



HAL
open science

Wounded soldiers and their carers faced with the violence of combat in 1870-1871: a turning point in sensibilities ?

Odile Roynette

► To cite this version:

Odile Roynette. Wounded soldiers and their carers faced with the violence of combat in 1870-1871: a turning point in sensibilities ?. *Revue d'histoire du XIXe siècle*, 2021, 60 (1). hal-03561847

HAL Id: hal-03561847

<https://u-bourgogne.hal.science/hal-03561847>

Submitted on 15 Feb 2022

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

ODILE ROYNETTE

Wounded soldiers and their carers faced with the violence of combat in 1870-1871: a turning point in sensibilities?

On August 15 1870, Léon Le Fort, a hospital surgeon in Paris before the war and surgeon-in-chief of the first ambulance of the Société de secours aux blessés des armées de terre et de mer, was one of the first civilian doctors to see the battlefield at Borny, near Metz. On the previous day, French and German soldiers had fought in one of the murderous battles of the month of August. Near the château de Colombey, he found a road strewn with the bodies of French infantrymen, some of whom had been blown to pieces, and described what he saw in these terms:

I will never forget the scene I saw along that avenue. [...] All along the road, the embankment facing towards the enemy was covered with bodies who had been hit in the head, lying side by side, in the position in which a sudden, abrupt death had left them. Percussion shells had also wrought terrible destruction there. I can still see in my mind's eye the mutilated body of one of our soldiers, cut off at the waist by a shell which probably exploded when it fell on him as he was lying on the ground, because all that was left of him was his pelvis and legs, and the only other remains of this unfortunate shell-struck individual were some shreds of entrails lying in the dust a few feet away from this maimed body. Eviscerated horses and shapeless fragments of human beings covered the surface of the avenue. Since June 1848, when I was a combatant, I had seen a few battlefields; as a surgeon I had become accustomed over twenty-four years to be confronted with death, but the sight I saw here was dreadful.¹

The horror expressed by this experienced surgeon at the sight of the carnage inflicted by modern weaponry was in no way untypical. Since the wars of the Revolution and the Empire, which had confronted soldiers with ever more violent fighting² and increasing casualty rates, reaching a peak during the Russian campaign,³ descriptions of the ordeals faced by combatants and of the medical care they received had become widespread. The sight, sound and smell of wounded and dying soldiers and their decomposing remains had become commonplace in the stories and accounts written by survivors.⁴

From the 1850s onwards, this process of increasing intrusion of war into the public sphere accelerated with the often uneven development of “modern war”, fought with more manpower, more powerful weapons of destruction, over longer periods, extensively affecting civilians and mobilising entire societies.⁵ During the Crimean War, the emergence and publication of the first photographic war reporting⁶ made the suffering of the combatants more visible in the context of a change in sensibility regarding the individual and death and of a promotion of the soldier as a precious human resource, to which army medical staff contributed

¹ Léon Le Fort, *La chirurgie militaire et les sociétés de secours de France et à l'étranger*, Paris, Librairie Germer Baillière, 1872, p. 347.

² Natalie Petiteau, ‘Pour une anthropologie historique des guerres de l'Empire’, *Revue d'histoire du XIX^e siècle*, n° 30, 2005, p. 45-63 reprinted in *Guerriers du Premier Empire. Expériences et mémoires*, Paris, Les Indes savantes, 2011, p. 17-39.

³ Anne Rasmussen, ‘Blessures et blessés’, *Une histoire de la guerre du XIX^e siècle à nos jours*, in Bruno Cabanes et alii (eds), Paris, Éd. du Seuil, 2018, p. 438; Marie-Pierre Rey, *L'effroyable tragédie. Une nouvelle histoire de la campagne de Russie*, Paris, Flammarion, 2012.

⁴ Cf. Natalie Petiteau, *Les mémorialistes de la Révolution et de l'Empire*, Paris, Les Indes savantes, 2012; Nicolas Cadet, *Honneur et violences de guerre au temps de Napoléon. La campagne de Calabre*, Paris, Vendémiaire, 2015.

⁵ On this much-debated concept, see the clarification by Bruno Cabanes, ‘Ouverture’, *Une histoire de la guerre...*, *op. cit.*, p. 8.

⁶ Ulrich Keller, *The Ultimate Spectacle: A Visual History of the Crimean War*, Amsterdam, Gordon and Breach, 2001; Frank Becker, ‘Die Anfängen der deutschen Kriegsfotografie in der Ära der Reineinigungskriege (1864-1871)’, *Propaganda. Von der Macht des Wortes zur Macht der Bilder*, Thilo Eisermann (ed), Hamburg, Kämpfer, 1998, p. 69-102.

substantially in peacetime, and even more so in time of war.⁷ One of the consequences was the organisation of the first civilian societies for the relief of wounded servicemen, and the signature of the Geneva Convention on 22 August 1864, which together represented the first steps in the institutionalisation of humanitarian aid.⁸

From then on, at the same time as new technological change was further increasing firepower,⁹ the wounded and the sick¹⁰ were looked after by doctors and nurses, both military and civilian, who were all pursuing the same goal: to relieve and heal. Our objective is to examine the role played by the Franco-German conflict of 1870-1871 in the evolution of sensibilities towards the sufferings of the battlefield. Did the intervention of civilian volunteers, especially doctors, contribute to a change in perceptions? How did these people view an ethics of warfare which had hitherto been based on indifference to pain and how did they respond to this in their accounts? Is it possible to envisage a comparative history of this question in the French and German armies?

Our sources are essentially composed of accounts written by French and German physicians,¹¹ but also include autobiographical material written by combatants. The use of medical reports has transformed the historiography of war and made it possible to make up, at least in part, for the reluctance of soldiers to talk about the ordeals of combat and, to an even greater extent, of wounds sustained during the fighting.¹² Analysing the actions of doctors and nurses and the discussions that arose in medical circles regarding ways of providing medical care have contributed to a better understanding of the effects of war on individuals and shed light on the organisation of medical and humanitarian intervention, which varied as a function of the cultural contexts involved. Focused on the question of the wounded in the main theatres of operation of the war in the provinces,¹³ this study seeks to determine the modes of intervention of medical staff and the civilian volunteers' perceptions of the events they witnessed.

