

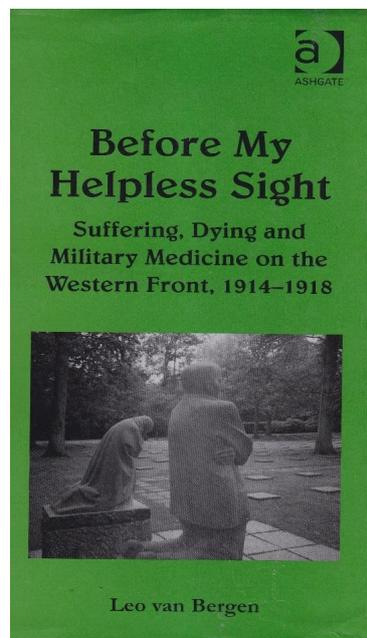
Suffering, dying and medical Aid in World War I

Leo van Bergen, Canterbury 24-11-2016

Dear ladies and gentlemen,

First I want to thank the organisers of this lecture series for honouring me with this invitation. I can only hope I will not disappoint them. In the next 45 to 50 minutes I want to shed some light on the suffering, dying and medical care during World War I; a vast subject so If you do not mind, I'd like to start immediately.

Besides a couple of articles, I have written two books on the subject. The first was Before my Helpless Sight.



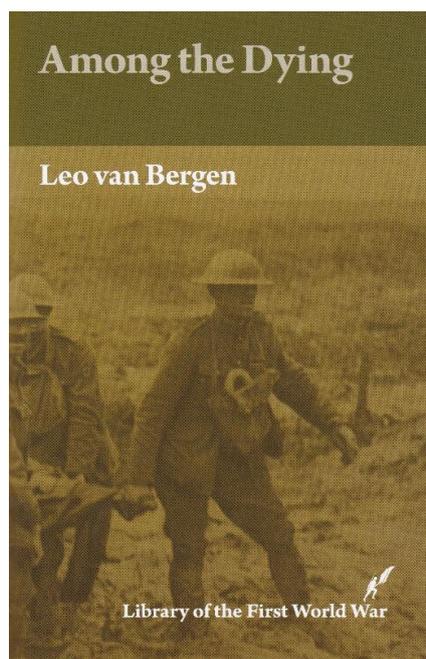
In it I tried to answer the question what could happen to a soldier from the moment he leaves house and hearth up until the moment he, be it dead or alive, is covered by dirt.

The book is divided into five chapters, battle, body, mind, aid and death, and is the result of reading a bunch of ego-documents, non-fiction works on World War I as well as fiction.

Soon I noticed that the fictional part was seen as rather odd by some fellow historians. In their view fiction was 'not real' and its use therefor not scientific. They considered fictional works of no importance for a professional historian.

I argued that they are only not real on a factual level. They have another reality, but not a less true one. More than non-fiction probably can, fiction is able to draw the dilemmas, to paint the consequences of the big story for the individuals caught up in it. It can give a voice to all those who have left no written or recorded trace. Fiction is able to make you feel the subject your researching and therefor in my view a historian cannot do without literature, cannot do without fiction.

Therefor after a while I was not satisfied anymore with non-fiction alone and I tried to put my knowledge on the subject of World War I and especially the backwash of that war, into a work of fiction. The result was *Among the Dying*.



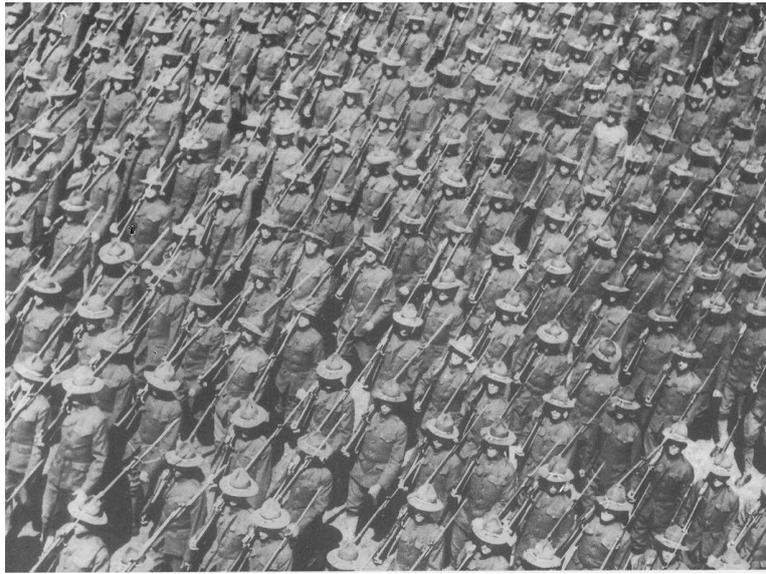
It consists of 25 monologues of archetypical World War One-figures, such as the soldier and the general, the executed and the executioner, the chaplain and the whore, the parent and the child. But of course doctors, nurses and patients have a role in it as well. Three times I will have a short literary intermezzo, but let's go to the war itself.



The First World War, the Great War as it called in a number of countries, is nowadays often seen as a war of poison gas and as a war of madness, this last as a judgement as well as a fact, seen the number of neurotics. This says more about the way we look upon war today than it does about the war of 1914-1918. Yes, there were a lot of neurotics, but the number was next to nothing compared to the physically injured, and yes, there were lots of poison gas victims, a weapon we now call a weapon of mass destruction, but nevertheless gas was only responsible for about 1 percent of the total amount of dead. The real weapons of mass destruction were the conventional ones: grenades and bullets. Above all World War I was a war of the artillery.

