

Bodily Pain, Combat, and the Politics of Memoirs: Between the American Civil War and the War in Vietnam

JOANNA BOURKE*

This article analyses the languages of wartime pain as seen in British and American memoirs from the American Civil War to the present. How did the rhetoric of wounding in these war memoirs change over time? One of the central shifts lies in the way that wounded men presented themselves as stoic in spite of severe wounding. From 1939, and in an even more dramatic fashion by the war in Vietnam, physical suffering remained a test of manliness, but the tone was defiant and aggressive rather than stoic or resigned. The article also looks at the role of individual publishers and the introduction of psychological dimensions of wounding in latter memoirs.

Cet article analyse le langage de la douleur des blessures de guerre par le prisme des mémoires britanniques et américains de la guerre de Sécession à nos jours. Comment le discours sur les blessures a-t-il évolué dans ces mémoires de guerre au fil du temps? L'un des changements pivots est la transformation qu'a subie l'image d'êtres stoïques malgré de graves blessures que se donnaient les hommes blessés. La souffrance physique a toujours été un symbole de virilité, mais à compter de 1939, et de façon nettement plus marquée au moment de la guerre du Vietnam, le ton allait cesser d'être stoïque et résigné pour devenir rebelle et agressif. L'article examine également le rôle de certains éditeurs et l'apparition de dimensions psychologiques des blessures dans les mémoires ultérieurs.

BODILY PAIN in wartime is unique. It is purposefully inflicted, resolutely public, and relentlessly acute. As a colonel in the Medical Corps, United States Army, put it in *The Doctor's Part* (1918), "If you want to know what ... a wound looks like, go buy a beefsteak big enough for a family of four and lay it on the back of your thigh and then try and realize that it was a tender, quivering area."¹ But how did personnel serving in the various branches of the American and British military feel about their wounds? Through an analysis of war memoirs based on conflicts from the American Civil War to the present, I explore the divergent

* Joanna Bourke is professor of history at Birkbeck, University of London. The author is grateful to the Wellcome Trust for funding this research.

1 James Robb Church, *The Doctor's Part: What Happens to the Wounded in War* (New York: D. Appleton and Co., 1918), p. 113.

ways in which wounded men (and occasionally women), as well as those who ministered to them, imposed meaning onto military practices involving pain. I ask: what languages did British and American citizens use to communicate the sensations of bodily pain resulting from combat in wars from the American Civil War to the war in Vietnam? How did the rhetoric of wounding in war memoirs change over time?

The research for this article is based on an analysis of just over 500 memoirs held in the Wellcome Trust Library, the London Metropolitan Archive, the Imperial War Museum, and the British Library. Memoirs are a rich source for analyses that seek to map changes in subjective sensations arising from military activities. Written after the war, they reflect individuals' recollection of what they believe were very significant events in their lives. As we shall see, memoirs reflect not only the social and cultural milieu in which they were composed, but also the preconceptions of publishers about the "market" for such books. Memoirs occupy a very distinctive genre, even if they also draw upon traditions within fiction, reportage, and autobiography more generally. They are a public form of recollecting the past. As Soviet historian Barbara Walker put it, the value of memoirs lies less in their factual content and more in "how they reflect the ways that their authors ... view the world: how they think about the past, and how they connect it to their present; how they believe that society should work, and what they see as appropriate or ideal social, economic, and political behavior."² For my purposes, they are particularly useful in unpicking the emotional history of war.

Given that wounding is the central feature of combat, it is remarkable that so little has been written about it. Scholarly research on psychological anguish arising from war has grown enormously in the past decade,³ and there is a burgeoning literature on the treatment and rehabilitation of service personnel during and after war,⁴ but bodily suffering has been, at best, merely assumed. The fact of wounding occupies a curiously ambivalent position; we know a great deal

2 Barbara Walker, "On Reading Soviet Memoirs: A History of the 'Contemporaries' Genre as an Institution of Russian Intelligentsia Culture from the 1790s to the 1970s," *Russian Review*, vol. 59, no. 3 (July 2000), p. 329.

3 For a few examples, see Peter Barham, *Forgotten Lunatics of the Great War* (New Haven: Yale University Press, 2004); Hans Binnevel, *From Shellshock to Combat Stress* (Amsterdam: Amsterdam University Press, 1997); Joanna Bourke, *Dismembering the Male: Men's Body, Britain, and the Great War* (London: Reaktion, 1996), *Fear: A Cultural History* (London: Virago, 2005), and *An Intimate History of Killing: Face-to-Face Killing in Twentieth Century History* (London: Virago, 1999); Jay Winter, *Sites of Mourning. Sites of Memory: The Great War in European Cultural History* (Cambridge: Cambridge University Press, 1996).

4 For a few examples, see Julie Anderson, *War, Disability and Rehabilitation in Britain: "Soul of a Nation"* (Manchester: Manchester University Press, 2011); Kate Blackmore, *The Dark Pocket of Time: War, Medicine, and the Australian State, 1914-1935* (Adelaide: Lythrum Press, 2008); Ana Carden-Coyne, *Reconstructing the Body: Classicism, Modernism, and the First World War* (Oxford: Oxford University Press, 2009) and *Men in Pain: Disability, Rehabilitation, and Masculinity in War* (forthcoming, 2013); Deborah Cohen, *The War Come Home: Disabled Veterans in Britain and Germany, 1914-1939* (Berkeley: University of California Press, 2001); Seth Koven, "Remembering and Dismemberment: Crippled Children, Wounded Soldiers and the Great War in Great Britain," *American Historical Review*, vol. 99, no. 4 (1994), pp. 1167-1202; Jeffrey S. Reznick, *Healing and the Nation: Soldiers and the Culture of Caregiving in Britain During the Great War* (Manchester: Manchester University Press, 2004).

about the lead-up to the injury and its aftermath, but much less about the act itself and how victims interpreted it. Indeed, as literary critic Elaine Scarry has eloquently pointed out in “Injury and the Structure of War,” rhetoric about the pain of wounds has been largely metaphorical, “emptied of human content.”⁵ Landscapes are wounded and cry out “in pain,” but the voices of individual servicemen and women have been drowned out.

In histories of wartime medicine and surgery, physical pain takes centre stage primarily in the context of its alleviation. There are both practical and theoretical reasons why this might be the case. Practically, it is much easier to follow the “paper trail” of pain relief than to search for the more fragmented and often confused narratives left behind by tormented bodies. Military bureaucrats enthusiastically sought to document each bottle of whiskey (an important analgesic during the American Civil War), each vial of morphine or chloroform, and (more recently) every packet of Darvon (Propoxyphene).