The place of civilian volunteers in the organisation of relief for the wounded

In 1870, the role of civilians in the organisation of relief for wounded combatants differed considerably between States, and especially between France and Prussia, although both were signatories of the Geneva Convention.

⁷ Odile Roynette, *Bons pour le service. La caserne à la fin du XIX^e siècle*, Paris, Belin [2000], 2017; Anne Rasmussen, 'Expérimenter la santé des grands nombres: les hygiénistes militaires et l'armée française, 1850-1914', *Le Mouvement social*, n° 257, 2016/4, p. 71-72.

⁸ Cf. Geoffrey Best, *Humanity in Warfare: The Modern History of the International Law of Armed Conflicts*, London, Weidenfeld and Nicolson, 1980; Véronique Harouel, *Histoire de la Croix-Rouge*, Paris, PUF, 1999; Daniel Marc Segesser, 'Le concept de neutralité et la Convention de Genève de 1864', in *Le temps des hommes doubles. Les arrangements face à l'occupation de la Révolution française à la guerre de 1870*, Jean-François Chanet, Annie Crépin et Christian Windler (eds.), Rennes, PUR, 2013, p. 69-84.

⁹ Hervé Mazurel, 'Le corps à l'épreuve', *Une histoire de la guerre...*, *op. cit.*, p. 413 and Christophe Pommier, 'Les innovations de l'armement au révélateur de la guerre de 1870-1871' in *France Allemagne(s) 1870-1871. La guerre, la Commune, les mémoires*, Mathilde Benoistel, Sylvie Ray-Burimi et Christophe Pommier (eds), Paris, Gallimard, 2017, p. 57-59.

¹⁰ The important question of disease is a subject in its own right and will not be addressed within the limited scope of this article.

¹¹ We will only use texts translated by French physicians and published in the years following the conflict.

¹² For the 19th century we would refer to Roger Cooter, 'Medicine in War', *Medicine Transformed: Health, Disease and Society in Europe, 1800-1930*, Deborah Brunton (ed), Manchester, The Open University, 2004, p. 331-363; Claire Fredj, 'Écriture des soins, écriture du combat : six médecins militaires français au Mexique (1862-1867)', *Revue d'histoire du XIX^e siècle*, n° 30, 2005/1, p. 99-119; 'Corps meurtris des combattants du XIX^e siècle', a collection of articles in the journal *Corps*, Walter Bruyère-Ostells, Michel Signoli & Benoît Pouget (eds), n° 15, 2017, p. 243-314.

¹³ For Paris, cf. Bertrand Taithe, *Defeated Flesh: Welfare, Warfare and the Making of Modern France*, Manchester, Manchester University Press, 1999 as well as his contribution to this issue.

In Prussia, adapting the military medical services to the realities of “modern war” had led to the formation of a medical organisation that was sorely tested in the war against Austria and her allies in 1866. This bloody conflict, in which approximately a million men fought,¹⁴ was a major medical challenge, particularly on 3 July 1866, the day of the decisive battle of Königgrätz (Sadowa) which gave victory to Prussia. The high number of casualties – much greater on the Austrian side¹⁵ – along with the severity of the wounds caused by bullets and shells overwhelmed the military doctors and volunteers grouped together under the banner of the Red Cross. The surgeons were unable to cope¹⁶ and eye-witness accounts, for example that of the writer Theodor Fontane, highlighted the horror inspired by the sight of the wounded.¹⁷

The shortcomings revealed during this conflict led to a reform of military medicine in Prussia. The centralisation and professionalisation of military doctors was strengthened and in April 1869 directives were issued imposing concertation with unit commanders regarding all aspects of soldiers’ health. In the field, medical units (there were twelve for each army corps, all independent of each other), were devised to speed up the relief of the wounded as close as possible to the battlefield.¹⁸ Evacuation of men who were fit enough to be transported was improved through a programme of equipping and building ambulance trains, so that in 1870 there were 200 wagons designed to receive the wounded and sick.

Closer supervision of the civilian relief societies was the second element of the reforms initiated in 1867. As a result voluntary assistance was subjected to monitoring by the State, whether it was the knights of Saint-John (the *Johanniter*), who were already active in the Austro-Prussian war,¹⁹ or female volunteers organised into nurses’ associations. In Berlin, Queen Augusta participated in the establishment of Prussian supervision of women’s associations from the different States of the North German Association in the Red Cross in 1869. Gender assignment was particularly evident with men being allowed to join the medical units while women were restricted to medical care in the rear, although some were to become involved in administration of the ambulances and field hospitals in France during the war.²⁰

On the French side, the failure of the medical services to adapt to changing fighting conditions became a common complaint in public discourse after the war of 1870-1871, adding to the discredit into which the Second Empire fell after the defeat. Georges Morache, one of the primary figures in French military medicine after the war,²¹ persistently denounced the failings of the medical services, whether it was the insufficient number of physicians and stretcher-bearers available or the inadequacy of the facilities for the transport and evacuation of the wounded or the subjection of military physicians to the army administration, a situation which

¹⁴ Mark Hewitson, *The People’s Wars. Histories of Violence in German Lands, 1820-1888*, Oxford, Oxford University Press, 2017, p. 360.

¹⁵ Casualties were seven times higher on the Austrian side (64,000 men killed, wounded or captured). *Ibid.*, p. 392.

¹⁶ John F. Hutchinson, *Champions of Charity. War and the Rise of the Red Cross*, Colorado and Oxford, Westview Press, 1996, p. 117.

¹⁷ Theodor Fontane, *Der deutsche Krieg von 1866*, Berlin, R. v. Decker, 1871, vol. 1, p. 645-646.

¹⁸ John F. Hutchinson, *op. cit.*, p. 117-118.

¹⁹ Geoffrey Wawro, *The Austro-Prussian War: Austria’s War with Prussia and Italy in 1866*, Cambridge, Cambridge University Press, 1996.