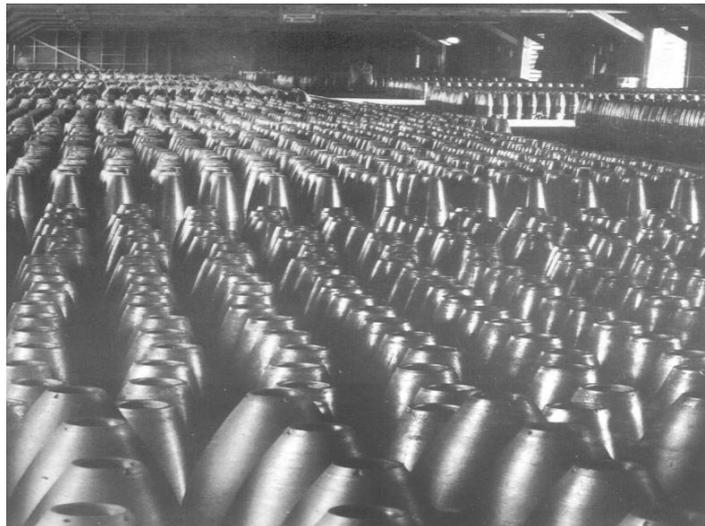
The First World War is an interesting war also for medical historians because it was the first total war, although depending on the definition, maybe with the exception of the American Civil War. It was the first war with industrial giants at both sides of the front. Before 1914 wars were fought between agricultural states, or between an industrial state at the one side of the front and an agricultural one on the other. It has given birth to new weaponry such as gas or the tank. Others came into their own such as the machine gun, and some devices found their military use, such as the aeroplane. All lead to new medical problems. And last but not least. It was the last war in which more soldiers than civilians were killed as a direct result of the violence, but the trend was already obvious. Nowadays the ratio officially is about one soldier to nine civilians, numbers set in the war of former Yugoslavia, but I am pretty sure it has since then been beaten several times in Africa or Syria.

What gladly enough not has been beaten in these wars is the total death toll of World War I, which, if we only look at the soldiers, is around and about 10,000.000. A necessity to reach such a vast number is of course that there were enough men to kill in the first place. No problem.



Millions and millions went to the different fronts, because soldiering was their profession, because they went voluntarily or because they were forced by conscription.

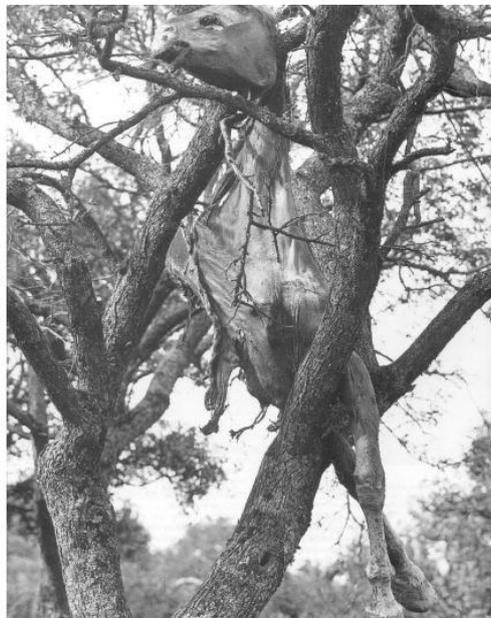
To kill them there had to be sufficient weapons to do that. That too was no problem. Guns, grenades, bullets were fabricated and used in numbers defying all imagination, although nevertheless sometimes there were complaints of shortages.



They caused a mayhem testing and trespassing the boundaries of the ear drum, the mind and the concrete of houses and fortresses.



The sheer force of this conventional weaponry, this *normal* weaponry, cannot be emphasized enough.



This is the picture of a horse blown 10 feet in the air by an explosion, where it is almost humanly impossible to lift a horse a single millimetre above ground.



The result was that entire cities were literally blown to pieces. This is Amiens, but in fact I should have shown an empty picture because after four years a Hiroshima-like emptiness was the fate the war had had in store for the cities near the frontline.



Wondering in the vicinity of Verdun one can therefore encounter stones with inscriptions like: there was a church here, or there was a bakery here. Road signs show the way to places vanished of the face of the earth. Mentioning their name is per definition talking history.



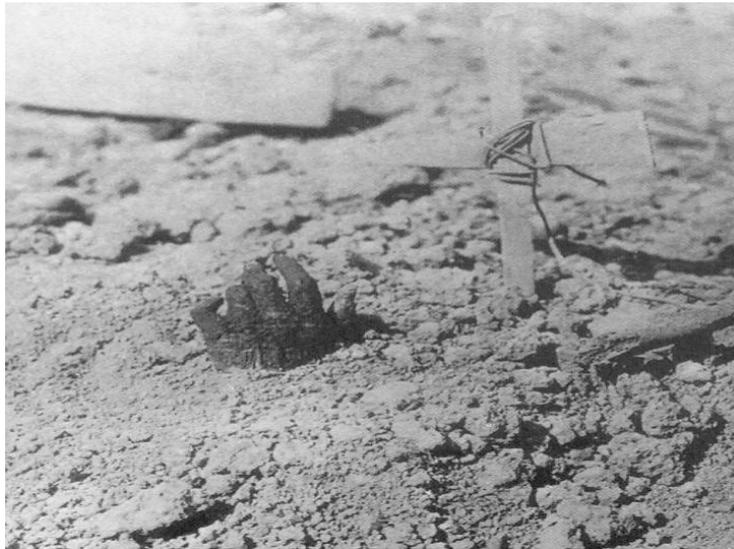
Out of a as well military as humanitarian necessity, all these corpses had to be buried. But how do you bury 10,000,000 corpses who died in just four years in a quite small territory? Graveyards alone, although manifold and huge, were not enough.



