialismus und Erster Weltkrieg*, Essen 2010, 363-378.

[39] Mark Harrison, *The Medicalization of War – the Militarization of Medicine*, in: *Social History of Medicine* 9 (1996), 267-276.

warfare on a scale that had previously been unimaginable. But to pose the problem on a more detailed level: How were physicians positioned vis-à-vis a war that thoroughly mobilized all medical resources and made medicine a key discipline of modern warfare? Evidently, in all wartime medical milieus, strategies for being of service and making sense of the war become deeply intertwined and greatly shape the mentality of medical practice. This process of shaping the mentality of medicine occurs with considerable variety and peculiarities, depending on the specific political, social, and cultural surroundings. In Germany, postwar medicine's self-image was very much shaped by sources such as the *Encyclopedic Report of German Physicians on their Experiences in the First World War*, published in eight volumes between 1914 and 1922[40] as well as a larger number of personal accounts and war memoirs[41]. This kind of literature created the image of military medicine as a means for regenerating the compromised soldier and maintaining professional standards in a time of crisis not of the physician's own making. The descriptions and analyses focused to a large extent on the self-sacrificing efforts of the medical practitioners in providing on-going care and innovating treatments under the most difficult of wartime conditions. Not surprisingly, such interpretations were widely represented by military physicians themselves and continued to be advanced even during the first decades after the Second World War.[42]

In the 1990s, historians of medicine delivered more elaborate studies on how physicians perceived the outbreak of the war and coped with the ever-growing challenges that arose over the course of the war.[43] These studies corroborated the widespread affirmation of physicians in 1914 toward the alleged beneficial effects of the coming war; the medical community generally espoused visions of "cathartic front experiences" that resonated with the notorious discourses of the time that decried the exhaustion of masculinities and the nerve-racking pace of modernity.[44] Moreover,

[40] Otto von Schjerning (ed.), *Handbuch der Ärztlichen Erfahrungen im Weltkriege 1914/18*, 8 vols., Leipzig 1921/22. See also, *Sanitätsbericht über das Deutsche Heer (Deutsches Feld- und Besatzungsheer) im Weltkriege 1914/1918 (Deutscher Kriegssanitätsbericht 1914/18)*, bearb. in der Heeres-Sanitätsinspektion des Reichskriegsministeriums, Vol. 3, Berlin 1934/35.

[41] See, for example, the influential memoirs of Wilhelm His on his work as advisory internal physician of the German Army during the war: Wilhelm His, *Die Front der Ärzte*, Bielefeld 1930.

[42] See, for example, Friedrich Ring, *Zur Geschichte der Militärmedizin in Deutschland*, Berlin (East) 1962. Although devoted to the ideology of the German Democratic Republic, with its restricted view on military medicine, Ring's book corresponded to respective work in Western Germany and the Western World in general.

[43] Cf. studies cited in footnotes 7-10.

[44] Hofer, *Nervenschwäche und Krieg*; Marijke Gijswijt-Hofstra, Roy Porter (eds.), *Cultures of Neurasthenia: From Beard to the First World War*, Rodopi 2001.

the new studies drew attention to the retention of bellicistic traditions within new medical disciplines, such as bacteriology, and pointed to the re-mobilization of medicine's metaphorical arsenal in the course of the war.[45] The predominant focus on psychiatry and bacteriology in fact revealed the highly politicized nature of medicine in the First World War, including its patriotic sentiment and pan-Germanic vision; this focus also made clear that wartime medicine was characterized by comprehensive efforts to organize effective therapeutic strategies in order to win the war.[46] Further studies showed that wartime psychiatric and medical practices benefited from the professionalization of military medicine during the decades before 1914.[47] Exploration of World War One physician practices also occasioned the reexamination of the scientific bases of medicine, with all their theories and social entanglements. Scholars, especially in Britain and the US, have sought to investigate the impact and extent of physician efforts to "rationalize" medicine within the greater scope of industrial modernity.[48] But biomedical science as an experimental field in itself also became the subject of examination. Under the exigencies of war, medical science was transported to an enormous and unprecedented "field laboratory" in which physicians worked, amid the slaughter of the trenches, in the service of scientific knowledge and the advancement of medicine. Historians also analyzed the impact and fate of scientific trends in order to establish, for example, the meaning of racial hygiene in terms of medical measures that were implemented during the War, or to examine innovativeness and related matters of medical research during the Great War.[49]

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[45] Berger, *Bakterien in Krieg und Frieden*, 171-290; Christoph Gradmann, *Bazillen, Krankheit und Krieg: Bakteriologie und politische Sprache im deutschen Kaiserreich*, in: *Berichte zur Wissenschaftsgeschichte* 19 (1996), 81-94; idem, *„Auf Collegen, zum fröhlichen Krieg". Popularisierte Bakteriologie im Wilhelminischen Zeitalter*, in: *Medizin, Gesellschaft und Geschichte* 14 (1995), 35-54.

[46] Lerner, *Hysterical Men*; Hofer, *Nervenschwäche und Krieg*; Riedesser, Verderber, *„Maschinengewehre hinter der Front"*.

[47] Martin Lengwiler, *Zwischen Klinik und Kaserne. Die Geschichte der Militärpsychiatrie in Deutschland und der Schweiz 1870-1914*, Zurich 2000.

[48] Schlich, *The Perfect Machine*; Lerner, *Hysterical Men*, 124-162; idem, *Rationalizing the Therapeutic Arsenal: German Neuropsychiatry in World War I*, in: Manfred Berg, Geoffrey Cocks (eds.), *Medicine and Modernity: Public Health and Medical Care in Nineteenth- & Twentieth-Century Germany*, Cambridge 1997, 121-148; Cooter, Sturdy, *Of War, Medicine and Modernity: Introduction*, in: Cooter, Harrison, Sturdy, *War, Medicine and Modernity*, 1-21; Mark Harrison, *Medicine and the Management of Modern Warfare*, in*: History of Science* 34 (1996), 379-410.

[49] Wolfgang U. Eckart, *„Der größte Versuch, den die Einbildungskraft ersinnen kann" − Der Krieg als hygienisch-bakteriologisches Laboratorium und Erfahrungsfeld*, in: idem, Christoph Gradmann, *Die Medizin und der Erste Weltkrieg*, 299-319; idem, *Aesculap in the Trenches. Aspects of German Medicine in the First World War*, in: Bernd Hüppauf (ed.), *War, Violence and the Modern Condition*, Berlin, New York 1997, 177-193; Cay-Rüdiger Prüll, *Die Sektion als letzter Dienst am Vater-*

By applying a number of these new approaches, Wolfgang U. Eckart re-examines a number of questions, including: How did German doctors perceive the industrialization of violence and the mounting pressures of war administration? Why did these perceptions appear to be so deeply informed by ideas of social Darwinism? And above all, how did these factors come to shape responses to the most disturbing and challenging medical phenomenon of the war, namely, the appearance of the war neuroses. Rather than grouping all forms of mental trauma into a single category, war psychiatrists endeavored, as Eckart shows, to make sense of the variety of psychological symptoms and conditions that soldier-patients presented. For instance, military doctors struggled to differentiate between war hysteria, neurasthenia, exhaustion, and simple malingering – all psychological manifestations for which a soldier might be sent to a physician. Indeed, learning to distinguish a patient suffering from mental trauma from a patient suffering from nerve damage – both of whom might jump, shake, or otherwise lose motor coordination – was a long educational process, best mastered by the on-the-job experience of military conflict. Eckart also traces how, as the war dragged on, the pressure increased on military doctors to cure their patients and return them to the battlefields. Accordingly, psychiatrists began re-defining war neurosis such that the mental breakdowns suffered by frontline soldiers were not to be regarded as the result of trauma; rather, symptoms of mental instability were taken to represent the latent eruption of the soldier's instinct for self-preservation, in response to the horrors of war, which thereby undermined his military discipline. Significantly, the diagnostic difference between war hysteria and malingering became more fluid and, in many cases, arbitrary. Psychiatrists generally refused to see trench warfare as the root cause of hysterical symptoms, and they became ever more insistent that the will of the soldier, his capability to manage his inner forces, regardless of the constant shocks and threats of trench warfare, was to be seen as the decisive resource of the war. In this way, Eckart demonstrates, doctors became part of the war machine itself, proving their professional insights to be vitally indispensable to the nation's most fundamental interests.

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land. Die deutsche „Kriegspathologie" im Ersten Weltkrieg, in: ibid., 155-182; idem, *Holism and German Pathology (1914-1933)*, in: Christopher Lawrence, George Weisz (eds.), *Greater than the Parts. Holism in Biomedicine 1920-1950*, New York, Oxford 1998, 46-67; Steve Sturdy, *From the Trenches to the Hospitals at Home: Physiologists, Clinicians and Oxygen Therapy, 1914-30*, in: John V. Pickstone (ed.), *Medical Innovation in Historical Perspective*, Houndmills, Basingstoke 1992, 104-123.

Among the many medical specialists who strived to make their indispensability apparent in the First World War, as Heather R. Perry carries the discussion further, were the orthopaedists, who shared in the responsibility of healing the bodily injured. The industrialization of destructive forces brought new dimensions of bodily damage to men fighting in the First World War and led to unprecedented numbers of casualties. Between 1914 and 1918, more than two million soldiers of the German army were killed in battle, and another six million came back from the front wounded, almost half of these as permanently disabled. Almost immediately after the outbreak of war, the appearance of "crippled men" was perceived as a "threat," not only to the fighting strength of the army, but also in terms of placing new social and economic burdens upon the German Empire.

By focusing on the experiences and career of Munich orthopaedist Fritz Lange, one of the most outstanding practitioners of the field, Perry argues that the high incidence of severe injury among German soldiers prompted the nation's orthopaedists to redirect their therapeutic energies toward the rehabilitation of trauma victims. In championing this move, Lange was able to portray the essential healing talents of orthopaedists as indispensable to the war effort, and he effectively used the war theatre to carve out a new sphere of medical expertise. For German orthopaedists, the First World War thus strengthened and accelerated the politics of professionalization, providing the chance for them to demonstrate the usefulness and relevance of their discipline vis-à-vis the ever-growing number of injuries. Perry's case study not only highlights the profitable character of war for the professionalization of a given medical discipline, but also shows the opportunity for a field of medicine, which had seemingly been well-equipped at war's beginning, to sort out gaps and shortcomings in knowledge. With her study of Lange, Perry successfully enhances our knowledge of the disciplinary history of World War One orthopaedics in Germany, which had hitherto been shaped predominately by work on Konrad Biesalski and the impact of historical traditions in disability care upon the war era.[50]

Of course, orthopaedists were not the only specialists who exploited the war as an opportunity to promote their profession. World War One can indeed be seen as a

[50] See, for example, Klaus Dieter Thomann, *Der „Krüppel": Entstehen und Verschwinden eines Kampfbegriffs*, in: *Medizinhistorisches Journal* 27 (1992), 221-271; idem, *Die medizinische und soziale Fürsorge für die Kriegsversehrten in der ersten Phase des Krieges 1914/15*, in: Eckart, Gradmann, *Die Medizin und der Erste Weltkrieg*, 183-196.

facilitator of professional development for several medical disciplines. For instance, Karin Stukenbrock has demonstrated that German gynaecologists constructed a new, war-related disease in order to stress the high relevance of their discipline to contemporary medicine.[51]

As important as such studies are that focus on medicine's "making use of war" in order to stimulate disciplinary progress and professionalization, such scholarship may, furthermore, guide us in questioning how the war assumed its place in medical and cultural memory. In facing the catastrophe of the war, its millions of casualties and wounded, the years of work under makeshift conditions, and their own symptoms of despair and exhaustion, medical practitioners inevitably took part in a politics of memory. One of the most burning and ubiquitous questions among historians of medicine and war is: How may war have had an impact on the progress of medicine? As Roger Cooter has emphasized in his 1993 article on *War and Modern Medicine*, such a question can only be sufficiently approached when medicine and war are considered as interacting spheres in specific (and historically changing) political, socio-economic, and cultural contexts.[52] Indeed, the thesis of war-driven progress in medicine may be argued differentially, depending on whether one looks at victors or losers of the war. Postwar German and Austrian physicians insisted that, despite all military defeat, medicine had evolved from the war with new technologies and well-prepared medical practitioners. In the 1920s and early 1930s, more or less all German and Austrian medical memory recorded in the literature on the Great War painted the role of the military doctor in heroic language.[53] In contrast, the British and French elaboration of memory was inconsistent and reflected relatively greater caution in gauging medical progress during the war. Furthermore, doctors of war-winning nations were more critical in examining the ethical paradox

[51] Karin Stukenbrock, *Der Krieg in der Heimat: „Kriegsamenorrhoe" im Ersten Weltkrieg*, in: *Medizinhistorisches Journal* 43 (2008), 264-293.

[52] Cooter, *War and Modern Medicine*, in: Bynum, Porter, *Companion Encyclopedia of the History of Medicine*, 1544-1553, 1560-1564. In his study on British orthopaedics, Cooter examined the 'war-is-good-for-medicine-thesis' exemplary and in more detail: Roger Cooter, *Surgery and Society in Peace and War: Orthopaedics and the Organization of Modern Medicine, 1880-1948*, Basingstoke 1993. For a useful overview on that issue, see also idem, *Medicine in War*, in: Deborah Brunton (ed.), *Medicine Transformed: Health, Disease and Society in Europe, 1800-1930*, Manchester 2004, 331-363, and Leo van Bergen, *The Value of War for Medicine: Questions and Considerations Concerning an Often Endorsed Proposition*, in: *Metamedica* 2007, URL: http://metamedicavumc.nl/pdfs/mcs-julsep2007.pdf. Accessed November 25, 2010.

[53] See, for example: Wilhelm Hoffmann (ed.), *Die deutschen Ärzte im Weltkriege. Ihre Leistungen und Erfahrungen*, Berlin 1920; Burghard Breitner (ed.), *Ärzte und ihre Helfer im Weltkriege 1914-1918 (Helden im weissen Kittel)*, Innsbruck 1936.

of medicine in war, namely, the awkward imperative of saving and treating soldiers simply in order to return them to life-threatening situations. The compensatory arguments of postwar German medicine are perhaps best understood in terms of the emotional and cultural motives that drove doctors to make sense of the distressing experiences of the war. In this respect, Cooter's call for more comprehensive, context-sensitive, and comparative research is still to be heeded.

Physicians, Patients and Disabled Veterans: Towards a History of Military Medicine from Below

A new approach in the history of military medicine has been established over the past decade that supplements our knowledge of physician practices and perspectives during and after the First World War. Rather than exclusively focusing on the physician, new studies have placed the soldier-as-patient as the subject of research, primarily by following two lines of inquiry originating in the 1980s and 1990s. The first line of inquiry concerns efforts, especially reflective of the history of Anglo-Saxon medicine, to explain in some detail the therapeutic core setting, that is, the relationship of patient and physician. In this respect, the primary aim was to understand more carefully the development of therapeutic styles and to elucidate in particular the role of the patient in medical decision making. This strand, elucidating a "patient history," was opened through the classic work of Roy Porter, who showed that the perspectives of patients could be effectively analyzed through investigation of their respective medical case histories.[54] Porter's claim to do "medical history from below" not only introduced the patient as an entity for investigation within the therapeutic setting, but also mandated inquiry into the authority and dominance of the institution of medicine, urging serious consideration of the patient's own world view as well, in researching attitudes to sickness, health, and healing.

[54] Roy Porter, *The patient's view: Doing medical history from below*, in: *Theory and Society* 14 (1985), 175-198.

The new approach of patient history fuelled the search for new sources of insight, such as diaries, hospital records (especially admission books), and patient records.[55] Exploration of these new sources not only shed light on the negotiations between patient and physician in a narrow sense, but also informed our broader perspective of contemporary discussions and thought regarding disciplinary developments in medicine. In association with the cultural history of medicine, patient history promises to contribute to our understanding of the performance of medicine, with all its aims and ambiguities, including routine medical diagnoses, therapies, and general decision making. As already apparent from medical reports that have become accessible, any given case history is best regarded in its portrayal of the patient as a single actor from amid a network of many actors that participate in the performance of health care and healing. Only such sources as diaries or notebooks, written directly by the patient, tell us about his world outlook in any immediate sense. Patient records, on the other hand, created in the context of diagnosis and treatment, namely, upon patient examination or hospital admission, are maintained by physicians and nurses, who may or may not allow the patient to raise his (often critical) voice, within the material of the medical file, in the form of a personal letter or statement. The effectiveness of using such sources to investigate the history of medical therapy on a large scale has been demonstrated by John Harley Warner in his investigation of nineteenth-century medical therapy in America. Warner used multiple sources, including patient records, to analyse the therapeutic shift from classical actions of humoral pathology to those of experimental medicine.[56]

A second supportive strand arose out of social and military history. Although "patient history" was born within the historiography of medicine per se, areas of research within social and military history have been integral to its development, and unsurprisingly, changes in the history of medicine reflect changes that have oc-

[55] For a more detailed account on patient history, see Flurin Condrau, *The Patient's View Meets the Clinical Gaze*, in: *Social History of Medicine* 20 (2007), 525-540; idem, *Lungenheilanstalt und Patientenschicksal. Sozialgeschichte der Tuberkulose in Deutschland und England im späten 19. und frühen 20. Jahrhundert*, Göttingen 2000, esp. 24-25; John Harley Warner, *The Uses of Patient Records by Historians: Patterns, Possibilities and Perplexities*, in: *Health and History* 1 (1999), 101-111; Eberhard Wolff, *Perspektiven der Patientengeschichteschreibung,* in: Norbert Paul, Thomas Schlich (ed.), *Medizingeschichte: Aufgaben, Probleme, Perspektiven*, Frankfurt, New York 1998, 311-334, esp. 311-315; Guenther B. Risse, John Harley Warner, *Reconstructing Clinical Activities: Patient Records in Medical History*, in: *Social History of Medicine* 5 (1992), 183-205. See also the remarks of Salina Braun on patient records in her published dissertation on psychiatric practice in two German 19th century asylums: Salina Braun, *Heilung mit Defekt. Psychiatrische Praxis an den Anstalten Hofheim und Siegburg 1820-1878*, Göttingen 2009, 32-48.

[56] John Harley Warner, *The therapeutic Perspective: Medical Knowledge, Practice, and Professional Identity in America, 1820-1885*, Cambridge, Mass. 1986.

curred in military history.[57] In particular, there has been a shift in focus (away from combat and weaponry analyses, which were mainly undertaken by members of the military itself) that allowed for deeper consideration of social and demographic responses to the war as expressed through cultural processes and representations. Most notably, the ordinary soldier increasingly became a focal point of research, such that the character and impact of his wartime experiences could be related to postwar mnemonic, normalizing, and/or mythologizing forces.[58] In German academic landscapes, the new focus was strengthened by growing interest in the history of mentalities and everyday life (*Alltagsgeschichte*).[59] These new trends in research, beginning in the 1980s, incorporated the soldier's specific interests and perspectives of contemporary life into cultural history and thus marked an evolution from debates of the 1960s and 1970s, which had concentrated on methods and aspects of social history as applied to the conditions of German society and economy during the war.[60] Because historians of the First World War had in any event remained interested in societal demoralization, humiliation, and exhaustion, it was perhaps only natural that they began to integrate the devastating effects of war on the soldier's psyche and body into the history of medicine. Several important studies – for example, the brilliant work on disabled veterans by Sabine Kienitz – are mentioned above. Remarkably few investigations, however, made wide use of patient-related sources. Exceptions are Peter Leese's study of shell shock in the British Army, which used patient records and hospital newspapers extensively,[61] and the studies of Edgar Jones and colleagues at King's College London, who analyzed war pension files to assess wartime psychiatric disease in the British Army.[62]

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[57] Kühne, Ziemann, *Militärgeschichte*, 9-45; Gerd Krumeich, *Kriegsgeschichte im Wandel*, in: Hirschfeld, Krumeich, Renz, *Keiner fühlt sich hier mehr als Mensch*, 11-24, esp. 12.

[58] See, for example, Paul Fussell, *The Great War and Modern Memory*, London, Oxford 1975; Denis Winter, *Death's Men. Soldiers of the Great War*, London 1978; Leed, *No Man's Land* ; Jay Winter, *Sites of Memory, Sites of Mourning. The Great War in European Cultural History*, Cambridge 1995; Scott D. Denham, *Visions of War. Ideologies and Images of War in German Literature before and after the Great War*, New York, Berne 1992.

[59] On respective literature on *Alltagsgeschichte* and "military history from below", see footnote 9.

[60] Jürgen Kocka, *Klassengesellschaft im Krieg. Deutsche Sozialgeschichte 1914-1918*, Göttingen 1973; *Gerald D. Feldman, Army, Industry and Labor in Germany, 1914-1918*, Princeton, NJ 1966.

[61] Leese, *Shell Shock*. See also Peter Barham, *Forgotten Lunatics of the Great War*, New Haven 2004.

[62] Edgar Jones, Simon Wessely, *War Syndromes: The impact of culture on medically unexplained symptoms*, in: *Medical History* 49 (2005), 55-78; Edgar Jones et al., *Flashbacks and Post-traumatic Stress Disorder: The Genesis of a 20th-Century Diagnosis*, in: *British Journal of Psychiatry* 182 (2003), 158-163.

Regarding Germany and Austria-Hungary, the use of patient records to elucidate the medical history of the First World War "from below" has been more or less confined to a supportive function.[63] A rare example of the usage of patient files as the main basis of an investigation – in this case, to provide a conceptual and political context for the treatment of war neurotics – comes from Julia Köhne's recent study on "war hysterics" between 1914 and 1918. Köhne focuses on imagery of the diseased soldier, in texts and photographs, which conveyed the idea of "war hysteria" as a mass phenomenon. Köhne shows certain patient files to carry the meanings and interpretations of psychiatric diagnostic labels,[64] and her analysis in this way compellingly establishes the gender-related construction of the diagnostic term "war hysteria" within the triangle of mass psychology, military medicine, and diverse techniques of representation. Her consideration of patient files is punctually calculated, however, so that a fundamental analysis of the everyday experience of the (mentally ill) soldier during the First World War cannot be sustained. In addition, her efforts to draw a dividing line between her own approach and the seemingly unhistorical focus that the history of medicine places upon the "brutality" of psychiatric healers in Germany (which is, in fact, discussed in contemporary sources), are neither tenable nor productive.[65]

Patient records kept in the German Military Archive (*Bundesarchiv-Militärarchiv*) in Freiburg provide the basis for papers in this volume that deal with the health and sickness of German soldiers during the First World War. In light of remarks given in the preceding paragraphs above, the work of Petra Peckl and Philipp Rauh can only be regarded as pioneering. They present, in part, the outcome of a project on the medical treatment of German soldiers between 1914 and 1945 begun at the University of Freiburg and then sponsored by the German Research Foundation (DFG).[66] Peckl and Rauh have elaborated their analyses through the historical examination of patient records that have been gathered to date. This project, on the one hand, continues lines of Anglo-Saxon research of patient files, and extends, on the other hand, from analysis of "Euthanasia-Action" patient files, created in Nazi

[63] For such usage of patient oriented material, see Whalen, *Bitter Wounds*, and Lerner, *Hysterical Men*, who both used among others personal files of pensioners of the Interwar Period, and Hofer, *Nervenschwäche*, 319-329, who included patient files from a Viennese war hospital to analyse the treatment of the war neuroses.
[64] Köhne, *Kriegshysteriker*. Köhne used among others files from the Bundesarchiv-Militärarchiv in Freiburg.
[65] Köhne, *Kriegshysteriker*, 11-30, 297-303 and 23/24.
[66] *Krieg und Medikale Kultur – Patientenschicksale und ärztliches Handeln im Zeitalter der Weltkriege*, sponsored by the German Research Foundation (DFG).

Germany, that have appeared in hermeneutic and statistical works.[67] Beyond all the interesting data that are evolving per se, this large-scale study also promises insights into the advantages and limits of analyzing patient files as sources for a history of everyday life. We must be mindful that patient statements and letters necessitate great care in their interpretation. The same caution applies to both the gathering and the evaluation of statistical data. But despite all methodological challenges, the judicious use of patient records may allow historians to remove any "sugar coating" applied by physicians in their published perspectives of medicine in the First World War.[68]

Petra Peckl focuses on psychiatric disease in the German Army. The value of examining patient records is exemplified in her analysis of a sample of 700 psychiatric patient records, which greatly extends the view offered in the "official" literature as published by contemporary medical authors. Peckl's results tackle not only the application of medical innovations, but also the social implications of these. For example, the common wisdom published among physician authors, maintained that "neurasthenia" was a diagnosis associated with bourgeois officers and milder forms of treatment, whereas "hysteria" was seen to correlate with working-class service men and more aggressive treatment modalities; however, the patient records do not support either of these diagnostic correlations. Similarly, the treatment of soldiers suffering from mental trauma in military hospitals near the front line, according to patient records, does not conform to published protocols: For many psychiatric soldiers, the prescription of choice consisted mainly of rest and herbal remedies, deviating markedly from standardized treatment. In this way, Peckl offers new insights into the realities of wartime psychiatric treatment and paves new avenues for exploring the meaning and impact of German war psychiatry.

Similarly, Philipp Rauh sheds new light on the diagnosis and treatment of physical manifestations of illness in the traumatized soldier between 1914 and 1918, such as fatigue and exhaustion. Focusing on the treatment of heart conditions by physicians in internal medicine, Rauh compares the standard advice advanced by leading in-

[67] See above all Ulrich Müller, Corinna Wachsmann, *Krankenakten als Lebensgeschichten*, in: Maike Rotzoll, Gerrit Hohendorf, Petra Fuchs, Paul Richter, Christoph Mundt, Wolfgang U. Eckart (eds.), *Die nationalsozialistische „Euthanasie"-Aktion „T4" und ihre Opfer. Geschichte und ethische Konsequenzen für die Gegenwart*, Paderborn 2010, 191-199; Thomas Beddies, *Krankengeschichten als Quelle quantitativer Auswertungen*, in: ibid., 223-231. The first large scale statistical analysis of patient files was conducted by Thomas Beddies, Andrea Dörries (eds.), *Die Patienten der Wittenauer Heilstätten in Berlin, 1919-1960*, Husum 1999.

[68] Concerning the combination of qualitative and quantitative analysis, see: Braun, *Heilung*, 41-48.

ternal physicians against the actual everyday practices of military hospitals. But in contrast to the war neuroses, which were perceived as a new challenge for specialists in psychiatry, the significance of heart problems among psychiatric patients was played down by internal physicians. Although internal medical specialists were keen to increase the wartime importance of their field, they often advised troop physicians not to mention any diagnosis of heart ailment to their patients lest it evoke hypochondriac reactions or weaken the soldier's will-power. In this case, the management of symptoms was tailored to fit nationalistic discourse as well as contemporary ideas of racial hygiene; soldiers with heart problems were seen as inferior and unable to cope with the challenges of war. Similar to the situation surrounding war neuroses, soldiers complaining of heart symptoms received treatment, in the real-life scope of military medicine that diverged from official guidelines. Based on a sort of crisis management in the face of the everyday, patients with heart ailments were hospitalized for months, receiving mild forms of therapy. Thus, the contributions of both Peckl and Rauh demonstrate clear discrepancies between the views, reasoning, and therapeutic practices of expert (usually academic) physicians, on the one hand, and troop physicians on the other hand. It seems that historical interpretation of the treatment regimes of the First World War demands further discussion, with critical awareness of the limitations inherent to printed sources and further appreciation for the variety and sometimes contradictory responses of medicine and therapeutics to the war.[69]

The papers in this volume are not written for the express purpose of filling in "gaps of research", but rather seek to challenge and expand prevailing narratives and interpretations of medicine in the First World War. Those topics, such as trauma and war neuroses, which have already received considerable attention, will hopefully find fresh and stimulating perspectives. The revisiting and reassessment of narratives is an essential and constant challenge for historians who strive to deal creatively with complexities of the past. In regard to those topics that have not perhaps been primary areas of focus, such as perspectives "from below" and "from the margins," we hope to provide incentives for new approaches to a more comprehensive understanding of medicine in the First World War and its aftermath.

[69] This is even true for studies which focus on newly propagated approaches as the history of emotions. See, for example, Michl, Plamper, *Soldatische Angst im Ersten Weltkrieg*, 209-248. Michel and Plamper describe the attitudes of German, French and Russian psychiatrists towards war neuroses as being similar to those of physicians in general.

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The Exhausted Nation – Psychiatry and Medicine on the Home Front (1914–1918). The Case of Robert Sommer and the City of Giessen[1]

Cay-Rüdiger Prüll

As indicated in the introduction to this volume, interest in World War One medicine has been intensifying among historians since the 1990s. And since that time, the topic has been investigated and analyzed increasingly in the cultural context. This tendency is also true among historians of psychiatry. For example, the diagnostic labels placed on psychiatric patients, including "shell-shocked" soldiers or "war neurotics" (*Kriegszitterer*), have been taken to reflect contemporary discussions about manhood and the consequences of modern life.[2] This paper is devoted to an area of research that similarly continues to be somewhat neglected, namely, wartime experiences in the regional cultural context.[3] The particular scope will be the small German town of Giessen (in Hesse) and the activities of the academic psychiatrist Robert Sommer (1864-1937). As a small town removed from the front line, Giessen provides a good overview of wartime activities unencumbered by heavy traditions of nationalistic aggression as experienced, for example, vis-à-vis

[1] I would like to thank Wolfgang U. Eckart and Georg Hofer for their support. Furthermore, many thanks to the research group of the project "War and Medical Culture. Patient Stories and Medical Treatment in the Age of World Wars (1914-1945)." This paper is partly an outcome of this project and I am indebted Petra Peckl, Philipp Rauh and Peter Steinkamp for valuable suggestions.

[2] See above and the *Introduction* of Hans-Georg Hofer, *Nervenschwäche und Krieg. Modernitätskritik und Krisenbewältigung in der österreichischen Psychiatrie (1880-1920)*, Vienna, Cologne, Weimar 2004, 13-42.

[3] There are much more regional studies on the experiences during the First World War in general; see Gerd Krumeich, *Kriegsalltag vor Ort. Regionalgeschichtliche Neuerscheinungen zum Ersten Weltkrieg in Deutschland,* in: *Neue Politische Literatur* 39 (1994), 187-202. In contrast, the relative number of studies in the history of medicine is low and seems to be restricted to single contributions in edited volumes, university anniversaries or other occasions (e.g., Cay-Rüdiger Prüll, *Die Fakultät in der Krise: Giessens Universitätsmediziner und der 1. Weltkrieg*, in: Ulrike Enke (ed.), *Die Medizinische Fakultät der Universität Giessen: Institutionen, Akteure und Ereignisse von der Gründung 1607 bis ins 20. Jahrhundert*, Stuttgart 2007, 305-326; Hans-Georg Hofer, *Die Veränderung aller Massstäbe. Die Freiburger Medizinische Fakultät und der Erste Weltkrieg*, in: Bernd Grün, Hans-Georg Hofer, Karl-Heinz Leven (eds.), *Medizin und Nationalsozialismus. Die Freiburger Medizinische Fakultät und das Klinikum in der Weimarer Republik und im „Dritten Reich"*, Frankfurt/M., Berlin etc. 2002, 50-75.

France.[4] In this way, Giessen offers a context for sorting out the impact of the war itself on the performance of medicine and on the attitudes of physicians. Furthermore, in Robert Sommer we have a psychiatrist with an established reputation, practicing in Giessen, with an appreciation for the recent trends in his discipline and with sufficient interest to confront the challenges of war.[5] We will analyze Sommer's approach to "exhaustion" as a psychiatric symptom of diverse nervous disorders (including war neurosis), as a metaphor for the mental consequences of industrialization, and as a byproduct of civilization in general at the end of the nineteenth century.[6] As we shall see, Sommer's concerns as a psychiatrist extended not only to soldiers at the university hospital, but also more widely throughout Giessen society as it struggled to cope with the war crisis of 1914.

This analysis begins with a short introduction to the problem raised in the recent historiography of World War One psychiatry (1), followed by consideration of the impact of Robert Sommer's views upon Giessen as he became Chancellor of the University in the summer of 1914 (2); a review of his attitudes towards World War One in general (3); a subchapter on Sommer's influence upon the war activities of the medical faculty and students of the University of Giessen and on the town in general (4); a chapter on his treatment of "war neurotics" (5); and a chapter on Sommer's reactions to the exhausted city and its exhausted soldiers (6). The meaning of "exhaustion" and current appreciation for the term as metaphor will also be addressed.

A Preface to the Historiography of Psychiatry between 1914 and 1918

Given the many great scholarly advances we have witnessed in this area, it can be easy to overlook certain basic data that are essential to the current discussion. For example, the challenges that faced the medical community in the wake of 1914

[4] For Giessen's university, see: Peter Moraw, *Kleine Geschichte der Universität Giessen 1607-1982*, Giessen 1982; idem, *Organisation und Lehrkörper der Ludwigs-Universität Giessen in der ersten Hälfte des 20. Jahrhunderts*, in: *Giessener Gelehrte in der ersten Hälfte des 20. Jahrhunderts*, hrsg.v. Hans Georg Gundel, Peter Moraw, Volker Press, 2 Vols., Vol. 1 (*Veröffentlichungen der Historischen Kommission für Hessen in Verbindung mit der Justus-Liebig-Universität*, Vol. 35. *Lebensbilder aus Hessen*, Vol. 2), Marburg 1983, 23-75.

[5] For an overview on Sommer, see the biography by Michael Meyer zum Wischen, *„Der Seele Tiefen zu ergründen..." Robert Sommer (1864-1937) und das Konzept einer ganzheitlichen, erweiterten Psychiatrie (Arbeiten zur Geschichte der Medizin in Giessen, Vol. 14)*, Giessen 1988, as well as further literature in the footnotes of the following subchapters.

[6] Main relevant literature on "exhaustion" can be found in the respective footnotes of the following chapters.

were, to a large extent, unprecedented; the new weaponry at the western front caused injuries on a previously unknown scale. And among medical disciplines, psychiatry in particular had to grapple with new symptomatology, not the least of which was "shell shock," or "war neurosis." Such symptoms were extremely difficult to evaluate, and their etiology demanded an entirely new conceptual scheme. "War neurosis" was characterized by a mixture of bodily symptoms, including ambulatory disturbances and impairment of fine motor control on the one hand, and mental disturbances, such as extreme sleepiness and loss of concentration, on the other. At a 1916 congress of war psychiatry in Munich, strategies were developed to treat the newly identified condition. The majority of scientists, predominantly Pan-Germanic, espoused "therapeutic" methods with the aim of strengthening the patient's "will" to overcome psychological disturbances. Many draconian approaches relied on specific protocols, such as the application of electric currents or hypnosis, administered along with the harsh expression of military commands. Psychiatrists generally gave first priority to the needs of the military and attempted, as part of their contribution to the war effort, to heal soldiers as quickly as possible. Psychiatry as a profession was eager to establish the effectiveness of the new therapeutic methods, especially as the discipline's reputation became challenged by asylums filled with incurable cases. In addition, war psychiatrists embraced many contemporary notions of twentieth-century modern life that were to influence the practice of medicine and psychiatry in particular.[7]

The story of wartime psychiatry must also be elaborated in the light of recent research. As the papers of Petra Peckl and Philipp Rauh in this volume show, only a minor percentage of all those soldiers showing the symptoms of "war neurosis" were treated by actual psychiatrists. More often, the military physicians at clearing

[7] Peter Riedesser, Axel Verderber, *„Maschinengewehre hinter der Front". Zur Geschichte der deutschen Militärpsychiatrie*, Frankfurt/M. 1996, esp. 23-27. Many titles have been published on shell shock and war neurotics in World War One. See the study of Riedesser/Verderber as well as: Paul Lerner, *Hysterical Men. War, Psychiatry, and the Politics of Trauma in Germany, 1890-1930*, Ithaca, London 2003; Martin Lengwiler, *Zwischen Klinik und Kaserne: Die Geschichte der Militärpsychiatrie in Deutschland und der Schweiz 1870-1914*, Zurich 2000; Hofer, *Nervenschwäche und Krieg*; Doris Kaufmann, *Science as Cultural Practice: Psychiatry in the First World War and Weimar Germany*, in: *Journal of Contemporary History* 34 (1999), 125-144. The different views on the topic presented by Riedesser/Verderber, on one side, and Paul Lerner, on the other side, are remarkable. Whereas Riedesser/Verderber point out the voluntary war support of Pan-Germanic psychiatry and political continuities to National Socialism, Paul Lerner views the activities of war psychiatrists as rational efforts to solve a crisis on the basis of an effective therapy. In my view, both approaches describe two sides of one coin with no major contradictions. One problem is the contemporary quantification of healing successes presented by war psychiatrists, which still need to be analyzed carefully.

stations, or those at field and war hospitals, tried to pacify affected soldiers with simpler remedies, such herb tea and rest. Furthermore, shell-shock symptoms significantly overlapped with symptoms of "exhaustion" and could be complicated by cardiovascular disorders. Thus, the distinction between "shell shock" and general "war exhaustion" is problematic. We can assume that these complications may at least in part have been apparent to contemporary physicians – especially those military physicians near the front line, who could have appreciated the situation of soldiers and the character of the new modern war. But to what extent were such distinctions made by psychiatrists? Was the problem of war neurosis addressed solely by the new arsenal of war psychiatric measures outlined above? Or were there farther-reaching approaches that placed the new demands upon psychiatry within a larger scope?

Robert Sommer

Robert Sommer was born in 1864, in Grottkau, Silesia, as the son of a lawyer. Between 1883 and 1888, he studied psychology and medicine in Freiburg, Leipzig, and Berlin. He finished his studies with an MD and PhD, not only mastering the basics of modern scientific medicine but also specializing in philosophy and psychology in detail. In the winter of 1888-1889 he worked in Leipzig in the laboratory of Wilhelm Wundt (1832-1920), a physiologist and philosopher who supported Sommer's double education. This one-year service, spent in an scientific institute, was Sommer's only experience in the military. Wundt introduced Sommer to basic principles for measuring psychological phenomena, which remained Sommer's core interest as he shortly thereafter started his career as a psychiatrist at the asylum in Rybnik in Upper Silesia. Between 1890 and 1894, he completed his education in practical psychiatry at the psychiatric clinic in Würzburg, which was then headed by Konrad Rieger (1855-1939). In 1895, Sommer was appointed Professor of Psychiatry at the University of Giessen, a position he held until he retired in 1933. Sommer died four years later, in 1937.[8]

At Giessen, Sommer introduced the new psychiatric ideas of Wilhelm Griesinger (1817-1868), who had postulated psychiatric diseases to be conditions of the brain

[8] For the life of Robert Sommer, see: Cay-Rüdiger Prüll, *Der Heilkundige in seiner geographischen und sozialen Umwelt. Die medizinische Fakultät der Universität Giessen auf dem Weg in die Neuzeit (1750-1918) (Studia Giessenia 4)*, Giessen 1993, 134-138; Meyer zum Wischen, *Der Seele Tiefen zu ergründen*.

and had proposed that psychiatry should be practiced as a medical discipline, within university hospitals, and not be relegated mainly to rural asylums. University hospitals were thus to become a milieu not only for traditional patients, such as those with syphilis, schizophrenia, mania, or depression, but also for patients with nervous disorders in general. This new group of patients, according to Griesinger's proposal, would be treated by psychiatric specialists and not only by internal physicians, as had been the case. These patients came to include middle-class individuals with relatively mild disorders. With Griesinger's theories, the impact of psychiatry on society grew.[9]

In addition to espousing a more open concept of psychiatry, Sommer himself was an extrovert, and he very quickly became well known in Giessen. He knew "almost every other person, had friends everywhere he went, and tried everywhere to make new connections and relations."[10] Besides his interest in other people, he was highly motivated in his work and was nearly tireless in his efforts. He was impatient to put new ideas and interests into practice: "It was natural for him to experiment directly, on a practical basis, into any matter that he heard of and that occupied him on a theoretical basis. The pathway for him, from his first idea to first experiment, was extremely short; in this regard there were no inhibitions."[11] This led to a variety of activities, which cannot be described here at full length. Most importantly, Sommer's activities were not confined to his psychiatric interests. For example, as town councilor he strongly supported the idea to make the Lahn River navigable to Giessen, and he called for reparations to the railway station in order to improve traffic within the city. Even more exciting were his efforts to investigate methods for traveling on water, and his water skiing attempts were widely known. This last example is very characteristic of Sommer's approach to problems: he did

[9] For Griesinger, see: Kai Sammet, *Ueber Irrenanstalten und deren Weiterentwicklung in Deutschland: Wilhelm Griesinger im Streit mit der konservativen Anstaltspsychiatrie 1865 – 1868 (Hamburger Studien zur Geschichte der Medizin 1)*, Münster 2000.

[10] Hermann Glockner, *Robert Sommer (gest.)*, in: *Schriften der Giessener Hochschulgesellschaft* 11 (H.3) (1937), 5-15, see the quotations on p. 6. (*"*…der beinahe jeden zweiten Menschen kannte, an jedem Ort Freunde hatte und bis zuletzt noch überall neue Beziehungen und Verbindungen anzuknüpfen suchte…*"*).

[11] Ibid., see the quotation on p.7. ("Es war für ihn selbstverständlich, dass er eine Sache, von der er hörte, und mit der er sich theoretisch beschäftigte, auch gleich praktisch ausprobierte. Der Weg vom Einfall zum Versuch war ausserordentlich kurz bei ihm; hier gab es keine Hemmungen".)

not hesitate to invent the tools, instruments, or methods needed to reach his aims.[12] As we will see in the fourth chapter, his inventiveness was important in his approach to war psychiatry after 1914. Last but not least, it is important to note the extreme optimism that Sommer practiced in his activities and interactions with human beings and his general desire to improve the living conditions of his time and region.

Sommer's modern views on psychiatry as a socially influential discipline, his inborn urge to work and to be active, and his social compatibility and optimism were accompanied by a strong belief in the success and power of the German Reich and its Emperor. He also believed in racial hygiene as an important political concept and a means to reach socio-medical aims. Sommer had experienced the acceptance and professionalization of scientific medicine in the last decades of the nineteenth century. He belonged to a generation of physicians endowed with the pioneering spirit of teachers who were implementing a new medical system and discarding outmoded medical theories such as humoral pathology and "romantic" medicine.[13] The success of scientific medicine was closely combined with its "biologization," through which biological concepts of medicine were instrumentalized for political purposes, especially after 1914. Rudolf Virchow's "cellular pathology" (1858) had described man as an amalgamation of cells, tissues, and organs being ruled by laws of nature. In addition, Charles Darwin's (1809-1882) theory of descent had set all human beings under the pressure of evolution, and Darwin's theory was readily applied to promote the idea of racial hygiene.[14] The new emphasis was placed on research into individual "constitution," abandoning the Virchowian emphasis on or-

[12] Jost Benedum, under coll. of Christian Giese, *375 Jahre Medizin in Giessen. Eine Bild- und Textdokumentation von 1607-1982. Katalog zur Ausstellung anlässlich der 375-Jahrfeier*, Giessen 1983, 133-135, 136.

[13] Concerning the social success of German physicians during the 19th. century, see: Eberhard Wolff, *Mehr als nur materielle Interessen: Die organisierte Ärzteschaft im Ersten Weltkrieg und in der Weimarer Republik 1914-1933*, in: Robert Jütte (ed.), *Geschichte der Deutschen Ärzteschaft. Organisierte Berufs- und Gesundheitspolitik im 19. und 20. Jahrhundert*, Cologne 1997, 97-142; see also: Claudia Huerkamp, *Der Aufstieg der Ärzte im 19. Jahrhundert. Vom gelehrten Stand zum professionellen Experten: Das Beispiel Preussens (Kritische Studien zur Geschichtswissenschaft, Bd. 68)*, Göttingen 1985.

[14] Paul Weindling, *Health, Race and German Politics between National Unification and Nazism, 1870-1945*, Cambridge 1989; Hans-Walter Schmuhl, *Rassenhygiene, Nationalsozialismus, Euthanasie. Von der Verhütung zur Vernichtung „lebensunwerten Lebens", 1890-1945 (Kritische Studien zur Geschichtswissenschaft, vol. 75)*, Göttingen 1987.

gan pathology in favor of holistic approaches.[15] Sommer had adopted these new ideas as early as the beginning of the twentieth century, and he was especially interested in the hereditary basis of psychiatric disease. He maintained his interests and regard for hereditary traits well into the 1920s, venturing also into the area of racial hygiene.[16]

Robert Sommer and World War One

Given the mentality and ideas of the day, along with his own character, Robert Sommer was in a fortuitous position when the war broke out in 1914. When he became Chancellor of the University in 1914, he unbridled a restless resolve to make the University fit for fighting.[17] Sommer's determination was fueled by contemporary visions (*Burgfrieden*) of collaboration among all social groups of the Wilhelmine Empire, according to which everyone was obligated to hold a particular position in promoting war efforts. The whole of German society was mobilized as the new conflict was envisioned as a war of cultures that would determine the superiority of Germany in Europe in the years to come. In this view, universities also had a particular obligation to participate in the war effort.

Sommer's Pan-Germanism was well-suited to the new situation. In 1915, he gave as Chancellor a central lecture under the motto, "The war and the life of the soul." He articulated his view of the most important problems of the time and the important role of psychiatry in solving these problems. Above all, Sommer stressed the very good "mental resiliency of German people." He further maintained that war had already united the German people in spite of societal differences: "…[T]he individual will is based firmly on the collective will, inspiring millions of comrades in the same way."[18] Sommer foresaw "an unimaginable connection of the spirit be-

[15] See Eva-Maria Klasen, *Die Diskussion über eine Krise der Medizin in Deutschland zwischen 1925 und 1935*, M.D. thesis, Mainz 1984; Dietrich von Engelhardt, *Kausalität und Konditionalität in der modernen Medizin*, in: Heinrich Schipperges (ed.), *Pathogenese. Grundzüge und Perspektiven einer Theoretischen Pathologie*, Berlin, Heidelberg 1985, 32-85.
[16] See Robert Sommer, *Familienforschung und Vererbungslehre*, Leipzig 1907 (1. ed.); idem, *Familienforschung. Vererbungs- und Rassenlehre*. 3. *Durch Rassen und Stammeskunde vermehrte Auflage*, Leipzig 1927; Lerner, *Hysterical Men,* 22.
[17] Cay-Rüdiger Prüll, *Der Heilkundige in seiner geographischen und sozialen Umwelt. Die medizinische Fakultät der Universität Giessen auf dem Weg in die Neuzeit (1750-1918) (Studia Giessenia 4)*, Giessen 1993, 137f.
[18] Robert Sommer, *Krieg und Seelenleben. Akademische Festrede zur Feier des Jahresfestes der Grossherzoglich hessischen Ludwigs-Universität am 1. Juli 1915*, Giessen 1915, quotations on 12 u.

tween tradesmen and heroes as the fruition of a biological development process, which [would] presumably continue to grow in importance in the time to come".[19] Sommer was able to rely on the German nationalism of the majority of the medical faculty, who followed and supported him. And he contributed to the war effort with his own inventive genius. By 1914, he had offered his pair of water skis to German army headquarters as a means for conquering Britain. He also tried to persuade Graf Zeppelin, whose airships became important for reconnaissance and bombing raids during the war, to construct airplanes capable of hovering in position in the air.[20]

Sommer's biologism was also applied to the war effort: The fight for superiority among nations seemed to confirm all the medical theories that fueled social Darwinism. And this fight would function to clarify the biological ranking of nations and to probe the constitution of the German people. Sommer propagated a comparative racial psychology based on the actions and behavior of the respective nations at war. For each nation in combat, he differentiated between the majority of soldiers with shaky health but a strong capacity to fight and a readily identifiable minority of seriously diseased individuals. Sommer marginalized this latter group, as he felt that such individuals, as a minority, posed little danger to the majority of Germans who faced the challenges of war with a positive disposition. Those with an "inborn mental deficiency," he maintained, "would surely be excluded in the course of recruitment." During the first six months of the war, he declared, there were no patients in which neurasthenia appeared "… as the result of a fundamentally weak constitution".[21]

Armed with this brand of optimism, and declaring the mental fortitude of the German people, Sommer urged all lecturers and students of the University – and espe-

13 („Krieg und Seelenleben"; „psychische Widerstandsfähigkeit des deutschen Volkes"; "…der Einzelwille findet einen festen Boden in dem Gesamtwillen, der Millionen von Volksgenossen in gleicher Weise beseelt.").

[19] Ibid., 16 („eine ungeahnte Verbindung von Handwerker- und Heldengeist, in der eine biologisch vollzogene Entwickelung sich darstellt, die vermutlich in der kommenden Zeit eine immer grössere Bedeutung erlangen wird").

[20] Willy Schumacher, *Konrad Rieger und Robert Sommer – Gemeinsamkeiten der Psychiatriegeschichte Würzburgs und Giessens*, in: Gerhardt Nissen, Gundolf Keil (eds.), *Psychiatrie auf dem Wege zur Wissenschaft. Psychiatriehistorisches Symposium anlässlich des 90. Jahrestages der Eröffnung der „Psychiatrischen Klinik" der Königlichen Universität Würzburg"*, Stuttgart, New York 1985, 42-47, esp. 44; Meyer zum Wischen, *Der Seele Tiefen zu ergründen*, 36.