²⁰ John F. Hutchinson, *op. cit.*, p. 120-121 and Jean Helen Quataert, *Staging Philanthropy. Patriotic Women and the National Imagination in Dynastic Germany, 1813-1916*, University of Michigan, 2001, p. 73-81.

²¹ Morache held the chair of clinical medicine in the Val-de-Grâce military academy from 1868, and was seconded to the ambulance of the headquarters of the 5th corps of the army of the Rhine in 1870. He was held in the stronghold at Bitché, but succeeded in returning to Paris and became surgeon-major of the ambulances with the Army of Versailles until the end of the conflict, and then Professor of forensic medicine at the Faculty of Bordeaux in 1878, director of the army medical services of the 18th army corps in 1885 and general inspector in 1892.

was seen as one of the causes for the difficulties encountered during the later campaigns of the war.²²

Could the French army count on humanitarian aid provided by civilian societies for the relief of wounded soldiers to make up for these inadequacies? Nothing could be less certain, as the prevailing response before the war regarding civilian intervention, which was considered dangerous, was one of suspicion. In 1869, Michel Lévy, an emblematic figure in French military medicine,²³ summed up the reluctance of a medical service which was intensely keen to defend its professional identity, and more generally of an army which was distrustful of any outside interference in its prerogatives:

It is increasingly our view [...] that volunteer associations will always have less power and competence than the governments of great States to complete the organisation of medical relief in the field; that any civilian interference, even the most well-founded, can become a cause of encumbrance and disturbance in the areas where the ambulances closest to the fighting operate; it is in besieged positions and, for the attacking army, out of the range of their cannon, that spontaneous or invited assistance from civil society can usefully support the official military services.²⁴

In other words, civilian aid could be useful as long as it remained secondary and was strictly limited to the role of an auxiliary to a medical service which maintained complete control over emergency interventions. Although he subscribed to praiseworthy intentions to “make war more humane”, Lévy encouraged great prudence with regard to civilian intervention which he believed could be useful “in the more remote positions” from the fighting but under no circumstances close to the field of fire.²⁵ This perplexity was reflected in the field by a very widespread ignorance within the French army of the emblems which distinguished the Red Cross, contrary to the Prussian army in which combatants and medical services recognised the flag with its red cross against a white background and knew the main provisions of the Geneva Convention.²⁶ Yet, officially, the French army declared it was ready for war. “Medical services within range of the enemy will be provided perfectly”²⁷ proclaimed the Minister for War, General Dejean, to the Senate on 23 July 1870. According to him, the initiatives taken by the Société de secours aux blessés des armées de terre et de mer, a French emanation of the Red Cross, which had begun hastily to assemble men and equipment to be ready for the first fighting, smacked more of gesticulation than of any serious action:

The organisation of this society exists in name only. It makes a lot of noise in the newspapers but it is unable to do anything useful, because all it has in terms of equipment is apparently two or three carriages parked in the Palais de l’Industrie.²⁸

Yet, with the other foreign societies, it was to play a decisive role in providing medical and health assistance from the start of the hostilities.

Put to the test on the battlefield: people and practices in action

²² Georges Morache, ‘Service de santé militaire’, *Encyclopédie des sciences médicales*, 2nd series, vol. 8, 1874, p. 145-146 ; p. 170-171.

²³ Michel Lévy, former director of the health service of the army of the east in Crimea, appointed director of the Imperial school of medicine and military pharmacy (École impériale d’application de la médecine et de la pharmacie militaire) at the Val-de-Grâce in 1856, was also president of the Academy of medicine in 1857. He died in March 1872.

²⁴ Michel Lévy, ‘Ambulance’, *Dictionnaire encyclopédique des sciences médicales*, 1st series, vol. 3, 1869, p. 576.

²⁵ *Ibid.*

²⁶ Daniel Marc Segesser, art. cit. p. 79.

²⁷ Declaration quoted by Jean-Charles Chenu, *Rapport au conseil de la Société française de secours aux blessés des armées de terre et de mer, sur le service médico-chirurgical des ambulances et des hôpitaux pendant la guerre de 1870-1871*, Paris, Imprimerie J. Dumaine, 1874, vol. 1, p. V.

²⁸ *Ibid.*

It remains difficult to gauge the intensity of the shock felt by French and German medical professionals when confronted with the damage inflicted on soldiers, for most of the medical writing was produced after the event, often just after the cessation of hostilities, sometimes based on notes taken in the heat of the action, when there was enough time to do so. These texts amplify or, on the contrary, minimise the emotions experienced at the time and always involve some degree of reworking of memory which leads to a whole range of very significant distortions. For example, on the French side, the final outcome of what the physicians often call “our misfortunes”²⁹ appears to contribute to a dramatised story of events, revisited in the light of the feelings, often tinged with guilt or shame, generated by the defeat. These men were also keen, as were their German counterparts, to emphasise their courage in the face of adversity and to underline the value of a know-how and physical commitment which enabled them to attenuate “suffering which went well beyond anything describable”.³⁰ So sensibility and restraint competed in the making of these stories which obeyed the rules of a rhetorical genre, the medical report, the formal homogeneity of which contributed perhaps to an attenuation of the cultural differences between the practices and standards at play on either side of the frontier.

On the French side, the confrontation with the reality of the first particularly bloody clashes of the month of August and the fighting that continued until Sedan, on September 1, is described as a cruel ordeal which overwhelmed the carers, who were powerless to cope with the number and severity of wounds. The provision and organisation of medical care during the first battles in Alsace were characterised by total improvisation, as illustrated by the example of Frœschwiller-Wœrth on 6 August. On that day, 17,000 French soldiers were put out of action out of a total of 46,000, representing 37% of the total. Two thirds (11,000) were either killed or wounded. The Germans had more limited losses (10,642 men, or 6.6% of the total forces), with a large number of wounded (7,680).³¹ In the face of this disastrous situation, the medical response on the French side fell vastly short of what was really needed. Paul de Leusse, a deputy of the Bas-Rhin department and mayor of Reichshoffen,³² who organised medical relief in his town, noted in his personal diary his memories of those dark days:

As soon as I saw that we were going to have troops coming in, I evacuated the schoolrooms and organised an ambulance. There was one medical officer in charge of the unit and no nurses, no orderlies, no medicines, no instruments, just nothing, nothing, absolutely nothing.³³

