

# The Soldier's Body in Gas Warfare: Trauma, Illness, *Rentennot*, 1915–1933

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**Abstract** The paper describes medical and psychological aspects of gas warfare 1915–1918. It is shown that exact knowledge such as lethal dosages and the type and extent of injuries had been observed in cases of accident long before the outbreak of war. Nevertheless, detailed toxicological research was carried out in the toxicological department of Fritz Haber's Kaiser Wilhelm Institute for Physical Chemistry in Berlin-Dahlem. War itself offered the opportunity for deadly field experiments. The soldiers suffered not only from physical injuries (chest pain, breathlessness, coughing, bloody sputum, multiple organ failure) but also from fear and traumatization. Given the enormous fear caused by the idea of a supposed poisoning even without symptoms, distinguishing the real and actual from the simulated in such cases must have been problematic and caused a permanent threat of being accused of malingering or even simulating. From there it was only a small step to psychic and political stigmatization as "*Rentenbetrüger*" (pension fraudsters) or being mentally ill in the late Weimar Republic and especially under National Socialism. Whereas the nation was forever grateful to the war-wounded and disabled veterans, the stigmatized were seen as being mentally ill, were sterilized, and sometimes even murdered.

## 1 Introduction

If the First World War may be understood as the first technical and industrial war, then this implicit metaphor not only carries with it the technical aspect of weaponry in the sense of modernity in technology, both with regard to fighting with new weapons and to their development, and further to modern industrial production under the conditions of Taylorism and streamlining of production. The soldiers themselves, too, understood the new war as a kind of industrial work, which was even reflected in their language. One "went to work" in the trenches much as in the

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mineshfts of the Ruhr, to change places with the exhausted men of the previous shift; there was at least as much “work” on the battlefield as in a Krupp factory hall. In sweaty cooperation and collaboration and under the pressure of an unstoppable, urgent timing cycle one became, as an artilleryman or ammunition carrier, as much a part of the mechanical processes of this huge, monstrous death machine as of those of a sheet metal factory at home. The only difference was that one created technical value as a dependent employee there, but on the front one destroyed technical mass products—and with these human lives—in great masses in paid work quite dependent on commands and orders (Eckart 2014).

The most depressing aspect, probably, of the technical and industrial modernity of the Great War was the chemical warfare, which particularly reveals the inter-linkage of medical and military technology (Gradmann 2003, 131–154). Gas, as a substance of mass application and well-known toxicity, was in a great variety of forms already present at the start of the war as a waste product of the chemical industry, particularly of the I.G. Farben (Roth 2009, 6–8). Its usability was increased during the course of the war by the innovative synthesis of ever more murderous new substances. In particular, scientists had learnt, long before the war, how to liquefy gas by using high pressure, thus making it feasible to store and transport it in large quantities. As concerns the effect of chemicals on the human organism, most of this information was already known and available owing to industrial accidents.

The development and use of poison gas as a weapon definitely required medical and pharmacological knowledge, which all industrial countries involved in the war had to a greater or lesser extent; the German side had particularly good knowledge in this regard, owing to a high level of development in the chemical industry. The knowledge of the physiological effects of most poison gas types was based not only on animal experiments, but also on the industrial accidents mentioned above.

In the course of animal experiments, exact knowledge was gathered, such as the lethal dosage and the type and extent of injuries, which matched exactly what had been observed in accident cases, for example in the chemical industry. Without such knowledge, the development of new poison gases and their use would have been unthinkable. In addition, there was the fact that the use of poison gas had been anticipated, not only in the genre of technical science fiction (as we would now say) from Jules Verne to Arthur Conan Doyle. In Paris in 1911, for example, ethyl bromoacetate (more precisely: ethyl 2-bromoacetate) was used in the fight against crime, in the form of “tear gas” in cases of robbery. The reason that the use of gas and other chemicals in warfare could become the metaphor par excellence for modern, technical-industrial war cannot be established in the comparatively slight extent of direct effects. Among the roughly ten million war dead, conservative estimates placed the number of deaths through poison gas at “only” 90,000 to

100,000.<sup>1</sup> Among the permanently wounded and damaged soldiers, some 25 million on all sides, there were “only” about one million suffering from the effects of gas. Of considerable significance, however, was the horror of gas, to which not only the expected damage understandably contributed, but also the omnipresent possibility of its use, the ubiquitous way it spread in the area of battle, and the realization that even gas masks and protective clothing could not sufficiently guarantee the survival of man and beast.