[21] Sommer, *Krieg und Seelenleben*, 8 (third quotation), 9, 12 (first and second quotation), 21f. („angeborener Schwachsinn"; „schon bei der Rekrutierung ausgeschaltet werden"; „Neurasthenie ... auf dem Boden einer schwächlichen Konstitution").

cially those of the Medical School – to fulfill their respective war duties. Sommer's promotional efforts included war poems, which were widely disseminated[22] and found their way into a Giessen University pamphlet compiled for the good of all who were engaged in active service. Sommer conjured up the exciting experience of war that waited for all:

> Fellow students! Hear my voice,
> While you are fighting in the trenches,
> Hard work is done here on the benches
> Everyone in his own way
> Our University - Hurray![23]

Robert Sommer, World War One, and the School of Medicine

It is not surprising that medical lecturers at the University embraced Sommer's war enthusiasm in August 1914. This movement resonated with bourgeois ideas in support of the political aims of the German government. German physicians were certainly among those who stood behind the Kaiser, and they appeared to give no thought to the ethical questions posed by the ongoing war (e.g., the collision between war and Hippocratic principles). Indeed, German physicians, including those at Giessen University, regarded themselves as devoted subjects, adhering to patriotic duties in a time of crisis.[24] The well-educated, university-trained bourgeois – especially those born in the 1860s and 70s, such as Sommer himself – promoted the *Gebildeten-Reformbewegung*, a movement of university teachers and academics. The proponents of this movement admired the German Empire on the one hand, but on the other, they had watched the rapid industrialization of Germany with suspicion, and they sensed themselves at a loss between the two main social groups: the workers and industrialists. During the decades after 1870, university-educated people felt worn out, between industrialists and workers, in a process of "materialization of life," and they longed for the unification of all social classes into a people's

[22] Meyer zum Wischen, *Der Seele Tiefen zu ergründen*, 35f.
[23] *Giessener Universitäts-Bilderbuch. Liebesgabe für die im Felde stehenden Angehörigen der Universität Giessen*, Giessen 1915, 23. Author's translation of the original:
> „Kommilitonen! hört mein Wort:
> Im Schützengraben kämpft Ihr dort,
> Doch Arbeit gibts auch hier am Ort.-
> Ein jeder trägt wohl seinen Teil:
> Der Ludoviciana Heil!"

[24] Wolff, *Mehr als nur materielle Interessen*, 97-142; Hofer, *Die Veränderung aller Massstäbe*, 53.

community (*Volksgemeinschaft*) under the guidance of well-educated middle-class representatives. In this way, the onslaught of materialism could be countered by true German cultural achievements. World War One was thus seen as the opportunity to found such a *Volksgemeinschaft* and to overcome the fragmentation of Wilhelmine society[25].

Based on this consensus, Sommer reorganized the life of the medical faculty and the university into a state of emergency. Many students and scientific assistants volunteered for service or were recruited, and Sommer set up a war commission (*Kriegskommission*), consisting of himself, the former chancellor and three members of the University senate. This commission was able to handle the crisis during the first year of the war, having access to the financial reserves of the University. Sommer tried to maintain the functioning of the Medical School and the University and its peace-time activities as well as he could[26].

The new measures served the interests of the medical school, which received 2600 of the university's total reserve fund of 3000 reichsmarks to maintain Red Cross military hospitals at the home front. This was necessary because the new industrialized war, with its trench warfare and new weaponry, threatened the university medical facilities and the whole city. The sharp increase in wounded soldiers was a new phenomenon that brought heavy medical burdens. Almost all university hospitals were transformed into military hospitals,[27] exigency that arose as specialized personnel were needed to treat the new diversity of wounds. The length of treatment at the Psychiatric University Clinic, given in "days of treatment per year," climbed from 27,000 in 1914 to 41,000 in 1917. And the lack of general practitioners, having also been called to service, caused an influx of civilians who crowded the "military hospitals" of the university, which were only half-staffed. Medical workers at the home front were challenged by an almost unbearable workload. The

[25] Martin Doerry, *Übergangsmenschen. Die Mentalität der Wilhelminer und die Krise des Kaiserreichs* (+ Ergänzungsband), Weinheim, Munich 1986; Cay-Rüdiger Prüll, *Pathologie und Politik – Ludwig Aschoff (1866-1942) und Deutschlands Weg ins Dritte Reich*, in: *History and Philosophy of the Life Sciences* 19 (1997), 331-368, esp. 335-338.

[26] Robert Sommer, *Die Kriegstätigkeit der Landes-Universität Giessen*, in: *Giessener Anzeiger* Nr. 11, 12, 14./15. Januar 1916 (Offprint, no pagination), in: Universitätsbibliothek Giessen. Hassiaka 57/55-27; Meyer zum Wischen, *Der Seele Tiefen zu ergründen*, 33.

[27] Sommer, *Die Kriegstätigkeit*; Robert Sommer, *Die Landes-Universität im Kriegsjahr 1914/15*, in: idem, *Krieg und Seelenleben*, 23-31, esp. 27; Michael Epkenhans, *Kriegswaffen – Strategie, Einsatz, Wirkung*, in: Rolf Spiker, Bernd Ulrich (eds.), *Der Tod als Maschinist. Der industrialisierte Krieg 1914-1918*, Bramsche 1998, 69-83; Thomas Flemming, *Industrialisierung und Krieg*, in: ibid, 55-67; Wolfgang U. Eckart, Christoph Gradmann, *Medizin im Ersten Weltkrieg*, in: ibid, 203-215.

head of the Hospital of Dermatology, Albert Jesionek (1870-1935), worked alone, without any assistant physicians. He treated skin diseases, but also carried out surgical operations, supported solely by his wife and by the wives of his friends. In 1916, the lack of physicians threatened to close the whole system of the University Clinic.[28]

The challenge to prevent further strain on the medical system forced the inhabitants of Giessen to act. Medical service – patient treatment, teaching, and research – was preserved only through donations of money, the volunteer efforts of private citizens – such as Robert Sommer – and industry. In August, 1915, a private donation of 200,000 reichsmarks enabled the treatment of patients with lung and eye diseases as well as cancer.[29]

The medical demand alone, to treat soldiers and civilians, exhausted the efforts of Giessen inhabitants, as did the upkeep of medical teaching and research, which relied heavily on private sponsorship. There was a lack of students: In 1915, approximately 80 percent were in service. Many did not come back from war. In addition, those students from abroad had been sent home at the outbreak of the war. But there were still some who required instruction and supervision, and the gaps were successively filled by women, who took the opportunity to invade academic areas that had previously been unknown to them.[30] The burdens of completing medical studies and publishing MD theses during wartime[31] were enormous, and specific teaching activities were often limited to topics that concerned military conflict. As early as August, 1914, an education committee of the medical faculty organized a course entitled "Medical Services in War", (*Kurs über Kriegs–Sanitätswesen)*. It was attended by physicians, nurses and general members of the university. Lectures were presented primarily by professors of the medical faculty. The surgeon Peter

[28] Sommer*, Die Kriegstätigkeit*; *Ludwigs-Universität. Justus-Liebig-Hochschule, 1607-1957. Festschrift zur 250-Jahrfeier*, Giessen 1957, 532; Ulrike Enke, *„Freundschaft giebt der Seele Kraft" – Der Freundeskreis um Robert Sommer und der „Wanderbund"*, in: *Giessener Universitätsblätter* 36 (2003), 47-61, here esp. 55f. See also: *Die Teilnahme von Angehörigen der Universität Giessen am Kriege 1914.* Ausgabe vom 31. Dezember 1914, Giessen 1915, bes. 5-8. Concerning the university clinic as a financial burden for the university, see: Andreas Anderhub, *Das Antoniterkreuz in Eisen. Zur Geschichte der Universität Giessen während des Ersten Weltkrieges*, Giessen 1979, 13. There are also comments on the psychiatric hospital on 25f.

[29] Sommer, *Die Landes-Universität im Kriegsjahr 1914/15*, 25-27; *Ludwigs-Universität*, 532.

[30] Sommer, *Die Landes-Universität im Kriegsjahr 1914/1915*, 23; Martin Schian, *Die Ludoviciana im Jahre 1917*, in: *Weihnachtsgruss der Universität Giessen an ihre Studenten im Felde*, Giessen 1917, 18-23, bes. 19; Anderhub, *Das Antoniterkreuz in Eisen*, 17, 38.

[31] Prüll, *Die Fakultät in der Krise*, 314-315.

Poppert (1860–1933), for example, spoke about "the effects of modern bullets" (*Wirkungsweise der modernen Geschosse*); Robert Sommer lectured on "psychiatry in times of war" (*Die Psychiatrie in Kriegszeiten*). It is very likely that Sommer's personal magnetism helped to increase the influence of the medical faculty upon the University in general. Again, during the winter term of 1914/15, the university organized a further lecture series that was similarly gauged for wartime, including a practical exercise on "wound dressing techniques and transport of the sick" (*Verbandlehre und Krankentragen*).[32] In fact, the professors at Giessen University were, at the home front, exercising the same measures that their colleagues were practicing on the front line. Physicians in service often presented educational lectures about different war-related medical topics throughout the war, and they influenced both the medical practitioners and lay people who had joined medical service in the army.[33] These wartime teaching efforts were not merely an attempt to carry on peace-time activities. Rather, the curriculum was purposefully expanded to address topics related to military medicine and to support the soldiers as well as the ongoing warfare of the German Empire.

As the idea of warfare and military service invaded all activities at the University, research at the medical school was strained in particular ways. The impulse to serve the Fatherland, along with the wish to survive academically in times of crisis, was accompanied by the seductive pull of taking advantage of the chaos and violence offered by the wartime situation in order to analyze pathological phenomena. Wartime conditions also offered a range of opportunities to examine therapeutic measures for specific diseases that were otherwise not as available for study during peace time. In Giessen, as well as other university cities, scientists viewed war as a huge laboratory.[34]

A constellation of factors caused research to be emotionally and physically more exhausting during the war than ever before. First, there was the matter of basic care

[32] Sommer*, Die Kriegstätigkeit*.
[33] One example are the so-called "advisory physicians" of the German army in the areas of surgery, internal medicine, pathology and hygiene. Their duty was the distribution of medical knowledge of the different medical branches among military physicians and the supervision of sanitary personnel: Karl Philipp Behrendt, *Die Kriegschirurgie von 1939-1945 aus der Sicht der Beratenden Chirurgen des deutschen Heeres im Zweiten Weltkrieg*, MD-thesis Freiburg 2003, 17-18; Prüll, *Der Heilkundige*, 140.
[34] Vgl. Wolfgang U. Eckart, Christoph Gradmann, *Medizin*, in: Gerhard Hirschfeld, Gerd Krumeich, Irina Renz (eds.), in connection with Markus Pöhlmann, *Enzyklopädie Erster Weltkrieg,* Paderborn, Munich etc. 2003, 210-219; Wolfgang U. Eckart, Christoph Gradmann (eds.), *Die Medizin und der Erste Weltkrieg*, 2nd. ed., Herbolzheim 2003.

for the wounded, where a variety of needs forced physicians to react quickly. Surgeons were confronted with extraordinary problems as the number of patients rose continuously and it became impossible to guarantee therapeutic intervention in every case. There was a lack of physicians and skilled specialists to care for complicated and difficult cases. Trench warfare, with all its features, often precluded satisfactory first aid treatment. Time-consuming transportation, new weaponry that inflicted massive bodily damage, and infectious disease often thwarted medical procedures.[35] Although research circumstances were difficult, new types of injury and disease enticed academic pursuits. Pre-war education and the knowledge that had been gained by the respective physicians at war provided the basis to undertake such research.

One example was research into the prognosis of head injuries, based on 116 patients treated in the surgical clinic between 1914 and 1918. Efforts to establish meaningful data were often limited, because clinical subjects generally arrived in Giessen after considerable delays, and it was sometimes not possible for medical researchers to reconstruct the timeline of events that had resulted in the patient's presentation.[36] Another cause for exhaustion among all faculty members engaged in research was the desperate search for therapeutic agents to combat severe wound infections. The English pathologist Carl Hamilton Browning (1881-1972), working at the Middlesex Hospital in London, developed bactericidal substances for effective use against infection in humans; he discovered the antiseptic properties of flavin and brilliant green.[37] Work in this area at Giessen was led by Albert Jesionek (1870-1935), head of the dermatological hospital, who expanded upon his pre-war work in treating tuberculosis patients with a mercury-vapor quartz lamp. During the war, he applied these lamps to heal wound infections as well as tetanus cases. The light was believed to increase the defense capacity of the body and to destroy tetanus bacilli as well as tetanus toxin.[38] The new therapies were not effective in treat-

[35] Vgl. Erwin Payr, Carl Franz, *Vorwort zur Abteilung „Chirurgie"*, in: diess., *Chirurgie (Handbuch der Ärztlichen Erfahrungen im Weltkriege 1914/1918*, hrsg.v. Otto v. Schjerning, Bd. I), Erster Teil, Leipzig 1922, XXVII-XXX; Eckart, Gradmann, *Medizin*, 210.

[36] Ruth Pauly, *Die Schussverletzungen des Gehirns nach den Erfahrungen der Giessener Kliniken aus den Jahren 1914-20, ihre Dauererfolge und ihre Lehren für die neuen Gesichtspunkte ihrer chirurgischen Behandlung*, Dissertation Giessen 1941.

[37] Cay-Rüdiger Prüll, *Medizin am Toten oder am Lebenden? Pathologie in Berlin und in London, 1900-1045*, Basel 2003, 225-227.

[38] Prüll, *Der Heilkundige*, 144f.; Christian Reiter, *Albert Jesionek (1870-1935). Sein Leben und wissenschaftliches Werk zur Tuberkulose der Haut unter besonderer Berücksichtigung seiner lichtbiologischen Forschung (Arbeiten zur Geschichte der Medizin in Giessen, vol. 17)*, Giessen 1993, 122-124.

ing all wounds or infections; for example, tetanus could be treated only with antiserum, which became available by the summer of 1915.[39] But even the unsuccessful efforts reflect the dedication of faculty members to confronting wartime medical problems, although many scientists were led to the edge of physical and mental collapse.[40]

Robert Sommer, World War One and the War Neurotics

Sommer was aware of the strain and tireless efforts of the University, medical faculty and the students at Giessen as they coped with the problems of war time and attempted to survive the war crisis between 1914 and 1918, which placed ever more demands on both physical and mental health. Concern for the exhausted nation plagued Sommer also at his work place, where he was tasked to deal with "war neurotics." As he encountered a variety of symptoms, he relied on all his professional experience to ascertain the causal explanations for this disease. Were the symptoms of the war neurosis caused by neurological impairment or by psychiatric disturbances? Given the prevailing notion favored by the participants of the recent war psychiatry congress and in view of Sommer's own psychophysiological education, Sommer also explored psychological explanations. And like the majority of his colleagues, his Pan-Germanic attitudes were certainly consistent with the application of draconian measures when it came to patients.

During the war years, Sommer focused on measurements of shell shock phenomena in an attempt to elucidate the origins and development of the disease and to construct therapeutic solutions.[41] His efforts were based on the idea that the World War would serve as "a sort of world-historical experiment in population psychology across peoples." Human beings at war would be exposed to extreme physical and

[39] Wolfgang U. Eckart, *„Der grösste Versuch, den die Einbildungskraft ersinnen kann" – Der Krieg als hygienisch-bakteriologisches Laboratorium und Erfahrungsfeld*, in: Eckart, Gradmann, *Die Medizin und der Erste Weltkrieg*, 299-319, bes. 309-311.

[40] See also the examples of research on nerve injuries and on war injuries of the eyes: Friedrich Lönne, *Ueber Kriegsverletzungen des peripheren Nervensystems an der Hand von 60 Beobachtungen in der chirurgischen Universitätsklinik zu Giessen*, MD-thesis Giessen 1916; Wilhelm Theobald Ernst Füssenisch, *Statistischer Bericht über die in der Augenklinik zu Giessen vom August 1914 bis zum April 1916 behandelten Kriegs-Verletzungen und –Erkrankungen der Augen*, MD-thesis Giessen 1917.

[41] Concerning Sommer's education and the measurement of psychological phenomena, see: Cay-Rüdiger Prüll, *Die Medizinische Fakultät an der Schwelle zum 20. Jahrhundert – Neuorientierungen und Neuberufungen*, in: Ulrike Enke (ed.), *Die Medizinische Fakultät der Universität Giessen*, 235-250.

psychological stress factors, and these factors of stress would be counterbalanced by patriotic feelings. Sommer thus felt that the measurement of human emotions under these conditions would be the main task of the psychiatrist, and he viewed the emotional status of each individual within the war to be an obtainable metric.[42] Reports from the front line fed his conviction that war, in spite of all emotional hazards, would increase the efficiency of every individual and promote, on the basis of military training, the will to achieve absolute control of mind over body.[43]

Sommer's inventiveness, as mentioned above, was fuelled again by circumstances. He constructed a new apparatus to treat functional deafness in war neurotics, in our modern sense psychosomatic deafness. The apparatus consisted of a small rack on which the patient's forearm was fixed, such that mobility was limited to the first and middle fingers only. The patient was then instructed, in writing, to remain still. Sommer rationalized that, by concentrating on the apparatus and the requirement to remain still, the patient would be less likely to engage in psychological efforts to suppress the ability to hear. Similar to many procedures applied by representatives of psychiatry during the war years, the patient was to be taken by surprise: in this instance, the ringing of a huge bell, placed unknowingly behind the head of the patient, would surprise the patient and overcome the suppression of hearing. The movement of the two free fingers upon Sommer's apparatus was closely monitored, and quantified finger movement was taken as an indication of improvement.[44] Medical treatment of war neurotics included patient education as a means to restore the patient's fighting readiness and to promote total dedication to the Fatherland. In Sommer's view, the crowning achievement of successful treatment would be realized in restoring the deaf-mute patient's ability to sing the German national anthem.[45]

Solving the Problem – Robert Sommer and Exhaustion

Up to this point, we have observed Robert Sommer as a central Pan-Germanic protagonist in the story of wartime Giessen, an inventive psychologist, dedicated to efficiency, pushing his exhausted city and its beleaguered soldiers to carry on in the war effort. But it would be a mistake to stop here, framing Sommer primarily as a

[42] Sommer, *Krieg und Seelenleben*, 21-22. See the quotation on 22 ("eine Art weltgeschichtliches Experiment für die Völkerpsychologie"); Lerner, *Hysterical Men*, 44f.
[43] Ibid., 45, 47, 51; Sommer, *Krieg und Seelenleben*, 12-15.
[44] Lerner, *Hysterical Men*, 116f.
[45] Ibid., 117.

community activist. Beyond his activism, Sommer's interpretation of his experiences with the medical faculty, students, patients, and citizens of Giessen is key. And indeed, this interpretation was shaped to a certain extent by his own personal experience of exhaustion. As tireless as Sommer had seemingly been throughout his life, and as dedicated as he was to his profession, he was in no way immune to the exhausting effects of life. On July 5, 1907, he sent a letter to the Chancellor of the University, in which he asked to be relieved of his teaching duties for about one week. One reason for the letter was that he urgently needed to write a forensic report for the County Court of Giessen. But even more importantly, Sommer found that he had overstrained his capacity to work, and he felt that he needed rest: "Additionally, as a consequence of many administrative nuisances last year, I am severely strained and less capable of fulfilling my duties ... If this condition of being overburdened with all kinds of straining demands is to persist much longer, I cannot help but fear a complete breakdown of my capacity for work."[46] It seems that Sommer had come to hold contemporary notions of "neurasthenia," which was a fashionable disease during the decades that spanned 1900. This malady was seen as an effect of the industrial era, with its inherent strains on one's nervous constitution, so that the patient was in no way stigmatized. Physicians – and psychiatrists above all – sought to help the afflicted individual.[47] Based on his professional experiences, Sommer quite naturally gravitated to the German word "Regeneration" (recreation) to describe medical restoration from exhaustion. Consequently, and in contrast to many of his colleagues, Sommer did not engage in odious commentary about "war neurotics" as degenerate shirkers, betraying the Fatherland by their refusal to serve. On the contrary, presumably based on his own experience with neurasthenia, Sommer searched for therapeutic solutions that would serve the Empire as well as the patient. He approached each case in terms of the given patient's respective condition, taking prior mental health into consideration, as a means of restoring the potential of the individual: "I am absolutely convinced that the German

[46] Robert Sommer to the Chancellor of the University of Giessen, Giessen, July 5, 1907, in: *Personal File Robert Sommer*, Betr. Die Berufung eines Professors der Psychiatrie. Professor Dr. Robert Sommer 1894. 1895. Beförderung zum Ordinarius 1896. Geh. Medizinalrath 1911. Gestorben am 2. Februar 1937 zu Giessen, in: *University Archive of the University of Giessen Med. Pr. A.* Nr. 12 (Med K 6), no pagination. "Dazu kommt, dass ich in Folge vieler dienstlicher Ärgerlichkeiten im letzten Jahre, … stark angegriffen und weniger leistungsfähig bin. Bei einer längeren Dauer dieses Zustandes von Überlastung mit Anstrengungen aller Art muss ich einen völligen Zusammenbruch meiner Arbeitskraft befürchten."

[47] Re. the discussion on „neurasthenia" around the turn of the century, see: Joachim Radkau, *Das Zeitalter der Nervosität. Deutschland zwischen Bismarck und Hitler*, München 1998; Volker Roelcke, *Krankheit und Kulturkritik : psychiatrische Gesellschaftsdeutungen im bürgerlichen Zeitalter (1790 - 1914)*, Frankfurt/Main 1999.

Empire needs every man fit for service to solve the difficult tasks of this war. At the same time, as a psychiatrist, I think that it is only proper that those individuals who habitually suffer from nervous disorders be utilized in such a way, from the very beginning (sic!) of their military service, that they do not utterly collapse through the strains of war, necessitating removal from their civil vocation, consequently burdening the State with pension claims."[48] This quotation encapsulates Sommer's position: One has to bear the burdens of war, yes, but only to the extent that befits the individual's condition. Remarkably, Sommer uses the term "strains of war" (*Strapazen des Krieges*) to recognize the effect of external influences upon mind and body, rather than embracing a racial hygienist concept of the individual's nervous constitution. The war is thus taken to be a contributing factor to exhaustion and breakdown, not only for soldiers, but also for people in general. Accordingly, the problem of "exhaustion," applied both to physical and mental health, was to a certain extent a symptom of the war itself. War neurotics were thus only one dimension of a problem that extended, according to Sommer's views, to the University, the medical faculty, and all inhabitants of Giessen. Any patient who became compromised by the war experience was to be treated with the aim of "recreation" (*Regeneration*), a concept that was not merely propagated as rhetoric. With remarkable efficiency, as was typical of Sommer, he realized *Regeneration* within the civil sphere and correspondingly implemented a number of practical medical measures.[49]

The two ideas – to keep up military strength and to recover from the strains of war – went hand in hand: During the summer of 1915, Russian prisoners of war erected a gym and playground, which opened with 3000 square meters. Under Sommer's supervision, students engaged in shooting and grenade exercises. But above all, the site provided a means of general physical exercise, thereby promoting the "performance of future responsibilities." Recreation itself could be achieved in the "student garden," constructed by prisoners of war, which enabled students to cultivate their own plots.[50] Furthermore, a public ground was provided in front of the

[48] Lerner, *Hysterical Men*, 117; Sommer, *Krieg und Seelenleben*, 9. See the quotation here: „Ich bin durchaus von der Überzeugung durchdrungen, dass das deutsche Reich jeden dienstfähigen Mann für die schwierigen Aufgaben dieses Krieges braucht. Andererseits meine ich als Psychiater, dass es richtig ist, Menschen, die notorisch schon an stärkeren nervösen Störungen gelitten haben, innerhalb des Militärdienstes von vornherein (sic!) so zu verwenden, dass sie nicht durch die Strapazen des Krieges völlig zusammenbrechen, ihrem Zivilberuf dauernd entzogen werden, und hinterher den Staat mit Rentenansprüchen belasten".
[49] Sommer, *Krieg und Seelenleben*, 12f.
[50] Sommer, *Die Kriegstätigkeit*; Sommer, *Die Landes-Universität im Kriegsjahr 1914/15*, 26; Meyer zum Wischen, *Der Seele Tiefen zu ergründen*, 33-34.

main university buildings where people could recreate – especially those students who had had breakdowns. Even before the outbreak of the war, finally, in 1913, Sommer had promoted the erection of public "rest halls" (*öffentliche Ruhehallen*), a source of inspiration for Sommer's activities during the war.[51] Last but not least, Sommer and his wife gave the university a site of 5000 square meters, which was to subserve "social purposes and spiritual rest in the enjoyment of nature."[52] And Sommer keenly maintained the professorial walking club that he had founded before the war, in 1909: Together with his colleagues, he would explore diverse places of interest in Giessen's surroundings.[53]

It is worth noting that there is no contradiction in Sommer's use of harsh methods to cure neurotics, in which he was indeed influenced by contemporary racial hygienist ideas; he practiced such activities even after 1918. Furthermore, he also supported the national socialist health policy after 1933. Sommer was quite open-minded, and he held diverse views in his judgment of patients and their conditions, and he therefore often took advantage of the option to restore health through measures of *Regeneration*.[54] Sommer's interpretation and solution to "exhaustion" was fuelled by his personality and past experiences. Taking the psychiatric approach of Wilhelm Griesinger seriously meant to acknowledge different stages and different kinds of nervous and mental disorders and to remain open-minded in respect to mild disturbances arising from external influences. The "neurasthenia" debates around 1900 supported these intentions. Pan-Germanism and specific notions of racial hygiene sternly demanded solutions to health problems. Sommer's optimistic approach to resolving "exhaustion" was to offer *Regeneration*. Through his inventiveness, he actively developed the tools, techniques and institutions to set his ideas into practice. It is likely that his tendency to look for general principles in all the

[51] Erwin Schliephake, *Robert Sommer (1864-1937) Psychiater*, in: Hans-Georg Gundel, Peter Moraw, Volker Press (eds.), *Giessener Gelehrte in der ersten Hälfte des 20. Jahrhunderts, 2nd part (Lebensbilder aus Hessen, vol. 2; Veröffentlichungen der Historischen Kommission für Hessen, vol. 35)*, Marburg 1982, 895-905, esp. 900.

[52] Meyer zum Wischen, *Der Seele Tiefen zu ergründen*, 34; Sommer, *Die Landes-Universität im Kriegsjahr 1914/15*, 26, see the quotation here: „geselligen Zwecken und der geistigen Ruhe im Naturgenuss".

[53] Ulrike Enke, „Freundschaft giebt der Seele Kraft" – Der Freundeskreis um Robert Sommer und der „Wanderbund", in: *Giessener Universitätsblätter* 36 (2003), 47-61, hier 55-58.

[54] Schliephake, *Robert Sommer*, 899/900. For Sommer's engagement in racial hygiene see: Robert Sommer, *Familienforschung und Vererbungslehre*, Leipzig 1922; ders., *Familienforschung, Vererbungs- und Rassenlehre*, Leipzig 1927. Concerning Sommer and national socialism, see: Helga Jacobi, Peter Chroust, Matthias Hamann (ed.), *Aeskulap & Hakenkreuz. Zur Geschichte der Medizinischen Fakultät in Giessen zwischen 1933 und 1945*, Frankfurt 1989, 90-103.

matters enabled him to draw connections between psychiatric matters that his colleagues failed to see.[55]

Why was it possible for Sommer to integrate diverse ideas into his approach to "exhaustion"? As a metaphor, "exhaustion" offers the advantage of flexibility, thereby allowing researchers the freedom to develop new theories and the chance to broaden the scope of the problem. The use of metaphor allows for shifts in research perspectives and the construction of individual interpretations and novel approaches. Metaphors are in this way indispensible. They are essential to theory, as they leave gray zones open to interpretation and associations. New concepts are never terminologically "pure", but as approximations, they are essentially built with metaphors, connecting diverse spheres of knowledge both in academia and society.[56] Sommer's "exhaustion" inspired "war psychiatry" to rationalize psychiatric discourse in the sense that Paul Lerner discusses. Psychiatry during the war functioned not only to mobilize soldiers, but also to inspire new concepts of *Regeneration*, which could be applied to the soldiers and inhabitants of a war-fatigued city population to combat nervous diseases.

In this way, Sommer's case offers new insights into the history of the "war neurotics" in World War One. In principle, ordinary military physicians as well as psychiatric specialists began to acknowledge war itself as a main disease factor. The concept of "exhaustion" as a general phenomenon thus blurred the border between military and civilian spheres, and thus between the battle and home fronts, from 1914 to 1918. Last but not least, Sommer and Giessen underscore the value of regional approaches to studying attitudes and realities of the psychiatric treatment of soldiers and civilian during World War One.

[55] See, e.g. the remark about Sommer in a newspaper about his "broad perspective" („weiter Blick") and his „knowledge of the principle of totality" („seine Erkenntnis des Totalitätsprinzips"): Paper clip *„Ein bekannter Giessener Gelehrter 70 Jahre alt"*, Oberhessische Tageszeitung, December 15, 1934, in: *Personal Files Robert Sommer*, University Archive of the University of Giessen.

[56] For usage and meaning of metaphors see the remarkable study of Eva Johach, *Krebszelle und Zellenstaat. Zur medizinischen und politischen Metaphorik in Rudolf Virchows Zellularpathologie (Berliner Kulturwissenschaft, 5)*, Freiburg, Berlin, Vienna 2008, esp. 9-73.

Beyond Freud and Wagner-Jauregg: War, Psychiatry and the Habsburg Army

Hans-Georg Hofer

From the beginning of the First World War, mental breakdowns among soldiers developed into a mass phenomenon that affected all wartime societies and accordingly elicited a great deal of interest from both military personnel and psychiatrists. Recent studies in the history of psychiatry in Britain, Germany, and France have shown that medical response to the so-called *war neuroses* differed considerably, according to distinct medical approaches to understanding, representing, and acting with regard to the phenomenon.[1] These studies have opened up new avenues to a better understanding of psychiatry, the military, and the state; however, the focus of these studies has been almost exclusively on Western Europe, whereas multinational empires, such as Austria-Hungary, have largely remained peripheral to such investigation.[2] The following discussion will begin with introductory remarks regarding methodological problems in the historiography of war neuroses in Austria-Hungary, which for the most part has been based on the notorious "Wagner-Jauregg trial". I then explore how psychiatry came to play an important and controversial part in the collapsing Austro-Hungarian Empire. During the First World War, the Habsburg monarchy shattered into a fragmented society, plagued by national conflicts, cultural clashes, and antagonistic political powers. How did these tensions shape the role of medicine and, above all, the role of war psychiatry? Focusing on

[1] On Germany see Paul Lerner, *Hysterical Men. War, Psychiatry, and the Politics of Trauma in Germany, 1890-1930*, Ithaca, London, 2003; Julia Barbara Köhne, *Kriegshysteriker. Strategische Bilder und mediale Techniken militärpsychiatrischen Wissens (1914-1920)*, Husum 2009, and the other articles in this collection; on Britain see Peter Leese, *Shell Shock. Traumatic Neurosis and the British Soldiers of the First World War*, Basingstoke, 2002; on France Marc Roudebush, *A Battle of Nerves: Hysteria and Its Treatment in France during the World War I*, Ph.D. diss, Berkeley, 1995. For comparative perspectives on the history of war neuroses see Mark S. Micale, Paul Lerner (eds.), *Traumatic Pasts. History, Psychiatry, and Trauma in the Modern Age, 1870-1930*, Cambridge, 2001, and the Special Issue "Shell-Shock" of the *Journal of Contemporary History*, Vol. 35, 2000, No. 1 (including articles on France, Germany, Great Britain, Ireland, Italy and Russia). For an overview see Hans-Georg Hofer, *War Neuroses*, in: *Europe since 1914: Encyclopedia of the Age of War and Reconstruction,* ed. by John Merriman, Jay Winter, Vol. 5, Detroit 2006, 2699-2705.

[2] Hans-Georg Hofer, *Nervenschwaeche und Krieg. Modernitaetskritik und Krisenbewaeltigung in der oesterreichischen Psychiatrie (1880-1920)*, Vienna 2004; Tatjana Buklijas, Emese Lafferton, *Introduction to the special section on "Science, medicine and nationalism in the Habsburg Empire from the 1840s to 1918"*, in: *Studies in History and Philosophy of Biological and Biomedical Sciences* 38 (2007), 679-686.

the Viennese situation, I shall discuss how the multinational diversity of the Habsburg army and an ever-growing fear of centrifugal tendencies shaped psychiatric perceptions of war neuroses, and how German-Austrian psychiatrists reacted by establishing electric treatment regimes.[3]

The Wagner-Jauregg Trial and Eissler's Discussion of War Neuroses

The prevailing interpretation of Austrian war psychiatry is based on the Wagner-Jauregg trial. In autumn, 1920, in the heated atmosphere of post-war Austria, Julius Wagner-Jauregg, noted Professor of Psychiatry at the University of Vienna, was accused of having treated soldier-patients brutally with electric currents. Within weeks, a great deal of media attention focused on the trial. The Parliament set up an investigating committee, the Commission for the Investigation of Dereliction of Military Duty (*Kommission zur Erhebung militaerischer Pflichtverletzungen*), to which Sigmund Freud was appointed as scientific expert.[4] At Wagner-Jauregg's hearing, Freud made use of the opportunity to present psychoanalytical approaches to their best advantage. However, in the end, he spoke in Wagner-Jauregg's favor, and Wagner-Jauregg was exonerated of all charges. The history of the trial itself was extensively documented by Kurt Robert Eissler,[5] and we need not concern ourselves in detail with his analysis, but for present purposes, two aspects of the trial are particularly important:

First: On account of its singularity, the Austrian Wagner-Jauregg trial is an important event in the history of psychiatry. In no other post-wartime country eminent psychiatrists did face charges or even official investigation into their wartime ac-

[3] An earlier version of this paper was presented at the workshop *Science and medicine in the multinational empires of Central and Eastern Europe, 1848-1918*, University of Cambridge, Department of History and Philosophy of Science, June 23-24, 2006. In parts of this paper I take up arguments developed in Hans-Georg Hofer, *War Neurosis and Viennese Psychiatry in World War One*, in: Jenny Macleod, Pierre Purseigle (eds.), *Uncovered Fields. Perspectives in First World War Studies*, Amsterdam 2004, 243-260.

[4] See Freud's report, 'Memorandum on the Electrical Treatment of War Neurotics' (*Gutachten ueber die elektrische Behandlung der Kriegsneurotiker)*, Oesterreichisches Staatsarchiv, Kriegsarchiv (thereafter OeStA, KA), B 138/19, Kommission zur Erhebung militaerischer Pflichtverletzungen. Freud's report appeared for the first time under the title *Sigmund Freud ueber Kriegsneurosen, Elektrotherapie und Psychoanalyse*, in: *Psyche* 26 (1972), 939-951 and was reprinted in Kurt R. Eissler, *Freud as an Expert Witness: The Discussion between Freud and Wagner-Jauregg.* Translated by Christine Trollop, Madison, Wisc. 1986, 23-28. [Kurt R. Eissler: *Freud und Wagner-Jauregg vor der Kommission zur Erhebung militaerischer Pflichtverletzungen*, Vienna 1979, 31-34].

[5] Eissler, *Freud as an Expert Witness*; Hofer, *Nervenschwaeche und Krieg*, 283-290; Lerner, *Hysterical Men*, 219-221.

tivities.[6] In Vienna, the electrotreatment of war neuroses became a hotly debated topic not only within the medical community, but also within public and political spheres. This intensity of interest may reflect a unique phenomenon in the Habsburg organization of military psychiatry, whereby the treatment of war neuroses was centralized in the capital of the empire.[7] (The situation was quite different in Germany, where the treatment of the war neuroses was carried out in special neurosis stations situated throughout the country.) Hundreds of thousands of soldiers were brought into Vienna, the political and medical capital of the monarchy, where large hospitals, specialized clinics, and other medical institutions existed on a great scale to dispense medical care to soldiers.[8] On the outskirts of the city, the military established large clinical camps. Julius von Wagner-Jauregg, who headed the psychiatry department at the General Hospital (*Allgemeines Krankenhaus*), along with his medical colleagues and a large number of "nervous disease" specialists, also worked within this complex medical system.[9] By the end of the war, an estimated 120,000 soldiers were being treated for war neuroses in Vienna alone.[10] Thus, wartime Vienna became the city where the so-called *Kriegszitterer* were ever present as a visible, and somewhat disturbing, part of everyday life.

The *Kriegszitterer* became iconic symbols of the disastrous consequences of modern warfare and marked a sharp contrast to the enthusiasm that had prevailed in the summer of 1914, when patriotic sentiments ran high and the psychiatric community

[6] Several reports indicate that immediately after the war, German psychiatrists were confronted with accusations and even threats from former patients as well as revolutionaries, leftist students, and veterans. However, these accusations did not end up with official investigations against psychiatrists. Lerner, *Hysterical Men*, 219; Johannes H. Schultz, *Lebensbilderbuch eines Nervenarztes*, Stuttgart 1964, 84-87.

[7] K.u.k. Ministry of War, *On the treatment of the war neurotics*, OeStA, KA, KM 1916, Praes. 15-05/155; *Diskussion zur Frage der Entschaedigung der traumatischen Neurosen im Kriege. Bericht des Vereins fuer Psychiatrie und Neurologie 1916*, in: *Jahrbuecher fuer Psychiatrie und Neurologie* 37 (1917), 519-534.

[8] By March 1915, about 260.000 wounded soldiers had arrived in Vienna for medical care. In all, the city had about 40 hospitals and more than 260 "other hospital accommodations" (*sonstige Spitalsunterkuenfte*). Maureen Healy, *Vienna and the Fall of the Habsburg Empire. Total War and Everyday Life in World War I*, Cambridge 2004, 264. An essential feature of military medical Vienna was its established and close connections with the War Command and the military institutions.

[9] Many of the so-called "special nerve doctors" (*Nervenspezialaerzte*) worked in the psychiatric divisions of military garrison hospitals or military reserve hospitals (*Garnisonsspitaeler*), but also in specialized psychiatric hospitals, such as the *Nervenheilanstalt Rosenhuegel* and the *Nervenheilanstalt Maria Theresienschloessel*. K.u.k. Ministry of War, *Treatment of military persons suffering from nervous disorders*, OeStA, KA, KM 1916, Praes. 15-05/155.

[10] Bruno Drastich, *Organisatorisches über Kriegneurosen und -psychosen*, in: *Wiener Medizinische Wochenschrift* 68 (1918), 2063.

endorsed the positive effects that the coming war would have upon the mental health of the empire. Based on the discourses of neurasthenia, or nervousness, a disease that was identified as a central, albeit undesirable feature of modern manliness, many psychiatrists had imagined war as a once-in-a-lifetime chance to vanquish the new nervousness of modern life and to regain lost masculinity.[11] With the appearance of war neuroses, these expectations were completely shattered. Even far away from the trenches, on the streets of Vienna, war seemed to maintain absolute power over men. Soldiers with trembling bodies and twisted limbs, staggering from one hospital to another, supporting themselves on sticks and crutches, left deep impressions and created great anxiety among onlookers. The war seemed astonishingly to have implanted an enormous destructive impulse within the bodies of these soldiers, thus destroying any individual expression of will or coordinated movement.[12]

Second: In the 1970s and 1980s, the well-documented Wagner-Jauregg trial became paramount in the scholarship surrounding the history of war neuroses in Austria-Hungary. Above all, the psychoanalyst Kurt R. Eissler (1908-1999) gained much attention with his book entitled *Freud as an Expert Witness: The Discussion of War Neuroses between Freud and Wagner-Jauregg*. The title illustrates the author's intention to look at an intellectual duel between two giants of the Austrian medical community. Eissler grounded his study in an evaluation of official documents of the parliamentary commission and elaborated an accurate analysis of the work of the commission, the expert committee, and witness testimony. There can be no doubt that Eissler's book marks an important early step in the historiography of war neuroses. It not only offered detailed analysis of the hearing against Wagner-Jauregg, but also brought the topic of war neurosis to the agenda of historical research. Together with Eric Leed's book *No Man's Land* (also published in 1979),[13] which included an influential chapter on perspectives of war neuroses, Eissler's work di-

[11] On the psychiatric idea of war as a "nerve tonic" for nervous men, see Hofer, *Nervenschwaeche und Krieg*, 214-218 and Joachim Radkau, *Das Zeitalter der Nervositaet. Deutschland zwischen Bismarck und Hitler*, Munich 1998, 416-428.

[12] One of the most impressive descriptions of a confrontation with the disturbing strangeness of men suffering from mental trauma was made by Joseph Roth, who was a journalist in Vienna at the time. Joseph Roth, *Der Zeitgenosse* (*The Contemporary*), in: Joseph Roth, *Werke 1 – Das journalistische Werk (1915-1923)* ed. Klaus Westermann, Cologne 1989, 21-22. See also Roth's novel *Die Rebellion*, Berlin 1924. For a psychiatric perspective on the public effects of the *Kriegszitterer*, see Artur Schüller, *Die Kriegsneurosen und das Publikum*, in: *Wiener Medizinische Wochenschrift* 68 (1918), 1085-93.

[13] Eric J. Leed, *No Man's Land: Combat and Identity in World War One*, Cambridge 1979, 163-192.

rected attention towards the almost forgotten historical significance of war, psychiatry, and mental trauma in the First World War.

Nevertheless, Eissler's epistemological and methodological approach, that is, his phrasing of the question and the positioning of his arguments, are problematic.[14] What Eissler considered "historically important and interesting" in the discussion of war neuroses between Freud and Wagner-Jauregg was the opportunity "to reconstruct convincingly which of the two interpretations was the right one".[15] Having taken such a narrow view, Eissler reduced the history of war neuroses in First-World-War Vienna to a simplistic dichotomy, devoid of contextualization. As he saw it, the trial against Wagner-Jauregg represented a culminating point in the ongoing "intellectual duel" between the two the giants of Vienna's mental landscape. In 1920, confrontational "discussions" ultimately transitioned into a decisive clash from which Freud, along with psychoanalytical research, emerged victorious.

To sharpen the contrast, Eissler argued that Wagner-Jauregg could be seen as a misguided psychiatrist who lacked scientific originality, empathy, and ethical consciousness. According to Eissler, who claimed to judge the problem of war neuroses "from a modern point of view", Wagner-Jauregg had looked at war-related mental disorders simply from the wrong medical standpoint. Being a "traditional" university psychiatrist, and thus driven by "organic" premises and interpretations of mental traumata, he had ignored psychological and psychoanalytical perspectives. Accordingly, a more thorough acquaintance with psychoanalytical approaches might have helped Wagner-Jauregg to treat war neuroses successfully, without the use of force. But because Wagner-Jauregg had rejected such knowledge and techniques, according to Eissler, he failed as a therapist.[16] To this extent, Eissler indulged in retrospective diagnosis and psychohistorical speculation. To him, Wagner-Jauregg's failed management of war neuroses resulted not only from misguided psychiatric lines of thought, but also from a conflict-ridden personality: "Behind the steady, self-confident, well-integrated personality" of Wagner-Jauregg, Eissler wrote, "lay a mind full of problems and conflicts".[17] In the end, Eissler's telling of

[14] For a more detailed and explained critique of Eissler's approach see Hofer, *Nervenschwaeche und Krieg*, 188-193.
[15] Eissler, *Freud as Expert Witness*, 166 (Eissler*, Freud und Wagner-Jauregg*, 125).
[16] Eissler, *Freud as Expert Witness*, 139 (Eissler, *Freud und Wagner-Jauregg*, 106).
[17] Ibid. A comprehensive biography on Wagner-Jauregg is still lacking. Helpful, but limited in its scope is Magda Whitrow, *Julius Wagner-Jauregg (1857-1940)*, London 1993. An overview of Desiderata and further research perspectives offers Michael Hubenstorf, *Medizinhistorische Forschungsfragen zu Julius Wagner-Jauregg*, in: Dokumentationsarchiv des oesterreichischen Wider-

the story, however commendable, came down to an ex-post facto diagnosis as to how "psychoanalysts could have done it better". To put it in slightly exaggerated terms, Eissler used Freud's position as an expert witness to produce a master narrative with a double edge. It not only sought to expose the deficiencies of old-fashioned, misguided (i.e., aggressive), "biological psychiatry", but also proclaimed the moral, intellectual, and therapeutic superiority of psychoanalysis.

To be sure, it is not my intention to condemn Eissler's position merely to construct a counter-narrative. But Eissler's book, with its objectives and arguments, deserves careful historical contextualization, with appropriate consideration of the specific roles, professional identities, and self-images of psychoanalysis in the 1970s, as well as a regard for the contemporaneous debates over the status, recognition, and compensation of war-related trauma. Moreover, Eissler's own biography may well be relevant to an appraisal of his views and biases. A Viennese-born Jew, Eissler joined the *Wiener Psychoanalytische Vereinigung* in 1938 but was forced to emigrate that same year to the US, where he trained as an army psychologist and worked with "malingering" soldiers and traumatized veterans.[18] In addition, he attained quite an influential position as Director of the Freud Archives, in Washington DC.[19] Eissler's harsh critic vis-à-vis Wagner-Jauregg and other Viennese psychiatrists might have to do with his experiences in interwar Vienna and his own full commitment to psychoanalysis. In any case, his view of psychiatry and its response to the war neuroses in the First World War was profoundly shaped by post-1945 debates regarding the proper treatment of Nazi regime victims who suffered from psychological trauma. Specifically, Eissler was confronted with the long-lasting

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standes (ed), Jahrbuch 2005, Münster 2005, 218-233. On the late Wagner-Jauregg and his affirmative attitude towards racial hygiene and National Socialism, see Wolfgang Neugebauer, Kurt Scholz, Peter Schwarz (eds.), *Wagner-Jauregg im Spannungsfeld politischer Ideen und Interessen – eine Bestandsaufnahme*, Frankfurt/M. 2006.

[18] Kurt R. Eissler, *Malingering*, in: George Wilbur, Werner Muensterberger (eds.), *Psychoanalysis and Culture*, New York 1951, 218-410.

[19] Though Eissler, a dedicated follower of Freud, played a prominent role in Twentieth-Century psychoanalysis, biographical informations are rare. Cf. Martin Voracek, *Eissler, Kurt R.*, in: Gerhard Stumm, Alfred Pritz, Paul Gumhalter, Nora Nemeskeri, Martin Voracek (eds.), *Personenlexikon der Psychotherapie*, Vienna 2005, 112-114. Recently, the Manuscript Division of the Library of Congress (Washington, D.C.) has given full access to Eissler's writings, including his correspondence and research files related to the book *Freud und Wagner-Jauregg vor der Kommission zur Erhebung militaerischer Pflichtverletzungen*. Cf. *K. R. Eissler Papers. A Finding Aid to the Papers in the Sigmund Freud Collection in the Library of Congress.* Prepared and revised by Margaret McAleer, Manuscript Division, Library of Congress, Washington, D.C. 2010, URL: http://lcweb2.loc.gov/service/mss/eadxmlmss/eadpdfmss/2010/ms010081.pdf. Accessed November 30, 2010.

effects of First World War guidelines that had been designed precisely to counter claims of "pension neurosis" from soldiers and veterans.[20] These guidelines reflected widely held views, still prevalent in German and Austrian psychiatry in the 1950s and early 1960s, that were sceptical of a direct causal effect between war experience and traumatic symptoms and dismissed "nervous symptoms" as the mere reflection of a weak will or constitution. Only gradually, beginning in the mid 1960s, did this scepticism begin to subside, largely as the result of international conferences and rising political pressure, and above all, powerful arguments of German-American psychiatrists such as Hans Strauss.[21] Eissler's experiences, including his therapeutic work, in New York, with survivors of the concentration camps and his exposé of several absurd decisions from compensation authorities,[22] placed him at the centre of psychiatric and political controversies around *Wiedergutmachung*. In the early 1970s, when Eissler started research on Freud and his expert position during the Wagner-Jauregg trial, his interests in establishing psychological and psychoanalytical concepts of trauma were still strong. These interests undoubtedly influenced Eissler in the way he narrated debates concerning war neuroses.

Rather than elaborating on Eissler's portrayal of "right" and "wrong" interpretations of war neuroses, a better historical approach may be to consider the specific conditions of the trial along with the conflicted interests of those persons involved. The hearing against Wagner-Jauregg transpired in 1920, two years after the war, in an atmosphere of great emotionality and political uncertainty. Viennese psychiatrists, who felt distressed by public agitation, rallied around the accused in an attempt to present their own wartime activities in the best possible light, particularly

[20] On debates about "pension neurosis" and the "politics of trauma" in Weimar and Nazi Germany, see Lerner, *Hysterical Men*, 223-248; Stephanie Neuner, *Politik und Psychiatrie. Die staatliche Versorgung psychisch Kriegsbeschädigter nach dem Ersten Weltkrieg in Deutschland, 1920-1939*, Thesis (PhD), Munich 2009, and Jason Crouthamel: *War neurosis versus Savings Psychosis: Working-class Politics and Psychological Trauma in Weimar Germany*, in: *Journal of Contemporary History* 37 (2002), 163-182. On mentally disabled veterans, see also Jason Crouthamel's article in this volume.