On the evening of August 6, the retreating French troops abandoned the field, leaving behind them thousands of wounded men crowded into the houses and the château of Reichshoffen:

I had 250 wounded men in the château and 1,150 in the village with no physician. Fortunately at 6 am physicians and orderlies from the 3rd division arrived. We could begin dressing the wounds. The halls were covered with straw on which lay the wounded, the staircases were crammed and blood flowed down the steps.³⁴

The intervention of military physicians, mainly Prussian and Bavarian, who, with the help of the *Johanniter*, had for several weeks been providing relief for the wounded and giving treatment, saved the lives of a number of French soldiers. On the German side, the shock of the

²⁹ For example Léon Le Fort, *op. cit.* p. VII

³⁰ Georges Morache’s introduction to his translation of William MacCormac’s *Souvenirs d’un chirurgien d’ambulance, relation médico-chirurgicales des faits observés et des opérations pratiquées à l’ambulance anglo-américaine (Sedan-Balan-Bazeilles)*, Paris, J.-B. Baillièrre et fils, 1872, p. VII.

³¹ These figures, established by the Germans, are used by Jean-Charles Chenu, *op.cit.*, p. 4. German forces present on August 6 are estimated at 160,000 men.

³² This is the other name given in France to the battle of Frœschwiller-Woerth.

³³ Service historique de la défense (SHD), LR3, Ducrot file, from the unedited diary of the comte de Leusse.

³⁴ *Idem.*

early stages of war was just as terrible. A Bavarian officer, Friedrich von Lassberg, emphasises the horror he felt at the sight of the dead “which left a deep, melancholic impression on us”.³⁵ The medical staff were also overwhelmed. Morache notes that Bavarian hospital train number 2, which had been sent to Haguenau after the battle, returned with 870 wounded and sick although it was only designed to carry 250,³⁶ reflecting overcrowding in the German field ambulances which had been set up close to the battlefield. A soldier, Eduard Wehmeyer, describes in the following terms the scale of losses on both sides:

French losses are colossal and I spent the whole night bringing in our wounded and those of the enemy; for six days now I haven't slept in a bed, but only in bivouacs. For the moment I've managed to keep safe and sound, but our regiment has suffered fairly considerable losses.³⁷

During the following battles, the situation improved, particularly on the French side, as a result of the arrival of the voluntary ambulances made ready in Paris under the auspices of the Société de secours aux blessés des armées de terre et de mer. Organised through large scale mobilisation of people and resources both on a national and an international level, seventeen field ambulances were created: twelve French units, manned by civilian physicians, medical students and volunteers with no medical training from all over France, and five ambulances from abroad. They were placed under the authority of Jean-Charles Chenu, who had played an essential role since the Crimean War in raising awareness of mortality in wartime. Now retired, he took control of the medical aspect of operations and organised the despatch of the ambulances from Paris to the main theatres of operation.³⁸ Their intervention, marked by a great deal of improvisation, encountered a number of difficulties and was the object of major criticisms. But, as one of its most fervent detractors, Léon Le Fort, who was in open conflict with Jean-Charles Chenu, had to admit, it was often decisive, particularly in Paris and in the armies of Châlons, the Loire and the East.³⁹

In those units there were even fewer physicians than in the army of the Rhine. Many physicians had been detained in the various strongholds of the east, and those who remained had to come to an arrangement, sometimes extremely reluctantly, with the personnel of the civilian ambulances, who were widely considered as rivals with little legitimacy in the field of war medicine.⁴⁰ Both in the provinces and in Paris under siege, as studied by Bertrand Taithe, there was friction between civilian physicians, who were perhaps more attentive to their patients' welfare, and military physicians, who were less well-considered by the rest of society and marked by a professional culture concerned above all with discipline and efficiency. Théodore Vernes, who took responsibility for the Eastern delegation of the Society for the Relief of the Wounded, stressed the “rather disdainful mistrust of the army”⁴¹ with regard to the personnel of the civilian ambulances. Armand Sabatier, chief medical officer of the ambulance of the Midi, who, when he arrived at Bellegarde (Loiret) on November 24 1870,

³⁵ Quoted by Mark Hewitson, *op. cit.*, p. 430.

³⁶ Georges Morache, ‘Service de santé’, *art. cit.* p. 162.

³⁷ Letter from Eduard Wehmeyer to his mother, 7 August 1870, in *Lettres à Élise : une histoire de la guerre de 1870-1871 à travers la correspondance de soldats prussiens*, edited by Jean-Louis Spiser & Thierry Fuschlock, Paris, Éditions Pierre de Taillac, 2020, p. 40.

³⁸ Jean-Charles Chenu, ‘Rapport de M. le docteur Chenu, inspecteur, directeur général des ambulances’, *Bulletin de la Société française des secours aux blessés militaires des armées de terre et de mer* (henceforth *BSFSBM*), Paris, n° 10, 1871, p. 414. To this should be added, for Paris, 6 large fixed medical units, 4 units in railway stations, 21 field hospitals and 12 mobile units.

³⁹ Léon Le Fort, *op. cit.*, p. 218

⁴⁰ *Ibid*, p. 314.