A borderline between research serving the development of weapons and that serving to protect against them and to provide therapy for wounds could hardly be drawn. The use of poison gas against the enemy and the protection of one's own soldiers against enemy (or “friendly”) poison gas were based on the same research. Fritz Haber's Kaiser Wilhelm Institute for Physical Chemistry in Berlin-Dahlem,<sup>2</sup> where research on poison gas was carried out, consequently had, from 1916, a rapidly growing Toxicological Department. The German army, which was the first to apply poison gas in April 1915, was far ahead of the enemy for this reason, not only as far as research into the gas weapon was concerned, but also in medical care in this area. In military tactics, poison gas extended the scenario of a possible threat and injury to soldiers to new territory, which was purposefully investigated by the medical experts: the effect of extreme terror, which was raised to a benchmark in the further development of this weapon (Kästner and Hahn 1994, 42–50; see also: Zeidler 1993). To say, however, that the effect of poison gas was “mostly a terrifying one,” as the pathologist Otto Muntsch described it in 1935 (Muntsch 1935, 102), was pure cynicism. Poison gas injured the body on the outside to a limited extent at first, but it could gradually destroy a soldier's body within hours, days, or weeks. The symptoms were agonizing, terrifying, and, under some circumstances, could occur long after the actual poisoning had taken place. Above all, gas led directly to a large number of soldiers being unable to function. At the same time, gas spatialized the threat of bodily harm, and in place of a specific threat to the body from projectiles, there was that of a deadly environment, inimical to life. The hopes nourished by this, not only among the army, were quite clear. Whole sections of the front could be made to collapse, rapid gains in territory and finally the abolition of the exhausting trench war could be achieved. That these hopes would turn out to be illusory was not at all clear at the beginning of gas warfare, as there were some very quick surprise successes at the start. With the increasing use of poison gas, however, came the disillusionment, at the latest from the summer of 1915 onward. The hopes placed in the effects of this new type of warfare dissolved as fast as the substances being used. One exception was formed by chemical contact poisons and skin-damaging substances, such as mustard gas (actually a nitrogen mustard).

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<sup>1</sup>Figures differ very much. For the Western war theatre losses (killed and severely wounded) it seems as if about 20,000 soldiers died and about 500,000 were wounded under gas attacks. For the Eastern front there are no reliable figures. All in all the number of soldiers killed under the influence of poisoned gas may be estimated at about 100,000 (Haber 1986, 243; Müller 2003, 519–522; Gaskrieg während des Ersten Weltkrieges).

<sup>2</sup>See particularly Szöllösi-Janze (1998).

Against this background, it is understandable that substances like these were under consideration for future wars, in order to avoid the costly stalemate of the trenches, as Fritz Haber lectured officers of the Reichswehr in 1920. Only a massive bombardment with sulphur mustard would be suitable

to make an area with its protective constructions impossible to hold. This chemical weapon forces the abandonment of trench warfare, which the development of explosive munitions had brought with it (in Brauch 1982).

In fact, the main reason was to fill the expected gap in munitions production, as Germany had been cut off by sea blockade from the import of Chilean saltpetre—at that time still an absolute necessity for the manufacture of explosives—already a few weeks after the start of the war.<sup>3</sup> During the war, quite different types of gas and chemical substances were used. The sheer variety was so disturbingly great in the end that Oskar Minkowski, writing in 1921 in reminiscence, was forced to come to the conclusion that

[t]he number of substances used by both sides in gas warfare had, with time, become a very large one. As the composition of the chemical compounds used by one side could be rapidly discovered and imitated by the other side, while on the other hand damage frequently occurred on both sides from their own gas ammunition, one cannot sensibly carry out any sort of differentiation between the substances used by any one army (Minkowski 1921, 346).<sup>4</sup>