[21] Svenja Goltermann, *Die Gesellschaft der Überlebenden. Deutsche Kriegsheimkehrer und ihre Gewalterfahrungen im Zweiten Weltkrieg*, Munich 2009, 165-272; Svenja Goltermann, *Kausalitätsfragen. Psychisches Leid und psychiatrisches Wissen in der Entschädigung*, in: Norbert Frei, José Brunner, Constantin Goschler (eds), *Die Praxis der Wiedergutmachung. Geschichte, Erfahrung und Wirkung in Deutschland und Israel* (Beiträge zur Geschichte des 20. Jahrhunderts, vol 8), Göttingen 2009, 427-451.

[22] Kurt R. Eissler, *Die Ermordung von wie vielen seiner Kinder muss ein Mensch symptomfrei ertragen können, um eine normale Konstitution zu haben*? In: *Psyche* 17 (1963), 241-291.

before the Commission.[23] Likewise, Freud successfully managed to create a *mise en scène* to his own advantage. After the Budapest congress of 1918, and with favourable relations with the Austro-Hungarian war bureaucracy, Freud and his followers were on a roll.[24] Two years later, psychoanalysts viewed the Commission's selection of Freud as a validation of their methodological approaches to the problem of war neurosis, and the hearing could be seen as a venue for promoting their own professional image.[25] For this reason, the testimonies of the participants should not be regarded as unbiased, but rather should be analysed as narratives driven by certain motives and professional interests. Indeed, when we look back on the hearing of 1920, we encounter a fascinating collection of myth-making narratives that claim to reveal the "truth" about war neuroses and to portray the well-reasoned basis on which psychiatrists responded to that mass phenomenon. But those narratives, contradictory as they are, cannot be taken to represent an authentic, objective picture of wartime realities. A history of war neuroses must not push categories driven by professional interests and personal biases.

Furthermore, one must be careful with retrospective moralistic judgments. The accusations against Wagner-Jauregg and other Viennese psychiatrists alleged the unduly aggressive use of strong electrical currents on patients. There is no doubt that these currents occasioned painful experiences for many soldiers, not only in Viennese psychiatric clinics and associated nerve hospitals, but also in German, French, and British clinical settings.[26] However, the historical analysis of electrotherapeutic practices in the First World War cannot rest on simple condemnations. Electrother-

[23] Aside from Wagner-Jauregg, six further Viennese psychiatrists had to find some justification for treating soldiers with painful electric current: Alfred Fuchs, Stefan Jellinek (who was actually an electro-pathologist), Martin Pappenheim, Arthur Schueller and Emil Redlich.

[24] Freud himself did not treat any patients diagnosed with war neuroses. However, he developed a strong interest in this subject and corresponded with his colleagues who held positions as nerve specialists in German and Austro-Hungarian war hospitals. In view of an efficient and 'softer' treatment of war neuroses, psychoanalysts had presented their ideas in Budapest in 1918 at the Fifth Psychoanalytical Congress. Because the war had ended shortly afterward, no practical steps were taken. See Lerner, *Hysterical Men*, 163-189, and Peter Buettner, *Freud und der Erste Weltkrieg. Eine Untersuchung über die Beziehung von medizinischer Theorie und gesellschaftlicher Praxis*, Thesis (PhD), University of Heidelberg, 67-98.

[25] Nevertheless, Freud seemed to have a pragmatic position in anticipation of the trial. On October 11, 1920, he wrote to Sándor Ferenczi: "Next Thursday I will have the pleasure all morning of functioning as an expert witness in the trial of the Commission for the Investigation of Derelictions of Military Duty against Wagner-Jauregg and others. It has to do with the war neuroses. I will naturally treat him with the most distinct benevolence. It also isn't his fault." *Sigmund Freud – Sándor Ferenczi: Briefwechsel*, *vol 3/1 (1920-1924)*, ed. by Ernst Falzeder, Eva Brabant, Vienna, Cologne 2003, 83.

[26] Lerner, *Hysterical Men*, 102-113; Leese, *Shell Shock*, 69-80; Hofer, *War Neuroses*, 2701f.

apy in the First World War was a highly politicized arena, in which scientific, therapeutic, professional, and military interests converged. To give an example, Freud had proclaimed during the course of the hearing that Wagner-Jauregg was not personally to blame for the application of painful electrical currents. According to Freud, the administration of strong electrical currents, which could at first elicit marked therapeutic success but which were not effective in the long term, was misused by a small group of German army doctors "who had given soldiers treatment with the utmost ruthlessness, characteristic of Germans".[27] Interestingly, Freud advanced the mistaken view of the Commission that the use of electric currents in the Habsburg army was always moderate.[28] However, for all those involved in the trial, even a quick look at wartime publications could have revealed that Viennese psychiatrists had regularly worked with strong and "disciplinary" electric currents, even from the beginning of the war.[29]

In any event, the question remains as to why Viennese psychiatrists turned to harsh electrotherapeutic methods in their treatment of military patients. The simplistic view that they were just cogs in a military machine – "machine-guns behind the lines[30]" – ignores the specific historical contexts in which psychiatrists acted. Wagner-Jauregg should not be trivialized as a simple reflection of the inhumane or unethical face of war psychiatry (pitting the "good" against the "bad" guys). Recent works on the history of the war neuroses have shown that psychiatrists during the First World War confronted the dual responsibility of treating their patients, on the one hand, while serving the interest of the state, on the other hand. This constella-

[27] Eissler, *Freud as an Expert Witness*, 27 (Eissler, *Freud und Wagner-Jauregg*, 34); Hofer, *Nervenschwaeche und Krieg*, 290.

[28] The commission's endeavour to blame "German doctors" satirized Karl Kraus in his monumental work *Die letzten Tage der Menschheit* (*The last days of mankind*): „Bei die Deutschen hams den Sinusstrom – mir san ja eh die reinen Lamperl!" ("The Germans use the strong currents – we are only little lambs"). Karl Kraus, *Die letzten Tage der Menschheit*, Frankfurt/M. 1986, 541.

[29] See, for example, Emil Redlich, *Einige Bemerkungen ueber den Krieg und das Nervensystem*, in: *Medizinische Klinik* 11 (1915), 469-473. Erwin Stransky, in a comment on the lectures given at the Munich wartime congress 1916, insisted that faradic currents had been used in Vienna "for a long time and with utmost success". Indeed, electrotherapy was an established therapy in Austrian military medicine since the late 1850s. Erwin Stransky, *Kriegstagung des Deutschen Vereins für Psychiatrie in München – Diskussionsbemerkung*, in: *Wiener Medizinische Wochenschrift* 66 (1916), 1691; Hofer, *Nervenschwaeche und Krieg*, 290-292.

[30] Freud's often cited description of war psychiatrists actually goes back to Viennese psychiatrist and psychotherapist Alfred Adler. In his study *Die andere Seite. Eine massenpsychologische Studie ueber die Schuld des Volkes* (1919), 5. Adler had spoken of Viennese psychiatrists who „positioned themselves like machine-guns" behind the soldiers. Freud adopted the term in his *Memorandum on the Electrical Treatment of War Neurotics* and directed the accusation towards German psychiatrists.

tion of factors engendered a dilemma for doctors wedged between the humanitarian nature of their medical practice and their commitment to national interests.[31] As the war continued, psychiatrists felt more and more responsible for the national collective, combining the ideas of racial hygiene with an increased awareness of the military and economic crisis of the state.

The wartime relationship between military and psychiatry cannot be appropriately characterized from just one vantage point. In the course of the war, a number of conflicts concerning the diagnosis and examinations of soldiers arose between military authorities and psychiatrists; even in Vienna, psychiatrists and had frequent run-ins with military administrators.[32] At the front, psychiatric opinions that favored the traumatized soldier could be viewed with suspicion. The mentally confused soldier, for example, who staggered back from the trenches after a heavy artillery attack might fit the profile of a psychiatric patient suitable for hospitalization in the eyes of the physician, but might just as well face military codes that would label him as a coward and call for his court martial. Paradoxically, psychiatric diagnoses, such as "hysteria" or "psychopathic personality", which might stigmatize soldiers, could also save their lives.[33]

In summary, neither the Wagner-Jauregg trial nor "modern", retrospective categories (with concomitant moral judgments) can fully account for psychiatric treatment in the Habsburg army. In the following, I intend to consider further aspects of the question and emphasize two interpretations. First, as in the analysis of German and other European wartime psychiatric communities, models of rationalisation and modernisation are of significance. Second, the specific political and cultural context of the Austro-Hungarian situation is of utmost importance.

"Economizing manpower resources"

The growing importance of medicine and psychiatry in modern warfare is fundamental to my discussion. The historian Mark Harrison has pointed out a reciprocal process that he has called the "medicalization of war and the militarization of medi-

[31] Convincingly elaborated by Lerner, *Hysterical Men*, 40-192.
[32] Hofer, *Nervenschwaeche und Krieg*, 346f.
[33] Oswald Ueberegger, *"Pathologisierung des Ungehorsams"? Die Bedeutung der Militärpsychiatrie für die Tiroler Militärgerichtsbarkeit im Ersten Weltkrieg*, in: *eForum zeitGeschichte* 1/2001, http://www.eforum-zeitgeschichte.at/frameseta2.htm (20.3.2010); Ulrich Broeckling, *Disziplin. Soziologie und Geschichte militärischer Gehorsamsproduktion*, Munich 1997, 222-224.

cine"[34]. Soon after the war had begun, the military crisis of the Central Forces became more and more evident.[35] Viewed from the perspective of the Austro-Hungarian war commando, the military situation was appalling. By the end of 1915, about 400,000 soldiers had been killed at the front or had died in hospitals, and about 2 million soldiers had been registered as wounded or disabled. In the course of the second year of the war, the estimated number of invalids had risen from 250,000 to 400,000 men. At the same time, the percentage of soldiers who were restored to active service decreased from 84 to 65 percent. Accordingly, the number of soldiers in need of hospital treatment in the Austro-Hungarian army was almost twice the number in the German army and more than three times the number in the French army.[36] At the same time, the ever-growing number of psychologically traumatized soldiers became a serious problem for military authorities. To Austria-Hungary, the newly opened front against Italy was of particular significance. At the Isonzo (the river that soon contributed its name to the front), a type of trench warfare developed that was in many respects similar to that of the Western Front. Most of the soldiers who were admitted to military hospitals with symptoms of war neuroses came from this segment of the Front.[37] In the city of Graz, because of its geographical nearness to the Isonzo Front, doctors were virtually inundated with streams of suffering soldiers, which brought the scrutiny of military authorities. According to the recorded calculations of Fritz Hartmann, head of the psychiatric clinic in Graz, the number of psychiatric patients rose fiftyfold within just two years of war, from 1,300 in 1914 to 66,000 in 1916.[38]

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[34] Mark Harrison, *The Medicalization of War – The Militarization of Medicine*, in: *Social History of Medicine* 9 (1996), 267-276. On *rationalisation* as a key concept in modern war medicine, see also Mark Harrison, *Medicine and the Management of Modern Warfare*, in: *History of Science* 34 (1996), 379-410; Lerner, *Hysterical men*, 124-162; Roger Cooter, Steve Sturdy, *War, Medicine and Modernity: Introduction*, in: R. C., Mark Harrison and S. S. (eds.), *War, Medicine and Modernity*, Phoenix Mill 1998, 1-21.

[35] On the military history of Austria-Hungary in the First World War, see Hermann J. Kuprian, Oswald Ueberegger (eds.), *Der Erste Weltkrieg im Alpenraum. Erfahrung, Deutung, Erinnerung. La Grande Guerra nell'arco alpino. Esperienze e memoria*, Innsbruck 2006; Holger H. Herwig, The *First World War. Germany and Austria-Hungary 1914-1918*, London 1997; Manfried Rauchensteiner, *Der Tod des Doppeladlers. Oesterreich-Ungarn und der Erste Weltkrieg*, Graz 1994; József Galántai, *Hungary in the First World War*, Budapest 1989.

[36] Ignaz Kaup, *Kriegsseuchen im Ersten Weltkriege. Mit besonderer Berücksichtigung der österreichisch-ungarischen Armee*, in: *Münchener Medizinische Wochenschrift* 85 (1938), 1318.

[37] Hofer, *Nervenschwaeche und Krieg*, 253-282. For the Italian perspective see Bruna Bianchi, *Psychiatrists, Soldiers, and Officers in Italy during the Great War*, in: Micale, Lerner, *Traumatic Pasts*, 222-252.

[38] Fritz Hartmann, *Die k. k. Nervenklinik Graz im Dienste des Krieges*, in: *Allgemeine Zeitschrift fuer Psychiatrie und Nervenheilkunde* 59 (1918), 1162-1258, 1251.

Against that background, the War Office started every effort to mobilise all available medical resources for war. Austrian physician and eugenicist Ignaz Kaup, a medical officer in the Supreme Command at the time, surmised, "Economizing manpower resources was the leading point."[39] From 1915 on, a range of innovations to organise medical treatment was set in action. Small hospitals were closed down so that treatment of the disabled and wounded could be centralized; specialized clinics with appropriate medical expertise were established; disabled and wounded soldiers who were expected to need no more than 6 to 8 weeks of treatment were not transferred to hospitals; and all military sanatoriums were thoroughly inspected. To push these measures through, the War Office established a special institution called the "ambulatory commission" (*Ambulante Kommission*). Its primary function was to inspect Viennese hospitals in order to expedite reinstatement to military service of as many soldiers as possible.[40] Confronted with these military requirements and expectations, many psychiatrists developed a marked awareness of their pivotal role in the war. As early as 1915, Graz psychiatrist Fritz Hartmann commented, "In this war, the first nation to recover is the one to win."[41] Others, such as Prague psychiatrist Alexander Pick, appealed for "mobilising all reserves of the nervous system".[42] These comments are straight to the point: In the First World War, for the first time, military and health interests were regarded as complementary resources, vital to the war effort.[43] Facing the destructive powers of industrialized warfare, and confronted with rising pressure from military authorities, psychiatrists organized their own therapeutic responsibilities according to the principles of industrial modernity.[44] In this way, psychiatry came to reflect the larger culture of rationalization, an occurrence that can be traced

[39] Kaup, *Kriegsseuchen*, 1319. With the term "manpower economy" (*Menschenoekonomie*), Kaup went back to the ideas of the Viennese sociologist and social hygienist Rudolf Goldscheid. Cf. Jochen Fleischhacker, *Menschen- und Güterökonomie. Anmerkungen zu Rudolf Goldscheids demoökonomischem Gesellschaftsentwurf"*, in: Mitchell Ash, Christian H. Stifter (eds.), *Wissenschaft, Politik und Öffentlichkeit. Von der Wiener Moderne bis zur Gegenwart*, Vienna 2002, 207-229.

[40] After the war, the president of the "ambulatory commission", Josef Teisinger von Tuellenburg, had to answer to the Commission for the Investigation of Derelictions of Military Duty, see Wolfgang Doppelbauer, *Zum Elend noch die Schande. Das altoesterreichische Offizierskorps am Beginn der Republik*, Vienna 1988, 178-197.

[40] Fritz Hartmann, *Die Fürsorge für nervenkranke Militärpersonen in der Kriegszeit*, Graz 1915, 2.

[42] Alexander Pick, *Der Krieg und die Reservekräfte des Nervensystems*, Halle 1916.

[43] On reciprocal mobilization of resources as a key element of modernity, see Mitchell G. Ash, *Wissenschaft und Politik als Ressourcen für einander*, in: Ruediger vom Bruch (ed.), *Wissenschaften und Wissenschaftspolitik – Bestandaufnahmen zu Formationen, Brüchen und Kontinuitäten im Deutschland des 20. Jahrhunderts*, Stuttgart 2002, 32-51.

[44] Hans-Georg Hofer, *Effizienzsteigerung und Affektdisziplin. Zum Verhältnis von Kriegspsychiatrie, Medizin und Moderne*, in: Petra Ernst, Sabine Haring, Werner Suppanz (eds.), *Aggression und Katharsis. Der Erste Weltkrieg im Diskurs der Moderne*, Vienna 2004, 219-242.

within several medical disciplines. For example, as Thomas Schlich has shown, in his analysis of Austrian surgeon Lorenz Böhler's invention of fracture treatment systems, principles of rationalization and standardization thoroughly determined the wartime practice of war surgery.[45] Schlich also points to the fact that, in this war, medical rationalization cannot be seen as the result of a hierarchical top-to-bottom process, that is, as the result of rigorous military pressure to which doctors simply reacted. Rather, a number of initiatives to "rationalize" treatment systems came from doctors themselves, applying their own expertise in order to improve the therapeutic efficiency of their efforts.[46] Thus, medical rationalization in the First World War was fundamentally a reciprocal process and, understood as a historically contingent phenomenon, a central feature of industrial modernity.

With a better appreciation for the rationalization of therapeutic systems, we can now, in part, answer the question that concerns why Habsburg psychiatrists decided to use electrotherapy as a method of choice. Electrotherapy promised to apply powerful impulses of electric current into exhausted bodies within a short period of time; electrotherapy could help to bring trembling bodies to rest; and the administration of electric currents allegedly recapitulated and thereby counteracted the shock of the trench experience, thereby eliciting a "compensatory effect".[47] But beyond the rationalization of psychiatric practice during the war, the consistent, albeit controversial, use of electrotherapy warrants further consideration. In the following, I will discuss psychiatric responses to war neuroses in Austria-Hungary with a special regard for the multinational context of these responses. In particular, we shall see that the practice of psychiatry in the Habsburg army functioned to mobilize national stereotypes and naturalize cultural differences.

[45] Thomas Schlich, *The Perfect Machine. Lorenz Böhler's Rationalized Fracture Treatment in World War I*, in: *Isis* 100 (2009), 758-791.
[46] See, for example, the suggestions of two leading Viennese psychiatrists to the War Office in order to improve the organization of treatment regimes: Heinrich Obersteiner, Julius Wagner-Jauregg, *Letter to K.u.k. Ministry of War, Treatment of nervous military men,* 14 June *1916*, OeStA, KA, KM 1916 14. Abt., 43-81. Another remarkable initiative to speed up and to standardize military medical principles came from Stefan Jellinek, head of the *Nervenabteilung* of one of the largest Viennese war hospitals: *Eine neue Methode zur Vereinheitlichung und Beschleunigung des militärärztlichen Dienstes in den Sanitätsanstalten*, in: *Wiener klinische Wochenschrift* 29 (1916), 28-32.
[47] Hofer, *Nervenschwaeche und Krieg*, 312-318.

From Healing to Disciplining: Electrotherapy and the Habsburg Army

For two decades or so, historians have increasingly studied the end of the Habsburg Empire as a function of national differences, political antagonism, social disintegration, and cultural fragmentation. For example, as shown in several publications from the long-term research project *Modernity: Vienna and Central Europe around 1900*, the Habsburg Empire was a space in which the density of ethnic, linguistic, and cultural differentiation could be perceived in an intensive and peculiar way.[48] The First World War accelerated and, to some extent, radicalized this situation,[49] which is also true with respect to medicine. Constellations of ambiguity and uncertainty shaped the production of medical knowledge and its practical use in the late Habsburg State along several dimensions.[50]

In 1915, the Austro-Hungarian army consisted of diverse national groups of soldiers in the following way: Per 1,000 ordinary soldiers, 248 were German Austrians; 233, Magyars; 126, Czechs; 92, Croatians and Serbs; 79, Poles; 78, Ruthenians; 70, Romanians; 36, Slovaks; 25, Slovenes; and 13, Italians.[51] This ethnic diversity had a dramatic impact on the everyday practice of war medicine. Take the language confusions as an example. Because the medical documents of wounded soldiers were often lost in transit, doctors regularly received new patients without any information pertaining to medical history. Medical check-ups and interviews had to be conducted anew each time, and communication difficulties and misunderstandings abounded. Doctors worked amid "a terrible hodgepodge of languages" in

[48] See, for example, Moritz Csáky, Johannes Feichtinger, Peter Karoshi, Volker Munz, *Pluralitäten, Heterogenitaeten, Differenzen. Zentraleuropas Paradigmen für die Moderne*, in: M. C., Astrid Kury, Ulrich Tragatschnig (eds.), *Kultur – Identität – Differenz. Wien und Zentraleuropa in der Moderne*, Innsbruck 2004, 13-44; On the *Spezialforschungsbereich Modernity: Vienna and Central Europe around 1900*, (University of Graz), see http://www-gewi.kfunigraz.ac.at/moderne/edok. Accessed November 30, 2010.

[49] Ernst, Suppanz, Haring, *Aggression und Katharsis*; Mark Cornwall (ed.), *The Last Years of Austria-Hungary: A Multi-National Experiment in Early Twentieth Century Europe*, Exeter 2002; idem, *The Undermining of Austria-Hungary: The Battle for Hearts and Minds*, Basingstoke, New York 2000.

[50] Buklijas, Lafferton, *Science, medicine and nationalism in the Habsburg Empire*, 679-686; Tatjana Buklijas, *Surgery and national identity in late nineteenth-century Vienna*, in: *Studies in History and Philosophy of Biological and Biomedical Sciences* 38 (2007), 756-774.

[50] Richard G. Plaschka et al., *Innere Front. Militaerassistenz, Widerstand und Umsturz in der Donaumonarchie 1918*, Vienna 1974, 35. Further up the hierarchy, on the other hand, German-Austrians were prevalent. Within the monarchy they made up nearly a quarter (24 percent) of the overall population yet provided three-quarters (76 percent) of all officers at the outset of the war. Cf. Rauchensteiner, *Tod des Doppeladlers*, 45.

the nerve hospitals.[52] Special language guidebooks offered the military doctor a collection of standardized translations, ostensibly to pose questions such as, "Where does it hurt?" and "Have you got headaches?"[53] But one must remember that, in many cases, traumatized soldiers had lost their capacity to express themselves in any adequate manner. Minds paralysed by war-related experiences, and bodies constantly trembling – men in such a condition were simply not able to tell doctors about their experiences and symptoms. Others had lost their voice and could not say anything. In many cases, doctors had to resort to sign language.

The frequent language problems had repercussions on therapy. Hypnosis and suggestion therapy, which were widely used in the German army, beginning in 1916 at the latest, did not play an important part in the Habsburg army at all.[54] As Julius Wagner-Jauregg repeatedly pointed out, suggestion and hypnosis only worked when the doctor and the patient were able to understand each other. But the majority of soldiers of the Habsburg army came from the non-German-speaking realms of the Monarchy, so that patient–doctor understanding was precluded. The centralization of war neurosis treatment within Vienna exacerbated certain problems of communication. Viennese psychiatrists, many of whom had internalized a strong German-Austrian national identity, encountered a wide variety of patients with differing ethnic proveniences, languages, and frequently, opposing national interests. Given the situation, many psychiatrists considered hypnosis therapy through an interpreter to be of little use, as interpretation, by definition, mitigated the "intense and unmediated" relationship that was crucial between hypnotist and subject.

Of course, suggestion therapy was subjected to some experimentation in attempts to overcome linguistic gaps within the Vienna treatment system. Wilhelm Stekel, in his autobiography, described how he had managed to treat a Hungarian soldier with a particular form of hypnotic suggestion, widely witnessed by hospital personnel. Stekel, an early adherent of psychoanalysis, was a strong proponent of hypnosis, particularly when it was practiced, even on a good number of patients together,

[52] Kaethe Frankenthal, *Der dreifache Fluch: Juedin, Intellektuelle, Sozialistin. Lebenserinnerung einer Aerztin in Deutschland und im Exil*, Frankfurt/M. 1981, 60.
[52] See *Sprachfuehrer für den Verkehr des Arztes mit dem Kranken und dem Waerter in deutscher, boehmischer, italienischer, kroatischer (serbischer), polnischer, rumaenischer, ruthenischer und ungarischer Sprache*, ed. K.u.k. Militaeraerzten, Vienna 1905.
[54] On hypnosis and suggestion therapy in the German army, see Lerner, *Hysterical Men*, 86-98 and idem, *Hysterical Cures: Hypnosis, Gender and Performance in World War I and Weimar Germany*, in: *History Workshop Journal* 45 (1998), 79-101.

with theatrical, seemingly magical elements.[55] Nevertheless, leading Viennese psychiatrists like Wagner-Jauregg and Emil Redlich disapproved of hypnosis, suggestion therapy, and the practitioners of such. Even Wilhelm Neutra, chief physician of the Baden nerve hospital, who had reported success with suggestion therapy and had distinguished himself among its practitioners by impressing military representatives from the War Office with a documentary film, was so harshly dismissed by Wagner-Jauregg that his career prospects at the Viennese Medical Faculty were thwarted.[56] In a similar case, Wagner-Jauregg arranged the dismissal and humiliation of a Viennese psychiatrist working with hypnosis, accusing him of treating patients "inefficiently".[57]

In contrast, Wagner-Jauregg and most of his Viennese colleagues saw the use of electric currents as the method of choice for treating the ever-growing cases of war neuroses: Electrotherapy became the preferred choice in Habsburg system of rationalized treatment. The use of electric currents promised to accelerate patient treatment. And, above all, because it was a kind of a "speechless" therapy, it could circumvent the language difficulties and cultural ambiguities of the Austro-Hungarian army. In the eyes of Viennese psychiatrists, the "language of currents" was suitable for all soldier-patients, whether they be German-Austrian, Czech, Slovakian, Hungarian, Ruthenian, or Italian. Patient narratives, moreover, became irrelevant; electrotherapy could be implemented without knowledge about what had happened to the soldier at the front. To this extent, the doctor–patient relationship could remain anonymous. Psychiatrists like Wagner-Jauregg would later report that in many cases of electric treatment, only one sentence was repeatedly spoken: "I will heal you".[58]

[55] Wilhelm Stekel, *The Autobiography of Wilhelm Stekel: The Life Story of a Pioneer Psychoanalyst*, New York 1950, 160f.; Lerner, *Hysterical Men*, 99-101.
[56] Even after the war, when Neutra applied for the *Habilitation* in neurology and psychiatry, Wagner-Jauregg influenced the Medical Faculty to reject him. Vienna University Archive, *Files of Medical Personnel*, Wilhelm Neutra.
[57] The case of Sigmund Kornfeld, who was head of the Nervenabteilung in the War Hospital Vienna-Meidling, is described in more detail in Hofer, *Nervenschwaeche und Krieg*, 320-325. Wagner-Jauregg strongly opposed hypnosis even after the war, see Julius Wagner-Jauregg, *Telepathie und Hypnose im Verbrechen*, Vienna 1919.
[58] Julius von Wagner-Jauregg, *Erfahrungen über Kriegsneurosen*, Vienna 1917, 18. Different forms of electrical treatment regimes are discussed in greater detail in Hofer, *Nervenschwaeche und Krieg*, 283-338.

But was electrotherapy really a question of healing, or was it more a question of disciplining soldiers? We should again take the multinational structure of the Habsburg army as a starting point. The personnel policy of the Habsburg army supported the multinational diversity of its combat units, as the military leadership feared that ethnically homogeneous, non-German-Austrian combat groups might result in disobedience, or even mass desertion. A policy furthering the systematic admixture of national groups was therefore conducted in the military draft boards, and determination of whether a soldier was fit for duty was in the hands of officers and military doctors from different ethnic groups.[59] Clearly, supporting ethnic diversity among soldiers was intended to counteract the centrifugal tendencies within the multiethnic empire and to preserve the army's fighting strength. But this crucial factor, in fact, hastened crises within the army. Units in which predominantly German-Austrians fought had the special confidence of the military leadership and were sent to dangerous sections of the front. Accordingly, the losses in these units were greatest. Within German-Austrian units, the rumour soon spread that other units were at less risk. Prejudices concerning a purported lack of fighting ability and the comportment of certain ethnic groups became rampant.[60]

These stereotypes also influenced psychiatric practices and in fact supported the radicalization of the treatment of war neuroses. Broad segments of the German-Austrian medical community believed that "foreign-speaking" soldier-patients were merely simulating their symptoms in order to remain loyal to their own national interests.[61] Without a doubt, soldiers from all military ranks, regardless of their social or ethnic origin, might on occasion imitate symptoms of neurosis in an effort to escape the horror of the trenches, as a doctor's appraisal could become a means for legitimizing a refusal to actively serve in the military. However, as post-war analysis of medical records have verified, malingering was actually very rare. Even the nationalist-minded Alexander Pilcz, psychiatric head of Viennese Garrison Hospital

[58] Adler, *Die andere Seite*, 6.
[60] Indeed, as historian Mark Cornwall has shown, German-Austrians, Hungarians and Slovenes, who were regarded as patriotic "Austrians", deserted in great numbers as well. Mark Cornwall, *Morale and patriotism in the Austro-Hungarian army, 1914-1918*, in: John Horne (ed.), *State, society and mobilization in Europe during the First World War*, Cambridge 1997, 173-191.
[61] Alexander Pilcz, *Beitrag zur vergleichenden Rassenpsychiatrie*, in: *Psychiatrisch-Neurologische Wochenschrift* 23/24 (1919/20), 157-182.

No 1, conceded that only fifty of the more than seven thousand patients examined within his large ward had been accused of malingering.[62]

In any case, psychiatrists tended to ignore the evidence before them, and instead naturalized cultural differences and succumbed to explanatory models of malingering driven by nationalistic attitudes. A good example is the case of "racial psychiatry" *(Rassenpsychiatrie)*, a concept which received lots of attention in the course of the war. In particular, psychiatrists like Alexander Pilcz and Erwin Stransky pushed the argument that many "foreign" soldiers suffered from neuroses not because of wartime experiences, but rather because of their racial origin. Above all, soldiers of Slavic, Romanian, or Jewish origin, it was argued, showed signs of a so-called "psychopathological constitution". On the other hand, German-Austrians were regarded as the group with "strong nerves and therefore as the superior national group of the monarchy."[63]

Significantly, such a position resonated with the rising cultural and political discourse about the "German" influence within the monarchy. We can take Friedrich Naumann's thesis from *Mitteleuropa* as an example.[64] Naumann's paper, published in October 1915, served as a response to the military stalemate that had arisen between the Central Forces and the Entente. His views were very well received by the public, as a variety of his arguments could be used for patriotic purposes. *Mitteleuropa* was based on the assumption that, owing to modern technological advances in arms, the war could not be won by either side. According to Naumann, military standoffs would gradually push military conflicts into the background, and economic and cultural struggles would then take priority. The proper defensive strategy

[61] Alexander Pilcz, *Einige Ergebnisse eines Vergleiches zwischen einem psychiatrischen Material der Friedens- und Kriegsverhältnisse*, in: *Zeitschrift für die gesamte Neurologie und Psychiatrie* 52 (1919), 233.

[63] Erwin Stransky, *Hysterie als Anlagedefekt und Hysteriefähigkeit*, in: *Wiener Medizinische Wochenschrift* 69 (1919), 2329-2334, 2386-2391. On the rise of racial thinking in Central Europe, see Marius Turda, *The Idea of National Superiority in Central Europe, 1880-1918*, New York 2005 and Marius Turda, Paul Weindling (eds.), *Blood and Homeland: Eugenics and Racial Nationalism in Central and Southeast Europe, 1900-1940*, Budapest 2007. On the rise of *Rassenkunde* in the First World War, see also Andrew D. Evans, *Anthropology at War: World War I and the Science of Race in Germany*, Chicago 2010, several articles in Reinhard Johler, Christian Marchetti, Monique Scheer (eds.), *Doing Anthropology in Wartime and War Zones. World War I and the Cultural Sciences in Europe*, Bielefeld 2010, and Margit Berner, *Die "rassenkundlichen" Untersuchungen der Wiener Anthropologen in Kriegsgefangenenlagern 1915-1918*, in: *Zeitgeschichte* 30 (2003), 124-136.

[64] Friedrich Naumann, *Mitteleuropa*, Berlin 1915; Achim Müller, *Zwischen Annäherung und Abgrenzung. Österreich-Ungarn und die Diskussion um Mitteleuropa im Ersten Weltkrieg*, Marburg 2001; Rüdiger vom Bruch (ed.), *Friedrich Naumann in seiner Zeit*, Berlin 2000.

in this situation, marked by a permanent readiness to go to war, would require a so-called "trench policy," which would be ensured by the merging of the German segment of the population. According to this strategy, the hegemonic energy of "German culture" would not only brave threats from the outside, but would also effectively suppress nationalist movements within the monarchy.

Clearly, Naumann's paper was a nationalist political construct reflecting the attempts of the German-Austrian section of the population to strengthen its dominant position within the monarchy. Naumann's thesis met with high approval, especially among German-Austrian psychiatrists, as it reaffirmed their view that the mobilisation of "strong nerves" would be of paramount importance in keeping the "German core" of central Europe healthy and powerful.[65] Over the course of the War, the image of Austria-Hungary as a unified community became ever more untenable, and in its place, a space became evident where ideas of inclusion were substituted by ideas of exclusion. Psychiatrists like Pilcz and Stransky co-constructed and naturalized the hegemonic claim of "German culture" within the monarchy.

Again, this construct affected the ways psychiatrists approached the electroshock treatment of their patients: currents could heal; currents could discipline; and currents could cause pain precisely amongst those soldiers who might in anyway undermine the strength of the army. Viennese psychiatrists frequently regarded – and used – painful currents as an instrument for exposing malingerers. Clearly, electrotherapy was taken as a simple solution to a complicated problem. Because Viennese psychiatrists did not generally speak Czech, Hungarian, Polish, or Ruthenian, they could not determine whether symptoms were caused by the effects of wartime experiences, the patient's own psychology or wish to escape the dangers of the front, or simple rebellion against military efforts and resentment toward the crumbling government. The thin grey line between hysterical symptoms (which came under the purview of medical categories) and malingering (i.e., a military offence that had become highly politicized and nationalized in the Habsburg army) became difficult to draw, especially under the circumstances of a "total war". By resorting to electrotherapy, physicians could avoid having to differentiate between hysteria and malingering, and instead chose to rely on electric currents to administer whatever curative or disciplinary measures were needed, respectively.

[65] Erwin Stransky, *Krieg und Geistesstörung. Feststellungen und Erwägungen zu diesem Thema vom Standpunkte der angewandten Psychiatrie*, Wiesbaden 1918, 7. Stransky explicitly pointed to Naumann's Mitteleuropa thesis.

In Vienna, by the end of the war, electric currents became the treatment of choice in the therapeutic arsenal of German-Austrian doctors, and there is no doubt that this choice reflected German-nationalistic motives. But it would be shortsighted to draw simple conclusions according to any dichotomy that arbitrarily poses German-Austrian doctors against non-German (and therefore repressed) soldier-patients.[66] Hungarian psychiatrists worked with electrotherapy as well, using the same apparatus and reporting similar success rates in curing war neurotics and exposing malingerers. The most prominent wartime psychiatrist in Hungary (a constant thorn in Sándor Ferenczi's side) was Viktor Gonda, a chief physician of neurology in southern Hungary (Rózsahegy). Like his Austrian colleagues, Gonda approached the treatment of war neurotics as a national duty – in his case, to preserve Habsburg's military honor–and he extensively espoused the use of electric currents to heal and/or discipline soldiers.[67] Gonda's efforts to document his therapeutic success are remarkable. He invited a professional photographer to come to his treatment station and record Gonda's therapeutic competence. In 1916, Gonda had these pictures sent to command headquarters and the head of the medical service in Vienna, creating the impression that the war neurosis problem was under control. A Viennese committee of inquiry, consisting of psychiatrists and officers, visited Gonda, subsequently reporting that he used electricity in an exemplary manner.[68]

Ambitious psychiatrists like Gonda never tired of championing the power of electrotherapy to treat war neuroses. As Julius Bauer remembers in his autobiography, many young psychiatrists and neurologists considered the onslaught of war neuroses as a unique chance to attain recognition and authority within their field.[69] Vis-à-vis the *K.u.k.* Ministry of War, and also in medical journals and at conferences,

[66] For instance, to return to the psychiatric clinic of Graz (see above), which mainly took soldiers from the Isonzo front, work therapy predominated. Such a modest, however effective, therapeutic approach could unfortunately not compete with the more spectacular ambitions of Viennese psychiatrists. Hartmann, *Die k. k. Nervenklinik Graz im Dienste des Krieges*, 1162-1258. A more detailed analysis of therapeutic practices in large wartime nerve hospitals beyond Vienna, such as in Graz, Innsbruck, Linz, Laibach/Ljubljana and Leitmeritz/Litoměřice, remains a desideratum.

[67] Hofer, *Nervenschwaeche und Krieg*, 304-307. On Hungarian psychiatry see Emese Lafferton's forthcoming monograph: *Psychiatry's Dual Monarchy: The Mental Geography of Hungary in the Long 19th Century*.

[68] Viktor Gonda, *A háború okozta „traumás neurosis" tüneteinek gyors gyógyitása*, in: *Orvosi Hetilap* No. 33 (August 13, 1916), 445-446; Oberstabsarzt Leo Taussig, *Bericht ueber das Heilungsverfahren der traumatischen Neurose (Gonda)* July 31 1916, OeStA, KA, KM (1917), 14. Abt., 43-20/1-2.

[69] Julius Bauer, *Medizinische Kulturgeschichte des 20. Jahrhunderts im Rahmen einer Autobiographie*, Vienna 1964, 33.

psychiatrists reported success rates of nearly 100 percent. But what did a "perfect" healing record really mean in the year 1916? A representative sampling of patient files from one the largest wartime nerve hospitals in Vienna, the *Nervenheilanstalt Rosenhuegel*, provides a telling picture of the outcome of electrotherapy of the day. Of 200 soldiers who had been treated between January 1 and May 1, 1916, only 10 percent were discharged as "cured" and "fit for duty", whereas the remaining 90 percent had to return for further treatment at the *Nervenheilanstalt* and other Viennese hospitals.[70] Thus, patients who received "treatment" were moved from one hospital to another, an indication that the "quick cure" for war neuroses was in fact elusive. The German psychiatrist Konrad Alt, who visited Vienna in late 1917, noticed an "enormous group of trembling, shaking and staggering soldiers […] who are stared at everywhere, questioned, pitied and often given presents".[71] The appearance of vast numbers of these *Kriegszitterer* heightened the suspicions of the Viennese people regarding war psychiatry and intensified political and military pressures. Even the military authorities realized that electrotherapy could not make soldiers fit for war again. In the Viennese War Office, it was conceded that only an insignificant number of treated war neurotics, namely, two out of 100, could be reinstated at the front.[72]

By 1918, the persistent use of electric currents to treat neuroses gave rise to vociferous criticism. Patients and their relatives repeatedly complained about "warmongering psychiatrists" who had persisted with ineffective procedures despite the emerging hopelessness of the war venture. The War Office received multiple accusations against doctors and eventually decried the use of "harmful electric currents".[73] Psychiatrists were rumored not to have applied treatments on behalf of the patient, but rather to have catered to military interests. In several Viennese hospitals, resistance to the common use of electrotherapy was mounting and, in some cases, doctors met with outright patient revolts. Social democratic representatives enquired at the re-opened *Reichsrat* about patient treatment in war hospitals and

[70] OeStA, KA, Militaerspitaeler, Patient records of the Nervenheilanstalt Rosenhuegel, box 3, January 1 to May 1, 1916.
[71] Konrad Alt, *Ueber die Kur- und Bäderfürsorge für nervenkranke Krieger mit besonderer Berücksichtigung der sogenannten Kriegsneurotiker*, in: *Wiener Medizinische Wochenschrift* 68 (1918), 784.
[72] K.u.k. Ministry of War, *Additions to psychiatric wards and treatment of war neurotics*, OeStA, KA, KM (1918) 14. Abt., 43-51.
[73] K.u.k. Ministry of War, *Further development of nerve hospitals and treatment of war neurotics*, OeStA, KA, KM (1918), 14. Abt., 43-51.

threatened to wage their own investigations.[74] Journalists reported on "incidents" in newspapers like the *Kleine Oesterreichische Volks-Zeitung* and the *Arbeiter-Zeitung*.[75] Thus, even before the end of the war, the treatment of war neuroses and the role of psychiatrists had become a highly politicized topic in Vienna.

Conclusion

This paper began by revisiting one of the first and most influential works on the history of war neuroses, Kurt Eissler's *Freud und Wagner-Jauregg vor der Kommission zur Erhebung militaerischer Pflichtverletzungen*. I have argued that Eissler's approach offers detailed and valuable insights into the trial as well as the motivations of those involved in the trial. However, Eissler's approach to the topic amounts to a retrospective prioritization of Freud's "right" interpretation of the war neurosis controversy over the "wrong" stance assumed by Wagner-Jauregg and fellow psychiatrists. I have further attempted to historicize Eissler's understanding of war neuroses and to situate it within the discourses of psychological trauma and compensation that were elaborated in the 1960s and 1970s.

Having reassessed Eissler's discussion of the Wagner-Jauregg trial, I have turned to a second point. In the light of more recent research into the First World War, there are good reasons to look beyond Freud and Wagner-Jauregg and to reconstruct the specific role and context of wartime psychiatry in Austria-Hungary. On the one side, I have stressed the similarities of Austro-Hungarian psychiatry to German and other psychiatric wartime communities: In the First World War, due to the ever-rising appearance of mentally ill soldiers, psychiatry became a key discipline of modern war. Particularly in Vienna, the capital of the empire and focal point of all military medicine, psychiatrists played an essential part in mobilizing for total war. Psychiatrists were tasked with interpreting, explaining, and treating of one of the most disturbing wartime phenomena – a phenomenon that was regarded as a serious threat to the army's fighting strength. In confronting these responsibilities, wartime psychiatrists were neither particularly brutal nor especially tolerant. Instead, as in other wartime societies, they sought to establish efficient treatment systems in order

[74] See, for example, the key speech of social democracy representative Max Winter, *Stenographisches Protokoll über die Sitzungen des Hauses der Abgeordneten des österreichischen Reichsrates im Jahre 1918, 56. Sitzung der XXII. Session, 30. Januar 1918*, Vienna 1918, 2960-2964.
[75] *Das Kriegsspital Grinzing. Der Landesverteidigungsminister über die Behandlung kranker Soldaten*, in: *Kleine Oesterreichische Volks-Zeitung* No 64 (March 8, 1918); *Im Kriegsspital IV*, in: *Arbeiterzeitung* No 30 (February 1, 1918).

to respond and even counteract the destructive powers of industrialized war. Under the auspices of rationalization, psychiatrists mobilized all scientific, institutional, and therapeutic resources, solely intent on making mentally suffering soldiers fit once again for work and military service.

However, on the other side, when focusing on Viennese wartime psychiatry, there are significant differences and peculiarities. In my third point I have tried to specify these peculiarities, and to exemplify them by discussing the practice of electrotherapy. In a comparative history of the First World War, Austria-Hungary is a model of a shattered society, paralysed by ethnic conflicts and cultural differences, and any historical analysis of the war neuroses should take this special situation into consideration. The ways in which psychiatrists perceived, coped with, and reacted to the problem of war neuroses reflect particular aspects of the specific political, social, and cultural situation of the Habsburg Monarchy. In contrast to France or Germany, Austro-Hungarian psychiatrists were not able to conceptualize the war neurosis phenomenon as a representation of "the" nation's suffering soldiers – because the Habsburg army consisted of soldiers of many different ethnic origins. As war continued, ethnic conflicts and language problems became more frequent, strongly influencing therapeutic responses to war neuroses. I have shown that leading Viennese psychiatrists considered electrotherapy as an appropriate solution to several problems at once. Specifically, the use of electric currents, psychiatrists firstly could avoid the language gaps between doctor and soldier-patient; secondly, electrotherapy was believed to be the most efficient tool within the therapeutic arsenal; and thirdly, the application of electric currents could discipline those soldiers who were suspected of simply simulating symptoms of war neurosis.

‘The Nation’s Leading Whiner’: Visions of the National Community from the Perspective of Mentally Traumatized Veterans

Jason Crouthamel

The Nazis envisioned a national community (*Volksgemeinschaft*) led by steel-nerved veterans who purified society with the ‘spirit of 1914’ by annihilating ‘enemies of the nation.’ These so-called enemies included Jews, social and political ‘outsiders,’ and psychologically and physically disabled individuals seen as drains on the social welfare and racial health of the nation.[1] This vision of the national community became state-sanctioned after 1933, and it reflected the views of a large number of veterans organized during the Weimar and Nazi period. However, even within the community of self-proclaimed National Socialist veterans, constructions of the national community were fiercely contested. This essay will focus on the perspective of a particular group of veterans, psychologically traumatized soldiers, who imagined a complex version of the national community. Traumatized veterans of the Great War challenged the Nazis’ conception of the *Volksgemeinschaft* and re-defined it to fit their vision of a society mobilized behind the spirit of sacrifice to help support the impoverished and brutalized, rather than behind exclusion of ‘national enemies’ and a celebration of violence.

Letters from men shattered and haunted by the nightmare of the trenches are a treasure trove for historians seeking narratives from the perspectives of ‘social outsiders’ during the Weimar period and the Nazi regime. Their voices provide a history from the margins as well as a new perspective on the link between the front experience and the creation of a *Volksgemeinschaft.* Scholars studying traumatic neurosis have explored the medical and cultural significance of this wound, focusing on the perspectives of psychiatrists who debated the implications of male hysteria for theories on mental illness, gender norms, industrialized labor and social welfare.[2] However, mentally disabled veterans’ voices have not yet been fully explored, and they present a glimpse into how competing groups in interwar Germany

[1] Michael Burleigh, Wolfgang Wippermann, *The Racial State – Germany 1933-45*, Cambridge 1991, 136-197.
[2] See Paul Lerner, *Hysterical Men – War, German Psychiatry and the Politics of Trauma in Germany, 1890-1930*, Ithaca 2003.

defined traumatic injury beyond debates taking place in medical circles. The questions are familiar: How did the traumatic memory of the war shape postwar politics? What was the relationship between the front experience and visions of welfare and the national community, gender roles, and the memory of the war?

In this essay, I argue that 'hysterical men' generated memories of the war that defy categorization in the interwar political milieu. These men formulated some of the most complex, iconoclastic perspectives on masculinity found in Germany's front community. Mentally traumatized veterans constructed memories of combat that on the surface resembled National Socialist celebrations of the 'front experience,' yet they fervently renounced the Nazis' perspective on the male warrior ideal and the memory of mass violence. After 1933, mentally disabled men reconstructed themselves as core members of the *Volksgemeinschaft* who, with masculinity intact, could lead the nation towards recovery through values of 'comradeship' and 'the spirit of sacrifice' that were the bases for a functioning social welfare system. Traumatized men asserted that there was nothing 'unmanly' about breaking down under the stress of modern war. War neurotics saw themselves as real men, their wounds as badges of honor, and they imagined a national community that acknowledged the traumatic reality of the war and paid for its costs.

Geoff Eley emphasizes that part of Nazi Germany's brutality was its attempt to wield total control over the boundaries of insider and outsider in the *Volksgemeinschaft*.[3] This was partially done by controlling the memory of the war and its meaning for the national community. Yet the voices of traumatized veterans highlight the degree to which there was no single memory, but rather multiple traumas that gave rise to multiple interpretations of the war experience, and thus different narratives on the meaning of the national community. Mentally disabled veterans were systematically eliminated from the Nazis' pension rolls and excluded from the regime's official memory of the war experience, which condemned 'hysterical men' as unmanly, welfare-dependent malingerers. In response to being attacked as deviant enemies of the national community, these veterans created a counter-myth to the Nazis' memory of the war and their own vision for postwar society. Neurotic veterans claimed that the regime had betrayed the authentic front experience, and that the Nazis actually lacked the spirit of sacrifice and sense of comradeship that

[3] Geoff Eley, *How and Where is German History Centered*, in: Neil Gregor et al. (eds.), *German History from the Margins*, Bloomington 2006, 274.

was at the core of the front ideology. These men imagined an inclusive *Volksgemeinschaft* in which social welfare for disabled veterans was essential to coming to terms with the brutalizing effects of the war.

In addition to rejecting the Nazis' vision of the national community, war neurotics also did not conform to the social ideals envisioned by those who claimed to embrace them. Though the Social Democratic Party claimed to represent the voices of traumatized veterans and defined these men as an integral part of the left's memory of the war and the building of a *Volksstaat* ("people's state"), traumatized men constructed a more iconoclastic idea of the national community. Most traumatized veterans rejected the left's internationalist vision for 'comradeship' as well as progressives' attempts to integrate and conflate disabled veterans and victims of industrial labor under the same blanket of social security. Instead, these men saw themselves as exceptional leaders of the nation who possessed the authentic memory of the war, and unique social status, because of their experience with combat's deepest wounds.