⁴¹ Théodore Vernes, *Rapport de la Société de secours aux blessés des armées de terre et de mer. Délégation de l'Est*, Paris, Bureau de la Délégation, 1872, p. 2.

noted that “there was an almost complete absence of military surgical relief”⁴² regretted “the sulky and sometimes mean expressions”⁴³ of his military colleagues, all the more so as the situation was critical as a result of the massive presence of wounded soldiers, almost all Prussians. After the battle of Orleans, Adrien Doyon, a surgeon with the 2nd Lyon ambulance, wrote of his arrival in the village of Poupry, near Artenay, where, three days after the battle, on December 7, there were still 157 French soldiers lying wounded, many of whom had severe injuries. They were cared for, particularly thanks to the equipment (dressings) provided by the Prussian ambulance of the knights of St. John which was located nearby.⁴⁴

Like their French counterparts, the German wounded suffered greatly during the Loire campaign, and they were not always able to benefit from appropriate care and rapid evacuation. Hermann Wasserfuhr, a Prussian military physician who ran the 5th royal hospital train, emphasised the dire situation of the first wounded men from the army of the Loire, who were taken in at the general depot at Lagny (Marne) during the night of 19 to 20 December: “their wounds had not been dressed for twenty-four hours and, as they had come from far away, they were exhausted with fatigue and hunger”.⁴⁵ These transfers, which were long and laborious, because it took six trained men to carry a stretcher into the train, were carried out at night, to avoid as much as possible being exposed to the hostility of the local population, as had happened during an evacuation in Orleans, when stones had been thrown at the staff and insults shouted: “Down with Prussia! Thieves, murderers!”⁴⁶

Medical reports provide a wealth of precise accounts of the wounds sustained by the combatants on both sides and give a valuable insight into the changes in fighting practices which exposed the soldiers’ bodies to vastly increased firepower. All the authors of these accounts stress the rarity of hand-to-hand combat and the low number of stab wounds. Long-distance weapons, and particularly the highly effective artillery on the German side and rifles – the French Chassepot and the Prussian Dreyse – with a considerably enhanced range⁴⁷ – were responsible for almost all wounds, distributed between bullet wounds, which remained the majority, and shrapnel wounds, which grew in proportion compared with previous wars.⁴⁸

A large number of reports emphasise the German tactic of preferring, wherever possible, long-distance combat and artillery shelling from entrenched positions. After the battle of Rezonville-Mars-la-Tour, on August 16, surgeon-major Bertrand, in charge of the cavalry guard ambulance, reported that of all the wounded grouped together at the Mogador farm, 100 had been wounded by shell fragments, against 405 by bullets and 46 by cold steel.⁴⁹ Conversely, some combats forced the opposing armies to fight at close quarters, increasing the proportion of bullet wounds. Thus Armand Després, chief surgeon of the 7th ambulance of the Société de secours aux blessés treated bullet wounds after the very hard fighting around Beaugency (Loiret) at the beginning of December.⁵⁰

⁴² Armand Sabatier, *Rapport sur la campagne de l’ambulance du Midi (Marseille-Montpellier) suivi de Considérations générales sur les ambulances militaires et volontaires et d’observations médico-chirurgicales recueillies pendant la campagne*, Montpellier, Boehm et fils, 1871, p. 9. The author was a Professor (professeur agrégé) at the Academy of Medicine of Montpellier when the war broke out.

⁴³ *Ibid*, p. 58.

⁴⁴ Adrien Doyon, *Notes et souvenirs d’un chirurgien d’ambulance*, Lyon, Imprimerie d’Aimé Vingtrinier, 1872, p. 8.

⁴⁵ H. Wasserfuhr, ‘Les wagons-ambulances. Quatre mois dans un train sanitaire’, *Annales d’hygiène publique et de médecine légale*, 2nd series, vol. 37, 1872, p. 284. The article, published in German in *Deutsche Vierteljahrsschrift für öffentliche Gesundheitspflege* in 1871, was translated into French by Georges Morache.

⁴⁶ *Ibid*, p. 290.

⁴⁷ Christophe Pommier, *art. cit.*, p. 57-59.

⁴⁸ Jean-Charles Chenu, *op. cit.*, p. 269.

⁴⁹ Report by surgeon-major Bertrand quoted by Jean-Charles Chenu, *Ibid*, p. 196.

⁵⁰ Armand Després, ‘Rapport sur les travaux de la 7^e ambulance’, *BSFSBM*, 7th year, n° 9, 1871, p. 55.

The damage caused by the various kinds of projectiles was described in great detail, highlighting their different powers to injure and harm. Amédée Tardieu, a surgeon at the Hôtel-Dieu before the war and in charge of the 8th field ambulance of the Société de secours aux blessés, emphasised that the bullets generally used by the Bavarians, which were cylindroconical in form, flattened easily, causing “fairly considerable tearing of tissue”,⁵¹ whereas the Dreyse rifle’s olive-shaped bullets appeared less dangerous, because they penetrated flesh less easily and were less likely to flatten. The most lethal projectile was the French bullet used in the Chassepot rifle. The entry wounds caused by the bullet were small, but, the surgeons stressed, its speed of rotation caused huge wounds, sometimes the size of “hen’s eggs”⁵² and easily fractured any bones in its way.⁵³

The question of machine guns and their destructive power was also raised. Some physicians, such as the British doctor William MacCormac, chief surgeon of the Anglo-American ambulance which left Paris on August 28 for Sedan, wondered why there were no survivors wounded by this weapon in their ambulance, and concluded that it was probably extremely dangerous.⁵⁴ Morache seems to confirm this interpretation, at least when it was used at close range:

The experience of the 1870-1871 war seems to demonstrate that, while it may not have quite as much destructive power as had been hoped, the machine-gun is nevertheless a formidable weapon. During the initial combats, it was not used to its best advantage, but when it is used against massed infantry at distances between 1,500 and 1,800 metres, it causes considerable damage, and in these circumstances wounds caused by bullets weighing 50 grams are almost always fatal.⁵⁵

Medical accounts show the capacity of their authors to analyse the effects of combat. They document a substantial increase in the dangers of the battlefield and a remarkable increase in the number of serious injuries compared with previous conflicts.⁵⁶ To cope with this situation, a number of attempts were made to pool manpower and available equipment and to share know-how among medical staff. Despite the friction between military and civilian doctors, many of them do appear to have cooperated and shared their knowledge. Sharing of this kind was also observed between doctors of different nationalities, including those of rival nations. Thus in mid-December in Orleans, Adrien Doyon met Bernard von Langenbeck, an eminent surgeon from Berlin, who at that time was consultant general in the Prussian army, whose operations he followed in the town’s ambulances, whether they were Prussian, international or French:

Apart from the advantages both for ourselves and for the wounded provided by the exchanges which were established in a context of generally honourable relations on both sides, the comparative studies of the surgical practices of the various nations involved are of the greatest interest, and both science and the health of the sick can only benefit from examining the methods used by surgeons of all countries. For us personally they have often been useful.⁵⁷

In Sedan, where international aid was of crucial importance, particularly that provided by the British as a result of an exceptional wave of generosity,⁵⁸ relationships were built up between the different ambulances at various places on the battlefield, for example between

⁵¹ Amédée Tardieu, *8^e ambulance de campagne de la Société de secours aux blessés (campagnes de Sedan et de Paris). Rapport historique, médical et administratif*, Paris, Adrien Delahaye, 1872, p. 82.

