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WAR AND MENTAL ILLNESS

François Houdecek

Coordinating editor of Napoleon Bonaparte's Correspondance générale for the Fondation Napoléon (and editor of volumes 4 and 14), François Houdecek is a specialist in the social military history of the First Empire and has published several text collections. He is also actively involved with the Musée de l'Armée and the Service historique de la Défense. His latest book, Vivre la Grande Armée, was published by CNRS Éditions in 2023.

Translated and edited by Cadenza Academic Translations
Translator: Sophie CHEREL
Editor: Sophie BORRESEN
Senior Editor: Mark MELLOR

Abstract

In recent years in France, war trauma has emerged as a phenomenon of increasing scholarly importance. Looking back through the history of the Napoleonic Wars, it is clear that the psyche of each actor, whether victim or witness, was deeply affected by the violence inflicted or received. Even though we are far from having a complete picture of the ways in which the medics and the military authorities of the time took these psychological manifestations into account (a time where contemporary warfare was generally deemed "measured" rather than extreme), the Napoleonic period can nevertheless be seen as innovative both in how war was waged and how psychological illness and trauma were dealt with. The period witnessed the first mass war, mobilizing 2.2 million people, and brought together individuals of varying degrees of resilience. Military doctors and civilian doctors in insane asylums were

confronted with men whose immersion in the military world—the whirlwind of campaigns, epic battles, and guerrilla warfare—had destabilized them to the point of mental breakdown. Physicians such as Pinel and Esquirol were pioneers in the understanding of such pathologies, which could emerge immediately after the event, or which would lie dormant for many years before suddenly rearing their heads. This article looks at the genesis of the treatment of war trauma and the first widespread manifestations of a phenomenon unheard of before the First Empire.

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"Hardship, poverty, and fear never truly disappear from life; they soon emerge again here and there in various forms. "[1] Fritz Naumann was one of the few chroniclers to mention in his military memoirs the mental suffering he endured after combat. Many, like Naumann, suffered from common disorders, yet remained silent, out of ignorance or fear of social repercussions.[2] No doubt these soldiers perceived their insomnia, nightmares, anxieties, haunting memories, or feelings of insecurity as benign manifestations. Most of them must have buried their war memories, but this did not prevent them from living a normal life. A soldier of the period who found himself unable to recover from the experiences would not have spoken about it, let alone put his distress on paper (assuming he could write at all).

As historians have gradually recently highlighted, war does not merely destroy buildings, slaughter men and animals, and displace populations. Violence inflicted or received leaves a deep mark on the psyche of all those involved, whether as victims or witnesses. The First World War, with the industrialization of conflict and the use of destructive technologies on an unimaginable scale dehumanized the men, and many returned from the front in a state of

1 Account by captain Fritz Baumann [sic] of 1812 published in *Eram. Skizze aus den Jugendjahren eines Veteranen. Mit einem einleitenden Vorworte von Ludwig Rellstab*, Berlin, Ferdinand Reichardt und Comp., 1845, republished by Julius Hahn (ed.), *Mit der großen Armee 1812 (Nach dem Bericht eines Mitkämpfers) Als Deutschland erwachte – Lebens- und Zeitbilder aus den Befreiungskriegen*, Hamburg 1910, 80-222 (who miss-names Baumann as Naumann), and translated by Jean-Pierre Tarin (trad., pres., ed.), *Avec la Grande Armée, récit de Julius Hahn. Souvenirs du capitaine Fritz Naumann* (L'Haÿ-les-Roses: Éditions C.F.F.H. (Club Français de la Figurine Historique), 2012), 58. **Translator's note:** Our translation from the French. All translations of cited foreign language material in this article are our own.

2 Louis Crocq, *Les traumatismes psychiques de guerre* (Paris: Odile Jacob, 1999), 422.

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psychological collapse. That war brought the notion of trauma, until then associated with hysteria and femininity, into the male arena. As the phenomenon grew to take on unprecedented proportions, war psychiatry raced to understand it. The conflicts that came after the Great War brought advances in diagnoses. War trauma is now a recognized pathology, treated by psychiatrists, who closely monitor the mental health of soldiers who have been engaged in combat.