Certainly in times of danger corpses often remained in the trenches, used to sit on or to repair holes in the parapet. And they could be there for quite some time.



And if corpses were buried, chances were anything but small that a shell dug them up again, or made them vanish completely. Not seldom a freshly dug grave was gone the next day.



Sometimes an attempt was made to gather the bones of the deceased and give them some kind of tribute, although it was far from certain that the heads and bones put together, belonged to the same warrior.



But even this was not always possible and the only thing left to do, was to make a pile of bones and skulls and put them together in a mass grave or ossuary.



What you see here is the beginning of the famous Verdun ossuary where the bones of about 130,000 French and German soldiers have found their last resting place.



Here you see the ossuary and this is what you see when you have a peek through one of the numerous windows at the foot of the building.



No wonder that besides of course heroism, grief is a major characteristic of the statues and sculptures that after the war were erected and made,





such as the famous Grieving Parents statue of Käthe Kollwitz at the German cemetery at Vladslo, in West-Flanders, looking down and staring over the grave of her son Peter Kollwitz, killed right at the beginning of the war.



It was not until after the war that burying the corpses could be done properly and systematically, leading to different national policies and different national cemeteries.



This is the German cemetery of Langemarck, near Ypres.

The German cemeteries have a totally different atmosphere than the ones of for instance Britain.



Each soldier his own white gravestone, the Cross of Sacrifice in their midst, also because of the fact that these cemeteries are always fairly crowded, while the German

ones are deserted. If you go there you almost certainly will be the only one wondering around and wondering why.

In short the German ones are sober, with small black crosses and black square stones each naming and covering about ten soldiers. They are even more crowded than the British, French or American cemeteries are. Vladslo has 25,000 and Langemarck 44,000 dead. They are in fact covered up ossuary's. While the British, French and American cemeteries are overwhelming, white, big, and less crowded, although that is a relative term. But nevertheless: The British cemetery of Tyne Cot has 11,000 dead, but it is at least three times the size of Langemarck or Vladslo. The visual differences, turning the German cemeteries into a place of sorrowful silence and the allied cemeteries into places of awe-inspiring silence, can all be explained by the difference between victor and defeated.

But let us leave the dead at peace and turn over to the ones who survived, either to reach a respectable age or to be killed anyhow, after being returned to the front.

No matter how a war is waged, be it with spears and arrows, be it with guns and cannons, the ratio between dead and wounded has always been approximately 1 to 4, although there of course are incidental exceptions, as it is possible to throw the dice six times a six. One of these exceptions for instance was the first day of the battle of the Somme. In total, that day alone, in 8 hours of fighting, Britain, France and Germany together lost over 30,000 lives. 20,000 of them were mostly conscripted soldiers from Britain, a country that also lost 40,000 wounded.

What does this ratio of 1 in 4 mean? That the 10,000,000 dead of World War I were accompanied by around and about 40,000,000 wounded, or 10,000,000 per annum or 24,000 per day. The often heard number of 20,000,000 wounded is a number made up after the war, so not mentioning the ones killed after all or those who got wounded

more than once. And this is not counting the ill, for instance those with trench fever, trench feet, enteritis, venereal disease or Spanish flu, which number was even greater than the number of wounded.

Numbers like these cause problems that scream for a gigantic medical answer. In 1914 the British Royal Army Medical Corps had 20,000 doctors and nurses and in 1918 160,000. The American Expeditionary Force had 500 doctors in 1916 and 31,000 in 1918. The around and about 9,000,000 British ill and wounded were medicated 1088 million times, were bandaged 108 million times using 7250 tons of cotton.

It is not often considered but naturally this has been catastrophic for civilian healthcare. Germany had 33,000 physicians and 26,000 of them went to front or war hospital. Normally there was 1 physician on 1500 civilians, but during World War I it was 1 on almost 6,000. The situation in France was even worse. Of the 22,000 doctors 19,500 went away. The average of 1 to 2500 civilians changed into 1 to 14,000. On top the health of a soldier was considered more important than the health of a civilian, and therefore the health of males in the prime of their life was considered more important than the health of females, children or elderly. Ill women and children in French tuberculosis-centres had to leave to make room for ill soldiers or men who maybe could become soldiers.

But let us now have a look at the military medical line.



If wounded during battle – which was in spite of the vast numbers, a minority by the way – it was believed that a wounded man could be picked up from No Man's Land by two stretcher bearers who could hurry him to the first aid post in an hour tops. But the war not only harmed men, it also harmed the landscape. Because of the shelling, and in the neighbourhood of Ypres, because of the war related inundation of the Yser canal, every drop of water had an effect many times the normal one. So it was not the constant rain, as is often heard, that caused the famous World War I mud. In fact, in 1914-1918 the amount of rain in Flanders and France was quite normal. It was the war that caused the mud. But because of it sometimes up to 8 stretcher-bearers were needed to bring a wounded man to relative safety. And it did not take them one, but sometimes up to 8 hours. This means that not seldom there was an enormous shortage of stretcher bearers resulting in only a part of the wounded being brought back after battle. Many have died a slow and agonizing death in the waste land between the own and enemy lines.

