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Mark S. Micale and Paul Lerner, Eds., *Traumatic Pasts: History, Psychiatry and Trauma in the Modern Age, 1870-1930*. Cambridge and New York: Cambridge University Press, 2001. xiv + 316 pp. Notes. \$60.00 U.S. (cl). ISBN 0-521-58365-9.

Review by Bertrand Taithe, University of Manchester.

The concept of trauma permeates our societies and is fast modifying the social interaction of individuals within them. "Traumatic" is such a devalued adjective that it is often indiscriminately used to describe trivial events and major crises. Legal experts particularly owe substantial income to this concept, and entire professions are established on the needs to treat "victims" of traumatic events. Paradoxically or perhaps as a consequence of the invisibility of the obvious, trauma has been relatively neglected by the historiography.

This collection issuing from a 1996 conference in Manchester goes some way to close that gap. It only goes some of the way in that it stops at the 1930s when the concept has really taken its central importance in our societies since 1945. In this sense it is really establishing some of the parameters of the history of trauma by considering its very early past. The title, which plays on the words "Traumatic Past," also seems to promise an investigation of the concepts of time and memory in relation to trauma that one will not find in this collection.

This said, it is a very interesting and effective collection of articles, perhaps a little too internalist for non specialists, framed within the tradition of the history of medicine, which sets some of the agenda for future research in this field. The first axiom of the study of trauma is that its origins are not purely military and that the First World War with its associated complaints of hysteria and shell shock came at the conclusion of a long period of civilian elaboration on the nature of trauma.

The book is organized in four parts of unequal size covering the famous railway spine debates at the origin of the concept of trauma, the integration of trauma in the culture of welfare, the conceptualization of trauma from Charcot to Oppenheim, and the impact of the First World War.

The first section dwells on a concept developed around 1862-66 by the physician Erichsen in Britain, that of "railway spine". This argued that railway accidents and shocks could cause wounds that remained invisible but which could impair the quality of life of the victim. The general context of this discovery was that of the expansion of the railways and of railway accidents and of the litigation railway companies had to face. As a medical concept the "railway spine" was to have a short and controversial existence, but as a legal one it endured. The first article by Ralph Harrington covers much of the early life of the concept by looking primarily at the medical debates and the public reception of Erichsen's book. The first setting of the notion of trauma was thus physiological. The concussion of the nerves, which remained a "clinical inference" (p. 48), was deemed to be an injury falling under the rules of compensatory arrangements and which cost 11 million dollars to English railway companies. From 1883 onwards Herbert Page and numerous others working as experts for the railway companies argued that the nature of the shock was first psychological and then physical. This fundamental debate recurred

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throughout the history of trauma with the emphasis being put on trauma as the expression of hysteria or the physical translation of psychological disorders. Eric Caplan's article on trains and trauma in the American gilded age is good by itself, but the amount of overlap with Harrington's is unforgivable in a book which cannot pretend to be exhaustive for want of space. We thus have in pages 60-62 a repetition of pages 46-51, creating a strange feeling of *déjà-vu*, to which the editors should have been sensitive. This, with an abundance of typographical errors in some articles, represents the main negative point in an otherwise well-produced book. These superfluous pages aside, Caplan's article develops the influence of Charcot on the specialty and the railway surgeon's response to these claims. As in the previous article the issue remains a little disincarnated and lacking the voice of the victims themselves.

The second section contains articles that are equally closely interconnected. Wolfgang Schäffner develops an analysis of the impact of the 1884 law on accident insurance of the German Reich (a law predating by fifteen years equivalent legislation in France) on the concept of trauma. In Germany, Hermann Oppenheim defined "traumatic neurosis" resulting from concussion while Freud understood trauma to be linked with deferred suggestion. In this context, the author argues convincingly, the probabilistic nature of a society insuring itself against accidents provided the framework for a neurotic response: the pension neurosis which "yields a simulated reality beyond representation" (p. 91).

Greg A. Eghigian follows from this thought-provoking analysis by going to the origins of the insurance mentality, and its grounding in gambling, to develop a somewhat more discursive and less tightly argued analysis of the pension neurosis. The act of attempting to obtain a pension in the face of accusations of malingering even led to its own specific neurosis claim that failed to obtain public recognition in 1902 (p. 106). Eghigian's argument that welfare ideology and traumas are concomitant and interdependent is well argued. But the argument that "the contemporary values of entitlement and social right are as much grounded in a technical idiom of trauma ... as they are in an overtly political discourse over the distribution of resources and wealth" (p. 111) is probably overstating an interesting theory.

The third part is more devoted to the history of psychiatry *per se*. Mark S. Micale's article is devoted to Charcot, following on from his previous work. Charcot developed his notions of traumatic hysteria from 1878 onwards. Charcot's theory merged a belief in a hereditary *terrain constitutionnel* and circumstances in a manner unique to French theoreticians who, in almost every field of psychiatry and law, never fully embraced hereditarianism. Charcot's patients included a number of railway passengers, as one might expect, and artisans. This latter aspect enables Micale to question, quite rightly, the undue emphasis given to industrialization in narratives of trauma when Charcot recorded his industrial cases from pre-industrial activities. He also mentions in passing that Charcot noted the resurgence of anxieties in Franco-Prussian war veterans (p. 122) to hint that the Charcot archive enables, retroactively, the diagnosis of post-traumatic stress disorder. It is one of the issues of this book which postulates the historicity of trauma without engaging openly with the consequences of that historicity. In this as in other articles the clinical gaze of the late twentieth century is not challenged but merely reinforced by that of the late nineteenth century, and the category of trauma or Post-Traumatic Stress Disorder are granted a scientific authority which is somewhat troubling for a historian. [1]