I. Immediate-onset trauma

For men on the battlefield, death is ever present. Freud defines trauma as an unexpected confrontation with the stark reality of death, in which there is neither the time or the possibility of attributing meaning to it.[3] Being grazed by a cannonball, being repeatedly shot at, narrowly escaping death during a charge, or going through a near-death experience could easily produce a mental distortion leading to trauma immediate onset trauma. Artillery in particular was for many the embodiment of death itself, striking blindly and at random. When they witnessed whole rows of men being mown down or saw the appalling wounds caused by artillery, soldiers were afraid the same would happen to them. The fear itself, intense as it was, could cause death the moment a man stepped onto the battlefield. Indeed in November 1812, Beulay reported that a soldier from his battalion, “who was stupefied by the sound of the cannon”, was taken to the front line by the officers to be toughened up. “Before they got there, he started trembling, his head fell on his chest; he had died of fright in their arms. ”[4] While many survived the intense stress of coming under cannonball fire, this brush with death often left its mark. At Bicêtre, Pinel treated a twenty-two-year-old man who, while in battle, was so frightened by the din of artillery strikes

3 Louis Crocq, “Les traumatismes psychiques de guerre,” in Jean Baechler et Laure Bardiès (eds.), *Guerre et psychologie* (Paris: Hermann, 2018), 191.

4 Honoré Beulay*, Mémoire d’un grenadier de la Grande Armée* (Agora/De Krijger, 2007), 60.

that he was overcome with terror. It took several weeks of convalescence, punctuated by episodes of fainting and stupor, before the young man came back to himself.[5] Of all these experiences related to artillery, it was the "blast of the cannonball" (*vent du boulet*) that generated the most talk, from the very start. A cannonball passing at high speed near a soldier could cause violent concussions, and even death, due to the blast effect produced by the projectile's movement. More bewildering for medical practitioners and military personnel was the state of stupor some soldiers fell into when a cannonball grazed them or fell nearby. It was following such an experience that, after Austerlitz, soldier Claude Miel[6] became subject to epileptic seizures. And, after Wagram, Larrey had to deal with several cases of this nature. For instance, a cavalry grenadier "grazed by a cannonball that was seen falling at his feet did not lose his balance, yet suddenly lost his voice and speech."[7] Despite the care that was given to him, the grenadier never recovered the ability to speak.

Unable to understand the nature of these traumatic conditions, practitioners were unable to treat them. The men, traumatized by battle, were left to face their anguish alone. To make matters worse, these traumas could take on many forms. For example, Grenadier of the Guard Jacques Bailly suffered from a form of paranoia. At Wagram, he thought he had performed over and above his duty; indeed, he imagined that he had saved the army. On the day after the battle, Bailly was convinced that he would be duly rewarded for his services. He expected to be promoted or decorated with the Legion of Honour, and this became the obsessive subject of his madness. Disappointed at being neither promoted nor decorated, he began to hate those who possessed the precious medal and fell

5 Philippe Pinel, *Traité médico-philosophique sur l'aliénation mentale* (Paris: Brosson, 1809), 186–187.

6 Interned in 1809 at the mental asylum of Charenton, he died there in August 1817 (Val-de-Marne Departmental Archives [AD VM], 4 X 681).

7 Dominique Jean Larrey, *Mémoires et campagnes 1786-1811* (Paris: Tallandier, 2004), 663 and et seq.

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prey to violent outbursts whenever he encountered a legionnaire. Unable to remain in service, he was interned at the mental asylum of Charenton on 5 October 1810.