⁵² *Ibid*, p. 83

⁵³ Armand Sabatier, *op. cit.*, p. 80

⁵⁴ William MacCormac, *op. cit.*, p. 112. [*Notes and Recollections of an Ambulance Surgeon*, p. 138]

⁵⁵ *Ibid*, p. 112, note 1. By comparison a French bullet weighed 28 grammes as against 32 for those of the Dreyse rifle and 28 for the Bavarian rifle.

⁵⁶ Léon Le Fort, *op. cit.*, p. 185.

⁵⁷ Adrien Doyon, *op. cit.*, p. 13.

⁵⁸ Heidi Mehrkens, ‘L’occupation militaire de 1870-1871 vue par les Anglais’ in *Le temps des hommes doubles...*, *op. cit.*, p. 93-97.

surgeon-general Louis Stromeyer,⁵⁹ who was established at Floing with 635 wounded, 300 of whom were German and 335 French, and the Anglo-American ambulance in Balan and Bazeilles, close to the wounded soldiers, under the direction of MacCormac. The two surgeons' accounts place great value on the cooperation between their medical units. They emphasise their visits and the time they spent observing their modes of operation⁶⁰ and comparing the effectiveness of certain remedies or developing the reception process for the wounded in tents and wooden shelters in the open air, a process that Louis Stromeyer had been instrumental in promoting during the Austro-Prussian campaign. The intention was, after the event, to defend the idea of a Europe-wide Medical International emerging from the conflict. Stromeyer stressed how important it was to build what he put forward as a progressive step for civilised nations.⁶¹ In Sedan, it had reduced the number of deaths among the wounded, although the statistics in both medical units highlighted its limitations. In Floing as well as in Balan and Bazeilles, the proportion of the wounded who died in the ambulance was close to 25%,⁶² and the percentage of men who failed to survive the very risky amputation of a thigh or lower leg varied between 51% in Floing (Stromeyer's ambulance) and 56% at Balan and Bazeilles (MacCormac's ambulance).⁶³

Looking at the conflict as a whole, Jean-Charles Chenu in his monumental medical and surgical account published in 1874, stressed the increasingly lethal nature of firepower. From the available statistics from the German side he was able to determine that the number of deaths from rifle and cannon fire, most of which occurred during the month of August, were higher than the number of deaths from disease, thus reversing the observation he had himself made with regard to the European armies of the mid nineteenth century.⁶⁴ In the German armies, thanks, in his view, to the quality of hygiene and food, deaths from combat were higher than deaths from disease, whereas in the French army, poor health conditions explain the maintenance of the status quo.⁶⁵ Thus Chenu was able to contribute to a more accurate perception of the changes which had taken place in modern combat and to stress, through his comparative study, the different effects they had on armies whose unequal levels of health care and logistic organisation meant that they were not exposed to the risk of death to the same extent.

Civilian and military perceptions of the wounded

It is time to move on now to the way in which wounds – and being wounded - were described by those who were confronted with them. Although the personal experience of being wounded is practically impossible to grasp, studying the way it was framed can help to assess whether the 1870-1871 war provides any signs of the changes in sensibility and the lowering threshold of tolerance to suffering in others observed during the first half of the nineteenth century.

⁵⁹ Louis Stromeyer (1804-1876) was appointed a consultant of the 3rd army (royal prince of Prussia) at the beginning of the campaign and his observations are reproduced after those of MacCormac in the edition of his work translated by Morache in 1872.

⁶⁰ William MacCormac, *op. cit.*, p. 134. *Notes and Recollections of an Ambulance Surgeon*,

⁶¹ *Ibid*, p. 164.

⁶² *Ibid*, p. 120 and p. 98.

⁶³ *Ibid*, p. 161.

⁶⁴ Jean-Charles Chenu, *op. cit.*, p. LXXII. Losses from disease were 12,174 against 28,567 lost in battle.

⁶⁵ *Ibid*, p. LXXIX.

The rare first-hand accounts produced by the wounded themselves, for example that of the Frenchman Napoléon Patorni, an infantry lieutenant who sustained a bullet wound during the battle of Forbach-Spicheren on 6 August, are of only limited help in answering this question.

On 20 August 1870, he described his impressions to his brother in a letter in these terms:

On August 6, [...] I was hit by a bullet which broke my left shoulder. I was just shouting “let’s charge at these swine!” because the Prussians had taken control of a wood on our right and I was shaking with anger. So, because I was making wild gestures with my sabre, they shot me and I fell to the ground. My first reaction was that I was dead, which I was really irritated about [...] when all of a sudden the life came back into me just as quickly as it had gone, and I got back on my feet. This gave me a real feeling of satisfaction and I walked off to the ambulance in the village of Spiecheren.⁶⁶

This account is fully consistent with the narrative constraints to which French combatants writing about themselves subscribed.⁶⁷ Taking care to portray an impeccable image of himself, the young officer largely evades his real experience of being wounded. His story follows the discursive rules of romantic warfare which had been predominant in Europe since the wars of the Revolution and the Empire⁶⁸ and strives above all else to show that it respects the virile codes of which war represents the supreme test. Thus he barely mentions the pain, though he does write about his “loud cries”⁶⁹ when he was given first aid.