To set them in perspective, Charcot's notions of hysteria blurred the boundaries between the psychosomatic and the physical and challenged critically established boundaries of the unconscious without ever stretching his analysis to include sexual pathogenesis. Charcot's position as a key figure of the pre-Freudian era is reinforced by many of the following articles. The argument that Charcot reflected a crisis in gender and civilization is familiar, but it is given new ammunition in Micale's summative and authoritative article. Co-editor Paul Lerner's article follows quite nicely by looking at the decline and death of the German physiological theory of traumatic neurosis in the person of Hermann Oppenheim, whose ideas were contested as a result of the observations of the First World War. The 1916 War Congress of German psychiatrists and neurologists, which does not often figure in

accounts of the conflict as a major battle, was a u-turn for German psychiatry; it signified that Oppenheim's physiological explanations were shunned. Oppenheim's theories led to 2 percent of compensation claims under German insurance law and resulted in a disproportionate backlash against both the pension neuroses and Oppenheim. During the war this led to a clear association of soldiers' breakdown with hysteria rather than traumatic neuroses. Because hysteria was heavily gendered and associated with women in the English-speaking world, there was a need to use gender neutral euphemisms such as "shell shock." This term is not found in Germany where hysteria had long been associated with workplace accidents. The absence of hysterical symptoms among French prisoners offered the ideal counterfactual to the notion of physical shock, as did the occurrence of hysterical symptoms among men who had not been to the frontline (p. 159-60).

Lisa Cardyn's article is less directly connected to the others in the sense that it has a more direct focus on the patient's stories while the "sexual trauma" diagnosis she applies to American women of the late and early nineteenth century is largely hers ("needless to say this analytical framework was unavailable to the treating physicians who struggled to understand their intractable patients" p. 177) and presents some methodological problems beyond a form of acknowledged voyeurism. This said, the material is fascinatingly rich, offering insights in the treatment of self-mutilating women including a seamstress whose body contained hundreds of pins inserted during crises of self mutilation. The fact that much of the medical literature limited itself to the nomenclature of objects found in women's bodies and explained these sexual mutilations solely as self-inflicted violence leads Cardyn to express her indignation, particularly as she demonstrates that sexual violence involving objects and mutilation were commonly known. This rather overlong descriptive article then moves on to discuss the debates around marital rape while attempting to recover from heavily expurgated sources the evidence of other forms of sexual violence. In many ways this forms a coherent whole, but it does not entirely fit in the book.

The final section, focusing on the First World War, is more cohesive and enables some very interesting comparative work between Britain, with its specific literary tradition of shell shock, France, and Italy. Peter Leese's article on British shell shock attempts to dispel the myths of shell shock and of its treatment. He shows that the literary representations through the war poets have done more than popularize an affliction; they have affected our modes of reading. Looking at three specific hospitals: Craiglockhart, Maghull, and Queen Square, Leese shows that the "Faradic" treatment, akin to torture by electricity, was less prevalent than hitherto had been assumed. Bruna Bianchi's article investigates the Italian front where soldiers went against their will in a military force which despised them and in which class differences were greatest. The novelty of war hysteria had to fit with pre-existing neo-Lombrosian beliefs in heredity. Deprived of leave, Italian soldiers responded with increased anxiety to the disconnection with their homes. Soldiers from invaded provinces fared particularly badly (p. 242). In contrast, officer neuroses were symptomatic of their education and sense of duty conflicting with the awareness of their inadequacy. The response was partly to attempt to assign "abnormals" to dangerous tasks leading to a 65 percent fitness diagnosis in the hospital led by Consiglio, the main advocate of this inhumane theory. The French response was barely more understanding of trauma, which was classified as male hysteria. Roudebush's article draws on the immense material held at the *Archives du Service de Santé de l'Armée de Terre* held at the museum of the Val-de-Grâce. A radical fringe of the French medical establishment assimilated war trauma to hysteria, and hysteria to "unconscious simulation." Grasset of Montpellier denounced this latter concept as an oxymoron, but he was not representative of the entire profession. Doctors who believed in the simulation theory increasingly confronted their patients in order to obtain rapid cures. Roudebush argues that the pre-war theories of hysteria and the fear of hysterical contagion among the army led to this conflict and prevented the release of hysterical patients.

Caroline Cox's article presents the American perspective on war trauma by looking at the role of the American Legion in popularising the use of psychiatric help among its members. The terms shell shock and hysteria were shunned in America and replaced by a local term: psychoneurosis. Like Leese, Cox pays a lot of attention to the narratives of shell shock in literature and cinema, and this contrasts clearly

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with articles devoted to Germany, France or Italy where literature is more or less absent. In America the Legion campaigned for “the disabled” (p. 299) when funds were released for the compensation of war-related nervous and mental ailments in 1925. The Legion’s plans for the creation of out-patient departments later led to the widening of the psychiatric market and the creation, arguably, of a uniquely broad psychiatric culture in the United States.

This collection is undoubtedly important and useful, and while historians of France will find little that is specifically related to their research they will have a lot to think about. Some of the more challenging methodological pieces in this collection, such as Schäffner’s, are worth emulating. The introduction is a fine summative piece, and while one must be aware of some of the limitations of this book, it makes a good case for more research in the history of trauma.

#### NOTES

[1] This is the sort of response that can be found in the otherwise challenging book by Elaine Showalter, *Hystories: Hysterical epidemics and Modern Culture* (New York: Columbia University Press, 1997).

Bertrand Taithe   
University of Manchester   
[bertrand.taithe@man.ac.uk](mailto:bertrand.taithe@man.ac.uk)

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