"*Aguérrir*," the French for "toughen up," is derived from the word for war ("*guerre*") and implies the notion of becoming "hardened" or "accustomed" to experiences of war. Soldiers must somehow distance themselves from suffering and death, something that, in extreme cases, can lead to a change of personality. Life on campaign brought intense suffering and, as the war went on and experiences piled up, soldiers' mental strength was progressively eroded. The notoriously long retreat from Russia carved itself a special place in the military exploits of the Empire, and later in the memoirs. The phenomenon of normalization pervades these texts: forced to distance themselves from the suffering, soldiers normalized and became desensitized to the horrors they experienced. Suckow notes that he was able to "endure the most horrifying scenes without batting an eye, and perform the most repugnant acts with equanimity" and that, as a result of the suffering endured, "these vile sentiments had become second nature".[8] Distancing modifies the situation such that the subject can continue to function: it works as a way to keep the process of destruction outside of oneself.[9]

However, derealization and depersonalization are now recognized as symptoms of post-traumatic stress. The accounts of 1812, more than any other campaign, highlight the impact of war on mental health. The suffering they faced—extreme fatigue, hardship, and constant pressure from the Russian army—pushed bodies and minds to the very limit of human endurance. In January 1813, Jean Eymard noted that his "poor nerves were so shot" that he was assailed by anxiety attacks and a compulsive urge to bite people. Frightened by these impulses, he managed to keep them at bay until he rested and they finally subsided. By contrast, a young offi-

8 Karl von Suckow, *Fragments de ma vie* (Paris: Plon, 1901), 215 and 277.

9 Michèle Bertrand, "Psychologie et psychanalyse devant les traumatismes de guerre," *Champ psychosomatique* 28, no. 4 (2002): 107.

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cer staying in the same lodgings had a bout of sleepwalking. He suddenly awoke screaming and started running around madly. His companions eventually managed to restrain him, whereupon they realized he had lost his mind. The officer died a few days later.[10] Captain François, for his part, concludes an account of the retreat by noting that in December 1812, the army was reduced to "twenty-five to twenty-six thousand men across all branches; and the majority of them wounded, sick, or insane".[11] Hospitals in France and around Europe[12] had to treat countless soldiers who returned from this campaign mentally disturbed.

In Calabria and, to a lesser extent, Russia, soldiers had to cope with a new kind of stress, added to that of traditional warfare: the asymmetric conflicts of petty warfare. Guerrillas created a constant tension that was difficult for soldiers to endure. They were ground down by a perpetual sense of insecurity, since at any moment they could be ambushed by those they called "bandits." The feeling was heightened by the fact that the war did not stop on the battlefield. It insinuated itself into the men's private lives. The French garrisons' water, wine, and flour were frequently poisoned by faceless individuals who could infiltrate the billets with ease.[13] Facing an enemy that was everywhere and nowhere, the soldiers began to succumb to forms of paranoia. The struggle against invisible adversaries, who often did not wear uniforms and were deemed disloyal, triggered excessive violence from the soldiers. This violence came as a reaction to the abuses committed by the Spanish fighters, who would

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10 Jean Eymard "Souvenirs," in Michel Roucaud and François Houdecek (eds.), *Du Niémen à la Bérézina, lettres et témoignages de soldats français sur la campagne de Russie* (Vincennes: Service Historique de la Défense, 2012), 113.

11 Charles François, *Journal du capitaine François, 1792–1830* (Paris: Charles Carrinton, 1904), 840.

12 Jean-Étienne-Dominique Esquirol, *Des maladies mentales considérées sous le rapport médical, hygiénique et médico-légal*, vol. 1 (Bruxelles: J.-B. Baissière, 1838), 25.

13 Val de Grâce Archives, cart. 10, d. 18. Thierry Gallice, *Guérilla et contre-guérilla en Catalogne (1808–1813)*, (Paris: L'Harmattan, 2012), 206–209.