War-time Battles over Hysteria and Germany's Collapse

Many doctors and conservative critics welcomed the outbreak of the First World War, which they hoped would strengthen the nation's nerves after decades of alleged mental degeneration.[4] Psychiatrist Otto Binswanger was typical of psychiatrists of the time who feared that industrialization and modern culture had turned men into hysterics. Binswanger wrote in 1914 that the war would reverse the nation's mental decline by erasing prewar social tensions and unifying the nation until all became integrated into the "national psyche" (*Volksseele*).[5] The Kaiser's war ministry enlisted doctors to help manage the mobilization process, and many doctors, including psychiatrists, saw the war as a "great experiment" that would test the will-power of German men.[6] These doctors imagined total war as a healing agent for the individual and the nation, with the once-divided national community subsumed into a shared nervous system. Alfred Hoche, who wrote on Germany's "collective psyche" while a psychiatrist at the University of Freiburg, wrote:

[4] Joachim Radkau, *Das Zeitalter der Nervosität*, Munich 2000, 405.
[5] Otto Binswanger, *Die seelischen Wirkungen des Krieges*, Stuttgart, Berlin 1914, 7-8.
[6] Wolfgang U. Eckart, *'The Most Extensive Experiment that Imagination Can Conceive' – War, Emotional Stress, and German Medicine, 1914-1918*, in: *Great War, Total War – Combat and Mobilization on the Western Front, 1914-1918*, ed. by Roger Chickering, Stig Förster, Cambridge 2000, 137-139; see also Lerner, *Hysterical Men*, 44-45.

> The entire Volk is converted into a unified, locked-on organism of a higher order, not only in the political-military sense, but also in terms of the consciousness of each individual. The nerve strings of this new, gigantic body are telephone wires through which identical feelings, identical streams of will, raise themselves from space and time in the same glance, and oscillate in the same vibration.[7]

According to Hoche, the war would unify Germans into a single entity. Anyone who did not lock their minds into the national psyche were "weak willed" men who sank into passivity and failed to appreciate the energizing effects of combat.[8]

The realities of modern industrial combat shattered these assumptions that war would revitalize the national psyche. The war saw over 300,000 soldiers treated for various nervous disorders, including tics, tremors, paralysis and nightmares that came to be classified as "war neurosis" or "war hysteria" by doctors struggling to define and cure these disturbing symptoms.[9] As George L. Mosse has noted, doctors interpreted war neurosis through the prism of prewar prejudices, and linked it to degenerate, 'unmanly' character and 'pension neurosis,' or malingerers' attempts to avoid combat and gain compensation as war victims. Military doctors portrayed mentally disabled soldiers as shirkers, weak-willed and unmanly burdens on the nation.[10] As the German military collapsed and the nation faced defeat in 1918, conservative doctors blamed revolutionaries from the political left, and linked the revolution to 'hysterical' selfishness promoted by 'national enemies,' in particular socialists, out to corrupt the minds of exhausted soldiers. Though doctors admitted that modern combat placed incredible strain on men, combat itself was not to blame for defeat. Instead, as psychiatrist Robert Gaupp argued, "moral degeneration and political proselytizing were the cause of the collapse."[11]

Conservative doctors struggled to control the memory of the war by blaming war neurotics for the destruction of the unified national community. In their view, the

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[7] Alfred Hoche, *Krieg und Seelenleben*, Freiburg 1915, 35.
[8] ibid.
[9] Robert W. Whalen, *Bitter Wounds – German Victims of the Great War, 1914-1939,* Ithaca 1984, 178.
[10] George L. Mosse, *Shell Shock as a Social Disease*, in: *Journal of Contemporary History*, 35 (1) (Jan. 2000), 101-108. On pension neurosis, see Greg Eghigian, *Making Security Social – Disability, Insurance and the Birth of the Social Entitlement State in Germany*, Ann Arbor 2000, 236-244.
[11] Quoted from Paul Lerner, *"Hysterical Men: War, Neurosis, and German Mental Medicine, 1914-1921"*, Dissertation Columbia University 1996, 359.

front experience remained sacred, while unmanly men in league with the 'November Criminals' shattered the national psyche.[12] However, with the 1918 revolution, it was impossible for psychiatrists to control this narrative, and mentally disabled men organized into the splintering political fabric to create a counter-memory of the war. The Social Democratic Party (SPD) quickly adopted the voices of traumatized men, which they incorporated into their vision of a democratic society and the construction of a new socially progressive state. With the end of the war, the SPD referred to building the spirit of a new *Volksgemeinschaft* through a constitutional and representative government.[13] Instead of celebrating the war enthusiasm of August 1914, Social Democrats aimed at channeling the spirit of unity towards the creation of a *Volksstaat*, where different groups shared a sense of comradeship in healing the wounds of the war and embracing pacifism.[14] Advocates of the new democracy saw the 'peoples' state' as the only path for healing the psychological wounds of war and the effects of hunger and economic crisis.[15]

Visions of Trauma and the National Community from the Political Left

As with so many other areas of social and cultural life, the 1918 revolution suddenly transformed mentally disabled veterans from 'outsiders' into 'insiders.' In October and November 1918, workers' and soldiers' councils who spearheaded the revolution portrayed psychologically disabled men as symbols of the imperial government's oppression, and they sought to liberate these men from the army's prisons. Paul Elmer, founder of the social-democratic-oriented Association for the Rights and Care of the Mentally Ill (*Bund für Irrenrecht und Irrenfürsorge*) called on the new government to immediately release mentally ill "political prisoners" held in military hospitals against their will:

> By the grace of the people's uprising some of the political prisoners were liberated from the German prisons. But hundreds have still not yet had their prison doors opened. These are the unfortunate ones. They are labeled by the recently unsettled middle class as 'mentally ill whiners' and locked in insane

[12] Peter Riedesser, Axel Verderber, *„Maschinengewehre hinter der Front": Zur Geschichte der deutschen Militärpsychiatrie, 1914-1922*, Frankfurt 1996, 80-90.
[13] Jeffrey Verhey, *The Spirit of 1914 – Militarism, Myth and Mobilization in Germany*, Cambridge 2000, 214.
[14] Thomas Kühne, *Kameradschaft – Die Soldaten des nationalsozialistischen Krieges und das 20. Jahrhundert*, Göttingen 2006, 62.
[15] *Der Geist der Neuen Volksgemeinschaft – Eine Denkschrift für das Deutsche Volk*, herausg. Von der Zentrale für Heimatdienst, Berlin 1919, 1.

> asylums. Their voices and rights that they are entitled to are respected only by the workers and soldiers who must use violence to release them from systematic violence.[16]

Left-wing groups emphasized the need to give war neurotics a voice in the new political order, and a burst of repressed hatred for doctors came unleashed as 'hysterical men' organized their counterattack. In 1920, the Association of Pacifist War Veterans published a series of pamphlets in which they turned medical notions of who was insane upside down. Veteran Hermann Klamfoth argued the real psychotics were military leaders and civilians who started the war: "The lies of diplomats and army leaders and the chatter of professors and journalists hypnotized the *Volk* and aroused a dangerous war psychosis, to which the war literature also gave its stamp of approval."[17] In one of the association's pamphlets, Hans Schlottau described war neurotics as experiencing an "awakening." Traumatized men, he argued, saw warmongering politicians and civilians the ones who were truly insane, while those same "robbers, murderers and beasts of the world" had to suppress the voices of these veterans by labeling them "neurotic."[18]

In the SPD's memory of the war, mentally traumatized veterans symbolized a bridge between the front experience and the civilian world, linking their experiences to form a solid new democratic-oriented national community. One veteran writing to the social democratic-oriented war victims' association, the *Reichsbund der Kriegsbeschädigten*, argued that that the stress of the war created the psychological conditions that fueled democratic values:

> The terrors of the war fresh in our memory have given the German people the democratic-republican frame of mind and constitution which, in order 'to serve the internal and external peace' [...] requires the upbringing of youth in the spirit of German character and the reconciliation of the people, which it is the duty of all schools to do.[19]

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[16] Letter from Bund für Irrenrecht und Irrenfürsorge, Berlin, signed by Paul Elmer, sent to the Reichsregierung der deutschen Republik/Rat der Volksbeauftragen, Berlin, 18 Nov. 1918, Bundesarchiv Berlin (BA Berlin), Reichsministerium des Innern, R1501/14153. See also *Die Irrenrechtsreform – Zeitschrift des Bundes für Irrenrecht und Irrenfürsorge*, Berlin 1919.
[17] Hans Schlottau, *"Kriegsfurioso – Visionen eines Verwundeten," Friedensbund der Kriegsteilnehmer und Friedensfreunde*, Hamburg 1920, 3.
[18] ibid.
[19] *Protest und Aufruf*, *Reichsbund der Kriegsbeschaedigten*, Nr. 23, Berlin 10 Dec. 1930, 222.

The 1920 National Pension Law, designed primarily by Social Democrat and German Democratic Party leaders attempted to legitimize traumatized veterans as essential members of the nation. One of the architects of the law, Karl Ernst Hartmann, a health care administrator who specialized in the social and psychological recovery of disabled veterans, published an instruction manual for welfare offices on the care of war victims. Hartmann outlined the purpose of recovery and its significance for the national community:

> The psychological care of war victims is of the highest significance, not just for the welfare of the individual, but also for the collective civil and economic life. It is crucial to convince the individual war wounded and war widows to trust themselves again, to awake in them the will to act, the desire to live and the self-confidence that they are useful limbs of the national community and important pieces of the larger economic comradeship.[20]

Hartmann continued his essay with comparisons between psychologically and physically disabled veterans, emphasizing the need to re-fit the psyches of war neurotics, as one re-fit prosthetic limbs on amputees, with faith in the future, work, and progress.[21] It was essential to instill in war neurotics, Hartmann argued, the sense of self-esteem they needed to become productive members of the national community.[22]

Social Democrats spearheaded the attempt to re-integrate mentally disabled men into postwar work, family and politics. They not only advocated for the inclusion of war neurotics as legitimate war victims and members of society, but also pointed to them as unique, universal symbols of a common trauma shared by both those stressed in combat and at home, thus unifying men and women, soldiers and civilians, middle- and working-class Germans. One Reichsbund proponent pointed to a

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[20] Karl Ernst Hartmann, *Lehrbuch der Kriegsbeschädigten- und Kriegerhinterbliebenen-Fürsorge mit besonderer Berücksichtigung der neuen sozialpolitischen Massnahmen der Reichsregierung*, Minden 1919, 32-33.

[21] On the restoration of limbs as a means of restoring the national community, see Heather Perry, *Rearming the Disabled Veteran: Artificially Rebuilding State and Society in World War I Germany*, in: *Artificial Parts, Practical Lives: Modern Histories of Prosthetics*, Katherine Ott et.al. (eds.), New York 2002.

[22] Hartmann, *Lehrbuch der Kriegsbeschädigten*, 33-49. On the importance placed on will and productivity in Weimar social welfare programs, see Joan Campbell's *Joy in Work, German Work – The National Debate*, *1800-1945*, Princeton 1989, Ch. IX.

broad view of psychological trauma, namely a loss of self-esteem and faith in the future, as the essential experience that bonded all Germans:

> The Reichsbund has in the course of its existence returned to many of its members the self-trust lost in shell-holes and in economic crisis. Our mourning women comrades found diversion and psychological resurgence in the activities of the organization [...] which has given each member the chance to heal their feelings of inferiority [...] by renewing their sense of joy in life.[23]

The SPD thus conflated men and women as victims of a shared trauma, and prescribed commitment to the Social Democratic Party as a means of healing long-term psychological trauma.

This vision of a common bond between men and women energized behind Social Democracy was plagued by chronic economic crises that exacerbated socio-economic tensions and deepened resentment between disabled veterans and civilians.[24] Constant pressure from the Finance Ministry to make cuts, especially after the onslaught of the Great Depression, and anxieties about reintegrating shell-shocked men into work and family life, seriously weakened the efforts of shattered veterans trying to reintegrate into the social fabric.[25] In addition, traumatized veterans detested being conflated with women and civilians in the over-bureaucratized welfare labyrinth. One veteran named Konrad D., who claimed to suffer from war neurosis, spent years trying to convince the Labor Ministry that he deserved a pension, but could not persuade doctors that his wounds were war-related. In 1930, his wife filed for insurance, claiming she was unable to earn a living because of the psychological burden placed on her to be the sole bread-winner when her husband was unable to work during the Great Depression. A psychiatrist appointed by her welfare office confirmed that she was unable to earn a living, and she was granted a 150 RM emergency relief payment, which covered rent and food for two months.[26] Showering labor ministers with bitter letters, Konrad D. claimed that such humilia-

[23] H. Hoffmann, *Psychologie und Kriegsopfer*, Reichsbund, 1 July 1926.
[24] Jason Crouthamel, *War Neurosis versus Savings Psychosis: Working Class Politics and Psychological Trauma in Weimar Germany*, in: *Journal of Contemporary History*, 37 (2) (April 2002), 163-182.
[25] Deborah Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-39*, Berkeley 2000, 160-165. On the cuts in veterans' pensions, see Whalen, *Bitter Wounds*, 157-158.
[26] Konrad D. to Labor Ministry, 9 October 1931, BA Berlin, Reichsarbeitsministerium (RAM), R3901/Film 37011.

tions drove him to lose all hope he once had in the republic.[27] Women applying for psychological disability pensions found it much easier to build their cases, as doctors did not require them to prove war service. In the case of Johanna B., whose husband died in 1924 after struggling with war-related psychological problems, psychiatrists quickly accepted that she suffered from "hysteria" that triggered nervous breakdowns in the wake of dealing with economic crisis.[28] Though Social Democrats may have idealized a national community in which men and women were unified by the legacy of total war, the SPD's attempts to win pensions from doctors were ultimately divisive within the front community.

Further on the political left, the German Communist Party (KPD) was the most critical of doctors and their portrayal of 'hysterical men' as social outsiders. At the same time, KPD leaders were ambivalent about the existence of mentally ill men in their vision of the new international revolution, and preferred to write about them rather than give them their own voice. The International Association of War Victims (*Internationaler Bund der Kriegsopfer*) published extensive essays on the sufferings of neurotic men at the hand of "the capitalist classes" represented by military and state doctors.[29] One writer for the Bund criticized doctors as agents of class war:

> It is this Prof. Neuhaus in Berlin who concluded that a war victim who has several bullets in his skull was healthy and able to work. To him, all others are hysterics. In explaining war hysteria, it is the new method to say that these illnesses already existed in their youth and thus have nothing to do with the war, or that they occurred after the war and are symptoms of age. The war and its consequences are thus supposed to be struck from the consciousness of the people, so that they will agree to new imperialist goals of the German bourgeoisie against Soviet Russia.[30]

From the communists' perspective, doctors were not just out to deny pensions. They were also in denial of the real traumatic wounds caused by the war and they

[27] Konrad D. to Labor Ministry, 8 Sept. 1930, BA Berlin, RAM, R3901/Film 37011.
[28] Letter from Reichsbund der Kriegsbeschädigten to Labor Ministry, 28 Jan. 1926, BA Berlin, RAM, R3901/Film 36139. See also Labor Ministry to Frau B., 3 February 1926 in this same file.
[29] Emil Vogeley, *Die Psychiatrie und Neurologie im Dienst der kapitalistischen Klassse*, in: *Internationaler Bund – Organ des Internationalen Bund der Opfer des Kriegs und der Arbeit*, (Oct. 1928) Nr. 10, BA Berlin, DDR Massenorganisation-Abteilung.
[30] *Kongress der Werktätigen – Referat des Genossen Dr. Klauber*, in: *Internationaler Bund*, (February 1927) Nr. 3, BA Berlin, DDR Massenorganisation-Abteilung.

sought to conceal these wounds in order to lay the groundwork for further 'imperialist' wars. However, the communist party's critique of doctors did not translate into unconditional support for war neurotics. These men were not given a voice in the Bund's periodical and were called "hysterical men" without apparent irony, even though KPD journalists claimed that "hysteria" was only a product of the besieged middle class mind.[31] Communist activists portrayed doctors as "delusional psychotics," sarcastically referred to them as "proctologists," and they mocked the widely used suggestive electrotherapy "Kaufmann method" ("businessman method") as appropriately named.[32] Paradoxically, like many doctors who blamed "pension neurosis" for ongoing failure to recover, the KPD blamed the Weimar welfare system for making men into dependent welfare recipients and turning them away from their roles as militant, masculine fighters for the workers' revolution. The KPD saw the Social Democratic Party's *Volksstaat* as a distraction from the goal of building class consciousness and revolutionary zeal.[33]

Nazi Constructions of Traumatic Neurosis and the Myth of the Front Experience

For the political right, the *Volksgemeinschaft* was rooted in a particular memory of the 'spirit of 1914' in which the nation was allegedly unified against its enemies. The Nazis invoked this spirit in their call to annihilate the 'enemies' of the *Volksgemeinschaft* in order to purify the nation and return to the sanctified image of 1914. This highly militarized vision of the national community was informed by a vision of the front experience as creating the vanguard of the resurrected nation. Inter-war writers like Ernst Jünger, cherished by right-wing veterans' organizations, cultivated an image of hypermasculine 'supermen' who were psychologically strengthened by the front experience.[34] Combat-hardened veterans who exhibited steel nerves in the trenches were believed to continue the never-ending war against

[31] Vogeley, *Internationaler Bund*.
[32] *Geschäftsmann oder Arzt!* In: *Internationaler Bund*, (March 1928) Nr. 3; *Renten-Neurose*, (August 1928) Nr. 8, BA Berlin, DDR Massenorganisation-Abteilung.
[33] *Kriegs-Hysterie*, in: *Internationaler Bund*, (Dec. 1925) Nr. 12, BA Berlin, DDR Massenorganisation-Abteilung.
[34] See for example Ernst Jünger, *Der Krieg als innere Erlebnis*, Hamburg 1922. Evidence for mentally traumatized soldiers' interpretations of Jünger's memory of the war has not yet been explored, and further research on this topic would be most interesting. However, the complex memories of the war articulated in veterans' narratives have been expertly analyzed in depth. See, for example, Ann P. Linder, *Princes of the Trenches: Narrating the German Experience of the First World War*, Columbia 1996 and Bernd Ulrich, *Die Augenzeugen: Deutsche Feldpostbriefe in Kriegs- und Nachkriegszeit, 1914-1933*, Essen 1997.

the so-called 'November Criminals.'[35] SA-leader Ernst Röhm characterized the front experience as the "spiritual father" which anointed men with superhuman "mental powers" to lead postwar society.[36] This glorification of the war experience was contradicted by the reality of an epidemic of mental breakdowns. Some doctors estimated that up to 25% of the disabled veterans' population returned with symptoms of 'war neurosis' – nightmares, shaking, heightened anxiety, and a myriad of physical and psychological disorders.[37] Many conservative doctors denied the reality of these wounds and attacked progressive Weimar political leaders for 'coddling' war neurotics. Dr. Hermann F. O. Haberland at the University of Cologne argued that Weimar's democracy catered to these "hysterics" who "failed to understand the meaning of sacrifice and thus placed themselves in sharpest opposition to our National Socialist world view." Mentally ill veterans, he argued, burdened the nation as they refused to fulfill their masculine roles as heads of families and productive workers.[38]

Nazi ideologues adopted these arguments and demonized war neurotics as pathological individuals who threatened Germany's health, economy, masculine character, and memory of the war. The Nazis scapegoated democracy and welfare as the greatest threat to the psychological health of returning veterans. Ernst Röhm regarded men traumatized by combat as symptoms of the "psychosis of the welfare system and the existing [Weimar] social and political order," which sapped men of their will to rescue the nation.[39] One of the earliest members of the Nazi party and later head of the National Socialist War Victims' Association, Hanns Oberlindober, blamed the 'Marxist' Weimar government for weakening the national community with a social welfare system that turned old front fighters into 'pension neurotics,' dependent on the state for their well-being. Oberlindober advocated restoring the 'spirit of 1914' by giving disabled men respect as the nation's 'first citizens,' and instilling in them an impetus to work for the national community just as they had fought for the fatherland.[40]

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[35] George L. Mosse, *Fallen Soldiers*, Oxford 1990, 7.
[36] Ernst Röhm, *Über die Frontsoldaten, Deutsche Kriegsopferversorgung – National Sozialistische Monatschrift*, 2. Jahrgang, Berlin Feb. 1934, 2.
[37] Doris Kaufmann, *Science as Cultural Practice in the First World War and Weimar Germany*, in: *Journal of Contemporary History*, vol. 34 (1) (Jan. 1999), 125-126.
[38] Prof. Dr. [H. F. O.] Haberland, *Hysterie*, *Deutsche Kriegsopferversorgung,* 2. Jahrgang, Berlin March 1934, 16-17.
[39] Ernst Röhm, *Über die Frontsoldaten*, 2.
[40] Hanns Oberlindober, *Ein Rückblick auf die Entstehungsgeschichte des neuen Versorgungsrechts*, *Deutsche Kriegsopferversorgung,* 2. Jahrgang, Berlin May 1934, 9.

The 1934 National Pension Law, while promising to restore respect and status, trimmed almost all physically disabled veterans' pensions and cut mentally disabled veterans completely from the pension rolls. Once they were officially denounced as enemies of the national community, mentally traumatized veterans quickly shot back with a barrage of letters to the Labor Ministry to say that they were indeed vital members of society. Eugen R., a decorated lieutenant who had survived Verdun, demanded that the Nazi regime make good on its promise to respect veterans by granting him a pension for the ongoing effects of mental trauma. When doctors and bureaucrats refused and accused him of malingering, Eugen R. submitted an essay he wrote on "The Attack on Douaumont," where he glorified his heroic exploits in 1916 and he claimed that his "highest devotion to duty" made him a first citizen of the Reich according to Nazi ideology. The regime's treatment of disabled veterans exacerbated his psychological problems, he argued, but did not diminish his will to be a member of the national community. After the Second World War broke out, he wrote: "I would like to make use of my strength to work for the nation, especially in the present-day time of war […] because despite my severe disabilities I am completely able to work."[41] Eugen R. thus challenged the image of disabled veterans as unproductive malingerers, and he reasserted his role as a contributing member to the national community by detailing his war exploits. He reminded the head of the Labor Ministry and war veteran Franz Seldte, whom R. had met at a Battle of Tannenberg anniversary ceremony, that he had been considered for Germany's highest award in 1916, the *Pour le Merité*. A little extra money for a new car, Eugen R. wrote, would be a perfect gesture of the Nazi regime's thanks to war veterans. Instead, he was infuriated when the government finally granted him only a one-time payment of 400 RM, which was cut down to 300 RM by his Berlin pension office.[42]

Letters from mentally disabled veterans to the Labor Ministry highlight many of the contradictions in Nazi policy. Though the regime officially characterized 'hysterical men' as pariahs outside the *Volksgemeinschaft*, they had to confront numerous individuals who claimed to suffer from authentic psychological wounds. Some of these men were 'old fighters' – long-term members of the Nazi party – who used

[41] Eugen R. to Reichsarbeitsministerium (RAM), 12 March 1940, BA Berlin, R3901/Film 37017.
[42] Eugen R. to Reichsminister Seldte, 25 April 1940; Oberkommando der Wehrmacht (OKW) to Versorgungsamt Berlin, 7 May 1940, BA Berlin, RAM, R 3901/Film 37017.

their connections with party officials to manipulate the regime and characterize their wounds with euphemisms that made them more acceptable.

Case Studies: "The Frog" and other War Neurotics under the Third Reich

An intriguing example of Nazi old party members manipulating the system is that of SA-Stormtrooper Franz F. This 'old fighter' participated in the 1923 Beer Hall Putsch alongside Hitler and was imprisoned at Landsberg. Writing to local Hamburg party officials in 1934, Franz F. claimed that he suffered from beatings and psychological stress while at Landsberg prison, and he hired an NSDAP representative and a lawyer in an attempt to win compensation for a number of "internal injuries" that continued to plague him.[43] When the Labor Ministry requested a report with supporting documentation specifying the nature of these wounds, Franz F.'s lawyer assured them this was unnecessary and emphasized instead the "years of struggle" that "the frog," as Franz F.'s old party comrades nicknamed him, had endured while fighting against the "November Criminals." Reminding Labor Ministry bureaucrats that Hitler himself remembered "the frog" from the old days, the lawyer requested that Franz F. receive at least 100 RM per month under the February 1934 Care for the Fighters of the National Uprising Law (*Gesetz über die Versorgung der Kämpfer für die nationale Erhebung*), which was the path many old Nazi party members used to gain pensions.[44]

Franz F. eluded the Labor Ministry's repeated requests for medical documentation. Hitler's personal aide, SA Obergruppenführer Wilhelm Brückner, intervened to inform the health office that the Führer wished the matter quickly be resolved by granting Franz F. a pension.[45] Doctors working for the health care office and Labor Ministry, however, insisted on a medical report, as dictated by the July 1934 pension law. It was at this point that Franz F.'s history of psychological problems was finally revealed after an outburst between Franz F. and Dr. Knüppel at the health care office. "The frog" refused to be examined by state-assigned psychiatrists, and instead demanded to meet a "National Socialist doctor." With help from his contacts in the party, who brought in a psychiatrist from Hannover, Dr. Holzmann, who

[43] Letter from Gesundheitsbehörde und Fürsorgebehörde Hamburg to Verbindungsstab der NSDAP, signed by Regierungsrat Martin and co-signed by Franz F., 9 May 1934, BA Berlin, RAM, R3901/Film 37012.
[44] Letter from Regierungsrat Martin to Rechtsanwalt Heim, Verbindungsstab der NSDAP, 15 June 1934, BA Berlin, RAM R3901/Film 37012.
[45] SA-Obergruppenführer Wilhelm Brückner to Versorgungsamt Hamburg (Altona), 31 January 1935, BA Berlin, RAM R3901/Film 37012.

had worked in mental hospitals during the war, Franz F. successfully won a favorable medical review.[46] Dr. Holzmann reported that Franz F. did indeed suffer from "extraordinary strain, privations and agitation" as a result of his experiences fighting against the Weimar Republic, and that he was completely unable to earn a living due to a chronic "state of exhaustion and over irritation." Dr. Knüppel accepted this judgment and approved a full pension for Franz F. under the July 1934 law, essentially assigning the old survivor of the *Kampfzeit* status as a war victim.[47]

On one hand, "the frog's" case reveals that the Nazi regime was willing to accept the idea that though real men did not break down in the trenches, they could be legitimately psychologically damaged by the struggle against Weimar democracy. At the same time, this case also suggests that Nazi officials were still ambivalent about 'neurosis' in their ranks, and preferred to label men 'exhausted' and 'strained' to avoid the stigma of 'hysteria' that could damage the patient's masculine reputation. Franz F.'s fierce reluctance to provide a detailed history of his medical condition, and then his refusal to meet a psychiatrist without the supervision of his influential old comrades in the Nazi party, suggest a level of guilt or shame despite the 'legitimacy' of suffering 'wounds' in the face of battle against enemies at home. As an old political fighter, Franz F. was a sacrosanct member of the *Volksgemeinschaft*, but he needed to conceal his psychological disorders with euphemisms in order to escape outsider status.

As letters poured in from veterans seeking compensation, Labor Ministry officials worked with doctors to develop a diagnosis that fit Nazi assumptions about traumatic neurosis. The war, doctors strongly asserted, did not cause psychological trauma in 'real men.' However, they conceded, the postwar revolution, democracy and welfare caused legitimate mental stress, especially for patriotic men. The regime thus granted compensation to men who could demonstrate that 'Marxism' and the 'November criminals' had caused them psychological injury. Traumatized men who had been cut from pension rolls for allegedly faking or malingering saw the opportunity to recast their psychological problems into symptoms of political strain. For example, former army clerk Emil H., who suffered epileptic seizures and nervous disorders following a munitions laboratory explosion in 1915, had failed in his

[46] Dr. Knüppel at Versorgungsamt Hamburg to SA-Obergruppenführer Wilhelm Brückner, 6 February 1935, BA Berlin, RAM R3901/Film 37012.
[47] Dr. Knüppel to Hauptversorgungsamt Niedersachsen-Nordmark, Hannover, 13 March 1935 and Letter from Regierungsrat at Gesundheits und Fürsorgebehörde Hamburg to Reichsarbeitsministerium, 27 April 1935, BA Berlin, RAM, R3901/Film 37012.

ongoing attempts to win a pension from doctors during the Weimar years.[48] After 1933, he pleaded with doctors to evaluate his case from a "National Socialist perspective," and like Franz F., he networked through old army buddies who were now local Nazi officials.[49]

In letters to Hermann Göring, Emil H.'s friends described him as a dedicated long-term fighter against army bureaucrats who collaborated with the "November Criminals" and betrayed front soldiers in 1918. They even described him as a "war victim," even though he fought his battles against the enemies of National Socialism from behind a desk.[50] Emil H. was not content with the 36 RM per month that his welfare office eventually granted him, and in 1935 he detailed crippling headaches and nervous breakdowns, with carefully collected medical reports, as proof that he deserved more. Defeat and "internationalist thinking" promoted by Marxist enemies in 1918, he wrote, symbolized a national collapse that resulted in his nervous collapse.[51] With the Nazis in power, he enthusiastically noted that he could once again be a productive member of the national community: "I will gladly work as an honest clerk again for my Fatherland in its hours of danger, as long as my physical health permits."[52] The pension added another 42 RM per month to his pension.[53] Emil H.'s case reveals that the regime put much more emphasis on the political background of these men than their trench experience. However, not all psychologically disabled men who re-invented themselves as victims of Marxism and 'the November criminals' won pensions. One individual named Friedrich S. who had been labeled a "well known psychopath," alcoholic and criminal during the Weimar years, was sorely disappointed when he tried to win support in a flurry of letters throughout 1934. No matter how much he pledged undying support for the Nazi regime and hatred for Jews, without substantial support from doctors willing to manipulate medical reports and help turn "psychopaths" into empathetic victims of

[48] Reichsbund ehem. Angehöriger der Heeres- und Marine-Verwaltungen, Spandau, to Reichsarbeitsministerium, 20 Oct. 1932, BA Berlin, RAM, R3901/Film 37014.
[49] Kreisleitung der NSDAP, Siegburg, to Reichsarbeitsministerium, 11 Feb. 1933, BA Berlin, RAM, R3901/Film 37014.
[50] NSDAP Kreishauptabteilung Siegburg to Göring, 30 May 1933, BA Berlin, R3901/Film 37014.
[51] Emil H. to Kanzlei des Führers und Reichskanzlers zu Händen unseres Führers Adolf Hitler, 25 May 1935, BA Berlin, RAM, R3901/Film 37014.
[52] ibid.
[53] Versorgungsamt Koblenz to Hauptversorgungsamt Rheinland, 16 July 1941, BA Berlin, RAM, R3901/Film 37014.

over-exhaustion he was unable to win a pension.[54] Though friends of Friedrich S. in the SS wrote to the Labor Ministry to vouch for his dedication to the Nazi movement, a long history of forging welfare documents, lying about non-existent physical wounds, and even lying about his war record sealed his reputation as a swindler, and welfare bureaucrats dug in their heels and denied a pension.[55]

Attempts by many men to shift the Labor Ministry's focus from their psychological condition to their political beliefs suggest they felt some level of stigmatization about their mental illness. These men eagerly embraced euphemisms like 'nervous exhaustion' and the idea that it was Weimar rather than the war that traumatized them. However, there were also numerous letters from men who embraced their neuroses with a source of pride, even as a badge of honor, that irrefutably proved they had real combat experience, in contrast to the many Nazi officials they resented for celebrating the trenches from behind desks. These men sharply criticized the regime's conception of the front experience as psychologically healthy. Even the most heroic men, many argued, broke down in combat. In 1928, veteran Max K. was diagnosed as suffering from war-related psychological problems. By 1936, he was cut from the pension rolls when doctors decided that he was a whiner and grumbler with hereditary illnesses. Like many psychologically disabled veterans, Max K. held on to the belief that Hitler, himself a survivor of the trenches, would understand how the horrors of war could inflict psychological wounds.[56] Max K. was most offended by a letter from his welfare office that suggested real men did not break down under fire. He wrote back:

> I responded to the emotional stress of the war as a rational and sane man […] it remains an irrevocable intention of the government, a moral duty of the nation, to help the national comrade [*Volksgenossen*] and support him in order that he not become destitute.[57]

[54] NSDAP Kreisleitung Halensee (Berlin) to Reichsarbeitsministerium, 25 April 1934, and letter from Hauptversorgungsamt Brandenburg-Pommern to Reichsarbeitsministerium, 28 April 1934, BA Berlin, RAM, R3901/Film 37017.
[55] Letter from Leibstandarte SS Adolf Hitler to Reichsarbeitsministerium (signed by an SS-Hauptsturmführer who reports that he is writing on Friedrich S.'s behalf under the direction of SS-Obergruppenführer Dietrich), 3 May 1935, and letter from Reichsarbeitsministerium to Leibstandarte SS Adolf Hitler, 27 May 1935, and Friedrich S. to Reichsarbeitsministerium, 16 July and 22 August 1935, BA Berlin, RAM, R3901/Film 37017.
[56] Max K. to Reichsarbeitsministerium, 8 March 1942, BA Berlin, RAM, R3901/Film 37015.
[57] Max K. to Reichsarbeitsministerium, 30 July 1936 and 23 Oct. 1940, BA Berlin, RAM, R3901/Film 37015.

There was no shame in suffering from psychological trauma, Max K. argued. In fact, it was a 'normal' symptom of modern war. Another war neurotic ostracized after 1933, Emil L., expressed devotion to Hitler and believed that despite his psychological problems, his front experience placed him in line with Nazi ideals: "That war victims are so unjustly handled is not in accordance with the Führer's wishes. How can a doctor in the National Socialist Reich practice with such a lack of conscience, and take from me, a recognized war victim, every possibility of making a living […] I have always fulfilled my duty and certainly belong to the national community [*Volksgemeinschaft*]."[58]

So-called 'hysterical men' saw the national community as responsible for healing the wounds of war. They also saw themselves as playing an essential role in society: as caretakers of the authentic memory of the war. Though the 'Hitler Myth' persisted as many of these men admired Hitler as a front veteran, by the late 1930s they increasingly criticized the Nazi myth of the front experience and its relationship to the *Volksgemeinschaft.*

'Hysterical Men' Critique the Nazi Memory of the War

A fascinating example of a critical perspective on the Nazi version of the front experience is that of the previously mentioned Konrad D., a veteran first diagnosed in 1916 with psychological disorders that haunted him throughout the postwar years. Since the war, doctors described Konrad D. as "having a psychopathic constitution ... in particular irritability, tendency towards grumbling, and bouts of depression."[59] Though doctors argued that his mental problems were not war-related, and thus he did not qualify for a pension, they did note that his "high level of nervousness" and "quarrelsome personality" were intensified by the stress of the war experience.[60] Konrad D. believed that he would have been healthy if not for the trenches: "The collapse of my nerves was singularly caused by the war and its terrifying stresses, its deprivations … the crashing artillery fire that gave me a glance into death."[61]

[58] Emil L. to Reichskanzler, 29 Jan. 1938 and letter to Generalfeldmarschall Göring 12 Sept. 1939, BA Berlin, RAM, R3901/Film 37015.
[59] Konrad D. to Reichsarbeitsministerium, 21 July 1929, and report by Dr. Bratz, a private doctor hired by Konrad D., to Reichsarbeitsministerium, 25 July 1931, BA Berlin, RAM, R3901/Film 37011.
[60] Dr. Bratz' report to Reichsarbeitsministerium, 25 July 1931, and Konrad D. to Reichsarbeitsministerium, 9 October 1931, BA Berlin, RAM, R3901/Film 37011.
[61] Konrad D. to Reichsarbeitsministerium, 10 July 1931, BA Berlin, RAM, R3901/Film 37011.

Despite being denied a war victim pension, Konrad D. was a self-described supporter of the Weimar Republic and its promise to build a *Volksstaat*. He proudly fought for the republic's *Reichswehr* against the counterrevolutionary Kapp Putsch in 1920, after which he was able to secure a job as a bank clerk. This proved difficult. His employers complained of his aggressive behavior, moodiness and bouts with depression, and they ultimately fired him.[62] He tried to make ends meet by supplementing his officer's pension working as a taxi driver in Berlin. After a few short months, he collided with another car and killed a passenger. A doctor concluded that he was "mentally unstable" to drive a taxi, but that he was indeed able to earn a living. Repeated rejections of his applications for a war victim's pension, the onslaught of the Great Depression, and a dwindling officer's pension that was not sufficient to pay rent and food, disillusioned him against the republic: "I've been abandoned: the thanks of the republic is a clear reflection of 'The Thanks of the Fatherland,' which is as known to us as the 'Amen' in church! A front fighter might as well hang himself – it is as they say: *Im Westen nichts Neues* ["All Quiet on the Western Front"]."[63] He complained that the government allowed welfare bureaucrats and doctors to "trample over the basic rights of the *Volksstaat*" and call veterans like him a "whiner" out to get a pension. The republic, he observed, was "no longer a people's state" because it was "taken over by the bureaucrats [who] perspired blood and sweat in the artillery fire and hand grenades in the wild paper wars of their offices."[64]

Filled with bitterness, Konrad D. began to draw parallels between his own spiraling mental breakdown and the collapse of the Weimar republic. "Shadows in my awakened mind begin to overtake my mental darkness," he wrote, and he lashed out against the "rabid animals" in Brüning's government who "sinned against the German spirit" by cutting pensions for the poor and giving tax benefits to the rich.[65] Konrad D. compared the state's cuts to the violence he experienced in the trenches, and he predicted that the population, exhausted by economic crisis, would turn against the republic.[66] After Hitler became chancellor, he called on the new regime to reform the "pathological and psychotic welfare system," by shifting authority

[62] Konrad D. to Reichsarbeitsministerium, 13 February 1930 and 9 October 1931, BA Berlin, RAM, R3901/Film 37011.
[63] Konrad D. to Reichsarbeitsministerium, 8 June 1929, BA Berlin, RAM, R3901/Film 37011.
[64] Konrad D. to Reichsarbeitsministerium, 23 March 1932, BA Berlin, RAM, R3901/Film 37011.
[65] Konrad D. to Reichsarbeitsministerium, 22 Sept. 1931, BA Berlin, RAM, R3901/Film 37011.
[66] Konrad D. to Reichsarbeitsministerium, 23 March 1932, BA Berlin, RAM, R3901/Film 37011.

from doctors and bureaucrats to veterans themselves. But he expected little change from the Nazis and in February 1933 Konrad D. sent a sarcastic, and grammatically tortured, poem to the government, in which he mocked the republic and predicted even worse treatment under the new regime:

> The Thanks of the Fatherland is and certain [sic – certainly yours]
> And that thanks, along with the republic, was also shat down the toilet
> The 'Third Reich' will bring it to a close
> And pay the bill right away with a hanging rope.[67]

As Hitler destroyed Germany's first democracy in the spring of 1933, Konrad D's fatalism deepened and he re-invented himself as a prophet for the nation's mentally traumatized. With the Nazi seizure of power, Konrad D.'s focus shifted from the failure of the medical and welfare system to the new regime's myth of the war experience. He stepped up his letter writing campaign, submitting almost 20-page letters every month until 1935. His most repeated theme was the Nazis' betrayal of the spirit of 1914 and their perversion of the values of 'comradeship' and the 'national community.' Embracing his role as a complete pariah, he introduced himself as "the nation's leading whiner" and in a letter to the regime's state secretary Dr. Lammers he signed off as "D., severely disabled veteran, pensioner and grumbler."[68]

By 1935, Konrad D. appointed himself to the role of authority on welfare, the national community and the memory of the war. He submitted an essay titled "The Echo," which began with an analysis of the meaning of the *Volksgemeinschaft* from the perspective of a traumatized veteran: "In a national community, the greatest victims, who have given their life and health, expect that every national comrade [Volksgenossen] will as their duty make selfless sacrifices for the life and health of war victims to the limits of their abilities."[69] Konrad D. called on civilians to model the national community on the comradeship and sacrifice of the trenches, but not in the same sense as described by Nazi leaders. The Nazis, he complained, perverted the ideal of *Kameradschaft* and wrapped it in false-nostalgia for life in the trenches. Comradeship postwar, as in the trenches, should be used as an antidote against fear, but it was in no way something that should be used to sterilize the traumatic reality

[67] Konrad D. to Versorgungsamt Gotha, 8 February 1933, BA Berlin, RAM, R3901/Film 37011.
[68] Konrad D. to Staatssekretär Dr. Lammers, 19 March 1933, BA Berlin, RAM, R3901/Film 37011.
[69] Konrad D. to Labor Minister Franz Seldte, 12 March 1935 – attached to D.'s letter is his essay *Das Echo – Kriegsopfer-Denkschrift zu dem neuen 'Ehrenrecht der deutschen Kriegsopfer,'* BA Berlin, RAM, R3901/Film 37011.

of combat. Konrad D. argued that the Nazis used and abused the idea of comradeship to conceal the real brutalizing effects of war, with hollow rhetoric about 'heroes' who transcended the horrors of war:

> Hitler calls us war victims 'heroes': but does one let the 'heroes' become impoverished and depraved? The most pressing task of the national community is to provide sufficient welfare to war victims. Only the heroic spirit is able to obtain state support and defend against a world of enemies […] only by granting justice can the national psyche avoid becoming sick and the spirit of truth not fall into decay.[70]

Konrad D. defined 'heroism' as the will to acknowledge the need for welfare. He sought a postwar world that extended the ideal of comradeship by giving veterans the long-term physical and psychological care they needed:

> The spirit of sacrifice awakens in the selfless love for one's neighbor, which strives to provide all that is needed to preserve life; in [love for one's neighbor] lies the eternal triumph of life over death. Violence is no longer the prerogative, only love is […] only a strong man provides for the nation's victims; with complete devotion he places his total spirit in service of the common good […] and he maintains the spirit of battle in this still unhealthy world against the aggressive, primitive men who represent violence. […] Bring honor to the concept of welfare again. Practice comradeship like we had in 'No Man's Land' and recognize the love of your neighbor as common sense for self-preservation.[71]

A more humanistic national community could thus be built on memory of the front experience. Most interestingly, Konrad D. linked welfare to masculinity, calling on true comrades to give to the common good, which he saw as under threat from those who celebrated violence. The ideal *Volksgemeinschaft* protected its most vulnerable citizens, and the spirit of social welfare was closely aligned with the spirit of the front.

[70] Konrad D. to Staatssekretär Lammers, 19 March 1933 and letter attached to report from Ministerialrat Sieler to Dr. Lammers, 5 April 1933, BA Berlin, RAM, R3901/Film 37011.
[71] Konrad D. to Labor Minister Franz Seldte, 12 March 1935, "Das Echo," BA Berlin, RAM, R3901/Film 37011.

Mentally traumatized veterans resented the Nazi regime's celebration of the war experience. Like Konrad D., war veteran Erich G. bombarded the regime with letters accusing Nazi party leaders of betraying the memory of the war and its victims. In 1916, Erich G. was temporarily buried alive in an artillery battle and treated briefly for weak nerves before being sent back into combat.[72] After 1918, he was diagnosed by doctors as suffering from a variety of symptoms, including epileptic seizures, nervous ailments, and depression. While private doctors hired by him concluded that the war caused his problems, the Labor Ministry's doctors rejected his repeated applications for a pension between 1925 and 1929.[73] Erich G. actually sued one of the state's most famous neurologists, Dr. Max Nonne, a premiere expert on the war neurosis question and director of the Hamburg neurological clinic.[74] According to Erich G., Dr. Nonne was biased against working-class men like him, and prejudiced by Erich G.'s petty criminal record, which the doctor considered to be evidence that Erich G. was faking his wound. Enlisting the *Reichsbund der Kriegsbeschädigten* to help win the lawsuit, Erich G. complained that Dr. Nonne was a "swindler and a liar" who had no idea what it was like to be in the trenches.[75]

Though ultimately unsuccessful at suing Dr. Nonne, Erich G. persisted in attacking the Labor Ministry's doctors, gathering evidence from private doctors, and working through the Reichsbund to gain a pension. By 1933, he was economically ruined. When the Nazis came to power he wrote directly to Hitler, introduced himself as a victim of "the system," and he asked Hitler what he would do about the war disabled question.[76] Receiving no response, Erich G. bitterly mocked Nazi leaders for providing hollow rhetoric and no real support: "Since 1933 it has been made known: 'What was promised you in the time of the system [Weimar] will be fulfilled in the Third Reich' – and where is this fulfillment?"[77]

Unlike so many traumatized veterans who expressed faith in Hitler as a savior of war victims and concentrated their venom exclusively on doctors and bureaucrats, Erich G. directly attacked Hitler for forgetting front veterans and concealing the

[72] Erich G. to Reichsarbeitsministerium, 11 Dec. 1931, including report attached by the captain of his artillery regiment, BA Berlin, RAM, R3901/Film 37013.
[73] Erich G. to Reichsarbeitsministerium, 5 Sept. 1931, see attached Strafgericht report, BA Berlin, RAM, R3901/Film 37013.
[74] On Nonne's role in German war psychiatry, see Lerner, *Hysterical Men*, 86-98.
[75] Erich G. to Reichsarbeitsministerium, 12 Nov. 1932, BA Berlin, RAM, R3901/Film 37013.
[76] Erich G. to Adolf Hitler, 25 April 1933, see also letter to Reichsarbeitsminister Franz Seldte, 22 May 1933, BA Berlin, RAM, R3901/Film 37013.
[77] Erich G. to Adolf Hitler, 20 January 1938, BA Berlin, RAM, R3901/Film 37013.

real trauma of war. When the Second World War broke out, Erich G. prophesized that a new generation would be traumatized and ignored. His letters after 1939 were to some degree fed by his jealousy of Wehrmacht soldiers and how they were celebrated as superman in newsreels and magazines: "Didn't we, the front veterans of the [1914-1918] world war suffer more from hunger and stress, etc. ... the front fighter of the world war was exactly like the front fighter of 1939, recruited into the army as a healthy man ... the veteran of the world war showed the exact same courage and energy as the front fighter of 1939."[78] Accusing Hitler of forgetting his own generation of front fighters, Erich G. wrote that Hitler behaved like a "wicked stepmother" who disrespected wounded veterans of 1914-1918 by cutting their pensions.[79]

Though envious of the hero-worship accorded Wehrmacht veterans, Erich G. confined his criticism to Hitler and the Nazi government. He predicted that men in the Wehrmacht would suffer psychological and physical wounds similar to his own, while doctors described "weak nerves, neurasthenia and nervous disorders" and unrelated to the war. He sarcastically asked: "Will the front fighter and war victim of 1939 be so quickly forgotten as the front soldier of the world war who suffered injuries and whose wounds were rejected as not war related ... or perhaps front fighters just won't get sick in Poland."[80] When Hitler invaded the Soviet Union in June 1941, Erich G.'s attacks on the regime intensified, and he became even bolder in criticizing the regime for falsely characterizing soldiers as "supermen":

> From Hitler's speeches comes word that the soldiers in the present war have performed deed like supermen. Now comes the question: Didn't we front fighters of the world war also do our duty? Did not not also have to endure tress, hunger, terrible weather and everything possible? [...] However, we front fighters hope that the young fighters won't get the same treatment as the old. Hopefully the welfare claims of the young soldiers won't also be turned down with your words.[81]

The Wehrmacht soldier, like his counterpart in 1918, was a 'normal' man who broke down in the face of extreme strain. After Stalingrad, Erich G. saw the collapse as both a vindication of his own generation and a warning that Germany was creating another generation of traumatized men:

[78] Erich G. to "die Deutsche Reichsregierung," 6 Nov. 1939, BA Berlin, RAM, R3901/Film 37013.
[79] Erich G. to Reichskanzlei, 25 February 1940, BA Berlin, RAM, R3901/Film 37013.
[80] Erich G. to "die deutsche Reichsregierung," 6 Nov. 1939, BA Berlin, RAM, R3901/Film 37013.
[81] Erich G. to "die deutsche Reichsregierung," 5 Oct. 1941, BA Berlin, RAM, R3901/Film 37013.

> Please take into consideration the two winters on the Eastern front, which our Eastern front fighters must survive, and which we all know about from every newspaper, radio (front reports) and weekly films (*Wochenschauen*). We also had to survive such terrible climate in 1914-1918. We German soldiers are not Russians, who are able to take the stressful climate etc. without getting sick [...] Let's hope that the comrades of today's war won't have to experience what we world-war front fighters did, namely, to be told after the war 'the problems can't be traced back to war service.'[82]

Erich G. thus viewed the catastrophe on the Eastern front as proof that Nazi myths of the First World War were ultimately lies. Germany lost in 1918 because the men at the front were all-too-human, not because they were stabbed in the back. Like in 1918, the soldier of 1943 could not survive the demands placed on his body and mind.

After railing against the regime for betraying the memory of the war experience, and mocking Hitler's claims that wars could be won through sheer will, Erich G. adopted a different tone in his final letters. Isolated and ignored by the regime, having given up on winning a pension, he attempted to take control over his case by writing a medical diagnosis of himself. He wrote in third person and granted himself the role of an authority on war neurosis. Once again, he provided detailed account of his experience being buried alive after a bombardment, and he linked this experience to his subsequent nervous disorders. Assuming the connection between trauma and neurosis was completely clear, he ended rhetorically: "Now I would like to ask you, what is your own opinion and judgment about the causes of my injuries?"[83] Disappearing without a trace in the Labor Ministry files, Erich G. thus ended his long-running personal war as self-appointed physician, welfare exert, and authentic caretaker of the memory of the front experience. Though he had no control over economic reality, his final letter served as a last ditch attempt to assert control over his own mind and body.