Nevertheless many were brought back, even so many that lots of them could not be treated insight the medical wards, which of course has had its effect on hygienic circumstances.



But insight the wards – sometimes tents, ruined houses or mine shafts -, it was not that much better.



Overcrowded and dirty, rats running around, asepsis and antisepsis almost or completely impossible to administer, and in the wards a bit further back, the wards were surgery started, heaps of amputated limbs piling up in the corners.

The main task of the first medical lines was to make the wounded ready for transport further back, although at the same time it was the intention to treat them as close to

the frontline as possible. Getting them further back as medically seen was strictly necessary, was supposed to have a detrimental effect on the will to fight, also because the chances of encountering females, such as female nurses, grew the further one travelled from the trenches. But delay was frequent, either because the mud once again played spoilsport,

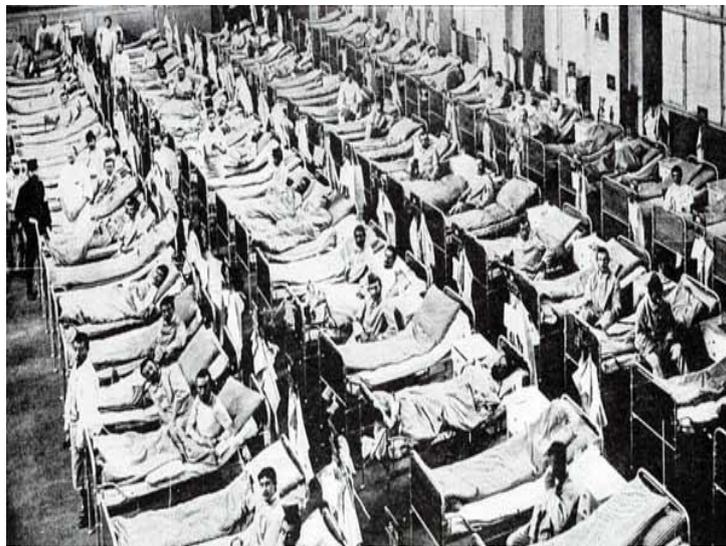


Or because the convoy of wounded encountered a convoy of fresh troops or ammunition.



Cars going back from the front, cars with wounded, always came second to cars going in the direction of the front. Or: the healing of wounds came second to inflicting wounds.

But in spite of the shortage of stretcher bearers, in spite of the hold-ups every time and again when going back, and in spite of the policy of close trench treatment, the base hospitals back in cities like Paris, Berlin or London, were manifold and crowded.



No wonder the sight of invalidated soldiers wandering the streets of the cities of the countries engaged in the war, became a normal sight already during the war.



In this they contradicted another well-known category of World War I wounded, the facially disfigured, who only went public in some French war marches celebrating the victory and posing them as heroes. And when they left their hospitals to go out into the open, masks hid their agonizing faces.

Literary Intermezzo I: Masks

They're around my bed again. Somebody is going to take my bandages off. A few of them will then again start discussing what my condition is and like the previous times they'll say that it's been a success, but that the job isn't finished yet. It may look better. It could be better. But they know dam' well that 'look better' and 'be better' are relative terms. And then they will tell the nurses to put the bandages back on - or would they apply clean bandages? - and I must simply wait for the next operation. The number ten, I think.

The weird thing is that they say all this shamelessly and aloud, without once directing a word to me. Loud enough, anyway, so that I can hear every word of it. Would they think that now that I can no longer see and no longer speak, I can neither hear anymore? My hearing is still fine, perfect enough to recently hear a visiting woman squeak

and whine about Frankensteins and gargoyles. Deformity makes people queasy. Even though it was shocking, I could understand it when you think that during the previous operation the doctors made what's supposed to be kind of a nose from pieces of skin of my chest. At least, that's what I gathered from what they were saying. They used quite a few unfamiliar words, so I may have got it all wrong.

But if it's true, those doctors are no more than a kind of Doctor Frankenstein and that makes me his monster and I cannot but look very similar to one of those gargoyles. And if I'm really that hideous, and I hardly doubt it anymore, then this has in fact made me invisible. The people around me don't see me anymore, they do no longer look at me, they only see my face, look at my face, and that's enough to look away from me, never to look at me again. I am my face, my cut-up face. That face is horrible, thus I am horrible.

I also once heard the doctors mention a mask. Further proof that I'm no longer anything to look at. When I got wounded I also wore a mask. A gas mask. A mask robbing you of your face to keep you physically alive will now be replaced by a mask giving you a face to keep you socially alive and that's been put over what once was a lively, pliable, grimacing face now turned into a mask. A good-looking, artificial mask to hide from view the ugly, unintentionally made mask.

It must mean an improvement, I'm sure, but no more than a relative improvement. The same as with my deformity, my inner self will be hidden from view. My mind has remained the same, but, in the future, it will not only be deformed for others because of my flesh-and-blood face mask, but also be hidden from them, thanks to a face mask of whatever kind. It hides the truth from the outside world, but it is by no means hidden from me. I will be changed from Frankenstein's monster into the Phantom of the Opera.

Because I can hear, I know I've got a nurse. Now and then she speaks to me, although it looks more like she's talking aloud to herself. And certainly the first times she had to change my bandages it suspiciously looked like her bolstering up courage. 'You should look him in the face', I heard one of her colleagues whisper, 'not look away from him'. But by now she seems to have gotten used to my appearance.