If one now looks at the doctors, their attitudes and perceptions were profoundly ambiguous. Many of them, whether military or civilian, stressed the courage of the wounded men which they had no hesitation in foregrounding. This is what MacCormac wrote about a light infantryman called Lyon, who had been wounded in the femur by a Bavarian bullet and was only discovered several days after the battle of Sedan lying in a ditch:

The first thing Lyon demanded was a cigar, and this he continued to smoke until with reluctance he laid it aside in order to inhale chloroform. The first thing the brave man did, on rousing out of his chloroform-sleep, was to demand his cigar [...] He went quite gaily to bed when assured that all was over, and, puffing his cigar the while, declared that he did not now care how many of his legs were cut off. Such a man should have recovered, and everyone was shocked and grieved to find symptoms of tetanus supervene on the fifth day. These increased in violence, and he soon died.⁷⁰

The admiration of the surgeon reflects a sharing of the system of representations which emphasised a combatant ethos based on strength of character and insensitivity to pain, at the very time that the attention paid by doctors to pain had increased since the wars of the First Empire.⁷¹ The increasingly widespread use of chloroform as an anaesthetic since the middle of the nineteenth century – officially the ambulance bags of French military surgeons contained a dose of 60 grammes since April 1848⁷² – as well as the use of opiates as painkillers, had succeeded in substantially alleviating the pain endured by wounded and operated soldiers. However, in some circumstances, operations were performed without any anaesthetic when supplies were inadequate, as several eyewitness accounts in French and German military ambulances confirm.⁷³ Sometimes the wounded man, out of fear of amputation, would himself

⁶⁶ Letter from Napoléon Patorni to Fernand Patorni, Spandau, 20 November 1870, in François-Marie Patorni, *Les Patorni. Pistes généalogiques et documents*, 2011, p. 33.

⁶⁷ Corinne Krouck, ‘Stratégies d’écriture et représentations de la guerre. L’exemple des combattants de 1870’, *Sociétés & Représentations*, 2002/1, p. 165-178.

⁶⁸ See Mark Hewitson, *op. cit.*, second part: ‘The Romance of War 1820-1864’.

⁶⁹ Letter by Napoléon Patorni, quoted above, p. 33.

⁷⁰ William MacCormac, *Notes and Recollections of an Ambulance Surgeon*, p. 68 [*op. cit.*, p. 51-52].

⁷¹ Olivier Faure, ‘Le regard des médecins’, *Histoire du corps*, Alain Corbin, Jean-Jacques Courtine & Georges Vigarello (eds), vol. 2, *De la Révolution à la Grande Guerre*, Alain Corbin (ed), Paris, Éd. Du Seuil, 2005, p. 29.

⁷² Georges Morache, ‘Service de santé militaire’, *art. cit.*, p. 134-135.

⁷³ Notably Paul Déroutède, *1870. Feuilles de route. Des bois de Verrières à la forteresse de Breslau*, Paris, Librairie Félix Juven, 1907, p. 199-200 and p. 223-224 or Camille Lemonnier, *Sedan ou Les Charniers*, Brussels, Éditions Labor, 2002 [1871], p. 171-178.

negotiate with the surgeon the details of his intervention. Although much rarer than under the First Empire,⁷⁴ refusal to consent to amputation faced the physician with the obligation to inflict suffering beyond the threshold of what he considered tolerable. For example, in the Anglo-American ambulance in which chloroform was systematically used, MacCormac was confronted with the case of a cavalryman of the 3rd Chasseurs d’Afrique, whose shoulder and elbow had been severely wounded by fragments of an exploding shell:

The injuries were so extensive that amputation seemed imperative, but I determined to attempt to save the limb if the extent of the deeper-seated injury would at all admit of it. The poor fellow himself would not consent [...] to take chloroform, so much afraid was he we might take advantage of his being asleep to amputate his arm, a mutilation which, under any circumstances, he naturally enough refused to hear of. The operation had, therefore, to be undertaken without it, and, on September 14th, I thus proceeded to excise the shoulder-joint. [...] The operation was necessarily a protracted one, and the brave fellow bore it throughout, including the sawing of the bone, without a single murmur. I never saw such powers of endurance. It was, however, too much for my courage to inflict such needless suffering and, after faithfully promising to him that I would not amputate his arm, I succeeded, almost having to use violence, in making him inhale chloroform, before I attacked the elbow.⁷⁵

The surgeon’s consideration for this soldier’s courage, along with his admission of his own weakness, suspending for a moment his intervention which he saw as a form of torture, reflect the confrontation between two different cultural logics, on the one hand that of the combatants for whom pain, seen as an integral part of the process of toughening, retained a positive value, and on the other, that of the civilian physician, possibly a Protestant,⁷⁶ for whom it had become both unnecessary and repulsive. Did these different attitudes become more perceptible in 1870-1871, because of the progressive decline in tolerance of pain in a civilian world which was being confronted, through the accounts of people involved in humanitarian action, with an overwhelming onslaught of suffering?

Several indications which might support this hypothesis are worth noting. During the Austro-Prussian war, a civilian doctor working for the Red Cross, Julius Naundorff, had, in an account published in 1867 in Leipzig, *Unter dem rothen Kreuz*, already expressed the dismay he experienced in the face of the “unimaginable horrors” he observed during the campaign, contrasting with the mainly insensitive tone used by Prussian military doctors.⁷⁷ This indifference was perhaps all the more marked after 1871, when the euphoria of victory and German unification tended to sweep aside anything which could be perceived as anti-Prussian discourse, such as mentions of the suffering endured by the combatants.⁷⁸

Conversely, on the French side, civilian physicians seemed more readily to diverge from the reserve which normally characterises the style of medical accounts, in a context after the defeat favourable to the search for French failures. Thus surgeons allowed their emotions at the sight of shell wounds, which they found repugnant, to show through, especially the youngest among them, who had little experience of this kind of injury. Thus Amédée Tardieu, who was 29 in 1870, wrote about the “horrible wounds”⁷⁹ produced by the explosion of the lead casing around the Prussian shells which were used in great numbers, especially during the siege of Paris. The same revulsion can be seen in the account by Adrien Doyon, who dwells on the

⁷⁴Nebiha Guiga, ‘Refuser l’amputation dans l’Europe napoléonienne’, *Trajectoires* [online] : <http://journals.openedition.org/trajectoires/2582>.

⁷⁵ William MacCormac, *Notes and Recollections of an Ambulance Surgeon*, pp. 108-109 [*op. cit.*, p. 84].