[82] Erich G. to Reichsarbeitsministerium, 21 March 1943, BA Berlin, RAM, R3901/Film 37013.
[83] Erich G. to Reichsarbeitsministerium, includes essay "*Bericht über die mutmassliche Ursache des Leidens*," 21 March 1943, BA Berlin, RAM, R3901/Film 37013.

Conclusions

The letters of mentally disabled veterans present a fascinating new way of looking at perceptions of the national community, the front experience, and masculinity 'from the margins.' The interwar period was dominated by a discourse on 'martial masculinity,' found especially in the rhetoric of veterans' political organizations on the right, that envisioned the soldier as a hardened 'real man' who conquered weakness with 'comradeship' and 'sacrifice.'[84] However, based on their letters, we find that this conception of veterans' masculinity was heavily critiqued by traumatized men who had very different interpretations of the front experience**.** In interwar political debates over pensions and memory, the 'hard masculinity' model was de-emphasized by men who instead used the front experience as a basis for postwar nurturing and recovery. As historian Thomas Kühne has demonstrated, 'comradeship' was defined in more nuanced ways and even had a 'softer side' linked to concepts of supportive roles between men.[85] We also see this in the interwar period with traumatized veterans conflating 'masculinity' with building a social welfare system that nurtured rather than excluded men who suffered from genuine psychological wounds.

Recently, historians have addressed some of the advantages and problems of reconstructing the voices of the 'silent, dispossessed and persecuted'.[86] Scholarship focusing on marginalized voices in German history has focused mainly on competing national identities, especially perspectives from ethnic minority groups and women. The voices of the mentally ill further expand our knowledge of 'social outsiders' and those with disabilities, and their perspectives suggest hidden layers of dissent that subvert dominant memories of the war experience. Geoff Eley recently praised the Foucauldian influence on German history, where sites of transgression and subversion highlight the diversity of perspectives on major events, but he also warns of the danger of losing touch with how these voices might illuminate German history's central questions.[87] The voices of traumatized disabled veterans in Weimar and Nazi Germany provide an interesting opportunity to strike a balance. These men, armed with typewriters through which they transmitted their bitterness, often

[84] Thomas Kühne, *Gender Confusion and Gender Order in the German Military, 1918-1945*, in: *Home/Front: The Military, War and Gender in Twentieth-Century German*, New York 2002, 234.
[85] ibid.
[86] Neil Gregor et al. (eds.), *German History from the Margins*, Bloomington 2006, 1.
[87] Geoff Eley, *How and Where is German History Centered*, in: Neil Gregor, et. al. (eds.), *German History from the Margins*, Bloomington 2006, 274-275.

with a tenuous grasp on reality, do not represent a concerted or organized 'movement.' Yet their fragmented assault on hegemonic myths of the war experience and notions of the *Volksgemeinschaft* complicate our understanding about how different groups defined the terms that were the backbone of interwar political debate: 'sacrifice,' 'comradeship,' 'national community.' As the Nazis attempted to remove certain groups from the memory of the front experience, and thus from the national community, recovering the voices of these social outsiders is crucial. They demonstrate the degree to which the process of controlling memory and defining the 'national community' was a more a more tortured path than one might assume, even within the ranks of the regime's 'first citizens'.

Maltreated Bodies and Harrowed Souls of the Great War: The Perpetration of Psychiatry upon the War Wounded

Wolfgang U. Eckart

The First World War, perhaps more than any other war in the history of the twentieth century, has been interpreted as traumatic not only for the soldiers and civilians directly involved, but also for the societies of the countries at war. The example most often cited in this connection is the society-wide humiliation suffered by Germany in the wake of its defeat, particularly in regard to the provisions of the Treaty of Versailles. The effect of Versailles on German society has been correctly seen as a significant element in the political radicalization that prefaced Nazi rule in the 1930s and 1940s. In contrast to this and many other sociological assessments of trauma in the First World War, specific factors of trauma as they apply to the individual, as expressed in a wealth of recorded personal experiences, have not been as widely explored. In particular, psychological trauma was common for those soldiers enmeshed in the endless battles, over position and material gain that typified warfare of the day (e.g., at the French and Belgian fronts). Such traumatization had wide-ranging consequences in postwar societies. "War neurosis" established itself in the medical terminology[1] of the time as a designation for psychosomatic illness resulting from battlefront experiences. Of course, the medical literature offered a host of other designations, such as "traumatic neurosis," "intentional neurosis," "shell shock–induced neurosis" (*Zweck- und Schreckneurose*), "shell shock," and "war hysteria" (*Kriegshysterie*), all of which basically denote psychiatric illnesses triggered in battle by sudden physical insult. Posttraumatic sufferers were often stigmatized by additional, colloquial labels such as "war tremblers" (*Kriegszitterer*) or "quiverers" (*Schüttler*). A retrospective estimate of "war neurotics" in postwar Germany alone is conservatively calculated at about 200,000.[2] In the following, we wish to take a closer look at this type of traumatization in the German context, with an emphasis on the stigmatization of affected individuals according to psychiatric evaluations and concepts of social Darwinism. Traumatized individuals are repeatedly portrayed in terms of strength and weakness, as carriers of a "psychological

[1] Frank Lembach, *Die „Kriegsneurose" in deutschsprachigen Fachzeitschriften der Neurologie und Psychiatrie von 1889 bis 1922*, Heidelberg 1999.
[2] Bernd Ulrich, *Kriegsneurosen*, in*: Enzyklopädie Erster Weltkrieg*, ed. by Gerhard Hirschfeld, Gerd Krumeich, Irina Renz, 2nd revised Edition, Paderborn 2004, 654-656.

and social deficiency illness"[3]; evaluations by wartime psychiatrists also contributed to the degradation of war casualties who had been physically and mentally damaged by the horrors of war. Essentially, we see the suffering of those affected by their wartime experiences reduced, through theoretical outlines, images, and counter-images, to expressions that subserve an ideology of conflict (*Ideologie des Kampfes*)[4] that delegitimizes the psychiatric symptoms associated with war.

War and Selection: The Social Insanity of War Neurosis and Its Treatment

The social Darwinist perception of a new kind of man-eating trench warfare that endangered the strong while protecting the weak was widespread in medical circles – both the hawkish and pacifistic.[5] The precise consequences of the perceived selective pressures were, however, debated. Hygiene specialist Max von Gruber (1853–1927), a romantic-idealistic mystic of Germanism in Munich, bemoaned that the country's "healthiest [and] strongest; [its] most daring, active, dutiful, [and] able to sacrifice; [its] born leaders and champions" were put at a disadvantage. But on the positive side, argued the pan-German radical Anglophobe, "extensive reproduction" would be availed by the healthy and the capable after the war.[6] In contrast, physiologist and pacifist Georg Friedrich Nicolai (1874–1964) saw no reason for optimism amid the precepts of social Darwinism. In his *Biology of War* (i.e., *Biologie des Krieges*; 1919), he wrote, "War protects the blind, the deaf and dumb, the idiots, the hunchbacks, the scrofulous, the stupid, the impotent, the paralyzed, the epileptics, the dwarfs, the congenitally deformed. All these dregs and waste of the human race can remain calm, for no bullets whistle towards them … War thus represents no less than an assurance of life for them, as this corps of physical and mental cripples, who can hardly compete against their proficient rivals in the free contention of peacetime, now receive the best positions and money."[7]

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[3] Heinrich Wietfeldt, *Kriegsneurose als psychisch-soziale Mangelkrankheit*, Leipzig 1936.
[4] Thomas Kraft, *Fahnenflucht und Kriegsneurose: Gegenbilder zur Ideologie des Kampfes in der deutschsprachigen Literatur nach dem Zweiten Weltkrieg,* Würzburg 1994, 119.
[5] See above all: Johanna Bleker, Heinz-Peter Schmiedebach, *Medizin und Krieg: vom Dilemma der Heilberufe 1865 bis 1985*, Frankfurt am Main 1987; Wolfgang U. Eckart, *"Der größte Versuch, den die Einbildungskraft ersinnen kann" – Der Krieg als hygienisch-bakteriologisches Laboratorium und Erfahrungsfeld*, in: Wolfgang U. Eckart, Christoph Gradmann (eds.), *Die Medizin und der Erste Weltkrieg*, Pfaffenweiler 1996, 299-319.
[6] Rudolf Eucken, Max von Gruber, *Ethische und hygienische Aufgaben der Gegenwart*, Berlin 1916, 27-28; Heinz-Peter Schmiedebach, *Sozialdarwinismus, Biologismus, Pazifismus – Ärztestimmen zum Ersten Weltkrieg*, in: Bleker, Schmiedebach, *Medizin und Krieg,* 93-121, 101.
[7] Georg Friedrich Nicolai, *Die Biologie des Krieges. Betrachtungen eines Naturforschers den Deutschen zur Besinnung*, Vol. 1, Zurich 1919, 81.

A few years after the end of the war, in a similarly pessimistic vein, leading neurologist and war psychiatrist Max Nonne (1861–1959) evaluated the negative selective effect that the Great War had perpetrated. It was a "crying shame," he maintained, that the war had effected a "Darwinistic breeding selection [in exactly] the reverse sense, with great success, to the advantage of the inferior." Nonne concluded, "The best were sacrificed. The physically and mentally inferior, the useless and the pests, have been carefully preserved, instead of a natural catharsis having taken place under these favorable circumstances, through which these parasites, feeding on the strength of the people, would have been transformed through the blaze of glory of a heroic death."[8]

Similar sentiments, although expressed in more dramatic terms, appear in Max von Gruber's memorial tribute, of 20 June 1917, to Emil von Behring:

> Fate, the overpowering mistress of gods and men, has made the German people great. Overwhelming Fate, not the conscious will … has forced the people for ward, step by step, into the first rank of peoples; until this people stood in the way of all the world, and, by its very greatness, filled the world with anxiety, envy, and hate. A life-and-death war without precedent has been forced upon us. Our people must fight until total victory has been achieved, if [they do] not want to go under. The people must become the hammer, if they do not want to be the anvil subject to foreign capriciousness. The people shall indeed be victorious; if only [they do] not let themselves be made weak by sentimentality and dreamy bliss. Life is no soft pastoral play. It is a bitter truth that no living thing can survive without causing other living things pain and need. Every swallow or step we take means death for some other living thing. *There is not room enough on Earth for all!* Living things are propped upon other living things; the struggle for existence among beings of the same kind is often the harshest of all! This is true of the human world, too.[9]

Max von Gruber never tired of propagating this rhetoric, although his concrete imagery of the enemy became near war's end ever more blurred, supplanted by an un-

[8] Max Nonne, *Therapeutische Erfahrungen an den Kriegsneurosen in den Jahren 1914 bis 1918*, in: Karl Bonhoeffer (ed.), *Geistes- und Nervenkrankheiten (Handbuch der ärztlichen Erfahrungen im Weltkriege 1914/1918 [in the following HdÄE]*, ed. by Otto v. Schjerning, Vol. IV, Leipzig 1922/1934, 102-121, 112.

[9] Max von Gruber, *Gedenkrede auf Emil von Behring. Gesprochen im Aerztlichen Verein in München am 20. Juni 1917*, in: *Münchener Medizinische Wochenschrift* 64 (1917), 1235-1239, 1239 (emphasis original).

defined but mighty Fate. "For three years now," he wrote in 1918, "the storm of Fate has swept over our people and has tested [them], tested whether [they are] still healthy, strong, able to weather all, discerning and strong in will, with enough sense of community and sacrifice to earn the right to exist. It is the hardest test of vitality that has ever been brought over a people."[10]

Trauma in the First World War

The First World War is commonly understood as a traumatic experience for German society, with sociopolitical effects extending well beyond war's end. But for the soldiers who fought on all fronts, the trauma of the Great War was unprecedented for its brutality upon both body and mind. The modern, highly technological war caused physical mutilation on a scale not seen before, and the mental effects upon combatants engendered an entirely new vocabulary and imagery. One wrote of war hysteria or shell shock.[11] The apocalyptic inferno of constant bullet and grenade fire; the glaring flashes, illuminations, and flickering of the front; the infernal boom and shriek of bursting metal shells; the perfidious chirping, humming, and whistling of projectiles and ricochets; and the shrieks and gurgling of the wounded exacted a mental toll not seen in previous warfare. Thousands of bodies lay in bits after the steel storms of Flanders and the Argonne, and the trench warfare across the eastern fronts had exposed soldiers to conditions previously unimaginable, even for wartime. Many of the combatants suffered severe psychological trauma; after the constant shivering and cramps and indignant loss of bodily fluids, soldiers would often go silent, withdrawing into a deep inner world, and react eccentrically. As the psychiatrist Julius Raecke remembered, in 1919, "Thus, a soldier shaved a cross on his head, in order to be supposedly protected against aerial bombs … Another brought a frog on a leash with him at admittance, maintaining that it was a bear. Some drank ink, declaring this to be good wine."[12] The buzzword was "war

[10] Max von Gruber, *Rassenhygiene, die wichtigste Aufgabe völkischer Innenpolitik*, in: *Deutschlands Erneuerung – Monatsschrift für das deutsche Volk* 2 (1918), 17-32, 17.
[11] See, for example Kurt Finkenrath, *Ein Beitrag zur Kriegshysterie auf Grund von Feld- und Heimatbeobachtungen*, Marburg 1920; Paul Lerner, *"Ein Sieg deutschen Willens". Wille und Gemeinschaft in der deutschen Kriegspsychiatrie*, in: Eckart, Gradmann (eds.), *Die Medizin und der Erste Weltkrieg*, 85-108; Anthony Babington, *Shell-shock: a history of the changing attitudes to war neurosis*, London 1997; Paul Lerner, *Hysterical Men. War, Psychiatry, and the Politics of Trauma in Germany, 1890-1930*, Ithaca, London 2003; Hans-Georg Hofer, *Nervenschwäche und Krieg – Modernitätskritik und Krisenbewältigung in der österreichischen Psychiatrie (1880-1920)*, Vienna, Cologne, Weimar 2004; Bernd Ulrich, *Kriegsneurosen*, in: *Enzyklopädie Erster Weltkrieg*, 654-656.
[12] Quoted from: Peter Riedesser, Axel Verderber, *"Maschinengewehre hinter der Front". Zur Geschichte der deutschen Militärpsychiatrie*, Frankfurt 1996, 20.

neurotic," and it impinged on all those whose minds had not been able tolerate the intolerable at the front. The Western Front was particularly brutal, where the overwhelming might of the highly technological, factory-style slaughter broke both body and mind amid the trenches and craters.[13]

Often accused of malingering and cowardice, the mentally afflicted were considered to be weak, an interpretation that was greatly bolstered by the social Darwinists. Psychological damage was equated with a lack of character and bravery,[14] and according to widespread social Darwinistic imagery, the prevalence of symptoms signified the destruction of the best and preservation of the worst. In the late summer of 1914, in the *German Weekly Medical Journal* (*Deutsche Medizinische Wochenzeitschrift*),[15] Karl Bonhoeffer still held to the belief that psychiatry would not play any great role in the oncoming war. In a rather cautious evaluation, he assessed, "The practical significance of psychiatry in war is slight in comparison to the tasks for surgery … To speak of actual war psychoses, in the sense of a special nosological unit, is not justified." The Berlin psychiatrist had indeed already observed "hysterical fits; fainting with functional cramps; functional abasia triggered by the sight of a transport of wounded; states of anxiety; hysterical vomiting; sleeplessness with states of anxiety; phobias of all kinds; hysterical delirium, and the like." But he had ascertained that soldiers who displayed such symptoms were, "nearly without exception … Individuals who had already presented constitutional psychopathic appearances beforehand." Conservative appraisals of this kind, shared by other psychiatric observers[16] in the first few weeks of the war, would be discredited by winter of 1915, with the standstill of the German offensive in the west, and were thoroughly dashed with the trench warfare that established itself in 1916. Amid the heavy barrages of the trench lines, "affective reactions … spread … like epidemics throughout the entire front".[17] These manifestations of mental stress were inevitable under the constant threat and appearance of injury and death.

[13] Esther Fischer Homberger, *Die traumatische Neurose – Vom somatischen zum sozialen Leiden*, Berne,
Stuttgart, Vienna 1975, 136-137.
[14] Ibid., 136.
[15] Karl Bonhoeffer, *Psychiatrie im Krieg*, in: *Deutsche Medizinische Wochenschrift* 40 (1914), 1777-1779.
[16] See, for example, Wilhelm Weygandt, *Geisteskrankheiten im Kriege*, in: *Münchener Medizinische Wochenschrift* 61 (1914), 2109-2112.
[17] Riedesser, Verderber, *„Maschinengewehre hinter der Front"*, 23.

The subjective perception of constant stress at the front was common among those who, after "nervous" decompensation in a hospital situation, could give accounts of their psychological breakdowns. Two examples from soldiers' letters home are typical. In the first, the trench soldier Franz Müller from Berlin (we know nothing of him other than intercepted correspondence) assigned to a field hospital in the west, wrote, "Because of the great stress especially during the last three days, in which our trench has literally been turned upside down by the enemy artillery, I have acquired a nerve illness, so that I was pulled back on 8 November … I am able to be up for but a few hours during the day, for this cursed sickness has attacked my innocent legs, so that I have difficulty in moving owing to the pains and lameness of my legs and my right arm. Just imagine the 92-kg warrior crawling, with great difficulty, among beds, chairs, and tables. What a joke!"[18] In a second example, the assistant physician Wilhelm Pfahl, evidently a sensitive man, came to a temporary field hospital in November, 1916, from where he reported, "I believe that it is less the exertions than the horror that I have experienced these past months that has so shaken my health. I find it incomprehensible how humanity can massacre itself in this mutual mass murder. I cannot pretend that I was ever particularly inured to the repulsive and horrible things of this world, but now I cannot face them at all. I am so tired and jaded, I would like most to fall asleep and not awaken until peace has come to the land, or not wake up at all."[19]

Testimonials such as these have hitherto been rather rare. Personal reports about wounds and illnesses suffered by individual soldiers have been little known since the war. Fortunately, contemporary documentation of the physical and psychological suffering of German soldiers at the front during the First World War now appears to be preserved in files transferred two years ago from the Berlin Medical Records to the Federal Military Archives in Freiburg (Breisgau).[20] Millions of files describe, sometimes in great detail, the brutalization of body and mind at the front, ranging from hospital accounts of venereal disease to the severest of traumas. Long-forgotten fates of more than 600,000 soldiers have come to light, witnessing countless nervous breakdowns, hysteria, and shock. One such case was Fritz Förtsch (born 1896), a thoroughly healthy student of engineering before the war, who suffered from nervous shock after a grenade attack on 6 September 1916. He thereafter complained of pain in all his muscles, especially when exerting himself

[18] Franz Müller, Jan. 21, 1915, quoted from: Bernd Ulrich, Benjamin Ziemann (eds.), *Frontalltag im Ersten Weltkrieg – Wahn und Wirklichkeit. Quellen und Dokumente*, Frankfurt 1994, 103.
[19] Ibid.
[20] See the articles of Petra Peckl and Philipp Rauh in this Volume.

or when he was excited in some way. He also experienced rapid heartbeat and bewilderment when excited. Following a hospital stay of several weeks, Förtsch was diagnosed with hysteria. His contemporary and comrade in arms, the musketeer Wilhelm Busch, arrived, a few months after enlistment, at the Western Front in August of 1917. Within days, a gas grenade went off directly beside him. Although he was able to run away without being poisoned, he soon began to complain of cramps, which progressed to headaches, fainting spells, long periods of unconsciousness, and ever more cramps. The diagnosis: "hysterical fits".[21]

Of course, such symptoms were not particular to German soldiers. Corporal Henry Gregory, who served with the 119th Machine Gun Company, recorded his experiences with shell-shocked patients. Gregory recollected:

> It was [at] Field Hospital that I saw the first case of shell-shock. The enemy opened fire about dinner time, as usual, with his big guns. As soon as the first shell came over, the shell-shock case went nearly mad. He screamed and raved, and it took eight men to hold him down on the stretcher. With every shell he would go into a fit of screaming and fight to get away. It is heartbreaking to watch a shell-shock case. The terror is indescribable. The flesh on their faces shakes in fear, and their teeth continually chatter. Shell-shock was brought about In many ways; loss of sleep, continually being under heavy shell fire, the torment of the lice, irregular meals, nerves always on end, and the thought always in the man's mind that the next minute was going to be his last.[22]

Causes, Interpretations, and Criminalization

As the war progressed, soldiers on both sides were increasingly affected by symptoms accredited to war neurosis. The interpretations of the doctors who faced these traumatic disorders are quite interesting, especially in light of the commonly diagnosed "post-traumatic disorders" among today's soldiers. In 1975, Esther Fischer-Homberger published a fundamental study of the phenomenology of traumatic neurosis, following its developmental history, in terms of somatic and social illness, from railway workers to those afflicted with "war neurosis." We cannot adequately explore Fischer-Homberger's work here, but her analysis is corroborated in con-

[21] Bundesarchiv-Militärarchiv, Pers 9, Fritz F., 15.7.1896 (Fio-Gab), and Pers 9, Wilhelm B, 15.7.1896 (Bruo-Clau). See also the articles of Petra Peckl and Philipp Rauh in this Volume.

[22] Quoted from "World War One and the Destruction of the Old order", URL: http://www.saskschools.ca/curr_content/history20/unit1/sec3_06.html [November 2, 2010].

temporary evaluations of the war environment.[23] According to Robert Gaupp, director of the nerve clinic in Tübingen in 1922, "The incredible increase in war technology, the terrible destructive strength of the modern artillery shells, the drum fire, the gas grenades, aerial bombs, flamethrowers and all the other forms of sudden death, from the closest proximity or from the distance, have led to rates of severe terrorization not known in any war on earth before now."[24] He further noted, "The weight of the course of the war, the total alteration of the conditions of physical and spiritual existence for the majority of those involved, the incredible strains on body and soul to which the soldiers at the front are exposed almost non-stop; these created the general conditions for the development of war hysteria."[25]

Quite early on, the psychosomatic phenomenology of war hysteria elicited social interpretations that regarded symptoms, with a clear implication of malingering, in terms of a "self-preservation complex" or a "retreat into illness." Karl Bonhoeffer, a Berlin psychiatrist, was probably one of the most vehement proponents of this view, which he thus proposed:

> The urge to self-preservation will be all the stronger [whenever] the higher ideals and the psychological strength of resistance are from the start weaker, and wherever the dangers and stress (i.e., the emotional and exhausting influences) are greater and longer-lasting. There is no doubt that the conditions of modern warfare, especially positional warfare, with its … constant threat of death and the concomitant tenacious, enduring effects of stress, are particularly suited to permit the instinct of safety for one's person to become psychologically motivating ... The experience of war has … shown, with the most penetrating clarity, that the conflict between two opposing, emotionally charged states has enormous pathogenic significance: on the one hand, [there is] unavoidable military compulsion, the dangerous and mortal necessity of war, and on the other, the wish to live and escape danger. It may be regarded as proven through the war that the war hysteria originates in this juxtaposition.[26]

[23] Esther Fischer-Homberger, *Die traumatische Neurose. Vom somatischen zum sozialen Leiden*, Giessen 2004 (New Edition of the book of 1975).
[24] Robert Gaupp, *Schreckneurosen und Neurasthenie*, in: Bonhoeffer, *Geistes- und Nervenkrankheiten (HdÄE, Vol. IV)*, 68-101, 69.
[25] Otto Binswanger, *Die Kriegshysterie*, in: Bonhoeffer, *Geistes- und Nervenkrankheiten (HdÄE, Vol. IV)*, 45-67, 65.
[26] Karl Bonhoeffer, *Über die Bedeutung der Kriegserfahrung*, in: idem, *Geistes- und Nervenkrankheiten (HdÄE, Vol. IV)*, 3-44, esp. 28.

For Bonhoeffer, war hysteria was the expression of the unwillingness to fight a war; it was "the appearance of a certain kind of will, in the representation of the illness,"[27] which, with the increasing duration of the war, aimed increasingly at escaping the events of war:

> With the long duration of the war, the observation forced itself everywhere upon us that the excessive and constant stress of the higher ideals, which work against the natural instinct of self-preservation, a stress that is brought upon soldiers by war, gradually led to a victory of the urge over the ideal in many. This displayed itself at home in the attitudes toward the matter of nutrition, in the army in the increasing tendency to defensive reactions, to the retreat into illness. It is no accident that, with increasing war exhaustion, the differential diagnosis between hys-teria and simulation became ever more fluid, and that the number of observers increased, who gradually refused to see hysteria, but wanted rather to regard it as a conscious retreat into disease. In a way, there was a kind of arbitrary use of hysterical forms of expression by those who were healthy.[28]

Naturally, it was only one step from this interpretation to criminalization of war victims. For instance, Bonhoeffer said, "These kinds of complex, originating in the instinct of self-preservation, and quite contrary to the purposes of war, occurred more and more with the duration of the war and the increasing stress, being expressed in an increase in the frequency of insubordination, desertion, going over to the enemy, and attempts at simulation of illness by self-mutilation." War trauma was thus readily trivialized in psychological terms.[29]

Therapies for War Neuroses: *Breaking the Will!*

War neurosis, grenade shock, and war hysteria became subjects that occupied German psychiatry virtually to the exclusion of all else during the war years, and rather than acting in alliance with their patients, wartime psychiatrists were determined to reveal supposed "malingering" and "weakness of will" and regularly set themselves in opposition to those entrusted to their care. Revealing malingerers, recognizing opponents of the war, and crushing their resistance stood as the political goal of treatment, along with rendering them willing to murder. The perversity of this goal was very much reflected in the "therapeutic" measures that were practiced: electric

[27] Ibid., 29.
[28] Ibid., 30.
[29] Ibid., esp. 28.

shock was administered to unsuspecting patients; alternating currents were painfully endured for hours on end (e.g., the "Kaufmann Cure"); men were forced to swallow their vomit; X-rays were delivered in darkened rooms; isolation torture was inflicted for weeks at a time; a sense of suffocation was aroused through the laryngeal application of probes and small balls; and cruel sham operations under ether anesthesia were devised, mimicking executions. These procedures inevitably broke the soul of those the soldier who was not, in order to discourage "hysteria", directly sent back into the drum fire. In fact, these heartless practices only rarely resulted in "war readiness", more generally attaining "employability" in ammunition factories.

The methods used to heal war neuroses, essentially breaking the will to survive, were as brutal as they were manifold. In retrospect, the attempts made by Max Nonne at hypnotic suggestion seem the least harmful. Much more severe were the methods of isolation torture, a most cruel procedure, euphemistically termed "psychic abstinence", inflicted over a period of weeks in dark rooms. X-ray exposure, in darkened rooms, occurred without any valid medical indication; cold compresses, and prolonged baths were menacingly prescribed for such duration as necessary "until the cure was achieved". The sham operations and lumbar taps, under ether, were especially perfidious. Artificially produced fear of suffocation was intended to crush war neurosis and the will. The psychiatrists used a laryngeal probe or laryngeal balls, which had been thought up by the laryngologist Otto Muck in Essen for treating difficult cases of aphasia, instilled a most severe fear of death in patients.[30] The idea was to create a moment of shock by an unexpected, artificially induced laryngeal closure. "The result", according to Muck, in 1916, "was that the terrified patient held his breath for a time, loosened his tongue and emitted a shriek. At the climax of this emotion the patient was commanded to speak."[31] Following this treatment, the soldiers are frequently reported to have broken out in tears of joy, provided that due consideration was taken that "the operation be correctly carried out." For example, simply tormenting the pharyngeal and laryngeal areas with a spatula, suddenly pushed down the throat, could admittedly lead to vomiting, but was not considered the direct basis of the cure. The "cure" supposedly depended upon the artificial induction of fear.[32] Whatever the "efficacy" of such brutal mis-

[30] Riedesser, Verderber, *„Maschinengewehre hinter der Front"*, 34; A. Güttich, *Nachruf auf Dr. Muck*, in: *Archiv für Ohren-, Nasen- und Kehlkopfheilkunde* 151 (1942), No. 1, 6-7.
[31] Otto Muck, *Heilungen von schwerer funktioneller Aphonie*, in: *Feldärztliche Beilage zur Münchner Medizinischen Wochenschrift* 68 (1916), 441.
[32] Otto Muck, *Psychologische Beobachtungen bei Heilungen funktionell stimmgestörter Soldaten*, in: *Feldärztliche Beilage zur Münchener Medizinischen Wochenschrift* 68 (1916), 804-806, 805.

handling, its medical ethicality went apparently unquestioned among its practitioners.

The matter of ethical questionability particularly applies to attempts to heal war neurotics by means of jolts of electricity. Faraday current was applied not only locally - for instance, on the external ear in cases of psychogenic deafness - but also generally, and sometimes for protracted periods of time. The Kaufmann cure, named after its inventor, Fritz Kaufmann, was widespread, consisting of extremely painful alternating current administered for hours at a time. Kaufmann aimed to shock soldiers suffering from war neuroses and to force healing "with unwavering consistency" in a single session, if at all possible. Clearly, cases of fatality were accepted as unavoidable. The brutal procedure was supposed to be carried out in two steps: first came the suggestive preparation, in which the therapist made his determination for a cure unmistakably clear to the patient; thereafter, "strong alternating currents" were applied in intervals of three to five minutes. This second phase, too, was to be accompanied by "suggestion," barked out in a tone of military command. The treatment might take several hours, but duration was no matter; the uppermost principle was "forcing healing in one session." The "powerful impression of pain," explained Kaufmann, would, in the end, suppress all "negative desires" of the patient and force him to become "healthy."[33]

We have Max Nonne to thank for a report which illustrates the oppressive practice of electric therapy, according to Kaufmann, in an impressive manner. The scene, published in 1922, is impressionistically colored and hints at the elements of the glorification of violence that were to dominate the German war novels of the twenties, from Ernst Jünger to Erich Maria Remarque and Werner Beumelburg, although political stances among the authors may have differed. Let us be captivated for a moment by the descriptive suggestiveness and the psychological totality of the situation:

> In the semi-darkness, surrounded by all kinds of fantastic apparatus, an old sufferer of hysteria lies on my table in my healing room. He arrived the evening of the day before yesterday, a former batman with good manners and an open, decent face. To be specific, he dragged himself along on two sticks, trembling, with stiff crossed legs and an indescribably grotesque walk. As he lies on the table, I pick up the painless electrode – he has been speaking in a calm and friendly way

[33] Riedesser, Verderber, *„Maschinengewehre hinter der Front"*, 50-55 [Kaufmann Cure].

> with me – and then something quite incomprehensible happens. Before my very eyes, he changes into a completely different man – suddenly, as if a lever had moved on a running machine and a loud wheeled mechanism had started without warning. A staring look, a twisted face, muscles like tense ropes, he strives one way and then another, curled up around something invisible, as if protecting it from another's grasp. I talk to him, in friendly manner, calmingly, but it is like talking to a hissing millwheel. And together with the blind struggling and pushing, a second set of motions begins: shivering, jerking, chattering teeth, the hairs on his head rise, sweat appears on the now pale face. What now penetrates through this tumult are short, sharp words, along with agonizing, rapid, and strong pain. With these stimuli, a second change commences, again with a sudden movement. There is an almost palpable sensation about it, as if a dislocated joint had again snapped into place. Suddenly, the will is calm and quiet; the muscles are relaxed and work again according to his commands.[34]

It is remarkable that Nonne considered this haunting scene, so full of psychological and physical violence, practiced by therapist upon patient, to be so ordinary that one began "to be bored with the very memory of it."[35] The aim of the German wartime psychiatrists, to force a cure upon the patient, is characteristic of the entire spectrum of the various therapies for war neuroses. A war within the war was based on the idea that the psychological defect was indicative of "ethical inferiority," "antisocial tendencies," a will to "provoke," and the tendency to hide one's own inferiority from the world. The strong tendency to criminalize patients suffering from war neurosis was supplemented by the attempt of the physician to infantilize the object of his therapeutic measures and, at the same time, to cause a downright servile dependency. Just as a "stubborn child" has to be brought to reason by a strong but well-meaning hand, so the therapist must constantly demonstrate his superiority. Nonne recommended generally that patients always be "stripped naked", because this "increases the feeling of dependence and helplessness."[36]

[34] Nonne, Max, *Therapeutische Erfahrungen an den Kriegsneurosen in den Jahren 1914 bis 1918*, in: Bonhoeffer,
Geistes- und Nervenkrankheiten (HdÄE, Vol. IV), 102-121, 108/109.
[35] Ibid.
[36] Riedesser, Verderber, *„Maschinengewehre hinter der Front"*, 47.

Postwar Treatment of the War Wounded: *The Will Has Won!*

The first modern world war in human history opened a Pandora's Box of death and mutilation over the battlefields of Europe. Its murderous new machinery left many scars and festering wounds. Some were topographical and ecological: the cratered landscapes of the Vosges Mountains, the Argonne, and at the Somme; the destroyed groves of Flanders. Other scars were social: ruined villages and communities; cultural settings and living areas exploded and erased. Still others were anthropo-psychological: the crippled bodies and sensibilities of the survivors; the hardened hearts of their peoples.

Within the first months of war, hordes of cripples, blind, amputees, and many who were otherwise broken and mangled had come to dominate the cityscapes of all countries involved. Nonetheless, many remained hidden from public view at first. After a tour of Berlin military hospitals, the committed journalist Erich Kuttner reported, on 8 September 1920, to Social Democratic readers of the newspaper *Vorwärts*, dire accounts that still cause one to shiver: "Into the small office comes a man wearing a bandage right across the middle of his face. He removes it, and I stare into a circular hole the size of a man's palm, reaching from the top of the nose to the lower jaw. The right eye is destroyed, the left half-closed. While I talk to the man, I see the entire oral cavity before me, open … as in an anatomical model. He has, in the meantime, undergone his eighteenth operation."[37]

Kuttner, the founder of the Welfare Fund for Surviving Dependents, had come across one of the faceless war wounded, of whom many were so mutilated that they no longer dared go home, like lepers, and they avoided the panic posed by mirrors, even in the military hospital. Kuttner wrote, "Even our patent patriotism" gives these men "a wide berth." This patriotism has "forgotten them, for they disturb it."[38]

But this suppression did not succeed. The home streets of wartime and the postwar period were eloquent in their own way. And there were pacifists who opposed any forgetting. The neo-anarchist Ernst Friedrich (1894-1967) brought the mutilated and grotesque "face" of the war closer to the public, in brutal clarity, with his distressing photo album of World War I, *War Against War* (*Krieg dem Kriege*; 1924),

[37] Erich Kuttner, *Vergessen! Die Kriegszermalmten in Berliner Lazaretten*, in: *Vorwärts*, 8. September 1920.
[38] Ibid.

with the monstrous "facelessness" of the facially wounded, the screaming pain of those unable to speak and understand words, and the despairing search for light of the thousands of war blind. His work thus weighed against the capriciousness expressed by Hindenburg, who had said, "This war is like a spa holiday for me." Friedrich pointedly revealed that the soldiers at the front had been bathed in blood and had lost faces and limbs.[39]

At the beginning of 1915, even before the unimaginable material battles of the Western Front, the orthopedist Konrad Biesalski estimated the number of mutilated German soldiers at about 30,000.[40] The reactions to their appearance at home were as varied as the mutilations suffered in war, which presented themselves to the public without disguise. On the one hand, there was an enormous upturn in orthopedic prosthetic limbs (e.g., the "Sauerbruch-Arm") and in plastic surgery, as well as the (half-hearted) attempt at providing welfare for the "war cripples" and their families; on the other hand, there was anxiety to eliminate these hateful apparitions from the outskirts of the cities. "Iron will" was invoked to make the "war mangled" fight against their handicaps and to free their movement; an iron belief in the might of medical and technical progress was encouraged that could purify their souls and those of their public, and that would evince a layer of humanity upon the inhuman war. War mutilations were also downplayed in the press; pictures of handicapped but functioning athletes, farm workers mowing, or "precision engineers" without arms were given preference.[41]

Finally, rapid re-integration of the wounded and "dispersal among the mass of working people, as if nothing had happened,"[42] were the aims of pensions that in fact lay at or below the minimum required for existence. Brutal demands to increase performance, with the warning against being too easy on the mutilated were voiced (even by their wives), and the hysterical hunt for alleged pension swindlers

[39] Ernst Friedrich, *Krieg dem Kriege*. Munich 2004 [Reprint of the first edition of 1924].
[40] Konrad Biesalski, *Die ethische und wirtschaftliche Bedeutung der Kriegskrüppelfürsorge und ihre Organisation im Zusammenhang mit der gesamten Kriegshilfe. Vortrag im Rahmen der Ausstellung für Verwundeten- und Krankenfürsorge im Sitzungssaal des Reichstags gehalten am 13.1.1915*, Leipzig, Hamburg 1915, quoted from Bernd Ulrich, *„... Als wenn nichts geschehen wäre". Anmerkungen zur Behandlung der Kriegsopfer während des Ersten Weltkriegs*, in: Gerhard Hirschfeld, Gerd Krumeich, Irina Renz (eds.), *Keiner fühlt sich hier als Mensch ... Erlebnis und Wirkung des Ersten Weltkriegs*, Essen 1993, 115-129, 118.
[41] Ulrich, *„... Als wenn nichts geschehen wäre"*, 128-129.
[42] Ibid.

ensued. These suspicions were to poison the social and political discourse after the war and ultimately fed into the failure of the Weimar republic. They also contributed to an unequally spread net of social welfare, containing horrible gaps, through which many affected families would fall. And the social injustice and dissatisfaction on which political rabble-rousers would continue to feed was, in part, the direct product of the wartime medical community.

The Thanks of the Fatherland?
WWI and the Orthopaedic Revolution in Disability Care

Heather R. Perry

> Der Krieg hat der Orthopädie neue große Arbeitsgebiete erschlossen. Die Behandlungen der Schußfrakturen, ihre Schienung, ihr Transport, ihre nachträgliche Geraderichtung, waren Aufgaben, welche an die orthopädische Technik hohe Anforderungen stellten. Die Versorgung der zahllosen Amputierten erforderte die emsigste Arbeit aller Orthopäden.
>
> So entstand in der Sturmzeit des Krieges eine neue Wissenschaft, „die Kriegsorthopädie". Dadurch wurden die bisher ziemlich scharf gezeichneten Grenzen gegen das chirurgische Arbeitsgebiet verwischt und es muß von neuem eine Abgrenzung zwischen den Arbeitsfeldern der Chirurgie und Orthopädie gefunden werden.
>
> Dr. Fritz Lange, *Lehrbuch der Orthopädie*, 1922[1]

In August, 1914, the Munich orthopaedist Fritz Lange was dispatched to Cambrai to help organize a German army field *Lazarett* on the front. On his journey to the north of France, he was detained unexpectedly in Zweibrücken, when local doctors pleaded with him to treat the wounded soldiers who had been recently unloaded there. These men's injuries were so severe that their medical officers had decided that transporting them any further would be too painful and risky. Leaving these soldiers behind to be treated by locals made more sense than taking the chance that their infections might spread throughout the ranks. Unfortunately, none of the town's physicians were actually trained in surgery, and until Lange's train halted in the town, it had seemed likely that the injured men would die. After getting the necessary permissions for a temporary reassignment, Lange disembarked his train and headed to the nearby hospital to treat these wounded heroes of the nation. He was shocked at what he found.[2]

[1] Fritz Lange, *Lehrbuch der Orthopädie*. Jena 1922, v.
[2] Fritz Lange, *Ein Leben für die Orthopädie*, Stuttgart 1959, 117-118.

Clearly overwhelmed by the unexpected casualties, Zweibrücken authorities had placed the wounded soldiers in a scantily furnished schoolhouse converted into a makeshift casualty station. Still in their dirty uniforms and blood-soaked field dressings, the men lay prone on straw pallets on the floor. The stench of gangrene hung in the stale air. With no beds, operating tables, surgical instruments, or hospital facilities, Lange was forced to tend more than a hundred men over the next couple weeks. Like other civilian doctors who left for the field with no idea what to expect, he had had the foresight to bring some medical materials with him from his clinic in Munich. Still, with few supplies or resources, Lange was compelled to operate on over a hundred bullet wounds and shattered limbs, improvising procedures to accommodate the filthy and inadequate conditions that both he and his patients faced.[3]

In the weeks that followed, Lange realized that the techniques he and others had been using in orthopaedic clinics at home did not transfer well into the war environment. The traction bandages originally designed to attach to sturdy hospital bed frames were useless on field stretchers, as were the soft Unna's plaster (zinc) casts preferred by surgeons at the time. Ultimately deciding that he needed to "break all the rules," Lange devised new splints, which used the men's own bodies for stability, and made his casts from plaster of paris – a material generally rejected by his colleagues. He also discovered that plaster of paris could be used to make temporary "walking casts" for the men so that they might move about on their own, thereby surmounting the short supplies of gurneys, trolleys, and extra helping hands. A week later, Lange found himself improvising medical instruments as well, even bending silver table forks into surgical retractors, because his military supplies had still not arrived. In the end, much to his own surprise, every man he treated survived, and satisfied with their health, Lange continued to Cambrai in late September.[4]

Years later, Lange admitted that in the early days of August, 1914, he had been somewhat uncertain about what the role of orthopaedists in the "Great War" would be, but by the end of that year, their mission had become much clearer to him.[5] Through his experiences, first in Zweibrücken and then later, in Cambrai, Lange had begun to realize that the emerging field of orthopaedics would be central to the

[3] Lange, *Ein Leben für die Orthopädie*, 119-122.
[4] Lange, *Ein Leben für die Orthopädie*, 117-118.
[5] Lange, *Ein Leben für die Orthopädie*, 116.

healing of Germany's severely injured soldiers; indeed, its expertise would be crucial in the successful rehabilitation of the disabled. The horrific nature of the soldiers' wounds, the poor bandaging carried out by medics, and the inoperable conditions of the battlefields, combined with the long train or wagon journeys to medical facilities, had all signaled to him that the skills of orthopaedists would be invaluable in this war. But at the same time, Lange could see that if he and his colleagues were to be successful in administering treatment, then they would need to revise many of their existing techniques. The wounds of this war were markedly different from the injuries orthopaedists had typically faced in peacetime, and the makeshift environments in which he and others were forced to treat the men were not conducive to existing therapies. Orthopaedists, he concluded, would have to re-think their approach to healing the disabled if they were to be of use to the nation at war.[6]

This essay examines the impact of the First World War on orthopaedic medicine in Germany and argues that the wartime experiences of doctors in the battlefields and behind the lines inspired them to transform their profession. More specifically, I trace how the high incidence of severe injury among German soldiers prompted the nation's orthopaedists to re-direct their energies toward the treatment and rehabilitation of trauma victims, a move which not only helped them to carve out a new sphere of medical expertise for themselves, but which also accorded them unprecedented control over the social and economic structure of the wartime empire. Ultimately, by proving that their healing talents were indispensable to the nation at war, German orthopaedists were able to gain what had eluded them in peacetime – state-sanctioned recognition as a medical specialty in the German Empire. For German orthopaedists, the First World War brought nothing short of a professional revolution.[7]

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The science and technology of the First World War simultaneously destroyed and re-created the male body. The weapons used in Europe's first experience with industrialized warfare damaged the male body in new and frightening ways. Ad-

[6] Lange, *Ein Leben für die Orthopädie*, 119-122.
[7] The revolution in orthopaedic goals and technology is a development that I outline in more detail in my doctoral dissertation and in my forthcoming book. See Heather Perry, *Recycling the Disabled: Army, Medicine, and Society in World War I Germany*, Dissertation: Indiana University 2005. For a contemporary perspective on these changes, see the introduction to Fritz Lange's *Lehrbuch der Orthopädie*, 1922.

vancements in riflery, the use of air power, and explosive devices resulted in a greater proportion of injuries, sustained primarily in the upper body, among soldiers. High-speed bullets and shrapnel could rip easily through flesh and still fracture – even disintegrate – bones and cartilage.[8] Automatic rapid-fire weapons could reduce a man's body, in the words of one orthopaedist, to a "splattered mush (*zu einem Brei zertrümmert*)."[9] Moreover, the number of casualties was unprecedented. Between 1914 and 1918, roughly 13.2 million men shuffled through the German armed forces.[10] Of these, some 2,037,000 were killed, while another 5,687,000 were wounded, in battle.[11] Studies of German war veterans have estimated the number of permanently disabled at 2.7 million[12] and the number of amputees at 67,000.[13] Although this number may seem somewhat small when contrasted with the casualties of the Second World War, when compared to *previous* wars, the number of German casualties in the First World War was astronomical.[14]

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[8] For a contemporary perspective on the reactions of doctors to the "new weapons" of the war, see the introduction to Hermann Gocht, *Die Orthopädie in der Kriegs- und Unfallheilkunde*, Stuttgart 1921, ix.

[9] A. Stoffel*, Muskel- und Sehnenoperation nach Kriegsverletzungen*, in: Hermann Gocht (ed.), *Die Orthopädie in der Kriegs- und Unfallheilkunde*, Stuttgart 1921, 1-103, 3. In addition to destroying a soldier's physical body, however, these weapons could, as doctors soon discovered, permanently injure the men's mental health, as well. Indeed shell-shock – or "soul-shock" (*Seelenschock*) as it was also termed in Germany – would emerge as one of the most sweeping and contested diagnoses of the war and could at various points encompass any number of injuries to the nerves, heart, brain, emotions, or psyche more generally.

[10] Robert Weldon Whalen, *Bitter Wounds: German Victims of the Great War, 1914-1939,* Ithaca 1984, 39.

[11] There are discrepancies regarding the precise number of men killed and wounded. The figures cited here are from Holger H. Herwig, *The First World War: Germany and Austria-Hungary, 1914-1918,* New York 1997, 446. Whalen notes 2.3 million dead and 4.3 million wounded in his study. Within this number, some 67,000 were amputees. However, Whalen adds that in the confusion of war, the wounds of 604,533 remained unclassifiable. Whalen, *Bitter Wounds,* 40, 55-56. In his study of demobilization and German society after the war, Richard Bessel cites a figure of 2.7 million permanently disabled men, but does not distinguish between amputees and other forms of disability. Richard Bessel, *Germany After the First World* War, Oxford 1993, 275.

[12] Bessel, *Germany after the First World War*, 275.

[13] See injury table in Whalen, *Bitter Wounds*, 55-56.

[14] For instance, in the Franco-Prussian War (1870/71), a total of 88,488 men were wounded, while just 28,208 fell on the battlefields. See Michael Howard, *The Franco-Prussian War: the German Invasion of France*, New York 1969, 453. Of course it should also be noted that the Franco-Prussian War lasted just five short months. Comparatively, in the first of Germany's wars of unification, the Austro-German War of 1866, the Prussian Army lost just 2,931 soldiers and those German states and principalities aligned with Austria lost a mere 1,147. For more on war casualty statistics, see Boris Urlanis, *Bilanz der Kriege*, Berlin 1965, 94. In a war where the number of men wounded and killed *per day* eventually well exceeded these figures, it is easy to see how the high casualties of the First World War came as a shock to many Germans.

At the same time, however, several medical advancements made it possible, by 1914, to save lives that would have been lost in previous wars. Developments in asepsis and anti-sepsis, for instance, enabled a greater number of soldiers, who would have died from muddied wounds and surgeries in earlier conflicts, to survive as amputees and permanently disabled persons, or to use the contemporary phrase, as "war cripples" (*Kriegskrüppel*).[15] Across medical disciplines, doctors, nurses, and lay healers alike were compelled to revise their practices in order to treat the new injuries of modern warfare.[16] As Dr. Fritz Lange's experience illustrates, orthopaedists were among those who improvised during battle.

Orthopaedics in the Great War

When the German Empire declared war, on August 1, 1914, the response from the nation's orthopaedists was swift. Heeding the call of the German Empress, orthopaedic specialists in Berlin, Munich, Düsseldorf, Breslau, Königsberg, and Hamburg rushed to inventory their resources; survey their practices; and free up beds by moving civilian disabled into private homes for the duration of the war. At this time, fifty-four clinics, recuperative institutions, and healing centers were placed into the service of the nation's wounded soldiers.[17] Additional medical personnel either volunteered for service or were mobilized as reserve officers to units and *Lazarette* in the field. But no one was prepared for the carnage that followed. Many in the field and at home wondered how they would meet the medical needs of the apparently endless stream of disabled soldiers returning from the front. Others, like Lange, improvised on the spot, inventing new techniques and methods to meet the challenges they faced.