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attack isolated individuals, the wounded, or stragglers. Nor did they spare the hospitals, as Captain François observed in Manzanares in June 1808. The inhabitants allegedly massacred nearly 1,200 patients, leaving only one survivor who, after undergoing this near-death experience, "had gone mad."[14]

The Spanish partisans did not stop at merely killing the men. Death was accompanied by acts of torture and macabre displays, designed to terrorize the invaders. Such theatricalization of atrocities enraged the soldiers and, thirsting for revenge, they committed more and more acts of violence. Nonetheless, the insurgents' actions also produced the desired result, plunging many soldiers into a state of anxiety, as they lived in fear of suffering a similar fate. Esquirol pointed out these particularities of the Spanish conflict, noting that a considerable number of cases of insanity resulted from it.[15] Prior to this, in 1812, Emiliand Estienne,[16] a senior doctor in Biscay, had reported treating 309 cases of soldiers who suffered from mental disorders, including eleven related to Pinelian alienism (mania, idiocy, etc.). Added to this were the so-called sensory illnesses, the psychological basis of which is now known: 8,439 cases of asthenia (weakness), twenty cases of aphonia (loss of voice), and five cases of paralysis. In total, 8,773 soldiers out of 25,280 were affected by symptoms resembling psychological disorders: that is, 34.7 percent of the patients treated by Estienne over the course of a year.

No doubt many of the soldiers who suffered from war-induced traumas were thought to be putting on an act. War neuroses, no matter how severe, could easily have been mistaken for coward-

14 François, *Journal*, 668.

15 Esquirol, *Des maladies mentales,* 402.

16 Emiliand Estienne (1771–1838), army pharmacist of the Sambre-et-Meuse army, and in Holland (1798–1801); military surgeon at the Brest hospital (1803); head doctor of the Spanish army (1808–1813); and director of "Recueil de mémoires de médecine, de chirurgie et de pharmacie militaires" (1815–1838).

ice and attempts to escape danger.[17]Some did indeed try to get themselves declared unfit for service by exaggerating their mental illness. Raymond Grandseigne, a soldier in the Fortieth Line Regiment, was tried by the military court of the First Military Division (Paris) for committing violence against his corporal. During his trial, César Berthier, who presided over the proceedings, noted that he exhibited signs of mental illness and sent him for treatment to the Charenton asylum on 10 September 1805. As soon as Grandseigne arrived at the mental institution, he persuaded the director, Father Coulmier, to request permission on his behalf from the military authorities to return home without going through his unit, and even presented Coulmier with all the arguments required for this request to be successful. Father Coulmier duly pleaded the soldier's case. Nevertheless, Grandseigne languished at Charenton for over a year, during which he took up drinking. At length, his case was accepted, and he was demobilized on the grounds that he was "not insane enough to stay in Charenton."[18]

II. Delayed-onset trauma

While the men's mental states were affected by the violence of battles and extreme fatigue on campaign, for most, it was only after the war had ended that the emotional trauma began to surface. Soldiers had a hard time when they were forced to leave the army. Many went through bouts of depression, in some cases requiring medical assistance. Eventually, however, all, or almost all resumed a normal life. But since there was no follow-up care, some veterans were unable to curb their impulses. They could not control the violence they had learned on the battlefield and which their war trauma only amplified.

17 Claude Barrois, *Les névroses traumatiques* (Paris: Dunod, 1998), 227.

18 AD VM, AJ2 26, Grandseigne file.

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One example is Jacques Protin, a soldier from Luxembourg enlisted in the Grande Armée, who participated in the Russian campaign. As the campaign came to an end, he was periodically absent and showed signs of fragility. After being demobilized in 1814, he returned to his village near Luxembourg, got married, and had three children. For fifteen years, he led a quiet life, interrupted by the occasional epileptic seizure. Then he grew taciturn and suddenly, without apparent reason, he had a violent outburst and tried to kill several people, including his wife and children. For these actions, he was sentenced to life imprisonment with hard labour; but recognized as mentally ill, he was interned at the hospice in Ghent instead. There, he periodically had bouts of violence during which he became extremely dangerous due to his "athletic build."[19] According to "alienist" (psychiatrist) Joseph Guislain, who treated him, his illness sprang from the suffering he had endured during the retreat of 1812.