In principle, of course, such a differentiation was clearly possible, at least according to the chemical groups involved. Thus, eye irritants were used, such as the tear gas ethyl bromoacetate (known technically sometimes as *White Cross*, because of the container marking), with rather limited success. More effective were the diverse irritants of the nasal membranes and the throat, known in German as *Blue Cross*, of which the best known are Clark I and Clark II. These had the aim of irritating the enemy's nose, throat and bronchial areas. These substances were used as “mask breakers” (Minkowski 1921; Gradmann 2003, 145). The strong irritation (hefty coughing, tearing eyes, headache, nausea, vomiting, trembling, and vertigo) would, it was rightly hoped, cause the soldiers to tear their gas masks off, thus exposing themselves completely to deadly gases. To this exact end, lung damaging and asphyxiating poison gases (*Green Cross*), such as chlorine, chloropicrin, diphosgene, or phosgene, were used. Their aim was the rapid killing of the enemy. While at first great hopes were placed in relying on blowing chlorine gas towards the enemy, the problem of prevailing winds in the right direction being needed, coupled with local microclimatic oddities, soon forced the military to abandon this

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<sup>3</sup>See also Baumann (2011).

<sup>4</sup>Translated from the German original: “Die Zahl der von beiden Seiten beim Gaskampf verwendeten Stoffe war im Laufe der Zeit eine sehr große geworden. Da die Beschaffenheit der von einer Seite benutzten chemischen Verbindungen vom Gegner sehr bald ermittelt und nachgeahmt wurde, andererseits auf jeder Seite auch Schädigungen durch die eigene Gasmunition nicht selten vorkamen, kann eine Trennung der von den einzelnen Heeren verwendeten Stoffe nicht durchgeführt werden.”

method. It was better to use special gas grenades, in this way shooting the gas, for instance phosgene, at the enemy (Minkowski 1921; Gradmann 2003, 141). Whereas chlorine gas disabled the soldier by means of strong irritation of the mucous membranes, thus the eyes, the nose, the nasopharyngeal zone and the respiratory tract, accompanied by lasting damage to the lung tissue, the hope with phosgene was the rapid dispatch of the enemy by lung oedema. Powerful chest pain, breathlessness, coughing, and bloody sputum were the harbingers of the soldier's death. Multiple organ failure then led to the actual death, either still on the battlefield or, at the latest, in the field hospitals near the front. Under the term Yellow Cross, finally, all those substances were subsumed that cause dermal injury, such as mustard gas and lewisite. In this case, the military goal was to disable the enemy by means of the nearly immediate pain following contact, and the long-lasting injury and extended treatment times. The substances of the Yellow Cross group were also shot at the enemy in grenades, in their oily pure form, or sprayed as aerosols. The expected effect on the body of the soldier consisted in the destruction of the dermal tissue by blistering and the formation of ulcerous areas, or in irreversible blindness in the case of eye contact. In cases of large-scale surface skin contact, or longer-lasting aerosol exposure, such substances could also prove themselves to be rapidly fatal.

It was clear from the start to the German side, and especially after phosgene and Yellow Cross (mustard gas) were ready to be used, that a very difficult situation would arise, should the enemy come into possession, for example, of phosgene, which had been used by the Germans from July 1917. For this case, and in view of the chemical war's intensification through 1918, preparations were made. In January 1918, the medical department of the Ministry of War published a 55-page white paper, entitled "Zur Kenntnis und Therapie der Gasvergiftungen" (On the knowledge and therapy of gas poisoning), which dealt in particular detail with phosgene and mustard gas poisoning. A first addition, published in May 1918, gives an impression of the problems resulting from the escalation of gas warfare, without any mention of enemy use of mustard gas. Apparently there were not enough correspondingly trained medical personnel. This is at least indicated by the instruction to keep such personnel, once trained, at the gas hospital (Eckart 2014, 79–80).