Drawing upon his early experiences in the field, Lange responded to these concerns by writing a field manual for military doctors entitled *War Orthopaedics* [*Kriegs-Orthopädie*]. Naming it for the developing specialty he described therein, he de-

[15] For a contemporary perspective on the impact of recent medical developments on the survival rates of wounded soldiers during this time period, see for instance, [Hermann] Paal, *Kriegsbeschädigten-Fürsorge und Ärzte*, Münster 1915.
[16] For more on the impact of the war on medical theory and practice, see the essays in Wolfgang U. Eckart, Christoph Gradmann (eds), *Die Medizin und der Erste Weltkrieg*, second edition, Herbolzheim 2003. See also Eckart's essay regarding the impact of WWI on psychiatry, Wolfgang U. Eckart, *"The Most Extensive Experiment that the Imagination Can Conceive": War, Emotional Stress, and German Medicine, 1914-1918*, in: Roger Chickering, Stig Förster (eds.), *Great War, Total War: Combat and Mobilization on the Western Front, 1914-1918*, New York 2000, 133-149.
[17] Konrad Biesalski, *Die ethische und wirtschaftliche Bedeutung der Kriegskrüppelfürsorge und ihre Organisation im Zusammenhang mit der gesamten Kriegshilfe*, Reprint, Leipzig 1915, 4.

tailed in the guide the various ways in which "modern orthopaedics" could respond to the present wartime situation. Within its 185 pages, Lange outlined the best techniques for setting splints, bandaging compound fractures, prepping the wounded for transport, making use of physical therapy, and fitting amputees for prostheses – techniques that he had developed during his experiences in Zweibrücken. His goal with the manual was to educate military doctors – orthopaedic specialists or not – in the application of these specialty innovations for the nation's wounded. Lange was emphatic that orthopaedics was all that stood between the German Empire and the "threatening crippledom" of war. [18] The war demanded the skills of all doctors, "especially orthopaedists, who, thanks to their technical experience, [could] make themselves particularly useful to [the] wounded."[19]

Such a statement, that orthopaedics was particularly well-equipped to respond to the trauma and injuries of war, probably surprised many contemporary doctors – especially coming as it did from the pen of Fritz Lange. Indeed, just one year earlier, Lange had argued vehemently against the relevance of orthopaedics to trauma and accident medicine. In the introduction to his *Handbook of Orthopaedics* [*Lehrbuch der Orthopädie*], the first German orthopaedic textbook to concentrate exclusively on the field, he had taken great pains to distance orthopaedics from traumatology.[20] Finished in 1913 and published the next year, just before the war broke out, the *Handbook* was intended to delineate the scope of the discipline and assert its independence as an autonomous medical specialty. In making the case that orthopaedics should be understood as distinct from both surgery and accident medicine, Lange maintained that "experience had shown that the treatment of orthopaedic injuries demanded more patience, more dexterity, and more technology, than that of acute [injuries], which rather required quick and responsive surgery."[21] For these reasons, he then argued, accident victims and their treatment should remain outside the purview of modern orthopaedists. And true to his word, if one reads through the 1914 text, the majority of its pages concentrate on the treatment of congenital conditions and growth deformities. There is actually little discussion or reference to trauma medicine in the manual.[22]

[18] Fritz Lange and J. Trumpp, *Taschenbuch des Feldarztes*: *Vol. III "Kriegs-Orthopädie*.", Munich 1915, iii.
[19] Lange und Trumpp, *Kriegs-Orthopädie*, 8.
[20] Before Lange's 1914 *Lehrbuch der Orthopädie*, books detailing orthopaedics understood the field as a subspecialty of surgery, not as an autonomous discipline. See for instance Albert Hoffa, *Lehrbuch der Orthopädischen Chirurgie,* Stuttgart 1905.
[21] Fritz Lange *Lehrbuch der Orthopädie*, Jena 1914, v.
[22] Lange, *Lehrbuch der Orthopädie,* 1914, passim.

Remarkably, however, it took less than a year for Lange to follow the publication of his *Handbook of Orthopaedics* with *War Orthopaedics* [*Kriegs-Orthopädie*], in which he argued that *all* German doctors should learn the rudiments of orthopaedics, precisely so they could better tend the war wounded. How does one account for the sudden turn-around? Didn't wounded soldiers deserve the same "quick responses," from surgery specialists, that Lange had formerly advocated for acute injuries? Obviously, over the course of the year, Lange had reconsidered the relationship between orthopaedics and trauma. While he may have thought accident scenes or trauma clinics to be no place for orthopaedists in peacetime, it seems clear that his experiences in attending injuries within the theatre of war had changed his thinking; indeed, he all but admitted to such a conceptual transformation in the second book.[23]

In the introduction to *War Orthopaedics*, Lange argued that the significance of orthopaedics to wartime medicine had recently shifted in fundamental ways. Whereas orthopaedics had been marginal in previous wars, it was taking center stage in the current conflict. This shift, he explained, was occurring primarily for two reasons. First, he pointed out that the "old orthopaedics," with its primitive techniques and methods, offered relatively limited results to patients; but second, and perhaps more importantly, he pointed out that few casualties in earlier wars had actually required orthopaedic treatment. For instance, noted Lange, although doctors in the Franco-Prussian War had performed a great number of amputations, the mortality rate among those surgeries had been somewhere between eighty and ninety per cent. That is, the majority of amputees in 1870 had *died* from the surgery (or complications related thereto), thus making any follow-up or long-term orthopaedic care unnecessary. The situation of the current war was different, he insisted, not only because proportionately fewer amputations were being performed, but also because the mortality rate among surgical patients had fallen to just three per cent. For Lange, this was significant in two ways. First, it indicated that orthopaedists were now able to treat many injuries conservatively, without resorting to amputation; but even more significantly, the survival rate among surgery patients had increased dramatically. In illustrating this point, he recounted his own experiences in Zweibrücken, where, despite being faced with over 100 cases of gunshot wounds, he was compelled in only one of those instances to remove the patient's limb. Orthopae-

[23] For more on the delineation of modern orthopaedics, see Lange, *Lehrbuch der Orthopädie*, 1914, iii.

dics, he maintained, was becoming indispensable to patient care in the current war.[24]

Orthopaedists were also particularly useful, Lange elaborated, due to their extensive experience with the long-term care of the physically disabled. Because this war would produce a far greater number of permanently disabled "war cripples" than any previous conflict, he contended that orthopaedic expertise would continue to be in demand for years to come. Orthopaedists' familiarity with paralysis, nervous disorders, tendon transplantations, and limb reconstruction made them vital to the aftercare of wounded veterans. Unfortunately, he lamented, due to the lack of standardized education, state licensing, and university funding, their current professional ranks in Germany were relatively few, and it had thus become necessary to give non-specialists emergency technical training until this deficit could be remedied.[25] Germany's orthopaedists were not lacking in knowledge, just numbers. In fact, non-specialists had little if any familiarity with the field, a consequence of the arcane curriculum requirements that persisted within the empire's medical schools. Because orthopaedics was not among those fields tested in the medical board examinations [*Staatsexamen*], very few students had actually taken any classes in the field, and now the empire's wounded were paying the price. He hoped to mitigate this "emergency situation" through remedial education. This was the goal of his manual, *War Orthopaedics*.[26]

In many ways, Lange was a natural choice for drafting a military field guide for "war orthopaedics." An orthopaedist of international recognition, he had trained in Jena, Munich, and Vienna before accepting a position at the University of Munich, in 1908, as the first full professor (*Professor ordinarius*) of orthopaedics in Germany.[27] In addition to teaching, moreover, he maintained an active research agenda, and as part of a personal mission to advance orthopaedic treatment among the needy, he had founded the first state (public) orthopaedic clinic. His technique

[24] Lange und Trumpp, *Kriegs-Orthopädie,* 7-8. Lange does not offer much statistical evidence to support this argument, but rather relies more on anecdotal support. Moreover, it should be emphasized that while the absolute number of amputation surgeries performed in WWI was much higher than that of the Wars of Unification, Lange was arguing that the incidence of amputation was statistically lower than in previous wars due to the new alternative responses to war trauma.
[25] Lange, Trumpp, *Kriegs-Orthopädie,* 8
[26] Lange und Tumpp, *Kriegs-Orthopädie*, iii-iv.
[27] In 1903 Lange was named "Professor extraordinarius" at the University of Munich. In 1908 he was promoted to "Professor ordinarius"- the German equivalent of "full Professor" and chair of the subject.

for tendon transplantation was known throughout the world as the "Lange method," and in addition, he had published extensively in the fields of pediatric orthopaedics, flat feet, paralysis, and tuberculosis. Lange was a pioneer in the field, and his ideas and suggestions would carry much weight among his readers – colleagues and non-specialists alike.[28]

War Orthopaedics was more than just an orthopaedic how-to manual for general practitioners who found themselves in the field, however. Its contents marked a clear break with the orthopaedics of the past, by including treatments and therapies developed during the present conflict, as well as by enlarging the overall scope of the field to include new categories of patients and welfare. In fact, some of the healing methods were so new that Lange cautioned the reader to their controversial nature, even among experts.[29]

So what comprised this new field of "war orthopaedics" and how did it differentiate itself from the field as practiced in peacetime? The manual's table of contents neatly outlines six chapters: transporting the wounded; treating bullet-wound fractures; post-operative treatment of bullet wounds; the treatment of bone dislocations; the treatment of paralysis (resulting from bullet wounds); and the fitting of orthopaedic apparatuses and prostheses. Many therapies were presented as means for treating the injuries of war, whereas others focused on adapting orthopaedic procedures to war conditions. For instance, instructions on transporting the wounded included new methods for immobilizing the injured so that further bodily damage might be prevented. Physical therapy was introduced as part of re-training a body part stiffened by weakened or reconstructed tendons. Orthotics and other orthopaedic inserts were discussed as ways to treat or compensate for injured limbs. Thus, whereas few of the procedures were completely new, many had been significantly modified and re-fashioned; the contemporary combat realities warranted new descriptions and illustrations, which were found in the manual. The only glaringly

[28] For more on Lange see his memoirs, Fritz Lange, *Ein Leben für die Orthopädie: Erinnergungen von Fritz Lange*, Stuttgart 1959, 92; and also *Lange, Fritz* in *Wer is Wer?*, Lübeck 1950, 231. For more on his position on the first chair of orthopaedics and leading role in Germany, see Doris Schwarzmann-Schafhauser, *Orthopädie im Wandel: Die Herausbildung von Disziplin und Berufsstand in Bund und Kaiserreich(1815-1914)*, Stuttgart 2004, 182-186. See also Fritz Lange, Hans Spitzy, *Chirurgie und Orthopädie im Kindesalter*, Leipzig 1910. For more on Lange's high regard in the international medical community, see the editorial written in honor of Lange's 1910 address to the American Orthopaedic Association, Robert W. Lovett, *Editorial, in: J Bone Joint Surg Am*. 1910, 2-7: 556-557.

[29] Lange, Trumpp, *Kriegs-Orthopädie*, IV.

new topic found in *War Orthopaedics* was the section on artificial limbs, prosthetics, and other devices for re-building the body of the disabled soldier.[30]

Lange devoted an entire chapter (twenty-six pages) in *War Orthopaedics* to the "prosthesis question" in order to educate Germany's field doctors in this important orthopaedic subfield. Considering that the topic was entirely absent from his definitive textbook, published just one year earlier, it is somewhat surprising to read his words regarding the special purchase orthopaedists had on the area. Throughout the chapter, he not only details the ways in which orthopaedic methods were essential to the amputation and post-surgical recovery of the wounded soldier, but also presents the field as central to the long-term aftercare of the patient. Moreover, his long discussions of prosthetics and the central tenets regarding their allocation reveal how boldly Lange had revised his conception of orthopaedics. The extended purview does not merely encompass artificial limbs; it claims exclusive domain over their implementation. Indeed, in describing the ways in which orthopaedics could be useful to soldiers' recovery from war, Lange remarked:

> [M]ost importantly, we have learned to design and build far better prostheses than ever before, through which it will be possible to give back to our wounded – who earlier would have fallen victim to unemployment – what they need most urgently: the potential to work and enjoy life![31]

The wartime innovations designed to restore the disabled veteran's body through prosthetics are the truly original aspects of the volume. In page after page, Lange outlined the ways in which modern orthopaedics would be able to restore not only the appearance of the wounded body, but also its functionality, as well. Whereas the injured soldiers of previous wars might have had to rely on simple hooks or peg legs to replace their lost limbs, *War Orthopaedics* detailed how the new restorative therapies and prosthetic designs were intended to return Germany's contemporary disabled veterans, as much as possible, to their prewar lives. Missing limbs could be replaced, stiffened appendages surgically healed, unruly bodies "re-educated" through physical therapy. Even the most severely disabled soldiers could be restored to self-sufficiency and physical fitness, so long as they were treated by someone with sufficient orthopaedic knowledge.[32]

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[30] Lange, Trumpp, *Kriegs-Orthopädie*, passim.
[31] Lange, Trumpp, *Kriegs-Orthopädie*, 8-9.
[32] Lange, Trumpp, *Kriegs-Orthopädie*, 156-182.

Take, for instance, his discussion on how to correctly choose the right prosthetic for a leg amputee. In Lange's opinion, the disabled soldier's entire economic future could pivot on the proper selection of the artificial limb. In previous eras, he explained, anyone could recognize a combat veteran by his peg leg. A cheap, simple construction that was relatively sturdy and required few repairs, the peg leg was the standard limb offered to amputees of previous wars. According to Lange, however, contemporary wisdom could achieve better outcomes. Although he readily conceded certain economical advantages in the sturdy wooden rod-shaped limb, his main complaint was that the crudely conceived "leg" failed to meet certain "psychic" and "social" qualities that were just as important. Lest the reader think he was referring to the psychic needs of the *amputee*, Lange quickly clarified that any importance that the soldier placed on "hiding [his] deformity from the eyes of others" amounted to little more than "vanity in the disabled." It was *not* the psychic need of the permanently wounded soldier that most concerned Lange.[33]

Rather, the psychic or social needs to which Lange referred were those of *society*. For Lange and his contemporaries, it was important to assign the disabled "good-looking limbs" so that they might more easily return to work in the public sphere. To justify the greater cost of distributing prosthetics that better simulated human limbs and disguised patient disabilities, Lange insisted:

> [A]n amputee whose disability one could barely notice could more easily get a position in a shop, where he would interact with the public, than could a man with a peg leg. And we must make it easier for our war invalids to establish their own independent existence, and therefore, the artificial leg is to be recommended instead of the peg leg.[34]

In short, he was arguing that sending the disabled back to work would be easier if his injury were less noticeable to others. Indeed, Lange seems to be worried that an invalided soldier working in the public eye might be more hampered by his *appearance* than his compromised physical strength or dexterity. Thus, the disabled soldier's ability to hide his disfigurement from others with a "better-looking" limb was Lange's primary concern; without a leg suitable for "polite society," he feared, the veteran might not be hired. And as he makes clear throughout the handbook,

[33] Lange, Trumpp, *Kriegs-Orthopädie*, 157-158.
[34] Lange, Trumpp, *Kriegs-Orthopädie*, 158-59.

enabling the soldier to return to work in order to support himself is the long-term goal of *War Orthopaedics*.[35]

In other instances, Lange focused on the functionality of the prosthesis, as opposed to its appearance. For instance, in the final section of *War Orthopaedics*, Lange offered concrete examples of working-class men who had been returned to self-sustaining work. Using short case studies as a testament to the success of the new orthopaedics, Lange described how men who had lost an arm or leg had been returned to work: one as a locksmith, another as a blacksmith. In each case, he noted how the disabled soldier had been outfitted with a new-style artificial limb that had been explicitly designed to enable the specific skill set that the given soldier had lost upon amputation of his hand.[36] Generally conceived as stump-casings with socket extensions for holding tools and other artificial "hands," these limbs were work implements that physically inscribed occupational identity onto the bodies of their wearers.[37] In these cases, the prosthetics resembled mechanical tools, not arms, because the focus was on their usefulness, not their appearance. In conclusion, he even held up the example of an army captain who, with the aid of a specially designed artificial leg, was able to ride his horse again. For Lange, all these successes in war orthopaedics made it abundantly clear that any man who had been injured through battle could be restored to his prewar life and lifestyle. Now these ideas needed only to be reinforced among the disabled themselves:

> [D]espite the loss of an arm or a leg, a man can still perform good work. Biesalski is right when he says: "There is no more crippledom [*Krüppeltum*] when the iron will exists to overcome it." These words cannot be repeated often or urgently enough to our war invalids.[38]

[35] Lange, Trumpp, *Kriegs-Orthopädie*, 158-159
[36] Lange, Trumpp, *Kriegs-Orthopädie*, 174-182.
[37] I have elaborated elsewhere on the relationship between class status and artificial limb design in WWI Germany For more on the technology and design ideology behind the artificial limbs and prosthetics developed during war and their relation to class and occupational status, see Heather R. Perry, *Re-Arming the Disabled Veteran: Artificially Rebuilding State and Society in WWI Germany*, in Katherine Ott, David Serlin, Stephen Mihm (eds.), *Artificial Parts, Practical Lives: Modern Histories of Prosthetics*, New York 2002, 75-101. For an anthropological and gendered perspective on the limb design, see Sabine Kienitz, *Body Damage. War Disability and Constructions of Masculinity in Weimar Germany*, in: Karen Hagemann, Stefanie Schüler-Springorum (eds.) *Home/Front. The Military, War and Gender in 20th Century Germany*, New York 2002, 181-203.
[38] Lange, Trumpp, *Kriegs-Orthopädie*, 174-182; quote on 182.

Of course, Lange was not alone in his espousal of the unique talents of orthopaedists for treating the wounded. His colleagues across the German empire spent the war years publishing numerous articles, pamphlets, and books detailing their wartime orthopaedic innovations. In page after page of the leading medical journals, these authors recounted the various ways in which they had been responding to the challenge of rehabilitating the wounded and their successes in "reclaiming" the bodies and labor of these men. From Nuremberg to Hamburg, East Prussia to the Western front, orthopaedists were on the frontlines of rehabilitation, and they used their experiences to hone their craft and carve out this new sphere of expertise for themselves.[39]

Take, for instance, the 1915 treatise from Adolf Silberstein. Based upon a talk he gave in early March that year to the local doctors' association, his essay *War Invalid Care and Welfare* [*Kriegsinvalidenfürsorge*] related many current features of the emergent care for the nation's war wounded and also detailed ways to improve and centralize the larger efforts. Drawing on his experiences as the chief medical officer of the Imperial Orthopaedic *Lazarett* in Nuremberg, Silberstein emphasized the importance of early intervention in the healing of the wounded and the centrality of orthopaedics to this work. Echoing the arguments of Lange, he opined that the rehabilitation of the wounded was better guided by a specialist in long-term care than by the surgeon who only saw the patient as an "interesting surgical case" to explore, sew up, and "discard."[40] He noted with satisfaction that intensive occupational therapy [*Arbeitstherapie*], as practiced by orthopaedists, was important not just for exercising maimed limbs, but also for its "psychic" healing effects. Disabled soldiers who were kept employed, as part of their treatment regime, at "real work" in the blacksmith, saddlery, and cabinet-making workshops of the orthopaedic institute gave undeniable proof that the wounded could be made fit for work again. Moreover, he assured his readers, disabled soldiers soon came to "cherish the blessing [*Segen*] of work" and to look forward to returning to civilian life. In the

[39] The hundreds of articles written about this subject are too numerous to cit here; however, a look in any medical journal during the war years bears out this assertion. For a nice contemporary summary of articles in the field, see for instance, Prof. Dr. A. Koehler, *„Die Kriegschirurgie des Jahres 1917" Veröffentlichungen aus dem Gebiete des Militär-Sanitätswesens*, Heft 76, Berlin 1921, especially 124-130. BA-MA PHD 6/163/12.

[40] Adolf Silberstein, *Kriegsinvalidenfürsorge*, in: *Würzburger Abhandlungen aus dem Gesamtgebiet der praktischen Medizin*. 15 (6) (1915), 119-130; remarks about surgeons' disregard for patients on p. 122-123.

hope of influencing government policy, he argued that every military *Lazarett* should be equipped with an orthopaedic workshop and at least one orthopaedist, so that every wounded soldier could be more accurately assessed and treated.[41]

In Münster, Dr. Hermann Paal, the Surgeon General [*Landesarzt*] for the province of Westphalia, also argued that orthopaedists were best suited for leading the rehabilitation efforts of the nation's wounded soldiers. In a speech he gave to a local doctors' association in late September, 1915, he too acknowledged the important role of orthopaedics in the emerging area of "war disabled care" [*Kriegsbeschädigtenfürsorge*] and regretted the lack of attention paid to the field by prewar medical students and professors. He also underlined the importance of occupational therapy in the *Lazarette*, explaining that this work was an extension of "medico-mechanical therapy," the physical therapy generally performed on pendulum-and-weight machines. He noted that wood-working and metal-working studios were particularly beneficial to the rehabilitation of the wounded, but that work in fields and gardens was also medically productive. In the Bethel Institute in Bielefeld, he observed, there stood over thirty different workshops for re-educating the bodies and minds of the wounded – all under the watchful eye of an orthopaedist.[42]

Other orthopaedists dedicated their time and efforts to inventing all manner of new artificial limbs and prosthetic devices to re-introduce the disabled soldier back into the labor economy. Although most of these were geared toward enabling war invalids to return to factory or industrial work, some were designed more for directing soldiers into farming and agricultural labor or clerical duties. Dr. Max Böhm, leader of the orthopaedic *Lazarett* for the XX. Army Corps in Allenstein, worked with one-armed soldiers in the fields of East Prussia and published extensively on the successful ways of returning amputees to farm labor.[43] At the orthopaedic *Lazarett* in Munich, Dr. Theodor Mietens developed a new kind of artificial "voluntary working arm," that is, an arm that could be opened, closed, and generally "moved" by its wearer through a system of cords and pulleys fastened around the body.[44] In the nearby reserve *Lazarett*, Dr. Franz Schede bettered the knee joint for artificial

[41] Silberstein*, "Kriegsinvalidenfürsorge,"* 119-130.
[42] [Hermann] Paal, *Kriegsbeschädigten-Fürsorge und Ärzte*, Münster 1915. This is a reprint of a speech he held on 16 September 1915.
[43] Max Böhm, *Ueber den Armersatz bei Landwirten*, in: *Münchener Medizinische Wochenschrift*, 22 January 1918 (65), 99-100.
[44] Theodor Mietens, *Ein willkürlich beweglicher Arbeitsarm*, in: *Feldärztlicher Beilage zur Münchener medizinische Wochenschrift*, 16 January 1917 (64), 100-103.

legs.[45] Indeed, so numerous were the devices and designs crafted to send soldiers back to work, that several special volumes were published outlining the various developments and features.[46]

Across the empire, Germany's orthopaedists and related specialists were vociferous in their professional discussions as to how the wounded could best be rehabilitated. Moreover, they never failed to subtly tie the importance of orthopaedics and continuing orthopaedic education to the long-term care of the nation's wounded soldiers. That is, as orthopaedists outlined their expertise, they also were simultaneously (albeit subtly) stressing the growing necessity of professional recognition and on-going state support to accomplish their healing mission. Still, although the medical community was quick to embrace the new rehabilitation of the disabled, many civilians balked at the idea. Thus, in addition to educating their professional brethren regarding the new benefits of orthopaedics in caring for the war-disabled, orthopaedists also focused on re-educating the general public, as well.

Rehabilitation Nation: From the Individual to the *Volksgemeinschaft*

Although the works of Lange, Silberstein, and others were aimed at educating a medical audience, they were also spread among the general population, as well. The fundamental message was that the new orthopaedics was capable not only of restoring the war invalid, but also of sending him back to work. Through a broad public relations campaign, orthopaedists informed Germans throughout the empire that wounded soldiers could be healed and returned to their pre-injury lives. Not only could modern orthopaedics spare thousands of disabled veterans a life of beggary, they claimed, it could also contribute to the economic rebuilding of the German nation. Re-inserting the wounded soldier back into the postwar civilian economy, orthopaedists argued, would benefit the national economy not only by alleviating the labor shortage that many (erroneously) anticipated after the war, but more impor-

[45] Franz Schede, *Zur Mechanik des künstlichen Kniegelenks. Ein aktives Kunstbein*, in: *Münchener Medizinische Wochenschrift,* 4 June 1918, 616-619.

[46] Over 300 artificial limbs, prosthetic devices and other orthopaedic inserts were designed during the war. Unfortunately, due to limits of space, a detailed discussion of these inventions is not possible here. For more on these, see chapter two in Perry, *Re-Arming the Disabled Veteran*. For a contemporary account, see the special 1917 volume of the *Zeitschrift für orthopädische Chirurgie* devoted to the topic *Gesammelte Arbeiten über den Prothesenbau*, in: *Zeitschrift für orthopädische Chirurgie*. Vol 37 (1917), Stuttgart 1917. See also Konrad Biesalski, *Die Kunstglieder der Versuchs- und Lehrwerkstätte des Oskar-Helene-Heims*, 1917; and Hermann Gocht, *Deutsche Orthopädie*. Vol. 2, *Künstliche Glieder*, Stuttgart 1920.

tantly, by creating "tax-payers out of charity cases." As wage earners, so the argument went, disabled soldiers adequately treated by the new medical field would provide income taxes to a national economy still recovering from war. Thanks to technological developments in artificial limbs and rehabilitation therapies, the only thing allegedly standing between a war invalid and the seamless return to his pre-war life was his own active participation in rehabilitation and his "will to work." Whether detailing the mechanics of a newly designed artificial limb or explaining the best methods of work therapy, orthopaedists never failed to focus on the greater economic good that they could bring to the empire through the rehabilitation of the wounded soldier. For a nation whose population was caught in the social and economic "upheaval of war," modern medical intervention seemed to answer prayers.[47]

Initially, many Germans had rejected the idea of sending disabled veterans back to work. After all, they reasoned, hadn't the wounded soldier already sacrificed life and limb for his fatherland? Moreover, contemporary wisdom among Germans held that a person permanently injured or missing a limb was for all practical purposes incapable of work and thus dependent upon others.[48] The Bismarckian social insurance system, introduced in the 1880s, had only reinforced this idea by "encouraging" German citizens to look to the state for support. By the outbreak of war, the German Empire had evolved into what Greg Eghigian has termed an "entitlement state."[49] Adolf Silberstein had in fact made a similar observation in 1915, arguing in his *War Invalid Care and Welfare*:

> It has become typical for the state, the commonality, to step in for the individual, when he is no longer – because of disease, accident or invalidity – able to care for himself … [B]ut gentlemen, this coin has another side! Social welfare has brought us an abundance of greed, which is culminating in the perception that the State must now take care of everything – today and for all time – and I fear that the "pension hysteria" [*Rentenkampfhysterie*], which we ran into often

[47] The phrase comes from the edited volume by Richard Wall and Jay Winter, *The Upheaval of War: Family, Work, and Welfare in Europe, 1914-1918*, Cambridge 1988.
[48] Konrad Biesalski, *Kriegskrüppelfürsorge: Ein Aufklärungswort zum Troste und zur* Mahnung, Leipzig 1915, 13-14.
[49] For more on the evolution of entitlement among the sick and injured, see Greg Eghigian, *Making Security Social: Disability, Insurance, and the Birth of the Social Entitlement State in Germany*, Ann Arbor 2000; especially chapter three, Embodied Entitlement: The Policy, Practice, and Politics of Disability, 1884-1914, 67-116.

> enough in peacetime, will make itself rather unpleasant when the time for determining [war] pensions comes about.[50]

Thus, although they were convinced of their own success, orthopaedists faced some social resistance from the general population, especially from the soldiers and their families. Moreover, as the war dragged on and the casualties mounted, the specter of disability hovered over the nation. Even if Germany survived the war, how would the nation recover from such widespread mutilation?

By January, 1915, some 30,000 brutally wounded soldiers had already returned from the front. Having rung in the new year, it was now clear that the war, once expected to be over by Christmas, still had no end in sight. In response to the growing apprehension among the nation's citizens, the government hosted an *Exhibit on the Care and Treatment of the War Sick and Wounded* in the halls of the Berlin Reichstag. This exhibit, along with the lecture series which accompanied it, was part of a larger national campaign to convince Germans that everything possible was being done to care for and heal the wounded. At the opening ceremony, Dr. Konrad Biesalski, renowned expert in pediatric "cripple care," gave a speech, entitled "The Ethical and Moral Meaning of War Disabled Care and Its Organization within National War Relief," in which he outlined some of the ways that the new, modern orthopaedics was responding to the needs of the invalided soldier.[51] Audience members who had come to learn how modern medicine was being marshaled to heal shattered bones, loosen stiffened joints, or replace lost limbs, were probably surprised by the emphasis that Biesalski placed on the future well-being of the entire German Empire. Nonetheless, the bulk of Biesalski's talk was meant to enlighten the audience about the dependence of this future upon the modern practice of orthopaedics. In describing the medical task ahead of the nation at war, he declared:

> We face therefore a problem of great ethical and economic meaning, one which affects all Germans equally, because it is obvious that we cannot, as in previous years, allow these wounded and crippled to go around the streets as organ-grinders or peddlers … We cannot allow these people to run around as beggars; we must therefore take care that they become once more the upright, self-sufficient men that they were before the war, and

[50] Silberstein, *Kriegsinvalidenfürsorge*, 3.
[51] Konrad Biesalski, *Die ethische und wirtschaftliche Bedeutung der Kriegskrüppelfürsorge und ihre Organisation im Zusammenhang mit der gesamten Kriegshilfe*, Reprint, Leipzig 1915. Biesalski cites the figure of 30,000 wounded in this speech.

> this means that we must create work and a free, independent existence for them.[52]

Here, Biesalski expresses concern that those men who had so bravely defended the fatherland might now, having been injured in the war, be reduced to vagrancy and pauperism. Such a fate struck Biesalski and others as unbefitting for German soldiers who had risked life and limb at the front. However, rescuing the wounded from the perils of poverty was not his only concern. Biesalski also argued that there was a second, equally important reason for prioritizing the care of the wounded:

> But at least as important is the economic side of this question. When hundreds of thousands [of men] solely consume goods – rather than help produce them – then the end result is a huge loss for the national economy (*Volksvermögens*), one which when multiplied, goes into the millions. To this we cannot remain indifferent.[53]

In this passage, Biesalski cautions that if the ever-increasing numbers of disabled soldiers are not able to contribute to the productive capacity of the nation, they will pose a potential drain on the national economy. As passive consumers who add nothing to the national economy, disabled soldiers are portrayed as potentially disruptive to the social and economic future of Germany. To ignore this threat or "remain indifferent" might then lead to economic disaster for the empire. Rectifying this imbalance, Biesalski informed his audience, was crucial for ensuring the healthy economy of the nation, in war and in peace. By linking the care and welfare of the individual disabled soldier to the future of the empire more broadly, he aimed to tap into the average German's nationalism and instinct for self-preservation, as well. Seeing how their own futures were at stake, citizens would be more likely to support the project of rehabilitation, or so Biesalski and others hoped.

Take, for instance, Biesalski's own publication of 1915, entitled *War Cripple Care: An Educational Word of Comfort and Warning* [*Kriegskrüppelfürsorge: Ein Aufklärungswort zum Troste und zur Mahnung*]. This public pamphlet explained how new orthopaedic practices could provide soldiers with the use of their bodies and thereby enable them to resume their work. As the booklet clarified, however, the new orthopaedics did not merely return "what the war had taken." Rather, its goal

[52] Biesalski, *Die ethische und wirtschaftliche Bedeutung*, 4.
[53] Biesalski, *Die ethische und wirtschaftliche Bedeutung*, 4.

was to promote self-sufficiency among disabled soldiers by restoring bodily capacity.[54] Preventing war invalids from becoming permanently dependent upon public welfare and charity was the guiding principle in the new rehabilitation, and Biesalski took great strides to impress this principle upon his readers:

> Every crippled soldier who does not earn a living by his own work will eventually fall to the public poor relief, doubtlessly costing us yearly a huge sum. However, if he instead earned his own money, then this would result in a credit to the national debt[through taxes], one which multiplied a thousand times becomes a huge profit. Moreover, it should be emphasized once again what a huge value it would be – for both the individual as well as the public good – if these thousands became independent tax-payers rather than depressed welfare recipients.[55]

Moreover, for the edification of any Germans who might have been holding on to the belief that the disabled soldier had through his bodily sacrifice in some way earned the right to rest on his pension for the remainder of his life, Biesalski had these words:

> Only the sentimental sop says: "How can anyone be so emotionless as to expect a poor man who has lost his hand for the fatherland and who has had to endure so much pain to go back to work again, when it is clear that a one-handed man can't do anything?" The healthy, socially conscious mind responds, rather: "The maimed man should return to earning his own bread – for himself but also for the sake of his dependents – so that he doesn't end up – while doubting God and man-kind – falling victim to misery and poor relief. Because the heroes of this war deserve more than that, rather, they should become once again upright, economically independent members of our national community [*Volksgemeinschaft*]."[56]

Indeed, there seems to be an implicit presumption that, without intervention, disabled soldiers will *systematically* fall victim to pity, self-doubt, and sloth. Biesalski seeks to circumvent the presumed inevitability when he describes the "psychological work" of the new War Disabled Care. Rather than contribute to the self-pity that the disabled soldier often felt, Biesalski argued, the new *Kriegskrüppelfürsorge* should inspire the war injured who received treatment to say to himself,

[54] Konrad Biesalski, *Kriegskrüppelfürsorge: Ein Aufklärungswort zum Troste und zur Mahnung*, Leipzig 1915, 14.
[55] Biesalski, *Kriegskrüppelfürsorge*, 31-32.
[56] Biesalski, *Kriegskrüppelfürsorge,* 13-14.

> Yes! I don't need to remain a useless cripple, I may once again eat my own bread [*Eigenbrot*] with my family, and I will be the same man that I was before, even up to the little injury that I want to accept – for the sake of the fatherland – as a sign of honor.[57]

Throughout the book, Biesalski emphasized the ways that the war disabled threatened the national economy. On the one hand, he suggested that disabled soldiers – whether "heroes of the war" or not – stood in danger of transforming into "useless cripples" who would drain the empire of her economic resources by relying too much on the welfare coffers of the state. But he also argued that by withholding their labor from the national economy, they threatened to undermine the empire's financial resources. Biesalski and others argued thusly that restoring the labor capacity of the disabled soldier would not only save him from a life of "misery and doubt," but it could also prevent him from eventually "crippling" the empire's economy, as well. "Making tax-payers out of charity cases" became the slogan of the orthopaedic community during the war, and this sentiment marked a significant turning point in the way that Germans perceived the disabled within their own social ranks.[58]

Indeed, throughout the war, the average German was bombarded with images and descriptions of the disabled soldier sent back to work thanks to the intervention of modern medical technology. Importantly, however, these treatises did more than simply describe the care and welfare available to the wounded; they simultaneously underscored to German industrialists, factory managers, and farmers that the disabled could easily be returned to being a "productive member of society." Take, for instance, *The Welfare for War-Disabled Industrial Workers*, the informative manual from Friedrich Syrup. A factory inspector from Upper Silesia (who would incidentally go on to become a high-ranking official in the Labor Ministries of both the Weimar Republic and Third Reich), Syrup outlined the various ways in which severely injured soldiers could be re-used in German industry. Sending the disabled

[57] Biesalski, *Kriegskrüppelfürsorge*, 17.
[58] For more on how German orthopaedists re-invented their discipline in response to the casualties and medical challenges of the First World War, see my dissertation, *Recycling the Disabled: Army, Medicine, and Society in World War I Germany*, Dissertation: Indiana University 2005. I am currently revising this into a book manuscript which also includes a discussion of this orthopaedic revolution. For more on the slogan, "aus einem Almosenempfänger einen Steuerzahler machen" see Biesalski, *Die Fürsorge für unsere heimkehrenden Krieger, insbesondere die Kriegskrüppelfürsorge*, Leipzig 1915.

soldier back to work was of the utmost importance because, as he pointed out, medical treatment and the award of pensions did not completely fulfill the nation's obligations with regard to its war wounded. Rather, echoing the arguments of German orthopaedists and rehabilitation professionals, he maintained that sending the disabled back to work and restoring to them their lost work potential would be the most important and effective means of social welfare. He insisted, "The goal must be for the war wounded to take on a full economic position in the working world by reclaiming their own jobs just as they did before the war."[59] In *How War-Disabled and Accident Victims Can Improve Their Situations*, Ernst Flemming also outlined various means for returning the injured to work in German industry so that they could earn extra income to supplement their disability pensions.[60] Some wartime publications even aimed at convincing the disabled themselves of the work imperative that still faced them. In *The Carefree War Invalid*, Walter Salzmann argued that although the disabled soldier had every right to his benefits, this right carried with it an on-going responsibility to his country. In outlining this continued obligation, Salzmann noted, the war injured "must not just passively take what he is offered, but rather also actively participate in his own treatment and care and not just for his own individual interests, but in the interests of all war invalids and indeed the entire German nation." Indeed, according to Salzmann, the soldier was still duty-bound to maximize his remaining labor potential and to contribute to the rebuilding of the German economy.[61]

The idea that the disabled soldier not only could but, in fact, *should* be restored to being a "productive member of society" was publicized in more popular wartime media, as well. For example, a 1916 newspaper article in Saxony argued:

> The *Kriegsbeschädigte* should not be left to their disabled pensions alone, rather they must be brought to productive and profitable activities, in order that they may feel like useful, self-assured, and independent members of our industrious national body (*Glieder unseres arbeitsamen Volkskörpers*).[62]

[59] SHAD. LVA 111. Friedrich Syrup, *Die Fürsorge für kriegsverletzte gewerbliche Arbeiter (Schriften des Deutschen Werkmeister-Verbandes, 29.)*, Düsseldorf 1916, 3.
[60] Bergrat E. Flemming, *Wie Kriegsbeschädigte und Unfallverletzte auch bei Verstümmelung ihr Los verbessern können*, Saarbrücken 1915.
[61] Walter Salzmann, *Der sorgenfreie Kriegsinvalide: Die Hinterbliebenenversorgung*, Cassel 1915.
[62] *Industrielle Kriegsbeschaedigten-Fuersorge*, in: *Meissner Tageblatt*, 192 (19 August 1916).

A 1917 article in the *Illustrierte Zeitung* echoed this sentiment by pointing out how innovations in care and treatment made it possible for the disabled to resume their place in the national community. In his article "Neuzeitliche Kriegsbeschädigten-Fürsorge durch Turnen und Sport," D. Wollman demonstrated how new developments in *Krüppelfürsorge* not only helped war amputees to walk or climb stairs, but enabled them to play soccer, as well:

> The goal of this kind of care culminates in the attempt to awaken new lust for life [*Lebensmut*] and creative power [*Schaffenskraft*] in the war wounded through properly directed body exercises that put them in such a state that, freed from the downtrodden feeling of being a cripple dependent upon the charity of their fellow citizens, they might once again become useful and independent members of the *Volk*.[63]

Repeatedly, Germans were told that disabled soldiers were capable of being healed and sent back to work as "productive members of society," earning their "own bread" and not living off the state's pension system. Although this notion contrasted sharply with long-standing beliefs that injured Germans – both civilians and soldiers – were entitled to lifelong support from the state, it mirrored the shift in medical thinking regarding the capacity of the disabled body and its continued obligations to the German state.[64] No longer dependent on the state, the war disabled were instead depicted as still beholden to it, bound through patriotic duty to continue proving their social and economic usefulness to the fatherland through their labor and hard work. As one contemporary noted:

> Today's war welfare, in the most basic sense of the word … has reinvented itself in response to this war. It lifts those whom it serves out of the poor house in the sense that it gives the war-disabled – depending on his social status – not just an

[63] LAB. Generalleutnant z.D. Wollmann, *Neuzeitliche Kriegsbeschädigten-Fürsorge durch Turnen und Sport*, in: *Illustrirte Zeitung*, 2 (1917), 107-108.

[64] This idea – to re-create economically and physically self-sufficient Germans from those who in previous eras would have been publicly characterized as "useless cripples" – was actually a fairly radical one in Imperial Germany. To repair and return the permanently injured body to the workforce, rather than to simply compensate its "owner" with a monetary pension, challenged the practices in both the social insurance system as well as the military's own pension program. Before the Great War, the German national insurance system had simply used a series of insurance and medical courts to determine how much potential future income an invalided worker was forced to (involuntarily) forfeit – due to permanent or temporary injury – and then compensated him accordingly. Pensions, not rehabilitation, were the order of the day in Imperial Germany. For more on this see, Eghigian, *Making Security Social* and Whalen, *Bitter Wounds*.

> assurance of a minimum standard of care, rather it guarantees to him a certain standard of living – according to his status and occupation.[65]

Conclusion: Whose 'Thanks of the Fatherland'?

By war's end, orthopaedists in Germany had in many ways revolutionized their discipline and carved out a new sphere of professional expertise for themselves. Like other medical practitioners, orthopaedists were quick to place their talents in the service of the nation; as with most who volunteered, this rush to support the Empire was inspired by deep patriotism. However, members in the nascent specialty also saw in the outbreak of war and its attendant injury the opportunity for professional gain, as well. In demonstrating the benefits of their treatments for the disabled soldier, Germany's orthopaedists were ultimately able to establish their autonomy and lasting authority in the field.

In fact, a look at the postwar specialty publications confirms this new authority and reveals the extent to which the war had profoundly transformed German orthopaedics. Consider, for example, the postwar edition of the *Handbook of Orthopaedics*, the field-defining textbook first published by Fritz Lange just before the war. In 1922, he updated the teaching manual, and although six years might by today's standards seem a long time between revisions of a medical text, Lange felt compelled to explain, even justify, to his readers why he was publishing a second edition so closely on the heels of the first. The recent war, he asserted, had so fundamentally influenced orthopaedics that it was now crucial to ensure that this dearly acquired knowledge not be lost:

> [E]veryone who experienced the same sort of profound helplessness upon realizing that our peacetime preparations were wholly insufficient to meet the demands of this war feels compelled to demand that these wartime advances not be lost once again, but rather be preserved for future generations of doctors – and not only for future conflicts, but also in the interests of those casualties of peace – accident victims.[66]

[65] R. Hans Roesler, *Deutsche Kriegsfürsorge*, in: *Wegweiser fuer das werktätige Volk* (January 1918), volume 5 (1), 11
[66] Lange, *Lehrbuch,* 1922, v.

Indeed, a comparison of the two editions also supports the claim that the specialty had developed significantly during the war. In the revised text one finds new chapters on artificial limbs, war orthopaedics, and disability care – topics that could be found nowhere in the prewar version and whose inclusion underscores their recent development and increased significance within the discipline. Expanded sections on the diseases of bones, joints, and nervous disorders also testify to the impact of the war on these areas of orthopaedic medicine as well as to their shifting centrality to the field. In addition to these advances, discussions of procedures for transplanting tendons or repairing ligaments shattered by machine gun bullets provide ample evidence that surgical developments had been significantly advanced in the face of wartime trauma. Moreover, all of these developments were illustrated nicely by accompanying photographs and drawings, most of which included patients still dressed in uniform, a clear indicator to the reader that these treatments were for soldiers injured in war.[67]

Just as importantly, however, the war had impacted the institutional and professional development of the field, as well. At the time of the 1922 publication, Lange reported that there were at least sixty-four orthopaedic institutes (ten more than in 1914), across the empire, charged not only with healing the disabled, but also with continuing the research and development begun in the war. He also advocated creating more university polyclinics and out-patient facilities in order to achieve these goals and reach more patients.[68] His message was clearly well-received, too, because within six years after the war, German universities founded three clinics and five professorships, with many more appearing in the following years. Moreover, in 1924, orthopaedics became a required subject (*Pflichtfach*) in German medical schools.[69] The war's impact on the professional status of orthopaedics was undeniable, and Lange's revised textbook reflects these changes, too.

The very same year that Lange updated his textbook, Konrad Biesalski published a volume carefully outlining the goals and objectives of the new "disability care" (*Krüppelfürsorge*). The new *Guidelines for Disability Care* (*Leitfaden der Krüppelfürsorge*) gathered together the various developments and medical innovations from

[67] Imagery of soldiers modeling the recent treatments or devices developed in the war could serve multiple functions, but it suggests first and foremost, that there are no other, earlier images of these procedures because they simply did not exist before the war. See the images throughout the 1922 edition in Lange, *Lehrbuch der Orthopädie* 1922.
[68] Lange, *Lehrbuch,* 1922, 590-591.
[69] Hans-Heinz Eulner, *Die Entwicklung der medizinischen Spezialfächer an den Universitäten des deutschen Sprachgebietes*, Stuttgart 1970, 394-395.

the war and outlined their use for improving the care and welfare of *all* Germany's disabled persons – "war cripples" and "peace cripples" alike. Published under the auspices of the German Association for Cripple Care and the German Orthopaedic Society, the volume revised the German Empire's guiding principles and expectations for the treatment of its disabled citizens. The impact of the war on medical practice, the experiences gained from treating disabled soldiers, and above all, the recent passage of the new "Prussian Law for the Severely Disabled" had culminated in a veritable revolution in therapies for the permanently injured.[70] Indeed, through this law, established in 1920, there became little legal or medical distinction between the civilian and military disabled, as the "thanks of the fatherland," first conceptualized with respect to wounded, were thereafter to be extended to civilians, as well.[71]

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The First World War had a profound impact on the physical and mental health of Germans. In this essay, I have examined how German orthopaedists reacted to the wartime medical crisis. In tracing the innovative responses of members in this nascent medical specialty, I have outlined how the wartime quest to heal the bodies of individual soldiers became inextricably linked with larger professional goals of orthopaedists. By expanding their scope to include the traumatic injuries of war, by re-thinking their approach to disability care and welfare, and by revising their procedures for treating the wounded, German orthopaedists revolutionized their approaches to meet the demands of war. Moreover, they were able to cast their specialty as one that could heal not only the individual wounded, but the nation, as well. Through the transformation of "useless cripples" into economically productive and useful citizens, these doctors saw in their wartime work the very salvation of an empire. And after the upheaval of the war, they sought to apply these ideas and principles – created originally for "war cripples" – to the "peace cripples" of the postwar republic. In this way, orthopaedists effectively extended the professional scope of their discipline and solidified their authority in the field of disability care beyond the theater of war. At the same time, they also called for governmental recognition, state support for the foundation of university clinics and professorships, and state licensing through the medical boards; in all these endeavors, the

[70] Konrad Biesalski, *Leitfaden der Krüppelfürsorge*, Leipzig 1922, 3.

[71] For another volume detailing the extension of the wartime innovations to civilian accident victims, see chapter five, Die orthopädische Übungsbehandlungen auf Grund der Erfahrungen des Krieges, in Gocht, *Die Orthopädie in der Kriegs- und Unfallheilkunde.*

novel field of orthopaedics proved successful. In many ways, orthopaedists thus received their own "thanks of the fatherland" – specialist recognition for their wartime service to the nation. The story of the war's impact on the development of orthopaedics in Germany, then, follows a markedly different trajectory from the one Roger Cooter has outlined for Britain. Unlike Cooter's arguments that the Great War encouraged little technological or practical innovation within the field among British doctors, it seems clear that German orthopaedists made significant accomplishments in medical technology and professionalization during the war.[72]

When Fritz Lange declared the medical independence of orthopaedics in his 1914 edition of the *Handbook of Orthopaedics*, he aspired for a course of action that would bring substantial autonomy to his specialty. In doing so, he pointed to the then-existing fifty-three healing institutes and sanatoria devoted to "cripple care" in Germany, and argued:

> The task at hand is now to build up as much as possible the relationships between these existing establishments and the university communities, and not only is this in the interests of the universities themselves, who will gain access to a rich source of medical material from these institutes, but also is in the overall interests of disability rights and welfare, because disability prevention will always be the main focus of orthopaedic education.[73]

At the time, Lange had foreseen that the future of orthopaedists would be bright indeed if they could ensure steady access to a broad range of "medical material" to work on (i.e., injured and disabled patients). Little did he know that in less than a year, he and his colleagues would have access to more patients than they had ever expected. Unfortunately, these came not from new institutional relationships forged within universities, but rather from Europe's plunge into total, industrialized war. Moreover, orthopaedists' long-sought professional gains would come not from treating the congenitally disabled, upon whom they had focused in the prewar years, but rather from treating the generation of men injured through the trauma of war.[74] In seeking to avert the economic and social crisis of widespread disability

[72] Roger Cooter has argued that the world wars had little impact on the development of the orthopaedic profession in Great Britain. See Roger Cooter, *Surgery and Society in Peace and War: Orthopaedics and the Organization of Modern Medicine, 1880-1948*, London 1993.
[73] Lange, *Lehrbuch,* 1914, 8.
[74] For a contemporary acknowledgement of this unexpected development, see Gocht, *Die Orthopädie in der Kriegs- und Unfallheilkunde,* 3.

throughout the empire, orthopaedists were able during war to gain what had eluded them in peace – recognition for their expertise. In short, the violent bodily destruction of the First World War made orthopaedics *matter*.