Like many former soldiers, Protin suffered from what Esquirol called "*la fureur*" (fury). The term refers to bouts of violent madness that take the form of delirium.[20] This *fureur* manifested itself through acute insomnia resulting in anxiety attacks, paranoia episodes, hallucinations, and fits of rage. The soldiers with mental disorders found themselves in a situation that was beyond their control and without explanation. The authorities and society saw them, at best, as outsiders, people who belonged under lock and key, or even criminals. The main reason these men were interned was so that their violent outbursts could be kept in check, and their internment was considered a punishment and a social disgrace.[21] That being said, the works of alienists Pinel[22] and Esquirol challenged this view

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19 Joseph Guislain, *Traité sur les phrénopathies*, (Bruxelles: 1835), 276-278.

20 Laurence Guignard, Hervé Guillemain, Stéphane Tison (eds.), *Expérience de la folie, criminels, soldats, patients en psychiatrie (XIXe-XXe siècles)* (Rennes: Presse universitaires de Rennes, 2013), 9.

21 Guignard, Guillemain, and Tison, *Expérience de la folie*, 17.

22 Philippe Pinel's first works were published in 1797 (*Nosographie philosophique, ou la méthode de l'analyse appliquée à la médecine* (Paris:

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and changed it, little by little.[23] They argued the mentally ill were not individuals who had lost all reason and needed to be shut away, but people who needed to be treated. These individuals could undergo psychological therapy, in which dialogue was considered key to providing patient care.[24] This medical practice also involved therapeutic treatment known as shock therapy, mainly taking the form of hydrotherapy.[25]

However, when examining the soldiers entrusted into their care, doctors did not place the blame squarely on the war and its violence. They were reluctant to accept war as the direct cause of madness. As men of their time, the alienists participated in society, which in those days glorified war and heroic acts.[26] Although they recognized that war contributed to aggravating the symptoms of madness, they rarely saw it as the trigger. The outbursts of anger or the voicelessness of former combatants were often attributed to other causes, such as heredity, genetics, or deviant lifestyles (sex, alcohol, gambling, etc.). Practitioners studying cases of former soldiers considered that the roots of their disorders primarily lay in the length of service and the exhausting and adventurous lifestyle they led on campaigns. Philippe Pinel explained that soldierly

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Maradan, Year VI), and 1800 (*Traité médico-philosophique sur l'aliénation mentale ou la manie* [Paris: Richard, Year IX]) and were subsequently extended, supplemented, and republished several times.

23 It was not until the 1838 law that this perception truly started to take root in society.

24 N. Deliot, *De la Grande Armée à l'asile, les traumatismes psychiques de guerre sous le Premier Empire*, Masters' thesis, Science-Po Aix, 2017, 73.

25 François Houdecek, "Prendre en charge les militaires aliénés sous l'Empire. L'hospice impérial de Charenton," in Walter Bruyère-Ostells, Benoît Pouget, and Michel Signoli (eds.), *Des chairs et des larmes: combattre souffrir, mourir dans les guerres de la Révolution et de l'Empire: 1792–1815* (Aix-en-Provence : Presse universitaire de Provence, 2020), 179–194. Adeline Fride, *Charenton ou la chronique de la vie d'un asile de la naissance de la psychiatrie à la sectorisation*, PhD thesis (Paris Descartes University: 2008).

26 Laure Murat, "La Folie en guerre," in Laurence Bertrand Dorléac (ed.), *Les désastres de la guerre, 1800–2014* (Paris-Lens : Somogy-Louvres-Lens, 2014), 75.