Even more importantly, medical personnel in the armed services have been prolific memoir-writers, chronicling in detail their attempts to ease the pain of wounded men. Although there are some notable exceptions, many of these memoirs follow a straightforward trajectory. After the initial wounding-event (from which medical personnel were excused from participating), it was often assumed that the invention of effective anaesthetics from 1846, the introduction of increasingly rapid ways of transporting wounded servicemen and women from the sites of battle to medical facilities, and the mass production of powerful analgesics such as aspirin and paracetamol had largely dealt with the problem of prolonged physical suffering in war.

Such optimism was no match for the inventiveness of men dedicated to devising technologies and creating battlefields that were profoundly resistant to humanitarian ventures. Furthermore, although the proliferation of anaesthetics and analgesics did cause dramatic shifts in the experience of wartime pain, these shifts were ambiguous and applied selectively. Indeed, anaesthetics may have actually encouraged military doctors to undertake more radical forms of intervention, many of which were inherently painful. Further, ambulances and aid stations regularly ran out of supplies. For example, even though the effects of ether and nitrous oxide had been discovered a decade before the American Civil War, and chloroform had been used in operations since 1846, the chaotic logistics of that war meant that they were frequently unavailable.⁶ As Louisa May Alcott put it in her war memoir of 1863, on many days, the “merciful magic of ether” was not thought necessary, so “the poor souls had to bear their pain as best they might.”⁷ Similarly, in Casualty Clearing Stations during the First World War it was often difficult, if not impossible, to administer chloroform or ether because “so great was the number of wounded and so rapidly was it necessary

5 Elaine Scarry, “Injury and the Structure of War,” *Representations*, vol. 10 (Spring 1985), p. 7.

6 Ira M. Rutkow, *Bleeding Blue and Gray: Civil War Surgery and the Evolution of American Medicine* (New York: Random House, 2005), pp. 61-62.

7 Louisa M. Alcott, *Hospital Sketches* (Boston: James Redpath, 1863), p. 43.

to perform each operation, that it was not humanly possible to devote sufficient time to each individual case,” as one medic admitted.⁸ Defective equipment – a leaky mouthpiece or a rubber tube that had been inexpertly fixed to the nozzle of the cylinder – was blamed for “added suffering to suffering.”⁹ During certain conflicts (such as the war in the Pacific during the Second World War and engagements in Korea and Vietnam), long patrols meant that men had little or no access to pain relief. Indeed, many memoirs written by combat medics during those conflicts confessed to ignorance about even the most basic forms of pain alleviation.¹⁰

Whether the history of pain relief in war was narrated in optimistic fanfare by medical officers attempting to justify their role in war, or in more miserable tones by men and women who were actually exposed to the grim realities of battlefield medicine, the emphasis in both kinds of histories remained fixed on those mechanisms available for managing wounded bodies. Very little insight is given into how men in pain actually experienced and subsequently expressed their individual suffering.

There are also theoretical explanations for why the alleviation rather than the articulation of pain has dominated historical accounts. Pain is notoriously difficult to render into language, as are all acute emotional and sensual experiences. Wartime pain might be considered particularly so for at least four reasons, however. First, unlike many pleasant feeling-states, painful ones might be especially humiliating to confess. Thus a naval officer who had “repeatedly screamed” during an operation conducted without an anaesthetic approached medical staff afterwards with “haggard features and shaking frame,” apologizing for not being able to “control the expression of unendurable pain” he had experienced.¹¹

Second, describing one’s own screams in the aftermath of wounding did not only reflect poorly on one’s own manly forbearance, but was also an indictment of the medical services of one’s unit and military branch. As we shall see, during unpopular conflicts or when a man felt he had been forcibly conscripted into military service, a wounded man might feel entitled to scream bitterly at his superiors, but in most cases vocal censure was regarded as a breach of martial etiquette.

The third reason that rendered pain a particularly difficult sensation to convey to others pertains to the potency of the onlookers’ imaginations. Indeed, hearing about or witnessing another person’s pain could actually destroy the onlooker. In 1759, political economist Adam Smith admitted that “we have no immediate experience of what other men feel” except by “conceiving what we ourselves should feel in the like situation.” Through the use of the imagination, he continued,

8 “F. A. V.” [Fritz August Voigt], *Combed Out* (London: The Swarthmore Press, 1920), p. 57.

9 *Ibid.*, pp. 57 and 64.

10 For example, see E. Tayloe Wise, *Eleven Bravo. A Skytrooper’s Memoir of War in Vietnam* (Jefferson, NC: McFarland and Co, 2004), p. 156.

11 Robert T. Davis, “Reminiscences of 1845” in *The Semi-Centennial of Anaesthesia* (Boston: Massachusetts General Hospital, 1897), p. 21.

we place ourselves in his situation, we conceive ourselves enduring all the same torments, we enter as it were into his body, and become in some measure the same person with him, and thence form some idea of his sensations, and even feel something which, though weaker in degree, is not altogether unlike them. His agonies, when they are thus brought home to ourselves, when we have thus adopted and made them our own, begin at last to affect us, and we then tremble and shudder at the thought of what he feels.¹²

In other words, pain narratives could torture those listening. A woman working for the London Ambulance Column during the First World War referred to this when she described caring for an elderly padre who “died of a broken heart” after witnessing the “ghastly slaughter.” Prior to dying, all he could do was moan, “Oh, these poor boys. God, what they suffer ... the horror of it.”¹³ As another dying soldier begged his nurses, although he “moans dreadfully and weeps and sobs at times,” he did not want his mother to be summoned, fearful that “it would upset her so to see him suffering.”¹⁴ Sufferers were profoundly aware that communicating their pain had the potential to inflict trembling and shuddering on their loved ones, care-givers, and other witnesses.

Finally, there was the open, yet guilty, secret that wounding might actually be the least painful option. As one soldier gruffly told another during the American Civil War, “Stop groaning: Poor fellow! it is over.”¹⁵ Similarly, wounded men during the Second World War mused aloud that “Maybe the war is over for me,”¹⁶ while, during the war in Korea, the facial expressions of the “walking wounded” betrayed a “stunned gratitude that they had escaped the dozens of ways to die.”¹⁷ In the words of a conscripted, working-class soldier during the 1914-1918 war, “I ... prayed for a Blighty or something that would get me out of this misery.” He described beating his head against the trench wall and “almost enjoy[ing] the pain.” Then, he recalled,

There was a terrific crash and a shell burst, it must have been forty or fifty yards off. I thought, bitterly, that there'd be no Blighty for me – no such luck. Then, high up in the air, I saw a big shell-fragment sailing along in a wide curve, spinning and turning. I looked at it – it was coming my way – Jesus Christ, perhaps I'd have some luck after all.... I felt a kind of numb pain in my right foot – nothing very bad. I looked down, and, oh joy, I saw a big jagged bit of shell imbedded in my right foot.