What the Patient Records Reveal: Reassessing the Treatment of "War Neurotics" in Germany (1914–1918)

Petra Peckl

In May, 1917, the non-commissioned officer (*Unteroffizier*) Paul K. was wounded at the western front. When he was admitted to the military hospital in Kreischa (Saxony) later that year, his doctor observed that he "could neither walk nor stand, must be carried. His speech is halting and clumsy." However, the doctor continued, "The active treatment with forced drill (*Gewaltexerzieren*) which was exercised immediately was entirely successful. K. walks freely and unhindered, his speech is fluent and normal."[1] These short notes, from a patient record, describe the typical treatment of war neurotics in the First World War. Many cases, such as that of Paul K., were published in the medical press by German doctors who wished to convey their therapeutic successes. Again, many studies on psychiatric diseases written by medical historians were based on these publications of military physicians. But there are also other case histories, which are in our view seemingly unusual, for example the patient record of the Grenadier August H., who was diagnosed with "hysteria" in a military hospital at the western front before being admitted to the reserve hospital in Weimar. His treatment, which took place between June and August, 1917, consisted of "3x15 valerian drops (*tinctura valeriana*) daily" and "spruce needle baths" (*Fichtennadelbäder*).[2]

This paper deals with the divergent fates of psychiatric patients in the German Army between 1914 and 1918. The two contrasting examples described above give an idea of the wide spectrum of therapies applied in the treatment of war neurotics in the German army. Obviously, the experiences of soldier patients with psychiatric diagnoses were different and less uniform, than literature suggests so far. In the following, this subject will be discussed on the basis of patient records from the German military hospitals and in a micro-historic perspective. In so doing, I intend to join to and to strengthen more recent approaches in the history of war neuroses. In

[1] Federal Military Archive (*Bundesarchiv-Militärarchiv*), Freiburg/Breisgau, BA-MA, Pers 9, Paul K., 15.7.1891, (Kf-Ko). The given diagnosis was „psychogenic abasia", the patient had been treated in field and reserve hospitals since May 1917. After he had been released from military service in December 1917 he was working in his civilian profession as an electrician again.

[2] BA-MA, Pers 9, Gren, August M., 22.7.1894, (Mi-Mt).The treatment was successful; therefore he was released fit for duty (*kriegsverwendungsfähig*) from the military hospital.

the 1980s and early 1990s, historical research on the subject relied exclusively on psychiatric texts published during the war and emphasized continuities between the harsh psychiatric treatment regimes of the First World War and the criminal medical practices of the Nazi era.[3] More recent research has broadened the subject by (1) analysing the role of psychiatry within larger processes of (re)mobilization and rationalization in war societies; (2) integrating comparative aspects; and (3) explicitly considering patient perspectives. From studies carried out by Paul Lerner, Hans-Georg Hofer, and Julia Köhne, we now have a more accurate picture of the specific challenges, strategies, and dilemmas of German psychiatry in the First World War.[4]

In the following, I will first give a short description of the symptomologies of the most commonly diagnosed war neuroses, namely, hysteria and neurasthenia. My goal is to describe how these disorders were presented and discussed in contemporary medical publications. The historical research literature concerning the subject has been presented in detail from various points of view, and so I will limit my discussion to central positions taken by neurologists and psychiatrists. Second, I will investigate the treatment of patients on the basis of records from military hospitals. The analysis of these records provides a look into the similarities and differences between medical treatments performed at "average" military hospitals as opposed to special wards for war neurotics, as well as a comparison of the administration of treatment in these venues to the descriptions of treatment as published in medical journals.

On the Diagnosis of War Neuroses

Despite the availability of discussions from well-known wartime specialists, precise definitions for "war neuroses" are anything but clear. In most inquiries into war-related nervous disorders, reference is usually made to the *Sanitätsbericht über das Deutsche Heer im Weltkrieg 1914/1918* (Medical Report of the German Army in

[3] Peter Riedesser, Axel Verderber, *"Maschinengewehre hinter der Front." Zur Geschichte der deutschen Militärpsychiatrie*, Frankfurt a.M. 1996; Karl Heinz Roth, *Die Modernisierung der Folter in den beiden Weltkriegen: Der Konflikt der Psychotherapeuten und Schulpsychiater um die deutschen "Kriegsneurotiker"*, in: *1999. Zeitschrift für die Sozialgeschichte des 20. und 21. Jahrhunderts* 2/3 (1987), 8-75.

[4] Paul Lerner, *Hysterical Men. War, Psychiatry, and the Politics of Trauma in Germany, 1890-1930*, New York 2003; Hans-Georg Hofer, *Nervenschwäche und Krieg. Modernitätskritik und Krisenbewältigung in der österreichischen Psychiatrie (1880-1920)*, Vienna, Cologne, Weimar 2004; Julia Barbara Köhne, *Kriegshysteriker. Strategische Bilder und mediale Techniken militärpsychiatrischen Wissens (1914-1920)*, Husum 2009. For comparative aspects, see Susanne Michl, *Im Dienste des "Volkskörpers". Deutsche und französische Ärzte im Ersten Weltkrieg*, Göttingen 2007.

the World War) and its statistical information, particularly to the section entitled *Krankheiten des Nervengebiets* (Nervous Disorders).[5] In fact, these references offer no distinction between psychiatric and neurological diseases. The *Sanitätsbericht* contains no accurate information as to how many soldiers suffering from war-related mental illness were treated in German military hospitals. Rather, it only reports that "in particular, neurasthenia, hysteria, and similar conditions" accounted for the greatest portion of patients suffering from nervous illnesses.[6]

After the war, the Hamburg Professor Max Nonne (1861-1959), one of the most prominent specialists in the field of war neuroses, undertook the task of compiling a record of all the "therapeutic experiences acquired in the field of war neurosis during the years between 1914 and 1918."[7] Nonne called attention to the fact that the relevant impairments that appeared among soldiers could be considered only to a small degree as the expression of somatic damage. Under the general term 'war neurosis', he distinguished the following: *Erschöpfungsneurosen* (exhaustion neuroses), *Schreckneurosen* (shock neuroses), *Neurosen von hysterischem Charakter* (neuroses of a hysterical nature), and *Organneurosen* (organic neuroses).[8] From discussions among contemporary neurologists and psychiatrists, it becomes clear that, in addition to the exhaustion neuroses, which were expressed by the term 'neurasthenia', the main clinical focus on neuroses increasingly turned to those of a hysterical nature, known simply as 'hysteria'. For example, Robert Gaupp (1870-1953), professor of psychiatry in Tubingen, concluded that, in the course of the war, "the diagnosis of 'shock neurosis' is found among psychiatrically trained physicians less and less inasmuch as it meant something that was autonomous or sepa-

[5] Here, in sum, 613,047 cases are listed without further subdivision. Under this broadly conceived general concept, a number of disorders were brought together such as 'hysteria', 'neurasthenia', 'nervous shock', various paralytic symptoms, but also 'epilepsy', 'dementia praecox', 'imbecility' etc. *Sanitätsbericht über das Deutsche Heer im Weltkriege 1914/1918*, Vol. 3., *Die Krankenbewegung bei dem Deutschen Feld- und Besatzungsheer*, bearb. in der Heeres-Sanitätsinspektion des Reichwehrmisisteriums, Berlin 1934, 145. Robert W. Whalen, in his study *Bitter Wounds. German Victims of the Great War, 1914-1939*, Ithaca 1984, 52f. provides the number of 313, 337 soldiers suffering from nervous and mental disorders, according to the chief of the German army medical corps, Otto von Schjerning, *Die Tätigkeit und die Erfolge der deutschen Feldärzte im Weltkrieg,* Leipzig 1920. Doris Kaufmann has called attention to the different numbers: Doris Kaufmann, Science *as Cultural Practice: Psychiatry in the First World War and Weimar Germany*, in: *Journal of Contemporary History* 34 (1999), 125-144.

[6] *Sanitätsbericht*, Vol. 3, 147.

[7] Max Nonne, *Therapeutische Erfahrungen an den Kriegsneurosen in den Jahren 1914-1918*, in: Karl Bonhoeffer (ed.), *Geistes- und Nervenkrankheiten (Handbuch der ärztlichen Erfahrungen im Weltkriege 1914/1918 [in the following HdÄE]*, Vol. IV, Leipzig 1922/1934.

[8] Nonne, *Therapeutische Erfahrungen*, 102. The subject of organic neurosis will not be pursued here. For further discussion of "heart neuroses" see the article by Philipp Rauh in this volume.

rate from hysteria."[9] Diagnostic ambiguity will be the subject of the following discussion on hysteria and neurasthenia. The relative amount of focus that I will give to the two conditions reflects the amount of information that is available from the literature. "Hysteria" preponderates.

Hysteria – Diagnosis and Therapy

"Such a profusion of male hysteria has never been presented to us." This statement was made by psychiatrist Otto Binswanger (1852-1929), of Jena, when he was assigned the task of writing an article on war hysteria for the *Handbuch der Ärztlichen Erfahrungen im Weltkriege* (Manual of Physician Experiences in the World War). Binswanger's account included descriptions of the hardships of war that the soldiers had to endure. Even though doctors conceded that mental and physical strain could lead to mental breakdowns at the front, the discussions of the medical journals concentrated for the most part on 'constitutional weaknesses', 'unstable personality', 'hypochondriacal character', and 'hysterical disposition' as the etiology of disease. Soon after the war began, military doctors were confronted with the psychological and also bodily reactions that soldiers were having to trench warfare. The "hysterical" reaction consisted of heavy psychological disorders as crying, restlessness or sleeplessness and/or heavy somatological problems as trembling, speechlessness or dumbness. As a consequence, medical specialists quickly began to offer new therapeutic methods and modified older methods, all of which were described in lectures and medical journals and became the subject of lively discussion. Some of these methods will be presented below.

Forms of "active treatment"

The best known "active" method was the *Überrumpelungs-Methode* (surprise attack method), often called the "Kaufmann method", or even the "Kaufmann cure", described in 1916 by Fritz Kaufmann (1875-1941), a staff doctor at a reserve hospital in Ludwigshafen.[10] During the war, Kaufmann's treatment method was adopted by many, and became partly modified for application to other forms of psychogenic disturbance. In many medical publications, doctors reported astonishing success

[9] Robert Gaupp, *Schreckneurosen und Neurasthenie*, in: Bonhoeffer, *Handbuch der Ärztlichen Erfahrungen*, 68-101, 81. Gaupp was *fachärztlicher Beirat* to the XIII Army Corps.
[10] Fritz Kaufmann, *Die planmäßige Heilung komplizierter psychogener Bewegungsstörungen bei Soldaten in einer Sitzung*, in: *Münchener Medizinische Wochenschrift* 63 (1916), 802-804. For a detailed analysis of the "Kaufmann-method" see Hofer, *Nervenschwäche*, 295-302, and Lerner, *Hysterical Men*, 102-113.

with electrotherapy, claiming that over 95 % of their patients had been "freed" from their symptoms.[11] After some deaths had been reported, the use of strong sinusoidal currents was forbidden by the Prussian Ministry of War, in 1917, although the use of electrical current to induce a shock-type of surprise continued.[12] It was understood at the time that the administration of therapy with electrical current was a brutal method of treatment, but in view of success rates alleged by doctors, such methodology became regarded as very efficient.[13]

In the summary of his presentation, Nonne mentioned the use of hypnosis, estimating its rate of efficacy in the soldier population to be on the order of 80-90%[14], particularly because soldiers were already accustomed to acting on command. Other therapies that seemed successful in the treatment of war neuroses included the forced drill method, recommended by Ferdinand Kehrer (1883-1966); the laryngeal ball, developed by Otto Muck (1872-1942); Binswanger's advocacy of absolute isolation; and the administration of prolonged baths. All of these methods were designed to cut the patient off from his environment and to allow only "the least imaginable amount of comfort".[15] After intense and controversial discussions about the etiology of disease and possible methods of therapy,[16] consensus finally seemed to emerge at the *Kriegstagung der Gesellschaft deutscher Nervenärzte* (War Congress of the German Association for Psychiatry), held in Munich in September, 1916. The majority of participants agreed that "the treatment of functional neuroses … could only consist of psychological methods of influencing the patient … In whatever manner the doctor seeks to heal his patient, whether [by] isolation, hyp-

[11] Lerner, *Hysterical Men*, 110; Michl, *Volkskörper*, 219.
[12] Lerner, *Hysterical Men*, 106. For a discussion of the different forms of electrotherapy see Hofer, *Nervenschwäche*, 325-329.
[13] This explains why historical research on war psychiatry in the First World War concentrated for a long time almost exclusively on the "brutal" aspects of forced treatment. Roth, *Modernisierung*; Riedesser, Verderber, "*Maschinengewehre hinter der Front"*. Therefore, it is not surprising that these therapies were noted as the method of treatment in the medical records we examined. In accordance with the recommendations of medical specialists these methods were almost exclusively applied to cases of hysterical behavior, although not always with the same success reported in the medical literature. This will be discussed later.
[14] Nonne, *Therapeutische Erfahrungen*, 109.
[15] Ibid, 105-113. For a more detailed presentation of the forms of therapy see Lerner, *Hysterical Men*, 86-123.
[16] For more on the congress in Munich and especially on the position of the neurologist Hermann Oppenheim see Paul Lerner, *From Traumatic Neurosis to male hysteria: the Decline and Fall of Hermann Oppenheim, 1889-1919*, in: *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870-1930*, ed. by Mark S. Micale, Paul Lerner, New York 2001, 140-171. See also the survey from Esther Fischer-Homberger, *Die traumatische Neurose. Von somatischen zum sozialen Leiden*, Berne, Stuttgart, Vienna 1975, 88-91 and 136-151.

nosis, forced drills or using strong electric current, he will depend on his personal qualities and preferences."[17] The forms of treatment that were discussed at this congress and implemented in specialized wards have been shaping the picture of German war psychiatry until present time.

Military discipline and work

Irrespective illness or injury, one of most important hospital functions was to maintain the military discipline of soldiers and to keep them occupied. An important strategy was to distract soldiers by offering them "purely entertaining distractions," and then gradually to get them used to "more serious work;" by means of athletic games, drill and gymnastic exercises, and range finding/map reading, patients were to be reintroduced into military service.[18]

Within the military hospitals, the issue of work was important from several points of view.[19] First of all, there were the practical and economic reasons for keeping the hospitals running by putting patients to work, in the kitchens and elsewhere, as soon as they were well enough. In addition, because of the long duration of the war, the aspect of hospital self-sufficiency became ever more important, and patients could help in this regard by tending gardens and areas for agricultural use. At the same time, apart from the therapeutic aspect, work became a means for maintaining patient discipline, and both the therapeutic and disciplinary bases of work remained crucial. Work was also an important opportunity for patients to see themselves as productive, and doctors encouraged this perspective, which in turn provided a means for monitoring patient progress and recovery.

[17] Karl Wilmanns, *Die Behandlung der Kranken mit funktionellen Neuroses im Dienstbereich des XIV. Armeekorps*, in: *Deutsche Medizinische Wochenschrift* 43 (1917), 427f. Nonne also states that there was no special method, or rather that, „all methods are equally good". Nonne, *Therapeutische Erfahrungen*, 106.

[18] See Hauptstaatsarchiv Stuttgart, M77/1, Bü 377, 64, *Beschäftigung von Verwundeten und Kranken, Anzug und Straßendisiziplin*, Stuttgart 1.7.1915. For a similar presentation, but directly related to the psychic patients in the military hospitals and recovery stations see *Sanitätsbericht*, Vol. 3, 149.

[19] For the beginning of the war, see Robert Wollenberg, *Lazarettbeschäftigung und Militärnervenheilstätte*, in: *Deutsche Medizinische Wochenschrift* 41 (1915), 757-760, who was head physician of the *Festungslazarett* 1 (Fortress hospital) in Strasbourg. Also Phillip Jolly, *Arbeitstherapie für nervenkranke Soldaten*, in: *Deutsche Medizinische Wochenschrift* 43 (1917), 1514-1516. Jollys description is based on his experiences as a staff doctor in a reserve hospital for psychiatric patients (*Reservelazarett für Nervenkranke*) in Nuremberg.

From a military perspective, the clear structuring of the patient's everyday life by means of the work routine, and the *Lazarettdisziplin* (hospital discipline) as a whole, which played an important role in healing, were equally important processes. The latter was important in that the maintenance of a military atmosphere was achieved. Life for soldiers even in the military hospital was not supposed to be "too pleasant;" it was crucial that they regain their energies, desire to get well, and look forward to taking up service again. The substance of healing in this context was, after all, military medicine (*militärärztliches Heilziel*)."[20] At the same time, "suitably chosen, profitable employment," such as farm and factory work, would have an additional therapeutic benefit –a "*Nachkur* (a curative aftereffect)"[21] – for those patients who had become symptom-free.[22]

Generally, psychiatric specialists viewed the military setting to be very important for the hospital treatment of war neurotics. Unlike the civilian doctor-patient relationship, simple soldiers within the military hierarchy were not free to decide to end treatment or move to another clinic or to go to another doctor. "The hospital stay and treatment were basically … indefinite ... [and] often went against [patient] wishes but were nevertheless very favorable in their treatment." In this way, the "constraint of external circumstances" embodied in "military discipline" could be regarded as a "useful tool" in the therapy of patients.[23]

[20] Willy Hellpach, *Lazarettdisziplin als Heilfaktor*, in: *Medizinische Klinik* 11 (1915), 1207-1211, here 1209.

[21] Nonne, *Therapeutische Erfahrungen*, 111. He reports that this „follow-up cure" of his patients was the same as that after the „Kaufmann" treatment.

[22] Thus in the region of the XIV Army Corps in Baden a reserve hospital was established in the neighborhood of a munitions factory for the purpose of introducing patients to new kinds of work and later employing them directly in war-related production or in the farming industry. From the point of view of further military employment the prognosis for these patients was not favorable since only a small number of them were again able to serve in the field or to carry out garrison duties, although this practice was at least successful in restoring their ability to work. See a short overview from Wilmanns, *Die Behandlung der Kranken mit funktionellen Neuroses*, 427f. An excellent characteristic of the "Baden-system" offers Lerner, *Hysterical men,* in his chapter „The Worker-Patient. The Neurosis Stations and the Rationalization of Psychiatric Care", 124-162.

[23] F. Quensel, *Die Behandlung der Unfallneurotiker. Neurologisch-psychiatrische Betrachtung zur Neuordnung der Reichsversicherungsordnung*, in: *Zeitschrift für die gesamte Neurologie und Psychiatrie* 60 (1920), 77-118, here 87f. This medical view, however, does not say much about how everyday life in which the patient lived, or to what extent it was possible for them to loosen the net of medical and military control and to gain some personal free space after their medical complaints had been taken care of.

Patients with "Neurasthenia" presented basically similar symptoms as their "hysteric" comrades, but often with softer or milder symptoms, which provoked the interpretation of nervously overburdened soldiers. Apart from the imprecise conceptualization and terminology associated with "nervous debility," or "nervous exhaustion", doctors were faced with the problem of quantifying and qualifying the concept of "neurasthenia." In an attempt to provide a perspective of neurasthenia in soldiers, Gaupp remarked, "The gradual transition from normal exhaustion to pathological exhaustion does not allow sharp demarcations."[24] The experts, however, were in agreement when it came to treatment: neurasthenic patients required rest and relaxation, along with a stringent and nutritious diet. Unfortunately, such a diet was not readily provided, as food shortages in Germany in the second half of the war became catastrophic. The ideal rest and relaxation for neurasthenia patients from military hospitals or convalescent homes (*Genesungsheime*) was to be found far behind the front, back in the homeland, in a setting free of war and military duties. Doctors sought above all to benefit these patients through psychologically positive activities and diversions such as good books, games, and the pleasures of nature.[25]

The medical approach to neurasthenia was thus in sharp contrast to the therapeutic steps taken to treat hysteria. Willy Hellpach, for example, having observed that his colleagues concentrated mainly on to the treatment of hysteria, encouraged to increase efforts to develop different strategies to combat neurasthenia.[26] Precisely because neurasthenia and hysteria both belonged to the overarching problem of war neurosis, Hellpach thought it important to make distinctions:

> The neurasthenic, however, needs sympathy, consolation, encouragement, a warm heart, which does not mean that in his moments of weakness an outside energy which cannot be resisted might not have to intervene; he will need in all aspects of his therapy those things that will lead to success, all the things that would be poisonous to the treatment of hysteria and only prolong it.[27]

[24] Gaupp, *Schreckneurosen und Neurasthenie*, 88. On the great variety (*Variabilität*) of neurasthenia in German-speaking countries at the turn of the century to the First World War see Hofer, *Nervenschwäche*, 14-22.
[25] See the already named descriptions from Gaupp, *Schreckneurosen und Neurasthenie*, and Hellpach, *Lazarettdisziplin*. On convalescent homes see also the article by Philipp Rauh in this volume.
[26] Here and in the following see Hellpach, *Therapeutische Differenzierung*, 1260.
[27] Hellpach, *Therapeutische Differenzierung*, 1261.

Regarding the treatment of hysterics, it should be pointed out that patients, when they were no longer confined to hospital beds, normally did not "spend months doing nothing", as Robert Gaupp says in his commentary on mistakes made in administering treatment, noting that "hysterics" had been mistakenly treated as if they were neurasthenic patients.[28] It was generally reasoned that hysterics were best kept occupied with medical and military duties. Nevertheless –Gaupp's commentary should be understood along these lines– a lengthy and medically unnecessary hospital stay undermined military necessity, which demanded that patients be released and returned to active military duty as soon as possible.

Hysteria and Neurasthenia – a comparison

According to published investigations into the social stratification of soldiers, neurasthenia and hysteria seem to have been differentially diagnosed according to the social class of the patient.[29] This phenomenon was clearly reflected in Hellpach's appraisal of a "vertical" difference of distribution between war neurasthenia and war hysteria: "The higher up the social ladder one goes, the more war neurasthenia dominates; the lower down the social ladder one goes, the more one meets hysteria." Hellpach also observed that "social strata in wartime" do not correspond to "social strata in peacetime, "as "lower-class persons" tended to succeed in becoming officers, whereas businessmen and academics often served as simple soldiers.[30] The internist Hans Curschmann (1875-1950) expressed a similar view when he distinguished between "officers' neuroses" (*Offiziersneurosen*) and "troop neuroses" (*Mannschaftsneurosen*) according to the nature, course, and incidence of the disorder.[31]

Diagnostic differentiation based on class has been discussed in many other articles written by specialists, although not always thoroughly. Such assertions are nevertheless corroborated by numerous examples of case histories. Comparisons made between the "neurasthenic officer" and the "hysteric troop soldier" in the professional medical literature can now be more closely examined and checked using actual patient records.

[28] Gaupp, *Schreckneurosen und Neurasthenie*, 98.
[29] Hofer, *Nervenschwäche und Krieg*, 220-226. Cf. also Michl, *Im Dienste des „Volkskörpers"*, 252.
[30] Willy Hellpach*, Kriegsneurasthenie*, in: *Zeitschrift für die gesamte Neurologie und Psychiatrie* 45 (1919), 180.
[31] Hans Curschmann, *Zur Kriegsneurose bei Offizieren*, in: *DMW* 43 (1917), 291. Curschmann was a special medical advisor to the XVIII. A.-K.

Treatment in the Military hospitals as seen from patient records

The importance of patient records as a source for historical research has become evident by the growing number of studies in the field of a cultural history of medicine. Although expectations that patient perspectives might be reconstructed from medical records have proven rather too optimistic,[32] publications and projects based on such records in recent years have been remarkably informative and productive.[33] Julia Köhne's recent work on war hysteria during the First World War is the result of an intensive qualitative analysis of a limited amount of patient records of war hysterics. One important aspect of Köhne's study is her observation that patient records were used in order to legitimize the scientific hypotheses and ambitions of physicians. [34]

The idea that patient records show a much more complex image of the psychological disorders of soldiers in the First World War than that reflected by the lofty impressions provided in the medical literature is highly relevant for the ensuing analysis. In contrast to cases published in the contemporary literature, the presentation of information in patient records was not governed by the career aspirations of the reporting physician in championing a certain diagnosis or therapy.

Patient records

The military hospital files stored in the Freiburg Military Archive contain patient records of German soldiers who were treated in all of the German military hospitals during the war.[35] These records always follow the following pattern: The first page contains personal data (e.g., patient's name, date and place of birth, civilian profession, date of enlistment) as well as basic data concerning hospitalization (e.g., hos-

[32] See, for example, Joachim Radkau, *Zum historischen Quellenwert von Patientenakten*, in: *Akten betreuter Personen als archivische Aufgabe*, ed. by Dietrich Meyer, Bernd Hey, Neustadt 1997, 73-102.
[33] Michaela Ralser, *Tagungsbericht: Psychiatrische Krankenakten als Material der Wissenschaftsgeschichte. Methodisches Vorgehen am Einzelfall*, in: *H-Soz-u-Kult* (10.06.2007), http://hsozkult.geschichte.hu-berlin.de/tagungsberichte/id=1602. On (psychiatric) patient records as a historical source and an elaborate presentation of the methodical approach of a computer supported analysis, see Thomas Beddies, Andrea Dörries (ed.), *Die Patienten der Wittenauer Heilstätten in Berlin (1919-1960)*, Husum 1999.
[34] Köhne, *Kriegshysteriker*, 78-143.
[35] On the functions of the different types of military hospitals cf. the article by Philipp Rauh in this volume.

pital name, diagnosis, and dates of admission and discharge). Also included is the patient's medical history and military record (e.g, duration and performance at the front line, or the occurrence of cramps during a military drill in a home garrison). The anamnesis is followed by a description of the patient's condition at time of admission to the military hospital, the diagnostic examination, and the prescribed therapies. The records also contain remarks on the patient's social behaviour and any exceptional occurrences in the sickroom. Upon release from the military hospital, the patient's state of health is noted again, including an appraisal of the patient's fitness for further duty (*Grad der Dienstfähigkeit*) and military assignment. In some instances, letters, medical references to specialists (*medizinische Gutachten*), or other information may be attached to the record. These extra documents provide information about the military and medical circumstances of the patient and thus shed additional light on the patient's illness. Depending on the frequency and duration of hospitalization, the patient record generally contains two to ten pages, with rare exceptions of twenty or more pages.

As part of a research project entitled "War and Medical Culture" (hereafter denoted as the "Project"), a total of 700 patient records have been evaluated to date as a first sample, forming the basis for the following discussion of the treatment of soldiers in the First World War. In agreement with the evaluation of the *Sanitätsbericht* (German Army Medical Report), and as emphasized in medical publications, Project findings indicate that "hysteria" and "neurasthenia" were by far the most frequent nervous orders (*Krankheiten des Nervengebiets)* to be listed. For this reason, they will be the focus of the following analysis.

Examples for the treatment of hysteria and its description in the patient records

To the extent that therapeutic methodologies can be reconstructed from patient records, we can draw some rather reasonable conclusions concerning the application of war-psychiatric treatment. Above all, it is remarkable that only about 30 % of the case histories analyzed can be described as "war-psychiatric" treatment. It was only one therapeutic option among a huge variety of treatment modalities within the "therapeutic arsenal"[36] of wartime psychiatrists. But before dealing with the alternatives to classical "war-psychiatry", I will begin with a broader discussion about

[36] So the term by Paul Lerner, *Rationalizing the Therapeutic Arsenal: German Neuropsychiatry in the First World War*, in: *Medicine and Modernity: Public Health and Medical Care in 19th- and 20th-Century Germany*, ed. by Geoffrey Cocks, Manfred Berg, New York 1997, 121-148.

military cases in which "war-psychiatric" treatment was clearly intended. This way it is possible to show the big differences of the strands used in the treatment of soldiers with the "hysteria" diagnosis.

Examples of "psychiatric" treatment in military case histories

One therapeutic measure of psychiatrists, frequently used at specialist institutions and mentioned in patient records, was based on application of the so-called "laryngeal ball" (*Kehlkopfkugel*).[37] The "laryngeal-ball" method, an invention of the laryngologist Otto Muck, of Essen, consisted of a small metal ball measuring about 1 cm in diameter. The device was typically introduced into the larynx of patients with "functional aphasia" (loss of speech). As Otto Muck explained, "The result was that the terrified patient held his breath for a time, loosened his tongue, und let out a shriek. At the emotional climax, the patient would be commanded to speak. His voice would return immediately, demonstrating that he had been 'cured'".[38]

Just how widespread the use of this method was can be found in the hospital records of Rifleman (*Musketier*) Artur Sch., who in November and December of 1916 was treated, in the reserve hospital in Barmen, for "hysteric paralysis of the vocal cords," hoarseness, and coughing. When he failed to improve after the application of "endolaryngal faradisation", he was repeatedly subjected to "laryngeal-ball" treatment, which also proved to be ineffective. Finally, the patient was transferred to the reserve hospital in Essen – expressly, for further treatment in "Dr. Muck's ward". The record reports that in Essen, the patient "reacted to the ball by making sounds, speaks for a short time, but then returns to the previous condition." The record also states that, "since all attempts at treatment had proven to be futile, and a further stay in the hospital did not bring any improvement", Artur Sch. was ultimately declared unfit for duty (*felddienstuntauglich*) but "capable of work" (*arbeitsverwendungsfähig*) and thus released to go home.[39]

This example demonstrates the real-life application and outcome of the laryngeal-ball treatment, in contrast to descriptions published in the medical literature**.** The procedure was used not only by its originator, Muck, but also by other physicians working in reserve hospitals like the one in Barmen. One may assume that the ex-

[37] See also the article by Wolfgang U. Eckart in this volume.
[38] Otto Muck, *Heilungen von schwerer funktioneller Aphonie*, in: *Münchener Medizinische Wochenschrift* 63 (1916), 441.
[39] See BA-MA, Pers 9, Artur Sch., 1.1.1892, (Schb-Schl).

perience of Artur Sch. with the laryngeal ball was typical, as the brief description of the medical report includes no exceptional remarks. The brutality of the method, inciting the soldier's fear of suffocation, does not appear to be of concern in the patient records, nor is there any mention of patient protest or suffering. The esteem in which Otto Muck was held among practitioners of the laryngeal-ball method is nevertheless apparent in the transfer of the nonresponsive patient to the "care" of the acknowledged expert.

Similarly, the treatment of war hysterics with electric current is mentioned only sparingly in medical records, in contrast to the detailed descriptions published in the wartime medical literature. Where electrotherapy was implemented to treat hysterics, one generally finds rather casually noted abbreviations, such as "electr." or "farad.". Reference is also frequently made in patient records to the widely discussed Kaufmann method, albeit in a terse manner, such as "treated according to Kaufmann". As an example, a "territorial reserve" soldier (*Landsturmmann*) undergoing treatment for hysteria "according to Kaufmann's principles" on May 19, 1917, in a special ward in Cologne-Lindenthal, appears to recover in a quite unremarkable way. Six days after treatment, it is simply noted: "impairment eliminated"[40]. The treatment of a second *Landsturmmann*, in August of 1918, was apparently not so successful. After describing the patient as having a "feeble-minded, hysteric walking impairment," the physician in this case records that "a very energetic application of the Kaufmann method did not have the slightest success."[41]

The description of the treatment of Rifleman Ernst E. in a reserve hospital in Bonn, in 1917, is much more comprehensive. We are informed that the patient was admitted to the hospital with a diagnosis of "hysteria" and confined to bed for one week in preparation for the "Kaufmann treatment". The walking impairment was eliminated after one 45-minute session. In the weeks following, according to the record, the patient was in a good mood, felt well, and by the end of hospitalization was doing light garden work. When he was released after six weeks of treatment at the hospital in Bonn, his ability to walk was described as completely normal.[42] Even though hardly anything is said about the actual treatment, one could regard the case of Ernst E. as an ideal example of the Kaufmann method because the two main steps, patient preparation and treatment, are both mentioned and appear successful. How strong the current was, and what suggestions were used, however, remain

[40] BA-MA, Pers 9, Johann M., 13.1.1893, (Ma-Mot).
[41] BA-MA, Pers 9, Johann K., 3.7.1895, (Kn-Kre).
[42] BA-MA, Pers 9, Ernst E., 1.1.1893, (Em-Fra).

open questions. But the outcome in this case is consistent with the success stories frequently reported in the medical journals.

Rifleman Wilhelm B. appears not to have been so lucky. After a bullet wound, he suffered a "hysteric contraction of his right elbow," and after prolonged treatment in Hannover was transferred directly to "Professor Nonne in Hamburg," where he was treated in February of 1917. At first, signs of improvement were encouraging: "Patient was treated according to the Kaufmann method for ¾ of an hour. Significant improvement. The arm can be passively brought into an extended position; active extention not yet possible." However, five days later we read that "the patient refuses to undergo another Kaufmann treatment, although he has recovered 2/3 use of his arm." And one day later, there is a note that he was resistant to an attempt at hypnosis. With this, the doctors regarded all therapeutic possibilities to have been exhausted, and the patient was released from the army as unfit for duty, with the additional note: "It is urgently recommended that B. not be granted a pension."[43] The use of the Kaufmann method under the direction of Max Nonne in this case deserves special emphasis. Nonne had demonstrated his technique of suggestive hypnosis with impressive results at the Munich Congress, and since then he had been "embraced by military medical authorities"[44]; indeed, other doctors were sent to Nonne in Hamburg to learn the method from him and to take it back to their own hospitals. Ernst B., however, was first treated "according to the Kaufmann method" and only thereafter subjected to hypnosis. This order of treatment is especially astonishing because Kaufmann's method was at that very time already considered controversial, as death and serious injury had been associated with Kaufmann treatments in reports given at the Munich congress.[45] The reasons for Ernst B's refusal of treatment after his initial signs of improvement, however, are not given.

As these and other examples show, the method of treatment is usually mentioned without a detailed description of patient follow-ups or progress. In this regard, the case history of Rifleman Peter G. is exceptional. The medical records of Peter G. are unusually comprehensive, extending to over 50 pages and covering his hospitalization over one and one-half years in various hospitals. His records offer rare

[43] BA-MA, Pers 9, Wilhelm B., 1.1.1891, (Bio-Bo). The attitude of the doctors re. the question whether and to what extent hysterical illnesses should be recognized as military service injuries and a pension be granted was related to the discussion about the so-called traumatic neurosis and the idea of pension claims (*Rentenbegehrungsvorstellungen*) which was developed in this context. See Fischer-Homberger, *Traumatische Neurose*, 191-201.
[44] Lerner, *Hysterical Men*, 93. See also Nonne, *Suggestivbehandlung*, 197-199.
[45] Lerner, *Hysterical Men*, 106.

insights into the circumstances surrounding the use of "electric current". Peter G. was transferred from the observation ward of the reserve hospital at the Heidelberg Psychiatric Clinic to the reserve hospital in Villingen, where he was admitted on the March 13, 1917, with a diagnosis of "hysterical psychosis". The patient made a bad impression from the very beginning, behaving in an unmilitary and impertinent manner. His physical symptoms included a strong stutter and a "lazy" way of walking, "without raising his feet". No direct connection, however, was made between his condition and the fact that he had been wounded several times at the front. During the first days subsequent to his admission, the patient made a "psychotic impression … completely closed to rational argument." Nevertheless, a few days later, the examining doctor was able to come to the conclusion: "He is only playing at being mentally ill." After further observation, the patient record contains the following:

> Will be treated today with strong electric current; (he) tries at first, before the doctor comes in, to get away from the medical sergeant (*Sanitätsunteroffizier*) and insults him; afterwards, however, obeys the doctor without hesitation; the electrodes are placed in the area next to the shoulder blades with the suggestion that he is now going to relearn to speak correctly; afterwards, speaking exercises are carried out, which in a few minutes lead to completely normal and fluent speech; following this, physical exercises, during the course of which the patient is able to walk normally in an erect military manner. At the conclusion of the treatment, the total impression given by the man is completely different.

On the following day the patient spoke "completely normally", which in the patient record is explained by the fact that the patient "was obviously afraid of frightened by the threat of new treatment should he suffer a relapse." There is also an entry which notes that he "was still somewhat disgruntled about the violent cure (*Gewaltkur*) from the day before." The report of this treatment, which in its sequence corresponded to the Kaufmann method, is interesting from several points of view. It is exceptional for its designation of where exactly the electrodes were placed. It also describes the behaviour of the patient, his insulting of the sanitary sergeant, and his obedience toward the doctor who carried out the therapy, which at first seemed to restore the patient's to speaking and walking abilities. The report is typical in that it does not describe any pain that the patient had to endure, although the coercive nature of the treatment is obvious inasmuch as it is termed a "violent cure" and is regarded with fear. Without going further into the case history of this patient, it should be mentioned that the initial success did not last and the patient fell back

into his old pattern of unmilitary, lazy, and querulous behaviour. Ultimately, Peter G. was released from military service as unfit for duty (*kriegsdienstunbrauchbar*).[46] The transfer of patients to specifically named doctors, such as Dr. Muck and Dr. Nonne, confirms that such specialists were not only known in the medical literature but recognized by military hospital doctors as the ultimate experts for treating difficult and nonresponsive patients.

„*Softer" forms of therapy*

Generally**,** the therapeutic methods that were at the center of discussion among psychiatrists during the war are in fact reflected in the medical records; to this extent, the portrayal of treatments in the literature are accurate. It is noteworthy, however, in two out of three recorded diagnoses of "hysteria," that therapy either is unmentioned or is limited to rest and relaxation (i.e., the clear majority of those cases examined so far). Rest in bed, healthy meals, and bromine or valerian sedatives were the therapies of choice. The lesser known use of valerian drops for the treatment of hysteria patients can best be illustrated by the medical records of Bernhard K., a sapper (*Pionier*), whose therapy during his stay in an eastern military hospital consisted of "daily 20 drops of strophanthin with valerian." His symptoms, which consisted of dizziness and trembling of the legs and hands, slowly disappeared over the course of treatment, so that he was released as "fit for work" (*arbeitsverwendungsfähig*).[47]

On March 28, 1917, the soldier [*Armierungssoldat*] Konrad S. was admitted to a military hospital in France, after having suffered from a "fit" at the front line, and subsequently transferred to a reserve hospital in Wiesbaden, where "hysteria" was diagnosed. The described treatment was: "spruce needle baths, bromine, cold rubdowns (*kalte Abreibungen)*." During treatment, which lasted a month, the patient complained about a consistent pain at the back of his head with intermittent fatigue. Notes about these complaints, repeatedly found in his record, decreased over time, and according to his doctor, the patient recovered so well that at the end of March, 1917, Konrad S. sought to be discharged on his own accord. He was released as fit for garrison duty (*garnisondienstfähig*).[48]

[46] BA-MA, Pers 9, Musketier Peter G., 1.7.1893, (Gr-Gz).
[47] BA-MA, Pers 9, Bernhard K., 1.1.1891, (Ka-Kr.).
[48] BA-MA, Pers 9, Konrad S., 15.7.1891, (Se-Sta).

A similar case history is recorded for Heinrich S. This soldier (a radio operator) was admitted to a Berlin reserve hospital in September, 1917, suffering from a shaking tremor. After prolonged observation, the patient was presented to Dr Kurt Singer, a member of the Neurology Advisory Board (*Fachbeirat für Nervenkrankheiten*). Dr Singer's diagnosis was recorded as "an aggravated case of hysteria," and he prescribed "hypnosis or something similar" (27.10.1917). Accordingly, Heinrich S. was transferred two days later to the nerve ward (*Nervenstation*) at the northern reserve hospital in Berlin. The records, however, makes no mention of any hypnosis treatment, but simply records, "bed rest, 2x 20 drops of valerian". On the November 27, 1917, Heinrich S. left the hospital and was declared capable of simple work (*arbeitsverwendungsfähig*).[49] This and the other cases show, among other things, that key developments of wartime psychiatry, such as "rationalized treatment regimes", or methods of "active treatment", did not reach *all* hospitals. There is evidence that the treatment of war neuroses among German military hospitals could differ enormously. By the fourth year of the war, patients might well be treated with painful faradization or suggestion therapy, whereas others appear to have received treatments characteristic of pre-war medicine.

The significance of gymnastics, exercise, and the general integration of the patient into everyday hospital work has been discussed above, and these activities indeed seem to have become so basic to the patient routine that they are seldom mentioned in medical histories. Only in isolated cases do we find entries that state that the patient "works hard", "is reluctant," or "seeks employment"[50]. One isolated remark, where the nature of the patient's work is given, regards on-commissioned officer Georg L., who was described as having done "very good work" in a sawmill after recovering from a "psychogenic walking disorder".[51] Given that the treatment of these patients was less eventful than for those outlined above, the records are typically thinner. Nevertheless, these "softer" forms of treatment clearly predominate in terms of the actual numbers of cases in the examined records.

It should also be noted that the medical records of hysteria patients offer a complex picture with respect to basic medical data, duration of treatment, and manner of release. Whereas one-third of the examined patients stayed in the hospital for one to two months, and about one-fourth remained there three to four months, much longer courses of treatment are recorded for up to one-fourth of patients. Peter G.,

[49] BA-MA, Pers 9, Heinrich S., 1.1.1896, (Stej-Tes); and also under: 20.1.1896, (Stof-Tham).
[50] So, for example BA-MA, Pers. 9, the artilleryman (*Kanonier*) Max P., 1.1.1895, (Pf-Pol).
[51] BA-MA, Pers. 9, Georg L., 1.1.1895, (Lam-Lim).

who underwent treatment for about one and one-half years, remained the exception, however. Furthermore, only about one-seventh of these patients labeled with "hysteria" were considered able to return to active duty (*kriegsverwendungsfähig*) after treatment. The rest were evenly categorized as fit for garrison duty (*garnisondienstfähig*), fit for work, or unfit for service (*dienstunbrauchbar*).

Examples for the treatment of neurasthenia and its presentation in the medical records

In terms of assessing doctors in their treatment of neurasthenia patients, one striking aspect of these patient records is the virtual absence of physician demeanor that could in any way be described as consoling or encouraging in regard to patient treatment. To this extent, the recommendations so urgently made by Hellpach seem to have gone largely ignored. It is not unusual for case histories to record unusual or noteworthy events, but doctor comments about how the patient feels are generally absent. It is possible to get an impression from the mood of the patient when one reads, for example, "depressed," "down hearted," or "subjective well-being." But descriptions of the doctor-patient relationships and relevant interpersonal behaviors cannot be determined from the entries made. The records are devoid of the "therapeutic detail work" (*therapeutische Kleinarbeit*) that Hellpach considered so significant in treatment.[52] Expressions of personal approval and disapproval of patients, on the other hand, can be found in the reports on hysteria patients. But intriguingly, even these are absent if the case history revolves around an officer. This exception may reflect the difference of atmosphere at the officers' hospitals or protocols of social etiquette between doctor and officer-patient. In the example of a lieutenant treated in the officers' hospital in Heidelberg, it is very striking that he was excused from standard treatment twice within a half-year so that he could take leave at a health spa[53] Roborative stays at rehabilitative institutions were granted freely to elite soldiers, even if they were labeled with a psychiatric diagnosis.

As mentioned above, rest and relaxation were considered central components in the therapy for neurasthenia. In the medical reports, in addition to the measures and medicines (e.g., tincture valeriana) prescribed, regular commentary about overall state of the patient's health can sometimes be followed over the course of treatment. One can discover short remarks, such as "still has headaches," "feels much better,"

[52] Hellpach (1917), *Therapeutische Differenzierung*, 1261. See note 33 in this article.
[53] BA-MA, Pers 9, Erst S., 1.1.1896, (Schulu-Sie).

or "no more complaints," that indicate the extent of patient improvement. Again, a few examples will serve to explain this point in more detail.

Lance-corporal (*Gefreiter*) Hermann K., for example, was sent to a field hospital on the Western front in February of 1915. He was irritable, having suffered from trembling and a lack of sleep for several weeks. The diagnosis of "neurasthenia" was made, a special diet was prescribed, and the patient was given a few weeks to recover before he was released as fit for duty and sent back to his unit.[54] Rifleman (*Musketier*) Albin L. was prescribed the pain-killer pyramidon at bedtime and a weekly spruce needle bath. No other measures are recorded, and he was sent back to his unit "symptom-free" after a total of six weeks, first in a military hospital in Hungary and then a reserve hospital in Germany.[55] An example for a short entry related to the work behavior of a patient, the case of the artilleryman (*Kanonier*) Karl O. records that the patient "helps with office work" and is "orderly and able".[56] The kinds of entries made in this area of medical treatment are not different from those made for patients suffering from hysteria, as described above.

The case histories of soldiers treated for neurasthenia in military hospitals reveal that most such patients were subsequently sent back into service as fit for further duty. A little more than one-third of the patients with neurasthenia that we examined were released from the hospital as fit for duty (*kriegsverwendungsfähig*), and almost one-half returned to their units as fit for garrison duty (*garnisondienstfähig*). The manner of release of this group of patients corresponds substantially to the medical literature as has been described above. Remarkably, however, there is one aspect of the medical records that offers a perspective that is at odds to the views presented in publications of known neurologists and psychiatrists of the period. Although there were only five officers among the patient records we used in our study of neurasthenia, we discovered that the group of neurasthenic patients was numerically as large as the group of hysterics, which leads us to question the difference in overall military rank that has been purported to distinguish between hysterics and neurasthenics.

We have also discovered, through inspection of the symptoms and treatments of neurasthenia and hysteria as given in the patient records, another trend that would seem to undermine the distinction between the two categories offered in contempo-

[54] BA-MA, Pers 9 Hermann K., 1.7.1891, (Km-Kra).
[55] BA-MA, Pers 9, Albin L., 1.7.1895, (Lau-Link).
[56] BA-MA, Pers 9, Karl O., 1.1.1895, (Opp-Pe).

rary publications. In keeping with the methods of treatment presented in the medical literature, coercive therapies (as described above) were indeed exclusively applied to patients suffering from hysteria. But a clear majority of these patients – over two-thirds – were exempt from this form of treatment. In fact, in the prescription of medication (especially tranquillizers) and in other measures to strengthen the patient, there was no discernible difference between the treatment of hysteric and neurasthenic patients. Thus, in many cases, the clear dichotomy between hysteric foot soldiers and neurasthenic officers that was emphasized in the medical literature does not appear to be corroborated in the medical records.

Conclusion

In general, nervous disorders (*Nervenkrankheiten*) that appeared during the World War I have been discussed primarily under the heading of war neuroses. Most often, these discussions were understood – and sometimes continue to be understood – in the narrow sense of war hysteria as described above. It was on the basis of this understanding that most therapeutic innovations were devised and ultimately developed. Neurasthenia, on the other hand, was regarded as the result of the physical and mental hardships of war or of a constitutional weakness, which was preferentially treated through simple therapeutic means in combination with the essentials of rest and relaxation. From a therapeutic point of view, neurasthenia, as compared to hysteria, was a much less interesting and less emphasized topic of medical discussions, lectures, and publications.

An important implication from recent reviews of military medical reports is that the diagnosis of neurasthenia was in no way reserved for officers, which contradicts the contemporary medical press view that military rank was a prime indicator of the disease. The coercive psychiatric therapies that were central to published medical discourse surrounding war neuroses are also recorded in the medical case histories that we have examined, although at rates lower than would have been predicted on the basis of contemporary medical publications. In most of the hysteria and neurasthenia cases we studied, tranquilizers and rest were the sole therapies. Moreover, the notes that we have investigated in the patient histories do not show any striking difference between assessments of hysteria and neurasthenia.
The evaluation of patient records provides us with a far more complex picture of the medical treatment of soldiers traumatized by war. Medical files from military hospitals not only corroborate some of the more spectacular dimensions of the dis-

orders and therapies recorded in the medical literature, but also offer a new perspective regarding the mundane, inconspicuous case histories of patients. Medical case histories present the "unfiltered" impression of the attending physician, not a retrospectively summarized case, such as that prepared for presentation in front of colleagues or for a medical publication. Hence, medical records enable us to learn more about the daily routine of hospital life during the war, and they are therefore an important complement to printed contemporary medical literature. Patient records also report on unsuccessful attempts at treatment, which for understandable reasons are seldom mentioned in medical publications. Examination of patient records brings new insights to our understanding of the treatment of psychiatric disorders in the First World War. These records can also help us better understand the personal of industrialized war from both patient and physician perspectives.

Victory for the "Most Enduring" Hearts[1]: The Treatment of Physically Exhausted Soldiers in the German Army (1914–1918)

Philipp Rauh

> From top to bottom, both physically and mentally, performance was demanded that was beyond anything expected in peace time, and this for a period of months or even years. Thus, the signs of exhaustion could not fail to appear. Depending on whether physical or the mental stress was predominant, it showed itself in different forms.
>
> —Wilhelm His[2]

As the German army consultant internist Wilhelm His[3] makes clear, the demands that the First World War placed upon its solders were, from both a psychological and physical point of view, unprecedented. Indeed, internal medical specialists in Germany were at the time confronted with an unexpected multitude of soldiers suffering from fatigue and exhaustion, often complaining of heart problems as well.[4]

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[1] Quoted from G. Treupel, *Die Beurteilung des Herzens und seiner Störungen zu Kriegszwecken*, in: *Deutsche Medizinische Wochenschrift (DMW)* 43 (1917), 712.

[2] Quoted from Wilhelm His, *Allgemeine Einwirkungen des Feldzuges auf den Gesundheitszustand*, in: *Handbuch der Ärztlichen Erfahrungen im Weltkriege 1914/1918*, Vol 3: Innere Medizin, Leipzig 1921, 4.

[3] Wilhelm His (born 1863 in Basel) was appointed professor of medicine in Basel in 1892. At the beginning of World War One in 1914, His was working in Berlin. He volunteered for service and was employed as a consulting physician for the German Army. After the war, he took up a teaching position at the Berlin Charité hospital. The years after his retirement as emeritus professor up to his death in 1934 were dedicated to medical science as the co-editor of the publication "Medizinische Klinik", as author and chairman of the 'German Society for Internal Medicine'. For more about Wilhelm His, especially about his experiences in the First World War, cf. Wilhelm His, *Die Front der Ärzte*, Bielefeld 1931.