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activities fomented a "weak and deteriorated constitution, but to suddenly interrupt them and shift to apathetic rest is also morally and physically debilitating. It causes all vital functions to decline; it produces involuntary sadness, a kind of faintness of heart; and it brings back fears that one cannot defend oneself from. "[27] According to psychiatrist Claude Barrois, these are the symptoms of a hypochondriac form of war-related post-traumatic syndrome.[28]

Royer-Collard, who treated patients at the Charenton asylum, said the same about his patients, such as veteran Jean-Claude Pierre after his thirty years of service, and Colonel Castanié after his twenty years.[29] Present at all the great battles of the Empire, Colonel Castanié was wounded in Leipzig. When hospitalized, he caught typhus, but he recovered and was still able to serve during the French campaign. Demobilized following Napoleon's abdication at Fontainebleau, he settled in Normandy, and it was when he was put on half-pay that his mental health began to deteriorate. Returning to civilian life, though no doubt highly esteemed by those around him, the colonel had no employment and no prospects. This, it turned out, was more than he could bear. He longed to return to the military life he loved above all and that, because of his injuries and the political changes, he could no longer lead. Added to this was an accumulation of traumas. The military life and the succession of battles probably served to distract him, and many other soldiers, from the initial trauma. As they went through a series of battles, those on the front line had to endure more and more experiences of death, and so new traumas compounded the initial traumatic event. Only once the war was over did they have time to stop and face the profound changes in their personalities.[30] It was the accumulation, the piling up of painful experiences, that weak-

27 Philippe Pinel, *Traité médico-philosophique sur l'aliénation mentale* (Brosson: Paris, 1809), 32.

28 Barrois, *Les névroses traumatiques*, 16.

29 Medical observation records from 1799–1820, AD VM, 4 X 681.

30 Crocq, "Les traumatismes," 197.

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ened the soldiers' minds and sometimes drove them to madness. Repeatedly subjected to images of brutality and violence, whether inflicted or undergone, they were disturbed to their very core. Some committed suicide, like General Godinot who shot himself in Spain on 27 October 1811. Recounting the general's death in his memoirs, Edouard Lapène notes that it was perhaps the violent repression he led in Andalusia that drove him to such an act.

Traumas may lie dormant for years before rearing their heads. According to Esquirol, when these memories suddenly rush to the surface, they can cause irreparable damage.[31] Royer-Collard dealt with such a case in Charenton, that of veteran Maxime Marques. After serving in the first campaigns of the Revolution, the soldier was demobilized during the Consulate and was able to resume his job as a carpenter in Paris. In 1814, he heard that the enemy was approaching Paris. His curiosity overcame his fear, and he went to watch the battle on 30 March. What did Marques see or hear during the Battle of Paris? Royer-Collard never found out. Indeed, the doctor could no longer get anything out of Marques, who was by then afflicted with delirium and intermittent voicelessness. He died soon afterward, in June 1815. Memories consign events to a moment in the past, where they can be reconstructed as part of a narrative. Trauma, notes the psychiatrist Louis Crocq, does the opposite: it brings time to a standstill, leaving the subject frozen in the moment of the experience, with no hope of moving forward nor of revisiting the past.[32] Some were haunted by their memories in this way; so much so that they simply could not move on. In Italy, on 4 September 1813, Battalion Commander Jean Antoine Thévenot was captured, assaulted, and left for dead on the battlefield. In the days that followed, he was found and taken into captivity. He returned to France in July 1814. But his troubles were not over. From the outset, he was gripped by intermittent fits of violence. In January 1815, Thévenot and his family placed a request with the ministry

31 Esquirol, *Des maladies mentales,* 297.

32 Crocq, "Les traumatismes," 192.

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for him to be taken into care. In his letter, the officer attributed his disorders to the extreme fear he felt upon narrowly escaping death on the battlefield—a terror that, he said, "still [made him] sick."[33] Frequent complaints about his increasingly violent behaviour led to his being interned at Charenton on 20 June 1815. He died just six months later. Although Thévenot experienced periods of lucidity, the memories of his near-death experience haunted him. It was a nightmare he had to relive over and over again.