12 Adam Smith, *The Theory of Moral Sentiments* [1759], ed. Knud Haakanssen (Cambridge: Cambridge University Press, 2002), pp. 11-12.

13 Imperial War Museum Archives, 1859 92/22/1, C. E. Tisdall, “Memoirs of the London Ambulance Column, 1914-1918,” pp. 32-33.

14 Martin Kevill, ed., *The Personal Diary of Nurse de Trafford, 1916/1920* (Sussex: Book Guild, 2001), p. 39.

15 James K. Hosmer, *The Color-Guard: Being a Corporal's Notes of Military Service in the Nineteenth Army Corps* (Boston: Walker, Wise and Co., 1864), p. 171.

16 Allen N. Towne, *Doctor Danger Forward: A World War II Memoir of a Combat Medical Aidman, First Infantry Division* (Jefferson, NC: McFarland and Co., 2000), p. 113.

17 Don Dixon, “‘Walking Wounded’ Write Heroic Bunker Hill Page,” *Atlanta Daily World*, October 18, 1952, p. 1.

He described the way “Joy seemed to catch me by the throat,” and he began dancing, stopping only because “such a pang shot through my leg.” It was “the happiest moment in my life.”¹⁸ “Getting a blighty” was an occasion for tears of ecstasy, not anguish.

Despite fears that admitting to writhing in physical agony might expose a serviceman to accusations of unmanliness, reflect poorly on one’s unit, be a form of aggression against loved ones or care-givers, or be a guilty “cop out,” what is striking in military accounts is the eloquence of many wounded servicemen when they sought to convey their afflictions. While it would be rash to deny the profound sense of alienation often felt by people in pain (and, in wartime, these people are often at a great distance from the comfort and reassurance of family and long-standing friends), sufferers actively sought to communicate with others. Furthermore, as we shall see, wounded servicemen adhered to societal norms and rituals, and in their memoirs they were often highly creative in expressing their suffering.

How, then, did service men and women in war communicate their sensations of pain as a result of deliberate wounding? The expression of physical pain by combatants was a profoundly political act, an intrinsic component of the warring enterprise. People widely agreed that the way a serviceman responded to the pain of wounding was not only a judgement of his own personal character but also a reflection on his entire unit and even nation. Pain was the ultimate litmus test. Reflecting on the responses of British sailors who had been severely burnt when the *SS Timothy Pickering* was torpedoed off Sicily in 1943, one memoirist summarized this view: “When a man is in severe pain,” he argued, “his superficial veneer disappears and the real character appears.” This fact, he continued, was “well known in the old days, when they tortured folks to make them speak the truth.” Pain may have been a “rough, cruel test of character,” but it was a reliable one. He rejoiced in the fact that the stoic, even light-hearted responses of the British sailors reflected favourably on their “race” and thus boded well for eventual victory.¹⁹

While all commentators in the military conflicts explored here shared the belief that pain was a test of personal and national “character,” the precise type of response regarded as appropriate changed. This is not surprising since pain does not arise “naturally” from “experience”: combatants writing about pain learnt how to frame their accounts, and these conventions underwent dramatic modifications over time.

The most striking shift involved the relative importance that men attributed to presenting themselves as stoic in spite of severe wounding. With few exceptions, pain-speech during the American Civil War and the First World War was explicitly intended to evoke a particular kind of gruff forbearance. It was not that the men did not feel (indeed, if their stoicism was to have any impact at all, it required an acuteness of pain-sensation); rather, they sought to prove themselves

18 “F. A. V.” [Voigt], *Combed Out*, pp. 86 and 88.

19 “J. A. R.,” *Memoirs of an Army Surgeon* (Edinburgh: William Blackwood and Sons Ltd., 1948), p. 149.

capable of masking their feelings. In other words, there was a problem inherent in the requirement that wounded men should suppress their physical agony: a completely successful concealment would deny them the right to claim the status-benefits conferred on those who acted stoically. Ingenious rhetorical devices were employed to evade this dilemma. Emma Edmonds, a nurse during the American Civil War, explored the idea of sleep as a way to reconcile pitiable physical suffering with manly reserve. She reported that, in sleep, men's "true" torment involuntarily rose to the surface. Banished to a dream-world outside individual agency, formerly stoic men would "talk in the most pathetic terms." She speculated that it was "as if the pain borne so silently through the day revenged itself now [in sleep] by betraying what the man's pride concealed so well while awake." She did admit that not every man was capable of stoic comportment, but, interestingly, the example she gave of a man whose agony knew no bounds was that of a very young "colored boy" whose hand had been torn off. Unlike her experience with all the other wounded, this was the first time she heard "such unearthly yells and unceasing lamentations" all night and all day: "ether and chloroform were alike unavailing in hushing the cries of the poor sufferer," and he continued to howl "until his voice was hushed in death."²⁰

The ability not only to bear pain, but to be seen to bear it, was explicitly coded adult-male. This was revealed most starkly in those rare accounts of women who, disguised as men, were wounded in combat. Loreta Janeta Velquez was one such woman, shot in the shoulder while fighting with the Confederate forces. One of her fellow soldiers helped her back to camp, but Velquez's "fear of consequences" prevented her from revealing her true sex to him. Instead, she endured the long ride. In her words, "Every moment the pain increased in intensity, and if my horse jolted or stumbled a little, I experienced the most excruciating agony. My fortitude began to give way before the terrible physical suffering I was compelled to endure." She claimed that

all my manliness oozed out long before I reached camp, and my woman's nature asserted itself with irresistible force. I could face deadly peril on the battle-field without flinching, but this intolerable pain overcame me completely, and I longed to be where there would be no necessity for continuing my disguise, and where I could obtain shelter, rest, and attention as a woman.²¹

The importance of silent endurance, which was masculine even when lodged within a woman's body, was repeated time and again during the American Civil War and the First World War. At times, it took on talismanic properties, with suffering itself portrayed as redemptive for the nation. Thus a surgeon who worked

20 S. Emma E. Edmonds, *Nurse and Spy in the Union Army: Comprising the Adventures and Experiences of a Woman in Hospitals, Camps, and Battle-Fields* (Philadelphia: W. S. Williams and Co., 1865), pp. 251 and 358-359.

21 Loreta Janeta Velquez, *The Woman in Battle: A Narrative of the Exploits, Adventures, and Travels of Madame Loreta Janeta Velazquez*, ed. C. J. Worthington (Richmond, VA: Dustin, Gilman and Co., 1876), p. 225.

in a Field Hospital during the American Civil War claimed that “I do not think I heard a groan or a cry” throughout his time at the hospital. He then conjured up a picture of one “poor fellow ... walking up and down holding the freshly amputated stump of his forearm in the remaining arm.” The soldier’s jaw was “firmly set, and his face wore the hard, fixed expression of pain, yet he made no complaint.”²² This soldier, with his expression of determination in the face of suffering, was intended to stand in for the thousands of other young men fighting the good fight.