My appearance. I haven't the faintest idea of what I must look like, but it must be pretty awful, that's for sure. Not that I ever was especially good-looking; nor very popular with the girls. Just a little too shy; just not sporty enough. And yet, I never lacked attention. There're always a couple of girls who go for my type, a klutz with humour. Not too self-assured. But that will now be in the past. After all, you have to look a little bit attractive and a klutz should be able to take the mickey out of himself, or there's no fun left. But I sincerely doubt whether I will ever be able to laugh again. Not only because there's nothing much to laugh about right now. That'll come again. It's just that moving my muscles hurts so much. Will I ever be able to laugh again without pain? And will I ever be able to laugh again and others noticing that I'm laughing? That I may think I'm laughing and also visualize that I'm laughing, but that in actual fact nobody can see I'm laughing.

Seeing. Will I ever again be able to see? And will I be able to look at someone who looks straight back at me without blinking an eye? And will I ever be able again to say something to another person, even if it's nothing more than 'lovely weather we're having, haven't we?' Will I ever get a girlfriend? Will I ever get married? Will I ever get children? Will I ever leave this hospital? So many questions all of a sudden about things that until recently were so obvious that I paid them no attention at all.

The rare moments that my face is free from its bandages, I can't even feel what's wrong with it and what they've done with it. They tie my arms to the bed so that I can't scratch and undo the healing process. Luckily, I still have my arms and hands and fingers. I can

still feel. Not being able to touch anymore. Not being able to hold anymore. Not being able to stroke anymore. Not being able to feel anymore. That must be really bad.



When the shells exploded, the fragments, or stuff hidden within the shells, better known as shrapnel, in great speed flew across the fields of battle decapitating, emasculating, cutting open bellies, cutting off limbs and destroying faces.



This is the probably most famous picture of *War against War*, a picture book from 1924 composed by German anti-militarist Ernst Friedrich, who during the Inter war years, and not as the only one – Virginia Woolf was one of the English examples -, believed that showing pictures such as these, framed as the true face of war, would stop war as a means of solving conflict once and forever. That we now picture this idea as naïve, is only because we now know that they were mistaking.



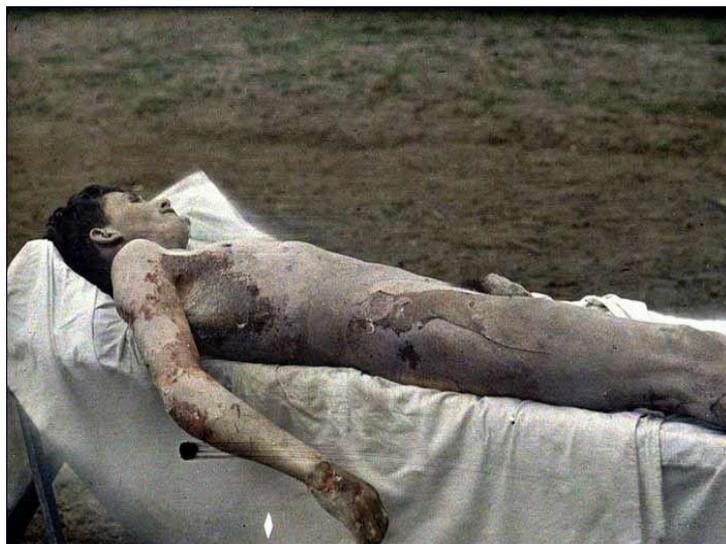
Plastic surgeons such as the Dutchman Johannes Esser, working for the Central Powers, or Harold Gillies, working in Great Britain, tried to fix the damage done, and relatively seen they were successful. When the doctor said that there was nothing more he could do, the disfigured certainly looked better than they had done before. But probably more than ever in history, the word 'better' proved itself to be extremely relative. Many of the patients will have wondered, if it was a result they should be content or satisfied let alone be happy with. They wondered if this was the best the doctors could have done during all those operations they had endured for several years.



It all comes together in this drawing of German soldier and artist Otto Dix. For long I have thought that Dix had seen several disfigured, trying to put all his impressions into one drawing, until I bumped into this picture, about a year ago.



The only difference between drawing and picture is that in the drawing the patient wears striped pyjama's, expressing Dix's conviction that war hospitals more resembled prisons than civilian hospitals.



And then of course there were the victims of poison gas. What we see here is a French soldier fallen victim to mustard gas. Mustard gas actually is not a gas at all, but a liquid. Poison gas became an umbrella term for all the chemical substances invented during World War I to inflict harm on the enemy. Mustard gas consisted of tiny drops raining down on an area, with the intention to make it impassable. But at the moment it dripped down there of course were soldiers wandering around on the territory. It burned their faces, burned through their clothing, inflicting often deadly wounds. What it did to the lungs if inhaled, I do not need to explain. The paradox of mustard gas therefore is that a chemical weapon initially not intended to kill, became the most deadly of all chemicals used during the war.



But it was not the most feared. Fear is an irrational emotion, as probably all emotions are. The flame thrower was used even less as chemicals, and inflicted only a fragment of the total amount of World War I dead. But as with gas, it was not feared because of the amount of casualties, but because of the way it inflicted these casualties and the damage it did.



This is the face of a man who fell victim to a flame thrower attack, after several operations. The flame thrower was not only feared by the ones encountering it, but also by the ones using it. The liquid used was stored in the vicinity of the trenches causing the all to justified fear an enemy shell would set it ablaze. And after a while a portable flame thrower was introduced. But the tank carried on ones back was so heavy that if the soldier tripped, and chances of this were great seen the state the soil was in, he did not fall forwards but backwards, pointing the flame at his own comrades.