While the violence of war left a lasting impression, captivity was also a significant event for many soldiers, including those who were detained in relatively decent conditions. When imprisonment went on, depriving men of liberty for too long, it altered their minds and personalities. The harsh conditions of detention exacerbated the painful and traumatic experiences. On the prison ships of Cádiz, Assistant Major Ducor described men who fell into a kind of persecution delirium linked to 'nostalgie' (homesickness). Having witnessed the massacres of the prisoners after the Battle of Bailén, some "believed they were still at the mercy of the Spaniards, ever poised to assassinate them". In moments of distress, they would let out "soul-splitting screams, cries of terror" and exhibit "movements of dread, spasms, convulsive jerks, contorted gestures, contracting their faces into horrifying grimaces and grinding their teeth. [...] The younger ones would call out to their mothers, moaning [...] they missed their native homes very bitterly indeed; soon, those most deeply affected by such homesickness sank into melancholy".[34] In the *Cabrériens*, Gabriel Froger (identified as Sébastien Boulerot), recounts a waking nightmare that, in his own words, struck him profoundly. His eyes widened, he let out "languishing moans," and his body jerked in a series of "uncontrolled movements". He

33 Service Historique de la Défense (SHD), GR, 2 Ye, Thévenot file; Mathieu Lefebvre, *Dictionnaire biographique des Invalides décorés de la Légion d'honneur sous Napoléon* (Paris : SPM, 2008), 115–120.

34 Henri Ducor, *Aventure d'un marin de la Garde impériale, prisonnier de guerre sur les pontons espagnols, dans l'île de Cabrera, et en Russie* (Paris : Ambroise Dupont, 1833), 72, 80, and 82.

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remained in this state for several days before recovering a degree of mental stability.[35]

These spectacular symptoms reveal what is now known as the "barbed-wire disease". It was not only on the hulks of Cádiz or the deserted shores of Cabrera that the disorder manifested itself. After surviving a year on the prison islet in the Balearics, Joseph Quantin was taken to an English prison in 1810. One of his fellow inmates at Porchester prison was a cannoneer who seemed to be tormented by an act "whose memory occasioned his habitual melancholy". At night, he slept fitfully, and the experience this prisoner had endured continued to haunt his dreams, causing insomnia and assailing his conscience. It is now known that a traumatic dream does not merely show the event: it *is* the event, to be fully experienced once again. The nights bring back to life exactly what the dreamer experienced in reality, with the same sensations, the same fear, the same dread. The person affected may get through the day normally enough, but the horror returns at night, constantly reopening the unhealed wound.[36] After several weeks of detention, the gunner murdered a sergeant (*maréchal des logis*) with whom he had had a disagreement. His moral suffering was such that he experienced true relief at being executed for this crime.[37] Pathological symptoms of captivity neurosis, appearing with varying degrees of intensity, tend to disappear with liberation and repatriation. Nevertheless, when the suffering has been too great, former captives may remain marked for life by their experience. Former captives also often suffered from melancholy or nostalgia, such as the Spaniard Antonio Auring, a prisoner of war in Metz, who was interned at the Charenton asylum from April 1811 to January 1815. Some were

35 Gabriel Froger, *Les Cabrériens* (Paris : Amyot, 1849), 113–115. Rewritten by a publicist, this memoir sometimes appears somewhat artificial, but it is based on very real experiences.

36 Marie-Odile Godard, "La guerre après la guerre ou la longue nuit des traumatisés : Shoah, guerre d'Algérie, Rwanda," *Cahiers du CEHD* 31 (2007): 67.

37 Joseph Quantin, *Sept ans d'absence (1807–1814): témoignage d'un soldat de Napoléon* (Paris: Vitrines d'archives, 2021), 97.

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invaded by feelings of paranoia. Jean Gaurant, for instance, was released in 1811 after ten years of captivity in England and, having served since 1795, he was taken into care at the Invalides, but he remained forever convinced that the food he was being given was unfit for consumption.

III. All managed and accounted for?

The military authorities, along with some of the military or civilian doctors, did, to some extent, take account of these war-induced pathologies. This mainly involved isolating those too mentally disturbed to be kept in service or in hospital.