[4] In Germany up to now, there has been very little substantial historical research into the history of internal medicine during World War One. At best, there are some marginal and rather broad overviews of the role of internal medicine (cf. Alexander Schulz, *Für die Einheit der Inneren Medizin. 125 Jahre Deutsche Gesellschaft für Innere Medizin*, Wiesbaden, 2007, 67-76; Paul Schölmerich, *Entwicklung der Kardiologie*, in: Meinhard Classen (ed.), *Internisten und Innere Medizin im 20. Jahrhundert. Festschrift aus Anlass des 100. Kongresses der Deutschen Gesellschaft für Innere Medizin*, Munich 1994, 234-263). In his book *Hundert Jahre Herzgeschichte. Die Entwicklung der Kardiologie 1887-1987*, Berlin 1987, 21-32, Hermann Mannebach treats primarily the English internists during World War One. They were confronted, just as German military internists, with an unexpected number of soldiers suffering from exhaustion and heart complaints. The Anglo-American military doctors attempted to solve the problem of large numbers of soldiers suffering from exhaustion and heart problems by having special 'Heart Hospitals' built, in which soldiers could be more effectively treated. See also Joel D. Howell, *Soldier's Heart. The redefinition of heart*

As His looked back on the problem, in 1921, he concluded that "war fatigue and exhaustion" had essentially arisen as new problem areas for medicine, especially for military medicine. The treatment of World War I soldiers suffering from exhaustion, excessive strain, and heart problems will be the primary focus of the following discussion, where we will address strategies developed by military doctors to diagnose and treat soldiers as an effort to maintain military fitness. A second and distinct focus will be to investigate the extent to which these strategies were actually put into daily practice. The medical care of soldiers in the First World War became an extensive and complex undertaking, and I will begin with a brief description of the Army organization of medical services and military hospitals. Accordingly, the subsequent two subchapters are devoted to the published statements of physicians, including His, concerning "exhaustion." The second part of the paper will analyze articles written by doctors not stationed at the front line, but who nevertheless published their opinions, in the medical literature, regarding the proper everyday treatment of exhausted and overburdened soldiers. Subsequent discussion will address the meeting of the German Society of Internal Medicine, held in Warsaw, in 1916, and the treatment guidelines that the Society promulgated. It will be important to discover which guidelines were adopted from the Warsaw Congress with respect to the treatment of soldiers suffering from exhaustion and heart problems. An important question raised in discussing these guidelines concerns the degree to which they became integrated into general efforts to rationalize, economize, and professionalize medical practice during the war.[5] The question as to whether

disease and specialty formation in early twentieth-century Great Britain, in: *Medical History*, Supplement No. 5 (1985), 34-52; Charles F. Wooley, *The Irritable Heart of Soldiers and the Origins of Anglo-American Cardiology: The US Civil War (1861) to World War I (1918)*, Ashgate 2002.

[5] During the course of the war, the acute shortage of all war-related resources – among which human manpower must be especially counted – played an increasingly important role. The increasing application of the principles of the economical use of manpower, of rationalization, of functional planning and the effective use of human resources underwent an accelerated development as the war went on. This was also true in the area of military medicine. Paul Lerner speaks in this context of a "new, rationalized system," in the medical treatment of soldiers by military doctors. Beginning in 1916, this new medical management system underwent continuous development. Treatment of patients was to be primarily dictated by measures aimed at promoting the attainment of war aims (cf. Paul Lerner, *Hysterical Men. War, Psychiatry, and the Politics of Trauma in Germany, 1890-1930*, Ithaca, London 2003, 124-162). The most important moving forces behind these efforts were the wartime medical congresses. This is made abundantly clear, for example, in the resolutions of the 'Congress of Psychiatrists' held in Munich in 1916 (about the Congress in Munich, see: Paul Lerner, *From Traumatic Neurosis to Male Hysteria: The Decline of and Fall of Hermann Oppenheim, 1899-1919*, in: Mark S. Micale, Paul Lerner (ed.), *Traumatic Pasts. History, Psychiatry, and Trauma in the Modern Age, 1870-1930*, Cambridge 2001, 143-154). If doctors were to be more successful in combating the increased appearance of certain medical symptoms, they had to find an agreed approach from a medical point of view, which could then be applied in everyday treatment.

guidelines were actually adopted and applied in everyday treatment will be answered through an analysis of the military hospital records from the war.

The work presented here is in part based on a study that began in November 2006 at the Institute for Ethics and History of Medicine at Freiburg University and that now continues through funding provided by the German Research Foundation (*Deutsche Forschungsgemeinschaft*, DFG) under the title: "War and medical culture. The fate of patients and the medical behavior of doctors during the two world wars (1914-1945)"[6]. This project attempts to analyze the treatment and medical evaluation of German soldiers in both world wars in an effort to reveal processes of "militarization" within medicine and to establish the practical relevance of medical theories in the daily treatment of soldiers. The project is divided into two parts: The first is devoted to the study of psychological trauma and nervous disorders; the second investigates physical disorders caused by fatigue, physical exhaustion, and excessive stress.

A comprehensive evaluation of field hospital records from the First World War[7] provides a detailed picture of the everyday treatment of exhausted soldiers in the field, and our study of military hospital records of World War I thus contributes to a medical history "from below."[8] Admittedly, such an approach faces limitations to the extent that patient records are, particularly under wartime conditions, heterogeneous, many-voiced, and often incomplete and contradictory. It must be remembered that these documents are the product of an administrative system that was formed by the organizational needs and ordering principles of the respective medical institutions. The attitude of the patient toward his illness played only a subordinate role in the genesis of these documents, and we must remain aware that patient perspectives, as well as military hospital records in general, were filtered through the doctor's point of view.[9]

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[6] Members of the research group are: Cay-Rüdiger Prüll, Petra Peckl, Philipp Rauh and Peter Steinkamp.

[7] This stock of files was formally located in the medical records depository in Berlin. These records are now located under the title "Pers 9" in the German Federal Military Archive in Freiburg. In the course of this project about 700 individual medical records from the First World War have thus far been analyzed. This paper is based on the results of that analysis. About the structure of the military hospital records from the First World War in detail, see the article by Petra Peckl in this volume.

[8] Cf. Roy Porter, *The Patient's View. Doing Medical History from the Below*, in: *Theory and Society* 14 (1985), 175-198.

[9] About German-speaking projects in terms of a patient history, see Thomas Beddies, Andrea Dörries (ed.), *Die Patienten der Wittenauer Heilstätten in Berlin (1919-1960)*, Husum 1999; Gerrit Hohendorf et al. (ed.), *„Das Vergessen der Vernichtung ist Teil der Vernichtung selbst". Lebensge-*

The entries in patient records about exhausted soldiers are, for the most part, short and written in a stereotyped fashion. Case histories are generally concise; any elaboration of the patient's point of view is rare. Nevertheless, hospital records offer a great deal of information, and an analysis of hospital records allows us to infer some answers to the following questions:

- What was the day-to-day relationship between doctor and soldier-patient during the war?
- What was the nature of the daily interactions between the physician and the soldier suffering from symptoms of exhaustion in military hospitals during the war? How were symptoms and complaints classified and treated?
- To what extent did everyday treatment practices, especially those in the field hospitals near the front, diverge from the guidelines laid down by internists in the medical literature and at the Warsaw Congress?

Medical Services and Military Hospitals in the First World War

In order to get an idea of German military medical services and their organization in the First World War, it is helpful to understand the general dimensions of medical care between 1914 and 1918. According to statistics compiled from over 13 million soldiers and published in the "Medical Services Report on the German Army in the War 1914/1918," the average soldier received medical treatment on two or more occasions,[10] and about 25,000 military doctors were on hand to meet this torrent of patients.[11] Some of these physicians were assigned to fighting units, whereas others were assigned to military hospitals. The patient records from which the present study is based originate from these same military hospitals. It is thus relevant to describe the types of military hospitals that existed.

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schichten von Opfern der nationalsozialistischen „Euthanasie", Göttingen 2007; Barbara Köhne, *Kriegshysteriker. Strategische Bilder und mediale Techniken militärpsychiatrischen Wissens (1914-1920)*, Husum 2009.

[10] Cf. *Sanitätsbericht über das Deutsche Heer (Deutsches Feld- und Besatzungsheer) im Weltkriege 1914/1918*, Vol. 3: *die Krankenbewegung bei dem Deutschen Feld- und Besatzungsheer im Weltkriege 1914/1918,* Bearbeitet in der Heeres-Sanitätsinspektion des Reichswehrministeriums, Berlin 1934,18.

[11] *Sanitätsbericht über das Deutsche Heer*, Vol. 1: *Gliederung des Heeressanitätswesens*, Berlin 1935, 30.

Field Hospital (Feldlazarett)

Wounded and sick soldiers were carried by stretcher from battle zone to medical corps assembly points[12], where patients would wait for ambulances to deliver them to the closest field hospital. Just how arduous this trip frequently was can be seen in the description given by a medical orderly in the French town of Orveil on the September 22, 1914:

> New groups of wounded are coming. One tent after another is being put up; it doesn't take long and they are full. Finally, the ambulances arrive, four of them, with an officer at their head. They drive up, and now comes the screaming in the tents–each one wants to be the first to be loaded. No, that's not possible; the first to be loaded are those lying in the pouring rain. Oh, are they thankful to be put into the well-protected ambulances, but only 16 can be taken. Then, the ambulances drive to the field hospital, which is about 4 km away. We call into the tents: all of the walking wounded are ordered out, and they come limping, with shot-up arms and legs. Many can't even walk 100 m, much less the 4 km. They all want to go and get away from this miserable place. With a heavy heart, we have to send many of them back and have them wait for the returning medical company. About 30 men fall in for the march to the field hospital, a true process- sion of pain and tears.[13]

Admission to the field hospital was carried out during breaks in fighting: wounded or sick soldiers were first treated by the army medical officer, who would decide whether admission to the field hospital was necessary. The primary task of the field hospital was initially to take care of wounded and sick soldiers for a short time, to attend to their medical needs and, above all, to carry out emergency operations. Most of the field hospitals were set up in barns, stables, or churches, where the rooms were only partially suitable for medical services. Moreover, medical staff was often in short supply, so that personnel had to work day and night until each patient received the most basic treatment.[14] Doctors would typically decide after

[12] The stretcher-bearers actually carried out their work under very dangerous conditions as they were in fact the main target of enemy snipers. See Gerhard Hirschfeld, Gerd Krumeich, Irina Renz (eds.), *Enzyklopädie Erster Weltkrieg*, Paderborn 2003, 812.
[13] Quoted from a letter of 22 September 1914, written by a deacon of the "Bodelschwinghschen Anstalten in Bethel", who had been inducted into military service as a medical orderly. See: Archive of the Nazareth of the Bodelschwinghschen Anstalten in Bethel, library number: N-04-093: *Briefe aus dem Ersten Weltkrieg*, part 1.
[14] Cf. *Sanitätsbericht des Heeres*, Vol. 1, 112.

two to three weeks whether a soldier would be sent back to his unit – his transportability played an important role in this decision – or whether he needed to be sent to a military hospital because his treatment would require more time. The assessment period, which seems rather short, can be explained for the most part by the fact that the field hospitals had to constantly make room for new wounded and sick soldiers from the front. In the rare instance when the field hospital had a direct railroad connection to the homeland, soldiers who were judged to have wounds or diseases that needed long-term treatment could be sent directly from the field hospital to a military hospital in the homeland. Normally, however, they were sent to a larger military hospital.

Military Hospital (Kriegslazarett)

The transport of wounded or sick soldiers from field hospital to military hospital was usually by ambulance. As time went on during the trench warfare in the west, however, many units also made use of shuttle trains to transport the wounded and sick.[15] The German army military hospitals of World War I had to deliver a wide range of services. Some hospitals, maintaining large facilities for lightly wounded soldiers, would admit the first wave of wounded and sick from the field hospitals.

Groups of medical personnel from military hospitals were assigned to the front line in order to provide relief to the field hospitals as needed. These personnel thus had to be mobile; they had their own vehicles and carried with them all necessary medical supplies, such as dressing materials and medicines. Other military hospitals were established to accommodate soldiers for longer periods of time. In these cases, more extensive hospital complexes were established to meet all modern medical demands. These hospitals sometimes extended over an entire quarter of a city or formed their own barrack-city.[16]

Daily life in the military hospitals varied from place to place but was in particular determined by proximity to the front. At times, doctors and medical staff worked to full capacity or were over-loaded with work; there were other times when they had little or nothing to do, as can be seen in a letter written by a nurse from a military hospital in Modlin (Poland) on February 6, 1916: “I’m afraid we don’t have any

[15] Ibid., 183.
[16] Ibid., 125.

patients here to take care of. At the moment we spend the whole day patching clothes."[17]

The average stay for sick and wounded in military hospitals was three to four weeks.[18] If the patient was able to recover within this time, he was released and sent back to his unit. If he had not yet recuperated, he would be sent to a convalescence center usually situated near the military hospital. For cases where the condition of the soldier required further, specialized treatment, he would be transferred to a "reserve hospital" (*Reservelazarett*) in the homeland.

Reserve Hospital (Reservelazarett)

All the sick and wounded that were to be transported to the homeland were first taken by the medical transport service to the closest assembly point and loaded onto a hospital train headed for Germany.[19] At the beginning of the mobilization in 1914, all military hospitals in Germany were called "reserve hospitals,"[20] and during the course of the war, a great many new reserve hospitals were established. In addition, a large number of so-called "associated hospitals" (*Vereinslazarette*)[21] were created in the country by clubs, organizations, and private citizens. The extensiveness of the hospital system can be understood by taking as an example the greater Berlin area. In 1917, 140 military hospitals existed in this area alone.[22] During the war, the capacity of these reserve hospitals grew by as much as 17-20 times typical peacetime capacity. The capacity of the Bodelschwinghschen Institute in Bethel, for example, increased to 2,300 beds.[23]

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[17] Quoted from a letter of 6 February 1916 written by a deaconess from the "Bodelschwinghschen Anstalten in Bethel" who was working as a nurse in a military hospital. See: Archive Sarepta of the Bodelschwinghschen Anstalten in Bethel, *Schwesternbriefe 1907-1945*.

[18] Cf. Steiner, *Neurologie und Psychiatrie im Kriegslazarett*, in: *Zeitschrift für Neurologie und Psychiatrie* 30 (1915), 317.

[19] Cf. *Sanitätsbericht des Heeres*, Vol. 1, 183.

[20] Military hospitals located in fortresses were renamed "fortress hospitals".

[21] These hospitals set up by clubs, religious orders or private persons at their own expense received wounded soldiers at the beginning of the war only when transferred from reserve military hospitals. However, this practice changed beginning in October of 1914, when they received wounded direct from the army, cf. *Sanitätsbericht des Heeres*, Vol. 1, 167.

[22] Cf. Bundesarchiv-Militärarchiv Freiburg, *Sanitätseinrichtungen*, PH22, No. 19. Here can be found a consecutively numbered catalogue of military hospitals in the greater area of Berlin in June of 1917.

[23] Cf. Letter from Pastor Wilhelm von Bodelschwingh to General von Basedow on the 17th of November 1914. The letter is located in: Archive Serepta of the Bodelschwinghschen Anstalten in Bethel, Sar 1, Nr. 337: *Lazarettangelegenheiten in Frankreich*.

One feature of the reserve hospital, as compared to other military hospitals, was the greater degree of specialization. This was especially true of reserve hospitals that arose from particular medical departments at university hospitals. In this way, specialized centers existed to treat specific types of wartime illness and injury. In such hospitals, new treatment methods were developed and applied.[24] Particularly in the field of internal medicine, special departments were set up in many reserve hospitals, including many departments that specialized in heart problems.[25]

When ill or wounded soldiers had recovered at the reserve hospital and were considered to be ready to return to service, they were never sent directly back to the front, but were rather first sent to a reserve unit. Alternatively, those soldiers who were considered no longer fit for military service could be classified "fit to be employed" as workers in armament factories or as office workers. Some illnesses and wounds, however, rendered even this kind of work impossible. In these cases, soldiers were released from the army as unfit for duty.[26] But how did things look in the medical treatment of soldiers suffering from exhaustion and heart conditions?

The Medical Evaluation of Exhausted Soldiers as Reflected in Medical Journals

> I would not venture to judge what amount of strength the army has lost through the diagnosis of heart defects.
>
> —Kaminer and da Silva Mello[27]

When we analyze medical publications during the First World War, it quickly becomes apparent that diagnoses that decidedly point to a case of excessive strain on a soldier (e.g., "general physical weakness" or "state of exhaustion") were never explicitly thematized. The concept of the merely exhausted soldier was simply denied. The situation is very different, however, when it comes to soldiers who complained of heart problems. They were portrayed as an important problem – in fact, as one of

[24] About new treatment methods in general, see the articles by Petra Peckl and Cay-Rüdiger Prüll in this volume.
[25] Cf. *Sanitätsbericht des Heeres*, Vol. 3, 152.
[26] Cf. Treupel, *Die Beurteilung des Herzens*, 709.
[27] Quoted from Siegfried Kaminer, Antonio da Silva Mello, *Erfahrungen bei der Untersuchung von Kriegsfreiwilligen*, in: *DMW* 41 (1915), 194.

the main problems of military medicine.[28] How these soldiers were to be treated and how they were to be evaluated with respect to their fitness for service at the front was frequently discussed in the medical literature.

In the context of soldiers who alleged heart problems, medical journals occasionally mentioned a possible connection between the appearance of heart ailments and the physical strains endured by soldiers during the war; however, it was always emphasized that such strain could never be the sole cause of disease. Rather, these kinds of disorders were deemed possible only in relationship to patient exposure to shock, sleep deprivation, excessive tobacco and alcohol use, and above all, maladjustment to war conditions as the result of too little training.[29] The premise was: "A healthy heart's ability to perform is almost unlimited. Though we don't know what comes afterwards."[30] The refusal to acknowledge that the enormous physical demands of combat could be the single most important cause for illness – a refusal that was commonly expressed throughout the medical literature of the time – clearly reflected nationalistic sentiments. It was widely believed in the medical community that the "exhausted" soldier was simply an individual who was not able to deal with the hardships of war[31] owing to a failure of will power to resist the strains and exertions of war: "A good will does a lot in all of these things, and where it is lacking, then as a rule, everything is lacking."[32]

The impression is unavoidable, on the one hand, that soldiers were expected to show no weakness, and on the other hand, that doctors were conditioned to ignore the symptoms of exhaustion and fatigue. These imperatives seem to lie behind the continuous criticism in medical journals against field doctors and military hospitals near the front. These doctors were accused of blatantly exaggerating "heart problems,"[33] a diagnosis that, once certified, would preclude the patient from military

[28] Cf. M. Mosse, *Nicht-infektiöse innere Krankheiten in Krieg und Frieden*, *DMW* 42 (1916), 64: "Berücksichtigen wir das von uns beobachtete Material, so ist zu sagen, daß etwa jeder vierte Patient der Inneren Abteilung entweder mit Herzbeschwerden eingeliefert wird oder im Laufe der Zeit über solche zu klagen hat."
[29] Cf. Determann, *Die militärärztliche Beurteilung leichter Herzstörungen*, in: *DMW* 42 (1916), 688-691.
[30] Ibid., 690.
[31] A clear idea of the daily hardships, the mental and physical strain caused by year-long trench warfare, the continuous lack of sleep and the exhausting marches can be obtained from letters from the front: Bernd Ulrich, *Die Augenzeugen. Deutsche Feldpostbriefe in Kriegs- und Nachkriegszeit 1914-1933*, Essen 1997; Bernd Ulrich, Benjamin Ziemann (ed.), *Frontalltag im Ersten Weltkrieg. Wahn und Wirklichkeit. Quellen und Dokumente*, Frankfurt am Main 1994.
[32] Treupel, *Die Beurteilung des Herzens*, 712.
[33] Cf. Kaminer, Mello, *Untersuchung von Kriegsfreiwilligen*, 192-195.

service. Furthermore, it was assumed that soldiers facing a possible diagnosis of a heart condition would then convince themselves that they really were suffering from this condition. The medical literature repeatedly advised that doctors, in the presence of soldiers, should never speak of heart defects or heart problems, lest soldiers come to believe that they were really sick or otherwise conclude that they had already done enough in the war.[34] Accordingly, medical officers and doctors in field hospitals were advised not to hospitalize soldiers who complained about heart problems. As a German internist put it:

> Every experienced medical officer knows that a period of observation in a hospital in borderline heart cases can easily lead to unfavorable influences, to the promotion of hypochondriac reactions and hindrances. Already the referral to a hospital as such can easily convince soldiers that they are seriously sick, and even more so during frequent examinations, when their pulse is taken, or during the diagnostic discussions between doctors in front of the patient. For this reason, the experienced medical officer will avoid, as much as possible, a referral to hospital for the purpose of observation.[35]

Thus, internists considered hospital treatment for soldiers with heart complaints to be counterproductive, particularly with regard to the convalescence of "borderline" cases.

Medical authors insisted that heart complaints among soldiers should not necessarily be equated with heart disorders. These complaints were more typically to be regarded as temporary side effects in the acclimatization of soldiers who had been inadequately prepared for the physical demands of war. Diagnostic guidelines were thus to ignore any complaints of cardiac symptoms and, rather, to rely upon the physician's examination in the context of military fitness. At one of the so-called "evening gatherings" of military doctors in Lille, one of the participants expressed this attitude in the following way: "In the field, soldiers with heart defects should

[34] "Der Kranke gewinnt also durch die Bezeichnung ‚Herzfehler' den Eindruck, daß er sich eine irreparable Veränderung des Herzens zugezogen habe. Es kommt noch hinzu, daß der Kranke diese Bezeichnung täglich an seiner Tafel sieht und bei Besichtigung des Lazaretts durch einen höheren Vorgesetzten einfach als ‚Herzfehler' meldet. Hierin liegt eine psychische Behandlung des Kranken, die geradezu hemmend auf die Beseitigung seiner Beschwerden wirken muß. Ein Soldat, der sich im Kriege einen Herzfehler geholt hat, glaubt genug geleistet zu haben." Leonor Michaelis, *Erfahrungen aus einem Heimatlazarett für innere Erkrankungen*, in: *DMW* 42 (1916), 284.

[35] Quoted from Dannehl, *Herzdiagnostik des Truppenarztes im Felde*, in: *DMW 44* (1918), 1388.

only be judged according to their performance. If they can keep up the pace, then they are fit for service in the field."[36]

In addition to indicating their militaristic stance, an evaluation of the contributions of the internists writing in various medical journals during the war shows another phenomenon. It also becomes increasingly apparent that these doctors were earnestly struggling to gain recognition and exert their authority in the profession of internal medicine. In their publications, they repeatedly point out that, through their efforts to confront the new phenomenon, which was created by the war, "the field of internal medicine, along side its proud sister surgery, has made its own small contribution to the welfare of our brave soldiers."[37] Similar to discussions of specific diagnosis and treatment within other medical fields,[38] medical approaches to heart problems were fueled by professional ambition. In their publications, internists made a constant attempt to point out the importance of their particular field of medicine in the treatment of soldiers. Again and again, they reminded their readers that surgery and military psychiatry were not the only important areas of military medicine, but that internal medicine was also making some extremely crucial contributions to the victorious outcome of the war, namely, in the therapy of soldiers with heart disorders.[39]

An ambivalent structure of argumentation seems to emerge in the medical publications of internists with respect to evaluating heart disorders among soldiers in the war. On the one hand, they called on their colleagues at military hospitals, if not exactly to ignore soldier complaints about heart problems, at least to critically examine each case, and never to acknowledge a possible heart problem in the presence of the soldier. On the other hand, however, many internists used the great number of heart disorders among soldiers as an opportunity to publicize the importance, even the decisive influence, of their profession in the war effort.

[36] Quoted from Hoffmann, *Kriegsärztlicher Abend in Lille*, in: *Münchener Medizinische Wochenschrift (MmW)* 62 (1915), 319.
[37] Quoted from Friedrich Merkel, *Ueber Herzstörungen im Kriege*, in: *MmW* 62 (1915), 695.
[38] Also in pathology, cf. Cay-Rüdiger Prüll, *Die Sektion als letzter Dienst am Vaterland. Die deutsche „Kriegspathologie" im Ersten Weltkrieg*, in: Wolfgang U. Eckart, Christoph Gradmann (ed.), *Die Medizin und der Erste Weltkrieg*, Pfaffenweiler 1996, 155-182.
[39] Cf. R. Brasch, *Herzneurosen und Hauthyperästhesie*, in: *MmW* 62 (1915), 693-695.

"On Heart Diagnosis in War" – Karl Frederik Wenckebach and the Warsaw Conference

A highpoint in the endeavor to attain recognition and stature for internal medicine occurred at the Conference of the German Society for Internal Medicine, held in Warsaw, in May of 1916. Even the choice of venue for the conference indicates the attitude of the participating doctors and the heavily symbolic character of the conference. Instead of holding the conference on internal medicine in its usual place in Wiesbaden, it was decided for the year 1916 to hold it in the German occupied city of Warsaw.

Wilhelm His (see above) was in charge of organizing the conference. For His, later looking back on the congress, a lecture given by the Dutch-Austrian internist Karl Frederik Wenckebach[40] was the highlight of the program. Entitled "On Heart Diagnosis in War," [41] the lecture summarized, in His's view, the contemporary medical discussion that concerned the treatment of soldiers who were exhausted and suffering from heart problems:

> Our doctors … were initially helpless when confronted with these new symptoms. They let themselves be misled by the frequency of impure sounds or heart murmurs and were deceived, given that X-ray examination was not possible, about heart size; and they often showed a lack of interest. How often did I hear the words, as I was led past wards full of soldiers: "That's nothing interesting – only

[40] Karl Frederik Wenckebach attended the University of Utrecht and received his doctorate in 1888. He spent his assistant period at the institutes of zoology, and for pathological and normal anatomy in Utrecht. In 1901 he was appointed professor of internal medicine at Groningen, held the same tenure at Strassburg between 1911 and 1914, and then followed a call to Vienna, where he retired from his chair in 1929. Wenckebach soon concentrated his efforts in the study of the pathology and clinics of heart and circulatory diseases. Apart from his well-known phenomenon, he wrote one of the first descriptions of the beneficial effects of the quinine alkaloids on arrhythmias and its successful use, mainly in patients with auricular fibrillation or recent onset: cf. Karl Frederik Wenckebach, *Die Arhythmie als Ausdruck bestimmter Funktionsstörungen des Herzens*, Leipzig 1903. Thus, even before the war, Wenckebach was considered a leading expert on questions of heart and circulation disorders, especially those caused by fatigue or exhaustion of male patients. In 1914, Wenckebach published another book: *Die unregelmäßige Herztätigkeit und ihre klinische Bedeutung*. This publication undoubtedly predestined him to become one of the leading medical advisors to the German Army.

[41] Under this title Karl Frederik Wenckebach held his landmark lecture on the treatment of soldiers with ostensible heart problems in the First World War. The text of Wenckebach's talk can be found in *Medizinische Klinik* 12 (1916), 465-471. Some discussion contributions are printed in *Außerordentliche Tagung des Deutschen Kongresses für innere Medizin*, in: *Medizinische Klinik* 12 (1916), 576-577.

> patients with cardiac neurosis!" Only very slowly did a better knowledge of this epidemic break through, especially after hearing the lively paper delivered by Wenckebach at the Warsaw Congress.[42]

Although his considerations and conclusions with respect to treatment guidelines for soldiers with heart problems were extreme, Wenckebach clearly joined the ranks of internists who warned against an all-too-rash diagnosis of "heart problems." He also was convinced that "far too many heart problems (were being) diagnosed."[43] Wenckebach explicitly marked a distinction between genuine and doubtful heart problems. If a soldier was diagnosed with an absolutely certain heart problem, like a valvular heart defect, for example, he was to be released from service. In cases of dubious heart ailment, the classification of soldiers was much more difficult, as a wide spectrum of diagnoses becomes possible, ranging from a concealed heart disorder "to the heart complaints of an exaggerating soldier or even a simulating coward."[44] Wenckebach was, however, certain that only a minority of the doubtful cases could be traced to real heart conditions. If not for such certainty, he believed, "humanity would be in serious trouble."[45]

Generally, in questions concerning fitness for duty and treatment of soldiers with heart complaints, Wenckebach advocated a very rigid course. In his opinion, it was not relevant "whether the arrhythmic patient might live longer, it was only important that the soldier with a healthy but arrhythmic heart be able to perform the physical demands made on him."[46] Like many of his colleagues, Wenckebach also warned against confronting soldiers with the diagnosis of "heart disorder," as nothing could be more detrimental to the patient recovery. Quite remarkably, Wenckebach made his arguments not only on the basis of his extensive clinical experience, but also referring to one concrete and prominent case, namely, himself: "At a time when I had doubts about the fitness of my own heart, I too had such feelings, until this nonsense became clear to me and I pulled out this thorn of doubt."[47] Interestingly, he gave added weight to his warning not to speak about heart disorders in the presence of soldiers by pointing out that the phenomenon of suggestibility occurred

[42] Quoted from Wilhelm His, *Allgemeine Einwirkungen des Feldzuges auf den Gesundheitszustand*, in: Otto v. Schjerning (ed.), *Handbuch der Ärztlichen Erfahrungen im Weltkriege 1914/1918*, vol. 3: *Innere Medizin*, 6.
[43] Quoted from Karl Wenckebach, *Herzkonstatierung*, in: *Medizinische Klinik* 12 (1916), 467.
[44] Ibid., 466.
[45] Ibid., 470.
[46] Ibid.
[47] Ibid.

not only among German soldiers, but also in the English army. In particular, he found an ally in the English doctor Robert Mitchell, who was also of the opinion that: "They (i.e., the soldiers) do not believe that a heart disorder can possibly be temporary and they almost always cease to be of any use as soldiers."[48] By pointing out that the English military internists shared his opinion, Wenckebach sought to bolster his viewpoint. [49]

In the further points of his lecture, Wenckebach left no doubt about his position. He addressed the question as to whether the military doctor should be more of a physician or rather a representative of the military. His frankness is astonishing: "In answer to this question, doctors who are in the service of the military administration must exclusively take the needs of the state into consideration."[50] And Wenckebach went even a step further. He framed his arguments concerning the treatment of soldiers with heart problems in a decidedly loftier, social Darwinist, context:

> The present war demands the summoning of all existing strength. Personal interests must give way to the interests of the state … It is not right that only the strongest should have to make sacrifices; the weaker must also be prepared to sacrifice their health and even their lives.[51]

Clearly, Wenckebach subscribed to one of the central ideas of racial hygiene at the time, namely, the primacy of the community over the needs of the individual. He continued to warn very openly against the "contrasting selective effects" of the war, in which only the strong were sacrificed and the weak were allowed sleep at home in security. This characteristically social Darwinist view reflected the sentiments of many contemporary advocates of racial hygiene, who warned that the war was

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[48] Ibid. English military doctors also saw themselves confronted at the beginning of the war with numerous cases of soldiers suffering from exhaustion and heart disorders. The English internists labeled these symptoms "effort syndrome", in the United States it was called "neurocirculatory asthenia". Cf. Howell (1985), 43-44.

[49] Concerning the predominant attitude of English military medicine on this issue, it appeared to Wenckebach that – by quoting the internist Michelle – he had found a thoroughly representative opinion. English military doctors also placed great value in not giving soldiers the feeling that they were in any way ill. Ben Shepard quite aptly remarks about the English military doctors of World War One: "The wartime showed them the infinite suggestibility of patients, especially soldiers; and for them, the central lesson of the Great War was never to suggest to a soldier that he was a patient. If you did, he would never return to duty." Quoted from: Ben Shepard, *"Pitiless psychology": the role of prevention in British military psychiatry in the Second World War*, in: *History of Psychiatry* 10 (1999), 517.

[50] Ibid., 466.

[51] Ibid.

dramatically accelerating the possibility that the community might be destroyed by a preponderance of weak, inferior, and "degraded" members.[52] Weak soldiers with heart problems who were not able to meet the demands of war were placed by Wenckebach into a decidedly racial hygienic context and thus stigmatized as inferior.[53] Wenckebach makes use of eugenic as well as economic arguments, claiming, "The correct recognition of the no longer usable … is also of importance for the state, because the disabled or exhausted soldier … through his continued costs, is an additional burden to the war effort."[54]

In his Warsaw lecture, Karl Frederik Wenckebach spoke repeatedly about the great importance of expert medical opinion with respect to the costs of the war. At one point, he even said, "It is not only the duty of doctors, but also urgent economic necessity, that they make correct judgments."[55]Along with his demands for economizing, Wenckebach also wanted to promote greater professionalism in his branch of medicine. He expressed his hope that uniform guidelines would be developed in the diagnosis and therapy of soldiers suffering from battle fatigue and heart problems:

> The experiences gained in this war will have to be used to create more accurate military guidelines, and there is only one man who can in this respect make a correct judgment: that is the intelligent, serious doctor. Our task is to judge the human material before us, and for the future, to pave the way for the creation of more accurate guidelines.[56]

Wenckebach's call for unified military guidelines that could be apply for soldiers complaining of heart problems would very soon be realized. The Army's chief medical officer in the First World War, Otto von Schjerning (1853-1921)[57], commissioned Wenckebach to compose a pamphlet on medical findings concerning heart disorders among soldiers in the war, which became distributed, by authority

[52] Cf. Max von Gruber, *Rassenhygiene, die wichtigste Aufgabe völkischer Innenpolitik*, in: *Deutschlands Erneuerung*, vol. II, part 1, 1918, 17-32.
[53] Cf. Paul Weindling, *Health, Race and German Politics between National Unification and Nazism, 1870-1945*, Cambridge 1989; Hans-Walter Schmuhl, *Rassenhygiene, Nationalsozialismus, Euthanasie. Von der Verhütung zur Vernichtung „lebensunwerten Lebens", 1890-1945 (Kritische Studien zu Geschichtswissenschaft, vol.75)*, Göttingen 1987.
[54] Quoted from Wenckebach, *Herzkonstatierung*, 470.
[55] Ibid.
[56] Ibid.
[57] About Otto von Schjerning, cf. Robin Joppich, *Otto von Schjerning (4.10.1853-28.06.1921). Wissenschaftler, Generalstabsarzt der preußischen Armee und Chef des deutschen Feldsanitätswesens im Ersten Weltkrieg*, Dissertation Heidelberg 1997.

of the Ministry of War and the chief medical officer of the army, to all medical officers and military hospitals.[58] In the pamphlet, "On Heart Diagnosis in War", the guidelines set down by Wenckebach in Warsaw achieved widespread circulation.[59] Presumably, these guidelines were also discussed at the training courses for the physicians near the front line.

In treating soldiers suffering from heart problems and assessing their fitness for duty, Karl Frederik Wenckebach's Warsaw lecture generally argues in favor of a rigorous approach. Apart from cases with an absolutely certain etiology, Wenckebach was convinced that only a minority of heart complaints could be considered valid. For the majority of heart complaints, his main criterion of assessment was the soldier's ability to survive military service, regardless of whether the patient would likely face impairment or morbidity after the end of the war. He exhorted field hospital physicians to assess heart complaints in accordance with strict standards. Again, Wenckebach's rigid views of heart complaints arose from a combination of eugenic and economic considerations that were integral to the medical principles espoused during the First World War.[60]

The degree to which the nationalist principles discussed above were put into practice must also be considered in the context of heart disease. Did the nationalistic tendencies that sought to minimize complaints of heart disease influence medical procedures practiced by front-line medical personnel? To what extent were Wenckebach's ideas actually applied in the everyday diagnosis and treatment of patients in military hospitals during the war? These questions will be addressed in the following discussion.

The Strain of Military Service as the Cause of Illness – A Preliminary Evaluation of Exhaustion and Heart Disease as Chronicled in Military Medical Records

One seldom finds World War I medical records that give an explicit diagnosis of "general physical weakness and exhaustion." In fact, these topics were scarcely

[58] Cf. *Sanitätsbericht des Heeres*, Vol. 3, 151.
[59] Although an original copy of Wenckebach's pamphlet on the treatment of soldiers suffering from heart problems and exhaustion could not be obtained, we can conclude that both in its content and ideology it is oriented on the statements made in his lecture.
[60] Cf. Lerner, *Hysterical men*.

mentioned within the medical literature of the period. Soldiers were much more frequently admitted to hospital with "heart problems." From a total of 228 patient records in which we were able to identify soldiers suffering from exhaustion, we found that excessive stress and heart problems were likely factors. A recorded diagnosis of exhaustion, however, was made in only 25 % of these cases, whereas the rate for diagnosis of heart problems was 75 %. Apart from a general diagnosis denoted as "heart problems," symptoms such as "light cardiac insufficiency," "irregular heart action," "myocarditis," and "functional heart problems" were commonly reported. All of these diagnoses, however, point to the same cause: excessive strain and exhaustion.

Precisely with respect to diagnosis, it is obvious that military doctors had difficulties in establishing an exact and valid nomenclature for the illnesses related to soldier complaints of heart problems or exhaustion. If a soldier went through more than one military hospital, his diagnosis would differ from one hospital to the next. On the basis of data contained in the medical reports, moreover, it is clear that diagnosis of illness, according to either psychological or physical (e.g., exhaustion) considerations, was particularly problematic and often inconsistent.

On the one hand, there are diagnoses, for example, of "heart neurasthenia," which could imply either a physical condition *or* a psychosomatic illness. On the other hand, any individual patient could well be diagnosed with a mental condition in one hospital, only to be diagnosed with a physical condition upon transfer to another hospital.[61] There is obviously a connection between exhaustion or excessive stress and the development of a psychological illness, although soldiers suffering from fatigue and exhaustion were only occasionally attributed with a psychiatric disorder.[62] For military doctors, especially near the front lines, it was often not possible to make a clear decision as to whether the soldier was suffering from physical or mental exhaustion, as symptoms were initially quite similar for both cases.

[61] The evaluation of patient records with respect to the treatment of psychiatric disorders and exhaustion of soldiers in the First World War has been based so far on exactly 699 patient records. From this number 15.2% of the records cannot be strictly classified into one or the other of the relevant medical areas that were chosen for this project.

[62] Cf. also the quotation from Wilhelm His on page one of this paper. For the connection between mental strain and the outbreak of heart disorders in the First World War, cf. Wolfgang Eckart, *Wenn die Seele das Herz quält. Nervöse „Herzklopfer", Erster Weltkrieg und die Popularisierung der Herzneurose*, in: *DMW* 128 (2003), 2155-2158.

If we look back to our analysis of the cases of soldiers who were clearly suffering from fatigue, exhaustion, and heart problems, it is first of all noteworthy that, in the everyday treatment of these soldiers in military hospitals, the military doctors generally recognized that these symptoms simply reflected excessive exertion in the field. Let us consider the case of Otto B. to illustrate this point.[63] Shortly before the end of the First World War, on August 19, 1918, Undersergeant Otto B. was admitted to the field hospital in Boisaims (France). He had entered military service on August 4, 1914, thus serving from almost the first day of the War. Otto B. complained for almost a year during service in the field that he had been suffering from shortness of breath and heart palpitations. He now claimed that in recent days the condition had gotten worse. The doctor who initially examined him reported the following: "First heart sound at the apex somewhat unclear. Pulse rate somewhat variable, depending on breathing. Apex beat somewhat broadened, pulse somewhat excited. No decompensation detectable, cardiac dullness not widespread."[64]

The medical record of Otto B. explicitly notes "strain in the performance of duty." But his doctors were uncertain what to call the illness. In the medical report of the field hospital there is simply a note: "Patient to be held until diagnosis completed for transfer to a military hospital." Two weeks after the beginning of his hospitalization, Otto B. was transferred to a military hospital. There, he was diagnosed with "light fatigue symptoms of the heart muscle," and bed rest and proper diet were prescribed. Rest and relaxation – according to medical records – were the preferred form of therapy for the vast majority of soldiers suffering from exhaustion and heart complaints. Approximately 46.5 % of all exhausted soldiers received this therapy. Many of the soldiers who were prescribed this therapy had been undernourished, and healthy meals were therefore effective (6.1 %). Medication (primarily tincture of valerian or bromine) was prescribed in 40.4 % of the cases. One striking observation from such analyses is that the prescribed treatments in fact provided sufficient time for regeneration.

But the condition of Otto B. did not show much improvement in the military hospital, and so he was transferred to a reserve hospital in Germany two weeks later. The final entry of the medical report prior to this transfer runs as follows: "Because of probable longer hospitalization, [the patient] is being transferred by L.K.Z (train for lightly wounded; P.R.) to a reserve hospital in Germany for further treatment." On

[63] Cf. the patient record of Otto B., *Bundesarchiv-Militärarchiv*, Pers 9, 15.7.1891, Bam-Bk.
[64] Quoted also in the following from the patient record of Otto B., Pers 9, 15.7.1891, Bam-BK.

September 14, 1918, Otto B. was admitted to the reserve hospital at Friedrichsbrunn in the Harz. There, he continued to complain that even the slightest exertion resulted in dizziness and heart palpitations. His condition was otherwise described as unstable. Days of improved disposition were succeeded by days in which he felt decidedly weak and lifeless. It was not until November 1918 that his condition improved so sufficiently that Otto B. could be released from the hospital. He thus experienced the end of the war in the reserve hospital in Friedrichsbrunn, and on November 18, after a treatment lasting over three months, he was sent back to his unit as fit for garrison duty.

As indicated in the medical records evaluated up to this point, soldiers suffering from illnesses caused by fatigue and exhaustion, excessive strain, and heart problems were treated on average for two months, in multiple hospitals, before they were released, frequently sent back to their units as fit for garrison duty. Nearly half (48.8 %) of the soldiers who had been treated for exhaustion and heart problems were released from the hospital as capable of garrison duty. Over one-quarter (28.5 %) of the soldiers were sent directly back to the front. Approximately 8.2 % of the soldiers were declared fit for active duty, whereas 8.7 % were considered unfit for any duty. A further 5.8 % of the soldiers suffering from exhaustion and heart problems were transferred from the hospital to a convalescence ward.

In many cases, military doctors recommended that exhausted soldiers be given a two- to three-week convalescence leave after release from the hospital. When one recalls the strong recommendations made in medical journals at the time, this recovery time is surprisingly generous, and it remained the recommended period for recovery from exhaustion or heart problems throughout the war years.

The rate of diagnosis of exhaustion and heart problems, however, varied significantly over the war years; such diagnoses were much more seldom in the year 1917 than in prior years. In addition, it is noteworthy that the number of soldiers diagnosed with “general physical weakness” or a “state of exhaustion” remained constant over the course of the war, with only a slight increase near war’s end. The number of soldiers diagnosed with heart problems, on the other hand, showed a clear decrease in the last war years (Table 1).

Table 1: Frequency of Heart Diagnoses over the War Years

Year	Diagnostic frequency (percent)
1914	7.9
1915	32.7
1916	32.7
1917	17.6
1918	9.1
Total	100.0

The statistics seem to suggest that the recommendations of Wenckebach, as a representative of the internal medicine community, had a significant effect in curtailing the number of soldiers arriving at military hospitals with complaints of heart problems.

The figures obtained in this study are also confirmed by the "Medical Services Report on the German Army." Under the heading "Disabilities of the Heart," one reads, "Noteworthy is the stark reduction in the number of patients with heart problems during the four years of the war."[65] When considering these numbers, however, it should be kept in mind that a major part of the soldiers suffering from exhaustion and heart problems had already been refused hospital admission by their unit medical officers. The Medical Services Report further states, "On yearly average, a little more than half of the soldiers reported came into to the hospital."[66]

Taken together, the above findings demonstrate, during the course of the war, that exhausted soldiers were indeed less often hospitalized, but that the duration of treatment for those who were hospitalized remained constant. The medical records show that soldiers suffering from exhaustion and heart problems were treated for the most part in a very pragmatic way; however, information about the progress of therapy and patient recovery is cursory.

The terseness of physician reporting at military hospitals during the war is not surprising in light of the everyday conditions. Overpopulated and poorly equipped

[65] Quoted from *Sanitätsbericht des Heeres*, Vol. 3, 151. The accompanying table of the Medical Services Report on the German Army shows that, in 1915, 78,526 soldiers with heart problems were treated in military hospitals. In the year 1916, this number rose to 91,834, whereas in 1917, only 63,676 soldiers with heart problems were hospitalized (cf. Ibid.).
[66] Quote Ibid.

field hospitals of the First World War resulted in military doctors who were overburdened with patient care and crisis management. Under such conditions, there was little time for ideological reflection or elaborate discourse of case histories.

As described above, the discrepancy among doctors in assessing patients suffering from exhaustion and heart problems arose from two widely differing points of view. On the one hand, military doctors working in field hospitals near the front viewed the problem as a function of war strain, whereas members of the medical establishment, on the other hand, relied upon published accounts based on homeland military hospitals far from the front. In this way, one might argue that military doctors working in field hospitals and military hospitals near the front simply had a better understanding of the everyday strain of war and an immediate view of the combat demands upon soldiers. After all, many doctors who served in field hospitals experienced the hardships of the front for themselves.

In contrast, most of the internists who were publishing articles did not experience the full brunt of war first-hand. Their visits to the front were, at best, limited and sporadic. And the exhausted soldiers that they encountered in the reserve hospitals at home had already undergone several weeks of treatment and relief from front-line combat. Military doctors at the front and the internists working in the reserve hospitals at home in Germany, experiencing different aspects of the war, thus developed diverging points of view. Another reason for this divergence can be found among the different kinds of source materials that we have discussed. An entry in a patient's medical record conveys, as shown above, completely different intentions and circumstances, as compared to a statement made in a wartime medical periodical. Whereas the medical report reflects the real-life urgencies and practicalities of the practicing physician, authors in medical journal had other aims and purposes. Journal authors were often mindful of furthering their career by espousing new medical views and supporting their particular discipline (e.g., internal medicine). In addition, many doctors used medical journals as an opportunity to engage in political and ideological discussions. Indeed, many physicians who authored medical articles during the time identified themselves publicly with the war aims of the German State and professed solidarity between the medical community and the people.[67]

[67] Cf. also Susanne Michl, *Im Dienste des Volkskörpers. Deutsche und französische Ärzte im ersten Weltkrieg*, Göttingen 2007, 54-113.

Conclusion

The evaluation of hospital records of soldiers suffering from exhaustion and heart disorders has resulted in a more nuanced picture of the everyday treatment of soldiers during the First World War. One striking result found in this study was the apparent discrepancy between the statements of internists writing in medical journals of the period and the entries made in the patient records by front-line military doctors. Within medical journals, a rigorous course of treatment was propagated for soldiers suffering from symptoms of fatigue and heart problems. But in this regard, especially in the recommendations made for treating soldiers with heart problems, one can detect ambivalent arguments. On the one hand, authors quite openly urged their colleagues working at field hospitals to be very critical in their examinations of soldiers claiming heart problems, and in some cases, to disregard such claims altogether. On the other hand, the same authors emphasized the frequent occurrence of heart problems among soldiers as an indication of the importance of internal medicine in dealing with health problems during war.

The meeting of the German Society for Internal Medicine, which was held in Warsaw in 1916, was a highpoint for internists in their desire to gain prestige and professional recognition. The content of the highly regarded lecture by Karl Frederik Wenckebach "On Heart Diagnosis in War" clearly reflects traditional medical beliefs. Wenckebach's arguments, however, were more far-reaching and led to radical conclusions. Wenckebach judged soldiers weakened by heart problems in a decidedly eugenics-imbued light, and he thus stigmatized such patients as inferior. In his proclamations regarding the treatment of soldiers with heart problems, Wenckebach not only made use of eugenics, but also offered frequent economic justification for his arguments. His lecture aligned with the general rationale of the medical profession in the First World War.

When one takes a closer look at patient records, the perspective of doctors in military hospitals appears in striking contrast to views expressed in medical journals of the time. Combat doctors definitely recognized that the symptoms of exhaustion, as well as cardiac duress, were the result of the great hardships that soldiers had to endure during the war, and their therapeutic approaches were based on this recognition. They saw to it that affected soldiers could rest in order to regain their strength. It is noteworthy that they generally allowed soldiers suffering from exhaustion and

heart problems enough time to recover, seldom ordering such patients directly back to the front.

In general, the essential function of military doctors at field hospitals was one of crisis management. The medical records of soldiers suffering from exhaustion and heart problems show that military doctors in field hospitals were pragmatic and realistic with regard to patient treatment. Because they had to take care of wounded and sick soldiers around the clock – or had to march with them for days on end – military doctors at the front often experienced the strains of war first-hand and could thus appreciate the hardships that active soldiers had to endure. This appreciation was different from the views of typical authors publishing articles in medical journals. Because such writers were, for the most part, far away from the front, they experienced war in a less direct fashion. Similarly, internists working in reserve hospitals away from the battle lines simply had more time to treat their patients and to entertain theoretical considerations of therapeutic treatment. Moreover, physicians writing in medical journals had very different aims from those of military doctors in the field. Apart from the presentation of new biomedical results, the physicians writing in medical journals during the war frequently sought to identify themselves with national war aims to promote their profession. A careful analysis of diagnosis and treatment of heart disease in the First World War thus indicates that general statements, as presented in print publications by representatives of the medical establishment, must be interpreted with care. One has also to look at medical practice in everyday life, and patient records in particular can provide a more diversified view of the topic.

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