Gas and the flame thrower were distributors of fear and fear was the cause of the wound or disease World War I nowadays is most famous for, certainly since Pat Barker's Regeneration trilogy: the affliction the British called shell-shock.



In short it was an affliction typified by physical symptoms unexplained by physical shortcomings. Being blinded although there was nothing wrong with the eyes; unable to walk although the legs were fine; not being able to talk although air pipe and vocal cords were undamaged. If it had been a handful, they would probably have been send

away from the war never to return. But their numbers grew rapidly turning the madness into a military problem. Fighting strength suffered from it. And if they would become a normal sight in the war waging countries it was feared they would seriously damage war enthusiasm, a conviction confirmed during the Vietnam War when American psychiatrists saw the potential of the Vietnam-syndrome to strengthen their anti-war persuasion.

A military problem endangering fighting strength calls for a swift and accurate answer; an answer not healing the patient but taking away the symptoms. It was found in what the British called the quick cure and the Germans the *Überrumpelungstherapie*, the catch off guard-therapy. There were several different kinds of cures, the most well-known, again probably because of Barkers books, being the one in which electricity is used, by the way: not shocks, who date from the nineteen thirties.



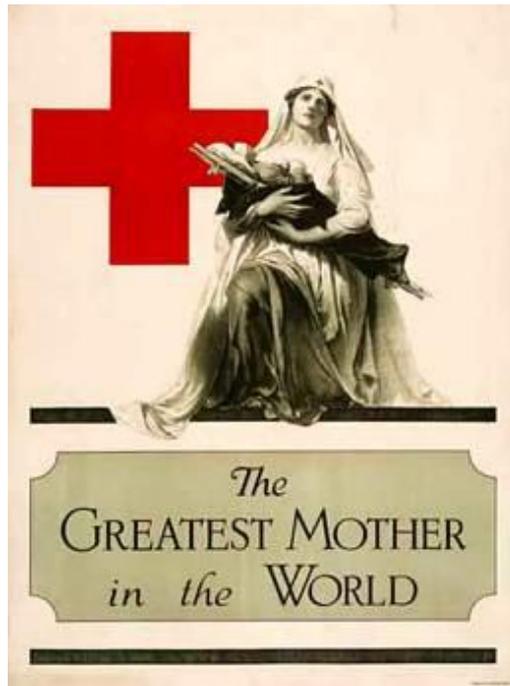
What they had in common was that the neurotic - almost always a soldier, seldom, also relatively, an officer - was locked up in the treatment room, he and the doctor alone; a doctor who had the double hierarchical advantage of soldier-patient against officer-doctor. Then pain was attributed alternated with the commandment: thou shall heal. And indeed: although some died, often symptoms disappeared and the soldier was declared healed. Fear of the doctor had outweighed the fear for the front. Although

front? There was a remarkable difference in the way German psychiatrists and neurologists looked upon their patients and the way in which, of course in general, British and French did. The first framed them in economical terms, picturing them as striking soldiers. Consequently the German psychiatrists and neurologists often were satisfied if they could get the hysterical men to do their bit for the war as workers in a weapons factory. *Hysterical Men* by the way was the title of a book on military psychiatry in World War I Germany leaving the reader wondering who was meant: the soldiers gone mad or the doctors treating them.

Contrarily the British and French talked about the neurotics in terms of femininity. Therefore there masculinity had to be restored and a man could best prove he had regained this, if he was able to return to the front.

Treatments like the quick cure divided soldiers and doctors alike. Most doctors kept on insisting that the aid they delivered was mainly of a humanitarian nature. They took care of the sick and wounded and therefore medical care in wartime was in principal no different from peacetime medicine. One of them for instance was German doctor Georg Friedrich Nicolai, a figure beyond suspicion of self-defence, because from the start of the war he was one of the few opposing it, picturing it as a total humane and medical disaster, a conviction he put down in his 1916 *The Biology of War*. Nevertheless, he counted himself lucky that, as a doctor, he was part of the only trade, beside professional soldiers, who was not in need of retraining.

The humanitarian side of medical war work was of course the frame used in propaganda, propaganda often using female nurses, although often kept away from the vicinity of the front. They were literally pictured as the greatest mothers of the world,



as angels of the battlefields,



beautiful but pious, chaste and fully covered as women were supposed to be and as especially nurses were supposed to be.

But there were others, a minority of patients, nurses and doctors alike, who took a more critical stand. According to them medical care was a humanitarian means to a military goal. It was intended not to heal but to restore fighting strength, to track down fakers, to give evidence against malingerers or soldiers with self-inflicted wounds and to dehumanise the enemy using so-called medical proof, such as a French doctor who said that the Germans were lower on the evolutionary ladder resulting in them partly urinating out of their feet. The rationale behind this was that in wartime dual loyalty, although not unknown in peacetime, is strong and forceful. Beside the interests of the patient also, and many would argue: even more, the interests of state and army had to be served, in which the interest of the state was that as little of the ill or wounded as possible, were entitled to receive a war pension.

This had several consequences, such as that not all ill or wounded were treated equal. Although some military officers demanded that the facially disfigured too would be brought back to battle, doctors knew that this was impossible. There was no future for them, at least not at the front or the weapons factory. Consequently they tried to treat them to the best of their ability.

And then there were the invalidated. For them engaging in battle was not an option, but they certainly could do their bit in the weapons factory. Orthopaedists showed their worth for the war by manufacturing prostheses that not so much fitted the patient as the other way around. The patient fitted the prostheses.