When the new branches of the Paris hospital, Hôtel des Invalides, were created (in Avignon, Arras, Louvain), it was decided that each institution should enter into a contract with a care home to send the most mentally affected soldiers there. In 1800, the Charenton hospice, situated on the right bank of the River Marne, became an affiliated institution of the Hôtel des Invalides in Paris,[38] and later, after 1807, it became more closely associated with the Ministry of War. The soldiers whose mental condition no longer allowed them to be kept at the Invalides or in the military hospitals of the First Military Division (Paris) were sent to Charenton. They remained the ministry's responsibility, but were treated at the hospice, which "specialized" in the treatment of soldiers.[39] During the Empire, close to 140 men were interned at the national and then imperial mental institution. In the 1820s, there were still 33 of them in the hospice, managed first by Antoine Athanase Royer-Collard and then by Jean-Étienne Esquirol.[40]

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38 In Avignon it was the city hospice, see Natalie Petiteau "Avignon, lieu de mémoire des guerres de l'Empire?," in Natalie Petiteau (ed.), *Guerriers du Premier Empire* (Paris: Les Indes savantes/Bibliothèque de l'histoire, 2011), 134.

39 Jacques Houdaille, "Les internés de Charenton, 1800–1854," *Population* 49, no. 2 (1994): 500–515.

40 Esquirol, *Des maladies mentales*.

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In times of war, Charenton's mission was to provide medical care for mentally disturbed military patients so that they could be sent back to the army. From 1807 onward, those deemed incurable were transferred to the Bicêtre hospital, whose mission was to take in male patients with mental disorders from Paris and its surrounding region.[41] Places were in high demand by the ministry. As soon as a man left Charenton due to recovery, death, or transfer to Bicêtre, a new resident was sent in by the military institution. In 1807, there were 16 admissions and 15 discharges, with a fluctuating number of patients ranging from 48 to 50. In total, 64 soldiers were interned at the hospice that year. With the fall of the Empire came budget cuts, and many "incurables" were sent to Bicêtre. From 1799 to 1830, the hospital took in close to 170 soldiers[42] or former soldiers in the fifth division reserved for the insane.[43] In 1814, as the war approached Paris, Bicêtre was transformed into a military hospital, where over 3,000 soldiers received care.[44] Marin Jacques Vaudoré, a corporal in the 154th Line Regiment, was one of the 18 soldiers who suffered from mental disorders and were transferred to the service for the insane. Interned on 22 February 1814, he was released on 22 April of the following year (either because he recovered or because he was not ill enough to remained confined), and was then demobilized. The living conditions of the military at the Charenton asylum, supported and supervised by the Ministry of War until 1814, must have been better than at similar institutions for civilians. Jean Grégoire Brady[45] was able to live there for nearly thirty years. Nevertheless, since their afflictions were not properly treated, many of the soldiers suffering from psychological trauma were unable to over-

41 Women were interned at La Salpêtrière.

42 These totals should be compared with the 2,000 mentally ill individuals noted by Esquirol in 1813 (Esquirol, *Des maladies mentales,* 28).

43 APHP Archives, Register of admissions at Bicêtre Hospital 1799–1830: BCT 1Q 2, 88–93.

44 APHP Archives, Register of admissions at Bicêtre Hospital 1814–1815: BCT 5 Q 14–15.

45 AD VM, 4 X 681.

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come their disorders. Those most affected perished in the months following their transfer to the banks of the Marne. Nearly a quarter of the soldiers who were transferred there did not last longer than three years under care, and many died within five years.[46]

At a time when the concept of trauma was not known, it is impossible to determine the number of soldiers who were truly affected by psychological disorders. By way of comparison, during the First and Second World Wars, 20 to 30% of American or British soldiers were demobilised because of these pathologies. Records of the few hundred men treated at Charenton, Bicêtre, Avignon, or those discovered in the archives, demonstrate that the revolutionary and imperial conflicts undeniably affected the psyche of soldiers. Their deaths, even several years after the conflict, can largely be attributed to the war that bloodied the continent for fifteen years. They could be added to the war's overall death toll.

46 AD VM, Medical observation records from 1799–1814, 4 X 681.