This insistence on the redemptive nature of suffering also evoked the suffering of Christ. One illustration of this motif can be found in James Robb Church’s recollections from the First World War. Church was an experienced war surgeon. He had been awarded a Medal of Honor for his actions as the U.S. Army Assistant Surgeon during the Spanish-American war and, in his fifties, he volunteered to serve as an attaché with the French Army. In his memoir of 1918, he conjured up the sufferings of

Robert Deviennes, of the 417th Infantry, [who] grips the sides of his white iron bed and the dark eyes close and the dropping corners of his mouth come up to a straight, set line and the olive color of his face goes a little gray while drops of sweat stand out like tears from a tortured system. But Robert Deviennes, of the 417th Infantry, does not whimper, for he is not a child, but a soldier of France, and he knows with the knowledge of his nineteen years how to bear his cross like a soldier.²³

Church’s description was deliberately propagandist: by repeating the French soldier’s full name and unit, he was reminding American readers of the sacrifices being made by their allies; the Christian imagery of crucifixion was heralded as something that ennobled Deviennes’ sacrifice; and Robert Deviennes was reborn as representative of manly soldiers generally. What was important, Church informed his readers, was not simply one individual’s “tortured system” or “quivering flesh.” This was “pain patiently borne ... suffering endured without a cry” or, at its most extreme, a forbearance broken only by the exclamations of another wounded soldier who swore “queer good-natured soldier swear-words.”²⁴

There are numerous similar accounts from the 1914-1918 war, in which pain could only be expressed in the context of the patriotic duty to remain stoic. Henry Gervis’ memoir of 1920 went so far as to claim that the expression of pain was in itself an unpatriotic, partially treacherous act. When a young lieutenant broke down while having a severe wound dressed, Gervis claimed that the other patients’ embarrassment was palpable: “the pain was so great that [the lieutenant] began to cry like a child. A friend of his in the next bed, himself little more

22 John A. Wyeth, *With Sabre and Scalpel: The Autobiography of a Soldier and Surgeon* (New York: Harper and Brothers, 1914), p. 256.

23 Church, *The Doctor’s Part*, pp. 113-114.

24 *Ibid.*, p. 78.

than a boy, leant over towards him and in an agonised whisper of entreaty said, ‘Don’t do that, old man; Pull yourself together, think of the Regiment.’” The correct response, at least according to Gervis, was to bear “the ills of life with cheerful philosophy,” not allowing “any suffering” to “make them break down.”²⁵

Nurses were also active in propagating the value of stoicism. Nurse de Trafford, for example, described having to perform a fluid tap on a soldier from the Argyll and Sutherland Highlanders. She admitted that it was a “brutal performance” that “hurts dreadfully,” but, she recalled, the “poor old boy” simply “doubled himself up and clenched his fists.... ‘I was afraid I’d shout,’ he told us – but only a muffled groan escaped from him.”²⁶ Another war nurse confessed in her diary for September 7, 1918, that she had inadvertently touched “a bare nerve-end” with her forceps, thus “torturing” a patient “unbearably.” At the time, her patient’s “eyes were full of tears and the pupils enormously dilated with pain. But not a word out of him. No groaning. No ‘Please wait a minute, sister.’ Just patient silence.”²⁷ In the case of a Marine who had been wounded at Chateau-Thierry in June 1918, Carolyn Clarke recalled that, although his wound was serious, he refused to complain but silently endured it.²⁸

Even those wounded men who failed to display manly detachment from bodily pain eagerly strove towards it as an ideal. In the words of a nurse working in the Field Hospital close to the frontlines, on the rare occasion when men did “cry out” while having their wounds dressed, they “usually apologised for the annoyance of their agony.”²⁹ Indeed, medical personnel were not simply reporting, but were complicit in enforcing a certain kind of response to pain. When a seriously wounded soldier whimpered, “it’s very painful, sir, very painful. I’ll try ‘ard, I’ll do me best – but it is painful, sir,” physicians might simply snap impatiently: “Pull yourself together now. Be a man! ... For God’s sake be quiet.”³⁰ To make their work more palatable, nurses frequently traded on their role as substitute sisters and mothers to young soldiers. In her war diary for September 12, 1918, for example, Helen Boylston noted that “one of my boys” (a sixteen-year-old) “made a frightful fuss” while she was dressing his leg. “I don’t think I hurt him much,” she claimed, insisting that she knew “when things really hurt.” However, she continued,

I hadn’t the heart to scold him, he was such a child. When I was through, he looked up at me with an ashamed grin and said, “I’m sorry, sister. I’m awful, aren’t I?” “Why, no, Morris,” I replied. “I think you did very well, everything considered.” Which was the truth. He was so pleased it was pathetic. “I’ll be good tomorrow, sister. See if I’m not,” he said earnestly.³¹

25 Henry Gervis, *Arms & the Doctor: Being the Military Experiences of a Middle-Aged Medical Man* (London: C. W. Daniel, 1920), pp. 47-48.

26 Kevill, ed., *The Personal Diary of Nurse de Trafford*, p. 36.

27 Helen Dore Boylston, “Sister”: *The War Diary of a Nurse* (New York: Ives Washburn, 1927), pp. 149-150.

28 Imperial War Museum Archive, Carolyn W. Clarke, “Private Papers,” 1919, p. 25.

29 Mary Borden, *The Forbidden Zone* (London: William Heinemann, 1929), p. 151.

30 “F. A. V.” [Voigt], *Combed Out*, p. 63.

31 Boylston, “Sister,” p. 150.

There was no agreement, however, about who would be the most capable of acting in the ideal, stoical manner. During the American Civil War, for example, the rough rural men of the Confederacy were portrayed as more stoical in the face of wounding than were the urban northerners.³² In contrast, this theme had been reversed by the First World War, in which the urban dweller – and even the “Cockney” – was valorized for being able to withstand pain. As the author of *The Doctor in War* (1919) put it, “Modern nerves have stood the fearful strain of this War superbly, and the more ‘modern’ and citified they are the better they stand it.” Then he offered his highest praise: “without invidious distinction, among the steadiest, staunchest and most ‘shell-proven’ of all stands the highly citified and alleged ‘neurotic’ Cockney.”³³