Not human aesthetics but economic efficiency was the central motive showing that a wounded soldier was not seen as a psychological and physical entity but as a machine build up out of replaceable parts, comparable to the opening line of the seventies series *The Six Million Dollar Man*: We can make him better than he was before, better, stronger, faster. A process historian Heather Perry called *Recycling the Disabled*. Additional advantage: they could earn a living saving the state pensions.

On the scale of dual loyalty the neurotics were the ones who found themselves the most on the side of military and state interest. They often were not seen as patients, but as cowards who tried to avoid national duty, making restoring the will to fight the task of the psychiatrist. Back to front or weapons factory was not a goal, but part of the treatment. They by far had the most problems proving their affliction was war-related, which would give them the right to a pension.

Literary intermezzo II: Sanity and Insanity

they say I'm crazy because every time somebody shouts bomb I jump under the table or under the bed but what's crazy about jumping under the table or under the bed when somebody shouts bomb actually it's more than natural to jump under the table or under the bed when somebody shouts bomb because when somebody shouts fire in a theatre everybody runs for the exit like crazy so why would I be crazy when I do the same thing because it's simply crazy all right to stay put when somebody shouts bomb except of course for the one who's shouting who will of course stay put because he knows it's not true but none of us would know that and this guy over there he is also said to be crazy because he can no longer walk although nothing is supposed to be the matter with his legs but what do you expect would you still be able to walk if that means walking towards a barrage of fire then it's nothing but logical that you can't walk anymore and that your legs fail you only because you yourself dared not refuse to enlist then you would be fucking out of your mind to walk am I right or not yeah there are a few that are of course really crazy after all like that idiot in the next ward who's dancing up and down on his bed day in day out with his fly open holding his dick while all the time shouting the name of one whole in the wall or other I think the village he comes from yeah that one is really crazy or do I simply don't understand him and more importantly do the doctors simply don't understand him because who knows what he's lived through and who knows whether it shouldn't be the most common thing for all of us to dance up and down holding our dicks because when one of us does it it's daft but when we all do it it's normal again just as it's daft if you alone fire at somebody but now that we've decided to do it all together it's completely normal that's crazy am I right or not but the doctor says that the war has nothing to do with it because a real man should be able to take a bit of buffeting and it must therefore be hereditary or you're a sissy to begin with and the war did nothing but bring it out but being the cause no way and he asked me did I blow up frogs as a boy or did I chase girls all the time or did I read poetry and when I said no to the first two questions and yes

to the third he looked both dubiously and triumphantly because there you are no real guy because there you are I'm right because he considers it his duty to make me and the others return to the trenches because then I'm healthy again when I feel like firing again and when this crazy business no longer drives me crazy but when I find this crazy business quite normal then I'm healthy again and I'm not a human being not even a non-functioning human being but a simple cog in the war machinery and this machine begins to come to a halt if too many cogs drop out but this machine should never come to a halt no this machine should forever charge ahead at full speed and therefore I have to return to the machine as swift as the wind and once I'm back in the machine the doctor will be very pleased and I will be declared cured and when I'm declared cured I can return to the machine because the front is the purpose of the cure because this way you prove to be a real man that you're no sissy and the longer you manage to put up with it the more manly you are and the lesser a sissy the more you're cured so tell me who's crazy

The war-enthusiasm in general is a myth, but for the medical profession it is not without truth. Besides the fact that many of them had right wing, nationalistic political convictions, they had medical reasons. First of all, their object was not the individual but a mythical, greater entity: the people, the nation, the race. Although invalidating or killing individuals, war would have a strengthening effect on the physique and psyche of that greater entity. War in their eyes, was not an enemy of medicine, but a colleague, a teacher. War was the doctor of doctors. And, as I indicated when referring to the orthopaedists, war gave the possibility to show the worth of their own specialisms, taking care of income and status.

And then there was, because of the abundance of wounded, ill and dead, the possibility of experiment without consent, normally only conducted on mice and rats. Medical

historian Roger Cooter said about this that, as orphans, soldiers were traditionally easy prey.



This picture gives an example. At first sight it looks rather cosy. But what it really shows is two soldiers both wounded at the outside of their left leg. The legs were tight together to see what the reaction of the wounds would be. I have called it Auschwitz in 1914-1918.

All this resulted in a change of definition. Wounded was not being shot, but being wounded *or sick* as a result of the war, giving the patient pension rights. Sick was not ill because of bacteria or viruses, but sick or wounded *not* as a result of the war, denying pension rights. It may be clear that it was expected from doctors to declare as many soldiers sick as possible. In 1917 it became actually forbidden to say of neurotics that they were 'Shell shock wounded'. 'Shell Shock sick', was the remaining approved category or even better, Not Yet Diagnosed Nervous, cutting away every linkage with the war.

My conclusion therefor is that medicine in wartime is of a principally different nature than medicine in times of peace. It is not an oasis of rest in a vast desert of violence,

but an important part of modern war strategies. Maybe there is some truth in the often heard line that, whatever one thinks of war, it at least is good for medicine, although I doubt this very much, but certainly medicine has been good to war. Proof is anything but absent. For instance in 1917 it was said in the American magazine *The Military Surgeon* that 'every single activity of this country is directed towards one single object, the winning of the war. For physicians this means that the consideration of human life often becomes secondary'. And in 1922 during the inquiries of the British committee who investigated the reasons behind the enormous numbers of shell-shocked, one of the doctors said that 'the first duty of a regimental doctor is to maintain the discipline and morale of his unit. To effect that the health of individuals may have to be sacrificed temporarily, even permanently'.

