spirit. Pass on her memory. Be witnesses that it still exists."[41] In her will, she expressed the wish that those who visited her grave would leave a small stone, "as a quiet promise . . . to serve the mission of women's duties and women's joy . . . unflinchingly and courageously."[42]

THE TRAUMATIC NEUROSES OF WAR

The reality of psychological trauma was forced upon public consciousness once again by the catastrophe of the First World War. In this prolonged war of attrition, over eight million men died in four years. When the slaughter was over, four European empires had been destroyed, and many of the cherished beliefs that had sustained Western civilization had been shattered.

One of the many casualties of the war's devastation was the illusion of manly honor and glory in battle. Under conditions of unremitting exposure to the horrors of trench warfare, men began to break down in shocking numbers. Confined and rendered helpless, subjected to constant threat of annihilation, and forced to witness the mutilation and death of their comrades without any hope of reprieve, many soldiers began to act like hysterical women. They screamed and wept uncontrollably. They froze and could not move. They became mute and unresponsive. They lost their memory and their capacity to feel. The number of psychiatric casualties was so great that hospitals had to be hastily requisitioned to house them. According to one estimate, mental breakdowns represented 40 percent of British battle casualties. Military authorities attempted to suppress reports of psychiatric casualties because of their demoralizing effect on the public.[43]

Initially, the symptoms of mental breakdown were attributed to a physical cause. The British psychologist Charles Myers, who examined some of the first cases, attributed their symptoms to the concussive effects of exploding shells and called the resulting nervous disorder "shell shock."[44] The name stuck, even though it soon became clear that the syndrome could be found in soldiers who had not been exposed to any physical trauma. Gradually military psychiatrists were forced to acknowledge that the symptoms of shell shock were due to psychological trauma. The emotional stress of prolonged exposure to violent death was sufficient to produce a neurotic syndrome resembling hysteria in men.

When the existence of a combat neurosis could no longer be denied, medical controversy, as in the earlier debate on hysteria, centered upon

the moral character of the patient. In the view of traditionalists, a normal soldier should glory in war and betray no sign of emotion. Certainly he should not succumb to terror. The soldier who developed a traumatic neurosis was at best a constitutionally inferior human being, at worst a malingerer and a coward. Medical writers of the period described these patients as "moral invalids."[45] Some military authorities maintained that these men did not deserve to be patients at all, that they should be court-martialed or dishonorably discharged rather than given medical treatment.

The most prominent proponent of the traditionalist view was the British psychiatrist Lewis Yealland. In his 1918 treatise, *Hysterical Disorders of Warfare,* he advocated a treatment strategy based on shaming, threats, and punishment. Hysterical symptoms such as mutism, sensory loss, or motor paralysis were treated with electric shocks. Patients were excoriated for their laziness and cowardice. Those who exhibited the "hideous enemy of negativism" were threatened with court martial. In one case, Yealland reported treating a mute patient by strapping him into a chair and applying electric shocks to his throat. The treatment went on without respite for hours, until the patient finally spoke. As the shocks were applied, Yealland exhorted the patient to "remember, you must behave as the hero I expect you to be. . . . A man who has gone through so many battles should have better control of himself."[46]

Progressive medical authorities argued, on the contrary, that combat neurosis was a bona fide psychiatric condition that could occur in soldiers of high moral character. They advocated humane treatment based upon psychoanalytic principles. The champion of this more liberal point of view was W. H. R. Rivers, a physician of wide-ranging intellect who was a professor of neurophysiology, psychology, and anthropology. His most famous patient was a young officer, Siegfried Sassoon, who had distinguished himself for conspicuous bravery in combat and for his war poetry. Sassoon gained notoriety when, while still in uniform, he publicly affiliated himself with the pacifist movement and denounced the war. The text of his *Soldier's Declaration,* written in 1917, reads like a contemporary antiwar manifesto:

> I am making this statement as an act of wilful defiance of military authority, because I believe that the war is being deliberately prolonged by those who have the power to end it.
>
> I am a soldier, convinced that I am acting on behalf of soldiers. I believe that this war, upon which I entered as a war of defence and liberation, has