This doctor used the term “Cockney” not only in the sense that these men hailed from a particular area of London. He also meant it as shorthand for working-class. Again, however, not everyone agreed. Indeed, for Elizabeth Frazer in *Old Glory and Verdun*, published the same year as *The Doctor in War*, the most stoical patient was an “an idyllically handsome aristocratic youth” who regarded pain with contempt. She admired twenty-one-year-old François for looking at his pain

squarely in the face as if it were an adversary, with an assumption of nonchalant scorn. Under a particularly painful dressing or probe his eyes grow steely and narrow, while his lips under the little golden brown mustache [*sic*] begin to smile sternly. As the pain increases, that smile becomes more distinct, more contemptuous and challenging. I gave a notion that secretly young François loves pain for the opportunity it affords him to test the fine unblunted steel of his young courage.³⁴

François’ aristocratic bearing (and it is unclear whether Frazer believed that he was an aristocrat or simply bore himself in a way she imagined an aristocrat ought) was only one significant feature in his response to pain. The other was age. Thus Frazer contrasted François’ response to that of an older patient whom she dubbed Grandpère. This older soldier “no longer had any romantic illusions to sustain, no youthful reticence’s [*sic*].” His rule seemed to be that

if you suffer pain you should yell. If it makes you feel better, begin beforehand. And curse! Use all the powers of protest the good God has given you. Accordingly from the first to the last moment of a dressing he lets himself out, so to speak, and the entire ward chuckles over his choice list of epithets.³⁵

32 Lewis Henry Steiner, “Diary of Lewis Henry Steiner, September 1862” in *Report of Lewis H. Steiner: Inspector of the Sanitary Commission, Containing a Diary Kept During the Rebel Occupation of Frederick Md. [sic], and an Account of the Operation of the U.S. Sanitary Commission During the Campaign of Maryland, September, 1862* (New York: A. D. F. Randolph, 1862), p. 43.

33 Woods Hutchinson, *The Doctor in War* (London: Cassell and Co., 1919), p. 4.

34 Elizabeth Frazer, *Old Glory and Verdun* (New York: Duffield and Co., 1918), p. 20.

35 *Ibid.*, p. 21.

Frazer's response to Grandpère's extreme vocalizations of pain was sympathetic. The old soldier was allowed to shout and swear: God "owed him." It was also a humorous, age-related response to pain and therefore as acceptable as youthful, manful silence.

Finally, this emphasis on the need for stoicism not only created hierarchies between combatants; it also reinforced them. This was why it was regarded as particularly necessary for senior military men to set an example. At least this was the view of Major Thomas Austin, after he was wounded at Williamstadt during the Napoleonic wars. Being told that he was to have his leg amputated without anaesthetic, he claimed that he was "determined to meet the exigency with becoming fortitude." When it came to the actual operation, he admitted that he was

painfully alive to everything that passed; and if my nerves did quiver when the knife divided the living flesh, I was too proud, holding the position of an officer who was bound by duty to set an example to the wounded soldiers, to allow a groan or sigh to escape me.

It was his duty as their leader to "raise their courage to the sticking point."³⁶

The emphasis on pain as something to be heroically masked stands in strong contrast to accounts that emerged in conflicts from the Second World War onwards. From 1939, and in an even more dramatic fashion by the war in Vietnam, silent endurance was replaced by gory evocation. Physical suffering remained a test of manliness, but the tone was defiant and aggressive rather than stoic or resigned. Indeed, pain-fuelled aggression could even be directed towards one's own comrades, as in 1944 when physician Allen Towne gave first aid to some severely injured men who not only screamed in their agony but were also "very angry" with the medical staff. "Never before," Towne recalled, "had I encountered wounded soldiers who were angry at the men who had picked them up and were trying to help them." He believed that he could explain this anomaly by comparing "old timers" with new recruits. Seasoned soldiers "not only expected to get wounded, but wondered if they were ever to survive the war... This attitude of resignation to being hit or killed must change your reaction to being wounded." In contrast, the wounded men who screamed and cursed were "new to combat and never expected to get hurt."³⁷

In these latter accounts, pain was even presented as an excuse for further blood-thirstiness (as opposed to resignation). In *A Year in Hell* (2006), Ray Pezzoli presented himself as an honourable American warrior in contrast to a sneaky Viet Cong soldier. Pezzoli claimed that he had made a mistake in attempting to kill his adversary "in a sanitary way by choking him." He believed that he had succeeded, but then suddenly felt "a sharp pain in my side as his knife

36 Brigadier-General H. H. Austin, *Old Stick-Leg: Extracts from the Diaries of Major Thomas Austin* (London: Geoffrey Bles, 1926), p. 148.

37 Towne, *Doctor Danger Forward*, p. 112.

entered a half-inch, a jolt of electricity. I thought I was killing him but he almost killed me because I took too much time. You can't be nice to a person you're killing!"

The infliction of pain sparked an explosion of aggression: Pezzoli burst his adversary's eardrums, plucked out his eyes, and slit his throat. In so doing, his own pain was converted into something almost orgasmic. "Killing him was an elation and rush unlike anything I had ever experienced," Pezzoli wrote. It was "like hitting a grand slam, shooting the game-winning basket, or a hole in one. This was a sensation I would be experiencing more, liking, and looking forward to."³⁸ His own wounding was reduced to a minor inconvenience that had to be patched up by the medic.

It is no coincidence that Pezzoli's memoir was published by McFarland and Co. Responding to a post-Vietnam urge to rehabilitate the American "warrior" in the contexts of the wars in Iraq and Afghanistan, the McFarland and Co. publishing house has been influential in popularizing a particular "style" on war reminiscences. In the context of pain, memoirs emerging from this publisher follow a very clear blueprint. Their authors even admit to learning the rules. Thus E. Tayloe Wise, author of *Eleven Bravo: A Skytrooper's Memoir of War in Vietnam* (2004), began by admitting, "This book was originally written in 1979, but I was unable to get it published at that time because it was poorly written. After I attended several graduate schools in the late 1980s and early 1990s and studied Asian history, I learnt how to write." The style he learnt was typical of McFarland and Co. books. The title of his book – *Eleven Bravo* – insists not only that servicemen are "set apart" from other men by a specialized jargon but also conflates military service with combatant status. After all, "Eleven Bravo" is the MOS (military occupational specialty) of an infantryman. Wise begins his memoir with the paragraph,

War is seeing your buddy with half of his face blown off and watching the mesmerized horror as blood gushes like a flooding brook from what was once a face into a huge, sticky, red pool, and his eyes take on that dull, glossy look common to those who have entered the land of the dead.... War is seeing your buddy writhing in pain from two blown-off legs and a bone, with no flesh attached, for an arm.³⁹

This description is typical not only of memoirs published by McFarland and Co. (although their authors seem to have perfected the genre particularly well), but more broadly of post-Second-World-War memoirs. The passive, stoic resignation of memoirs during and prior to the First World War was resolutely jettisoned for a lurid evocation of the body dismembered and the aggressive survival of an Eleven Bravo.

38 Ray Pezzoli, Jr., *A Year in Hell: Memoir of an Army Foot Soldier Turned Reporter in Vietnam, 1965-1966* (Jefferson, NC: McFarland and Co., 2006), pp. 96-97.