Because of this in 1928 an American nurse returned her Croix de Guerre and in 1918 a Dutch nurse had suggested to stop medical war work, because then war would be impossible to wage, saving more lives than medicine ever would be able to. It was a thought repeated by Cambridge professor John Ryle in 1938 and completely in line with the verse of World War I nurse Ellen La Motte, in her *The Backwash of War*: 'The science of healing stood baffled before the science of destruction.'

This feeling was also put down in cartoons, by soldiers, defying the myth of the happy hospital and certainly defying the picture of the always and only caring and soothing nurse. They resented the nurse because she also inflicted pain and because, contrary to what was seen as her natural place, she could do so because she was in command. And if women are resented they are pictured naked

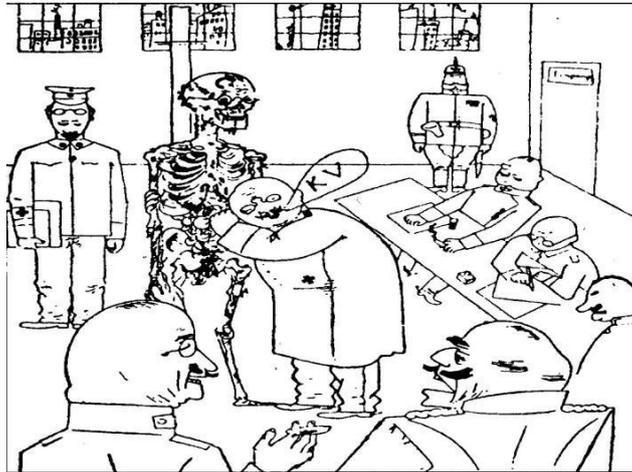


or ugly.



So the first drawing is not necessarily a picture of an actual situation, although there of course has been sex between nurses and doctors, as there has been between nurses and patients, sometimes even leading to marriages. But what it actually says is that in the eyes of some patients the nurses were more interested in pleasing and obeying the

military health officers than in assisting the wounded. The second drawing points at the conviction that they were an extension piece of the military, seen the caption: 'Do not worry, I will have you back at the front within the week.'



This resentment was not saved for the nurses. In this picture of the German soldier-artist George Grosz a doctor declares a corpse KV, *Kriegsverwendungsfähig*, Fighting Fit.



And in this Dutch drawing the task of the medical services, or at least the consequence of medical aid, is pushing the healed soldier in the arms of Death.

Let us end by coming back to history and literature. In most history works the war ends by saying that the Allied had won and the Central powers lost, although it is better to say that they came in second since they had defeated Russia in 1917. This will never be the end of a literary work. They more than once came to the conclusion, as for instance German soldier-author Georg Steinbrecher, that no one had won the war. Only Death had been victorious. And that is what I have tried to say as well in the story called Mors Ludens.

Literary intermezzo III: Mors Ludens

Homo sapiens claims it fights for victory. If the one party is victorious, the other one must lose and vice versa. But it's not that simple. Neither of the parties will win, because there's but one winner and this winner is me.

Homo sapiens. Rational man. Such arrogance. Such an incredible, presumptuous, inflated ego. The height of hubris. Homo non-sapiens absolutus would be closer to the truth. But it's fine with me. The less rational, the more emotional, the more suffering and the more dead. And it's our task to make sure it's anything but dulce et decorum. Well, you can leave that to us. My honourable colleagues Pestilentia, Fames and Bellum ride faster and with greater joy and happiness than ever before. We will treat humanity to a myriad of alluring horrors of war. Bellum, in particular, has risen to the occasion and is spurring on his horse to accomplish great deeds, although Pestilentia tells me I should wait and see before I call Bellum my best friend. She seems to have something miraculous up her sleeve still. But right now I'm proud of Bellum. Thanks to him, I've really grown into my own everywhere; now I'm man, now I'm animal, now I'm landscape. The battlefields are my playground, my sweetshop. I look into the mirror and see Mors Ludens laughing his head off. Just arranging a corpse against a tree so that it looks as if he's asleep. But when someone wakes him, his helmet tumbles down from his head, skull and brains and all. Great fun. I make two soldiers skewer each

other at the very same moment with their bayonet-hooked rifles like Arthur and Mor-dred après la lettre. Only when they putrefy will they come apart. Smashing.

I've managed to keep Persephone away from this spot for no less than three years already. The sun is high, the sun is low, it's scorching, it's freezing, it's bone dry, it's flooding, but it makes no difference to the landscape. It's dead and it will remain dead. It's my creation and it's gorgeous. Wooden stakes that used to be trees. Ruins - even less than that - where once stood those detestable, lively villages and towns. Ponds, created by mine explosions, green-coloured thanks to chemical delicacies - my sweetest farts - with the occasional decomposing body, because a thirsty soldier had drunk from it, ignoring all admonitions. Deep mud where once were fields. Sometimes frozen and white, sometimes liquid and sucking. In one word, splendid.

Of course, I know it won't last forever. Of course, Demeter's daughter will defend her right to beauty or such thing, and she'll get it in the end. Nothing lasts forever, although many soldiers believe it does. The plague did not last forever. Neither the Thirty-Year War or the Hundred-Year War turned out to last forever. Compared to its illustrious predecessors, this war may not even last all that long. But the wonderful immensity of it all. Such passion, never seen before. I'm enjoying myself to the hilt.

And I can only hope that you have enjoyed this lecture as well, if only for a tiny bit.