⁷⁶ William MacCormac was a surgeon in Saint Thomas’ hospital in London. The question of differing approaches to suffering as a function of religious affiliation, Catholic or Protestant (cf. Olivier Faure, art. cit., p. 26) makes this analysis more complicated.

⁷⁷ Mark Hewitson, *op. cit.* p. 309-402

⁷⁸ Christine G. Krüger, ‘German Suffering in the Franco-German War’ p. 415, *German History*, 29 (2011) p. 404-422

⁷⁹ Amédée Tardieu, *op. cit.*, p. 84

"horrible injuries" caused by shrapnel, especially to the victims' faces. For example he describes the case of an "unfortunate artillery lieutenant who, during the fighting at Beaugency, had had half of his face blown off and had survived this terrible disfigurement, only to die later of a sudden massive hæmorrhage."⁸⁰

The attention given to the pain suffered by the wounded also seems to have grown more acute during the conflict. Notes taken on the subject of pain, as well as observations as to the most practical and fastest ways of relieving it, are dealt with in particular detail by Jean-Charles Chenu in his immense work of 1874. Right from the introduction he emphasised this issue, basing his comments particularly on the observations made by Armand Sabatier, a Professor at the Academy of Medicine in Montpellier and chief surgeon of the Midi ambulance. Sabatier regretted what, in his view, was the excessive indifference of the military doctors with regard to this question:

Pain is something found in abundance in war and on the battlefield [...] But it behoves the members of the military medical units to address seriously this element which overwhelms and consumes them [...] As a result of seeing pain and remaining unable to do anything about it, they end up considering it as inevitable, and seeing it as an atmosphere in which one has to live without worrying too much about its distressing nature.⁸¹

To remedy this, Sabatier used hypodermic injections of morphine for those who suffered the most pain and describes the responses of the wounded, both French and German, who were equally grateful for the relief that this provided:

Every evening one of us would distribute the benefits of sleep and forgetfulness to these unfortunate men suffering the torture of pain and overwhelmed by deep sadness. They looked forward intensely to the time when the injections were given. [...] A cruelly mutilated German soldier, whose face shone with satisfaction when his turn came, and to whom we expressed our astonishment at so much joy, replied with a sort of enthusiasm: *Das ist so schön!*⁸²

These non-combatants seem particularly sensitive to the fragility of the combatants. For example their descriptions refer to the fear shown by the wounded when they fall into enemy hands, as in this account, written after the event by an accounting officer who belonged to the ambulance of the 2nd division of the 4th French army corps. He had gone out to collect the Prussian wounded on the evening of the battle of Rezonville-Gravelotte and carefully describes their attitudes:

They had allowed themselves to be carried away from the battlefield and placed on horse-mounted litters, but on the way out they would jump to the ground, even at the risk of aggravating their injuries, and they wanted to stay where they had fallen. Whether it was the cries of the soldiers of the baggage train trying to rally their horses that frightened them, or memories of what they had been told during their training, I don't know, but what struck me was the worried expressions these wounded men had on their faces, even in the ambulance, where they had already been bandaged, cared for and comforted. You could see on their faces that they were afraid they would be mistreated by us: but God knows we did what we could for all of them, and we didn't look like barbarians.⁸³

Behaviour reflecting refusal or inability to respect the expectations of an army at war are also alluded to, although very discreetly. There again, it is possible that the silence was greater on the German side than the French. In his eye-witness account, *Erinnerungen und Betrachtungen* published in Bonn in 1913, a former volunteer doctor, Heinrich Fritsch, quoted the case of a reluctant soldier, a shirker, placing his own well-being and survival before his sense of duty,⁸⁴ but there appear to be very few accounts of this kind. On the French side,

⁸⁰ Adrien Doyon, *op. cit.*, p. 13.

⁸¹ Armand Sabatier, *op. cit.*, p. 112.

⁸² *Ibid*, p. 117.

⁸³ SHD, LR3, letter by Charles Dupont, 1st class administrative officer (officier d'administration de 1^{ère} classe) in the History department of the Chiefs of Staff, Dijon, 23 February 1900.

⁸⁴ Cf. Mark Hewitson, *op. cit.*, p. 459.

Armand Sabatier or Théodore Vernes write about the failings of the military, particularly in the army of the East which lacked materiel and equipment during the desperate fighting of the winter of 1870-1871. For example, Sabatier highlights cases of self-mutilation in soldiers who were either unable or unwilling to carry on fighting:

Amputations of the fingers, and particularly of the knuckles of the forefinger and ring finger of the right hand, were extremely frequent during the campaign of the East. Every surgeon has seen such cases [...] We were easily able to see that our weary, demoralised soldiers, tired of the fighting, were shooting off their own fingers by placing them in front of the barrels of their rifles.⁸⁵

The tone adopted by these civilian witnesses of the experience of fighting was sympathetic and, for Vernes for example, the suffering endured by the soldiers of Bourbaki's army who were exposed to cold, hunger and relentless defeat is likely to explain the dereliction of duty – self-mutilation or failures of discipline – which military logic defines as inexcusable, but which he believed should be understood, for not to do so would merely be sinking into “injustice”.⁸⁶

Thus, in the wake of a murderous conflict, in which however the German troops fared better, benefiting from the progress made on the other side of the Rhine in medical care, a more acute awareness of the ordeal endured by the combatants seems to have emerged among the observers looking on at the fighting from the rear. The expression of this sensibility appears directly linked to the post-war context, more conducive to questioning and even self-criticism on the losing side than that of the winners. In the accounts written by the medical carers, and particularly the civilian medics, the gap that had appeared between a military world which was still largely dominated by a heroic ethos and a civilian society which had become more intolerant to the suffering of men became wider still, drawing the fracture-lines of a “sensibility turn” which makes the 1870-1871 war a key moment in the history of military conflict in the 19th century.

Odile Roynette is senior lecturer and director of research (maîtresse de conférences habilitée) in contemporary history at Bourgogne-Franche-Comté University and a research fellow at the CESPRA (EHESS).

Article traduit en anglais par Michael Parsons

⁸⁵ Armand Sabatier, *op. cit.*, p. 134.

⁸⁶ Théodore Vernes, *op. cit.*, p. 44.