39 Wise, *Eleven Bravo*, pp. vii and 5.

Other features also distinguish more recent pain-accounts in war memoirs. From the Second World War onwards, a much greater emphasis was placed on wounding as bestowing a particular identity upon “warriors.” Wounding was a rite of passage, which set men apart not only from friends and family back home, but also from their former selves. This can be illustrated by looking at a common trope that appears time and again in memoirs from the Second World War onwards: that is, lengthy passages devoted to describing pain inflicted by medics. These accounts were not based around instances of nurses who unintentionally cause pain in the course of treatment, which were certainly present in earlier memoirs. Rather, it was crucial to these stories that pain was deliberately inflicted without the offer of any analgesic, and the wounded man was subsequently grateful. For instance, Wladek Gnyś was a fighter pilot who had been shot down over France during the Second World War. When his wound became infected, a physician approached and, nodding to four orderlies, belted out the command “Hold him!” With that, the doctor “cut out the gangrenous wound. I watched pieces of my own flesh as they dropped onto the white cloth. It was a very painful experience.... I thought: now I have a chance. I was extremely grateful to him, regardless of the pain.”⁴⁰

Unusually, Gnyś was a prisoner of war, so his physician was German. In most cases, medics in one’s own unit inflicted the pain. For example, McFarland and Co. published Ronald John Jensen’s memoir of the war in Vietnam. Typically, it was entitled *Tail End Charlie* (slang for rear gunners in the Royal Air Force). Jensen recalled that, one day after returning from patrol, he discovered that he had a “big infection in the heel of my right foot about an inch wide and up to the bone.” His unit’s physician simply asked him to lie down, ordered other soldiers to sit on him, and, without further ado, cut out the infection. In Jensen’s words, “I could feel the cold blade go up inside my foot. I tried to pull away, but the guys had me down good and hard as he cut my flesh. The pain was so excruciating I had tears running down my face.... I must say, they did have to hold me down for that one, and I was glad they did.”⁴¹

John Nesser told an almost identical story in his Vietnam war memoir entitled *The Ghosts of Thua Thien* (also published by McFarland and Co.). Nesser described going to an Aid Station with a serious leg wound. When the orderlies removed his trousers to look at the wound, it “hurt like hell as they pulled the pus and blood-encrusted material away from my leg.” Worse was to come when the doctor arrived:

He told me that I had a nasty infection in my leg and that he would have to drain it. With that he reached for a scalpel, and I remember saying “Oh no you don’t!” as I backed away from him. The doctor calmly said, “Grab him,” to the two orderlies, and each one grabbed an arm and shoulder and held me down while the doctor reached down swiftly and lanced the wound with his scalpel. Then he grabbed my leg and squeezed it, trying to get all the pus out, and I nearly passed out from the pain.

40 Wladek Gnyś, *First Kill: A Fighter Pilots Autobiography* (London: Kimber, 1981), p. 171.

41 Ronald John Jensen, *Tail End Charlie. Memoir of a United States Marine in the Vietnam War* (Jefferson, NC: McFarland and Co., 2004), p. 77.

Like Jensen, Nesser was glad they did it to him because afterwards “my leg felt somewhat better.”⁴²

For the narrators of these accounts, with their remarkably similar chronologies and imagery, the point is to insist on the primitive, primordial nature of warfare. The message is clear: the pain of “warriors” in the late twentieth century was similar to that of those in ancient times. “In the field,” men proved themselves in ways that were universal, spanning all of male struggle from the beginnings of time to modern civilization. Endurance marked these men off; they had no need for the pain-numbing products of modernity. They were also narratives of comradeship, of men who would hold you down in your agony in order to save your life.

Later memoirs were also much more likely to emphasize the psychological dimensions of wounding. Of course, commentators in memoirs during the American Civil War and the First World War also observed a strong relationship between physical pain and emotional suffering, but the two tended to be explored separately. Indeed, there was even an assumption that physical wounding reduced the likelihood of psychological anguish.⁴³ However, after the First World War, there could be no physical wound without psychological suffering. Acknowledging and alleviating the latter was necessary in order to deal with the broken body.

In part, this was a response to changing notions of what pain was. In the earlier period, the popular construction of the body in pain still resembled that mechanistic model proposed in the mid-seventeenth century by René Descartes. In his famous image of the mechanism of pain, fast-moving particles of fire rush up a nerve fibre in the foot towards the brain, activating animal spirits which then travel back down the nerves, causing the foot to move away from the flame. In this model, the body was a mechanism that worked “just as, pulling on one end of a cord, one simultaneously rings a bell which hangs at the opposite end.”⁴⁴ Remarkably, despite centuries of scientific refutation of such a model (albeit generally simply substituting nociceptive impulses and endorphins for filaments and animal spirit), Descartes’ basic, mechanistic model dominated both scientific and “folk” beliefs about pain into the mid-1960s. In such a model, there was a direct relationship between the intensity of negative stimuli and the degree of physical trauma. As a result, a bland statement of degrees of injury sufficed to convey the degree of pain. There was no need to go into great detail beyond the statement of wounding.

This perception changed when, from the late 1950s but popularly by the end of the 1960s, pain became something much more interactive. In particular, Ronald Melzack’s and Patrick Wall’s “gate control theory” of pain (which remains the

42 John A. Nesser, *The Ghosts of Thua Thein: An American Soldier’s Memoir of Vietnam* (Jefferson, NC: McFarland and Co., 2008), p. 129. For an example from the Second World War, see Gnyś, *First Kill*, p. 171.

43 For a discussion, see Bourke, *Dismembering the Male*.

44 René Descartes, “Meditations on First Philosophy” [1641], trans. Elizabeth S. Haldane and G. R. T. Ross, in Enrique Chávez-Arviso, ed., *Descartes: Key Philosophical Writings* (Ware: Wordsworth Editions, 1997), p. 183; René Descartes, *Traité de l’homme* (Paris: Claude Clerselier, 1664), p. 27.

main scientific model of pain, albeit with many refinements) highlighted the interactive nature of pain. Psychological factors, this model insisted, could have profound effects upon the sensation of pain. As a result, it was not sufficient to point to the degree of acuteness of the wound since even the most serious wounds might not be perceived as painful. This way of thinking about pain had been influenced by some remarkable wartime research. Most famously, Lt. Col. Henry K. Beecher's observations of wounded men on the Venafro and Cassino fronts during the Second World War showed that three-quarters of 215 seriously wounded soldiers did not report experiencing bad pain. One-third claimed to be feeling no pain at all, while another quarter reported only slight pain. In combat, he concluded, strong emotions eradicated pain. Furthermore, Beecher noted, "His wound suddenly releases him from an exceedingly dangerous environment, one filled with fatigue, discomfort, anxiety, fear and real danger of death, and gives him a ticket to the safety of the hospital. His troubles are about over, or he thinks they are."⁴⁵

In other words, new ways of understanding pain put psychological awareness at the forefront. The emotional aspects of wounding required narrating if pain was to be fully expressed. Pain required – indeed, elicited – psychological narrative. This is one of the reasons why there are very rich first-person accounts of war neuroses and trauma from the war in Vietnam onwards, compared with earlier wars (where historians are dependent on medical, psychiatric, and official sources rather than memoirs): wounding became psychological as well as physical.

So far, I have argued that there were major shifts in the way the pain of wounding was narrated in war memoirs from the American Civil War onwards. Earlier memoirs emphasized endurance and stoicism, while later ones gloried in the evocation of agony as a way of promoting aggression against the enemy and emotional bonding with one's comrades. There were also genre issues, with particular publishers playing an important role in structuring the experience of pain. Crucially, the psychological effects of wounding took centre stage. Four other important considerations complicate these broader changes over time, however. First, distinctions were made between nationalities and "races." Second, the perceived legitimacy of the cause mattered. Third and fourth, it mattered who was doing the wounding and who was witnessing it.

As mentioned earlier, the expression of physical pain by combatants was a political act, part of the act of waging war. Not surprisingly, the enemy were routinely denigrated as unable to bear pain. Crucially, a Great Chain of Feeling was espoused, with the "white races" at the top. At times, the comparison was implicit. In the words of a surgeon in 1816, it was not in the "national character of [soldiers in] these realms" to be fearful of amputation: fear of surgery was "seldom harboured in the breasts of British seamen or soldiers."⁴⁶ More frequently, the

45 Lt. Col. Henry K. Beecher, "Pain in Men Wounded in Battle," *Annals of Surgery*, vol. 123, no. 1 (January 1946), pp. 96-105.

46 A. Copland Hutchison, *Some Practical Observations in Surgery: Illustrated by Cases* (London: J. Callow, 1816), pp. 10-11.

comparison was direct. Woods Hutchinson, author of *The Doctor in War* (1919), generously admitted that men “of every race, colour, and grade of civilisation have been tested in this War,” and many were found to be “brave and devoted.” Nevertheless, he insisted, “none have borne the ghastly horrors of shell and mine and poison-gas so well as the highly civilised white races.”⁴⁷ Writing during the Second World War, “J. A. R.” was less charitable. He was incensed that he had to care for German paratroopers whose wounds were “small” and “superficial” (he speculated that they were probably the result of being shot by their own commander to force them to jump from the plane). In contrast, the “very badly burnt British sailors” were stoical under extreme pain. He asked one British sailor who had his leg amputated, “Have you much pain, lad?” “I’m not considering it!” said the “lad” with “a game smile.”⁴⁸

However, not only enemy soldiers were extra-sensitive to wounding. Because British troops saw themselves as coming to the rescue of a feminized Belgium, it was common to look upon Belgian soldiers as less manly. In the words of Sarah Macnaughton in *My War Experience in Two Continents* (1919),

Our own soldiers seem to find self-respect their best asset. It is amazing to see the difference between them and the Belgians, who are terribly poor hands at bearing pain, and beg for morphia all the time. An officer to-day had to have a loose tooth out. He insisted on having cocaine, and then begged the doctor to be careful!⁴⁹

Portuguese troops were also routinely portrayed as sensitive, perhaps because they maintained their neutrality in the war against Germany until 1916. Thus the author of the appropriately entitled book *A Man’s a Man* (1932) compared the courage and disdain of pain of men in the Black Watch with that of the Portuguese troops (who were “the sorriest rabble” of “Pork and Beans”).⁵⁰ As another commentator put it on July 14, 1917, a young Portuguese soldier demanded a great deal of attention while his wound was being dressed; in her view, an Englishman would have been stoical.⁵¹

Colonial prejudices affected attitudes towards wounded Indian servicemen. During the Second World War, for instance, Charles Evans’s *A Doctor in XIVth Army* claimed that the “moans” of Indian patients “did not mean pain.... They started moaning and groaning as soon as one [a doctor] came in sight.” He admitted that some were “genuinely ill and suffered greatly ... but many were just unwilling to return to duty or to admit that they were a little better.” In contrast, he claimed, British soldiers in the Other Ranks bore their suffering with greater fortitude. When he asked a dying man how he felt, the man replied, “Not too fucking grand, Sir.” Evans admitted that he “could have cried if I hadn’t been to

47 Hutchinson, *The Doctor in War*, p. 4.

48 “J. A. R.,” *Memoirs of an Army Surgeon*, p. 5.

49 Sarah Macnaughton, *My War Experiences in Two Continents* (London: John Murray, 1919), p. 17. Also see Gervis, *Arms & the Doctor*, pp. 12-13.

50 Francis Anthony, *A Man’s a Man* (London: Duckworth, 1932), p. 127.

51 Imperial War Museum Archives, 37484/24/1, K. M. R. Kenyon, “Private Papers,” entry for July 14, 1917.

Shrewsbury.”⁵² A shared “British” stoicism united the working-class private with the public-school educated physician. Crucially, this insistence on a hierarchy of pain-expressiveness was published at the end of the twentieth century (1998), bolstering a nostalgic image of Britishness that had long been dismantled.

Second, it mattered whether a serviceman believed in “the cause” or not. Suffering, when perceived as a way towards higher goals such as national unity or the defeat of fascism, was regrettable but still worthwhile. This is what a dying soldier meant when, during the American Civil War, he was asked about his “cruel wounds”: he replied, “I am proud ... of having received them for my country.”⁵³ Of course, this was more common in propaganda than in everyday life. Thus the author of *The Iron Hearted Regiment* (1865) claimed that a “brave and noble-hearted soldier of the 3d Rhode Island regiment” who has lost both arms and his sight, as well as having a face that was “mashed to a sickening jelly,” said that his only regret was that he could “fight no more for the Union.” He was “racked with terrible pain and suffering,” but, the author claimed, “‘tis glorious to be tortured for the sacred cause of freedom.”⁵⁴

Similarly, the Christian faith sustained a young officer during the First World War when he was required to undergo a “long and difficult” amputation without the use of any anaesthetic. As he lay on the altar of a bombed-out church while the operation was taking place, “not a murmur escaped him.” When it was over and some of the medics “whispered words of admiration for the splendid courage displayed,” the officer simply “raised a trembling hand and pointed to the Crucifix that remained above the altar unshattered by the shell of the enemy.” For the officer and the medical personnel, “No explanation other than this was needed.”⁵⁵ The redemptive nature of pain, and the strength that images of Christ’s sufferings could bestow on men in pain, was a common trope in wartime narratives: particularly in France, soldiers from diverse religious traditions sought and found succour in lavish, Catholic depictions of the Calvary.

If positive belief systems could influence pain-narratives, so too could disillusioned ones. Thus, in the literature on the First World War, the disillusionment that struck many commentators in the aftermath provided a space for more brutal descriptions of pain: that is, pain not endured stoically but with fully screaming horror. Representative of this literature is the memoir by “F. A. V.” entitled *Combed Out* (1920), published by Swarthmore Press, which specialized in pacifist and Quaker books. In it, the author describes in great detail the broken bodies of men in unendurable torture. A typical passage in his memoir includes the description of a soldier with “a blackened face, a shattered knee, and festering holes all over his body. Gas-gangrene had set in and the stench was almost unendurable. The surgeon gently felt the injured knees, but the man gave such

52 Charles Evans, *A Doctor in XIVth Army: Burma 1944-1945* (London: Leo Cooper, 1998), pp. 73-74.

53 Hermann Bokum, “Life and Death of a Christian Soldier” in his *Wanderings North and South* (Philadelphia: King and Baird, 1864), p. 44.

54 James H. Clarke, *The Iron Hearted Regiment* (Albany, NY: J. Munsell, 1965), p. 337.

55 London Metropolitan Archives, H17/SMA/Y.01/001, M. Bale, “An Incident of A. D. 1916,” *Nurses League Journal. Kingston Infirmary*, vol. 4 (1916), p. 13.

long-drawn shrieks that he had to be left alone.” Other times, the patients would “all howl in chorus like cats on a roof. Indeed, the weird and terrible howling of wounded men is more like the howling of cats than any other sound I know.” On another occasion, a man who was having his bandages redressed “threw back his head, bared his teeth, and uttered shrill, piercing cries in sudden blasts, and nothing could be done to comfort him.” On yet another occasion, a man who was having his “shattered gangrenous knee” amputated woke up midway:

His face was ashen pale and the sweat ran down it in big drops. He was too weak to struggle, but his eyes were staring in a way that was terrible to see. I held the foot and an orderly held the stump while the saw grated harshly as it cut through the bone, and the man moaned in piteous drawling tones: “Jesus Christ have mercy on me, God Almighty have mercy upon me, and forgive me *all* my sins.”⁵⁶

This was not the positive, propagandist war memoirs of stoicism for an honourable cause, but the pacifist literature of disillusionment.

Pain-tone might even shift in the midst of a conflict, as it did in the context of the war in Vietnam. Earlier Vietnam war memoirs were more likely to emphasize the wonders of medical intervention into men’s pain, compared with later memoirs, which depicted physical suffering as purposeless and the result of political and strategic incompetence. Noticeably, Vietnam memoirs published since 2001, in the context of conflict in Iraq and Afghanistan, have returned to the heroic narrative intrinsic to notions of the conquest (rather than vocalization) of pain.

Third, it mattered who was responsible for the wounding. For instance, it was frequently noted that self-inflicted wounds were particularly painful. In the words of Allen Towne, writing about his experiences during the Second World War, men who had inflicted their own wounds were “in more pain than the more seriously wounded men. Perhaps it was a feeling of guilt.”⁵⁷

Similarly, suffering that was seen to be the result of incompetent generals was an unremittingly bad, pathological experience, inciting bitterness. Indeed, even within the same memoir, pain was narrated differently depending on who was inflicting it. When it was being inflicted by “one’s own side,” for instance, instead of quiet endurance (as when a man was wounded by the enemy), screams suddenly seemed to become totally appropriate. This theme emerges time and again in relation to instances of so-called “friendly fire.” An example can be found in the First World War memoir by working-class soldier Francis Anthony, entitled *A Man’s a Man* (1932). When a soldier was wounded by “the Huns,” he was “laughing and cursing,” and when “his warm Highland blood began to flow from a gaping wound,” he simply “stood, cursing more loudly.”⁵⁸ Just a few pages later, Anthony’s camp was bombed by a squadron of British planes, mistaking it for a German settlement: suddenly, what we have is the “horror of

56 “F. A. V.” [Voigt], *Combed Out*, pp. 56-57.

57 Towne, *Doctor Danger Forward*, p. 35.

58 Anthony, *A Man’s a Man*, pp. 127-128.

the screaming, desperately wounded men.”⁵⁹ As Dennis Kitchin put it in the context of a “friendly fire” incident in Vietnam, his comrade was “looped over in unbearable torment. Nash and I did our utmost to soothe him and squelch his bleedings. His agony was excruciating, irrepressible.” When incompetent officers were responsible for men’s agony, it was legitimate to scream and swear and to be left “infuriated and still shaking.”⁶⁰ Certain kinds of woundings were, literally, more painful.

Fourth, it mattered who was witnessing the wounding. In memoirs, at least, expressions of pain were said to be much more vocal when no women were around to inhibit the men. Time and again, men admitted to restraining expressions of pain in the presence of nurses. Thus, in the context of the American Civil War, Alcott recalled helping a surgeon who was “pok[ing] about” a patient’s arm “among bits of bones and visible muscles, in a red and black chasm made by some infernal machine of the shot or shell description.” The patient “held on like grim Death, ashamed to show fear before a woman, till it grew more than he could bear in silence; and, after a few smothered groans, he looked at me imploringly, as if he said, ‘I wouldn’t ma’am, if I could help it,’ and fainted quietly away.”⁶¹ In contrast, in the all-male field, “screaming” in pain was acceptable and fulfilled an important function of drawing the attention of medics to one’s predicament.

Pain is transformative. In the context of past military conflicts, pain was often experienced in unique ways. It was proof of having survived a rite-of-passage, albeit at a high cost. In the words of William J. Tucker, a working-class man who had been wounded in 1919 during the capture of Bagdad, the “agonizing” trip to the hospital as the ambulance jolted over the “filled-in nullahs and cartwheel ruts” was proof of “what a changed man I was.”⁶² Although wounding could be a blessing, a way to remove oneself from the battlefields, it remained a test that had to be endured in culturally appropriate ways. By analysing war-memoirs, we can trace the way the comportment rules changed over time and by context. Crucially, silence was as much a communicative act as were screams. The way these responses were subsequently narrated also communicated the meaning of war, the body, and suffering.

59 *Ibid.*, p. 144.

60 Dennis Kitchin, *War in Aquarius: Memoir of an American Infantryman in Action Along the Cambodian Border During the Vietnam War* (Jefferson, NC: McFarland and Co., 1994), p. 82.

61 Alcott, *Hospital Sketches*, p. 98.

62 Wm. [sic] J. Tucker, *Autobiography of an Astrologer* (Sidcup: Pythagorean Publications, 1960), p. 108.