## 2 Perceptions in the Field

Fritz Haber had, at the beginning, relied on blowing chlorine gas out of pressurized bottles. The first mass use of this deadly poison gas was at his suggestion on 22 April 1915. In this case, success was immense, with massive enemy losses, although the exact number is still debated. The French general Henri Mordacq reported in horror on the gas attack near Ypres on 22 April 1915:

On the banks of the canal, only some yellowish wisps of smoke could be recognised, but as we approached, via Boesinghe, some three or four hundred meters closer, we felt a hefty

tingling in our noses and throats, our ears buzzed, it became difficult to breathe; an intolerable stench of chlorine surrounded us. Soon we had to dismount, because the horses, bothered and affected by this, refused to gallop or trot [...] Near the village, the scene that we saw was more than pitiable; it was tragic. Men fleeing everywhere: infantry, Africans, riflemen, Zouaves (light infantry), artillerymen without weapons, deranged, coats off or open wide, neckbands torn off, ran like madmen into the unknown, screaming loudly for water, spitting blood; some rolled around on the ground and tried in vain to breathe. (Hanslian 1934, 44)<sup>5</sup>

In Germany, this success was celebrated as “Day of Ypres,” in analogy to the “Day of Sedan.” But the use of pressurized gas bottles was dependent on the wind, and thus very dangerous for the German troops, too. It was primarily for this reason that the chemist Walter Nernst preferred “gas bombardment” with artillery grenades (Eckart 2014, 80). In February 1916, indeed, for the first time phosgene grenades were fired from the French side, which caused the High Command to finally make new arrangements. In consequence, blowing gas out of pressurized bottles was abandoned, and replaced by bombardment with larger gas containers at shorter ranges, and smaller ones at longer ranges. Now the grenades contained the highly effective substance diphosgene. The grenades, marked in green (Green Cross), were used for the first time on 22 and 23 June near Verdun and caused massive losses on the opposing side (ibid.). Phosgene and especially diphosgene were much more destructive than chlorine gas. Both sides were affected. The physician Alfred Schroth reported in 1917 on such a phosgene gas attack:

All those cases, however, that we lose through death two or three hours after the attack on the position show a sight of the greatest horror. Breathlessness and coughing increase to asphyxiation. The sputum, at first not much and thick, is replaced by a liquid and then foamy expectoration, which slowly is coloured by blood, and finally oozes out of the nose. The appearance of the poisoned victim is wasted, and as a consequence of the lung oedema, death occurs with the victim nearly completely conscious (Brauch 1982, 70).

Simulation of illness after gas attacks became a particular problem for the German prosecution of the war. This is quite in keeping with the hysteria of the army command with regard to an increase in simulants in this area of warfare, since the army command had already been dramatically confronted with this problem in connection with war neuroses (Gaupp 1922, 71).

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<sup>5</sup>Translated from the German original: “Man konnte am Ufer des Kanals nur noch einige gelbliche Rauchschwaden erkennen, als wir uns aber Boesinghe auf drei oder vierhundert Meter genähert hatten, fühlten wir heftiges Prickeln in der Nase und Kehle, in den Ohren sauste es, das Atmen fiel uns schwer; ein unerträglicher Chlorgeruch umgab uns. Wir mußten bald absitzen, da die dadurch belästigten und behinderten Pferde sich weigerten zu galoppieren oder zu traben. »[...] “In der Nähe des Dorfes war das Bild, das sich uns bot, mehr als bedauernswert, es war tragisch. Überall Flüchtende: Landswehrlaute, Afrikaner, Schützen, Zuaven, Artilleristen ohne Waffe, verstört, mit ausgezogenen oder weit geöffneten Röcken, abgenommener Halsbinde liefen wie Wahnsinnige ins Ungewisse, verlangten laut schreiend nach Wasser, spuckten Blut, einige wälzten sich sogar am Boden und versuchten vergeblich, Luft zu schöpfen.”

At the same time, there are indications of disciplinary problems caused by allegedly or actually pretended or faked gas injuries. These were described in analogy to the war neuroses:

When the physician at the front has not himself established gas poisoning or the consequences of being buried by a shell in men who complain of this, and whom he feels himself compelled to send back to the rear, then the wounded slip or the paper must have the annotation 'allegedly'. Instead of the very certain designation 'gas poisoning' or 'nervous shock through burial', which leads in such cases to the patient having a permanent notion of serious illness, it is better to note down 'complaints (sic), allegedly following gas poisoning' or 'nervous complaints, allegedly burial'. Keeping men on the battlefield [...] is [absolutely] necessary.<sup>6</sup>

A directive of the head of field hospitals of November 1917 was renewed, ordering that the "many soldiers reporting alleged gas poisoning, but not showing immediate signs of illness" be kept directly near the front for 24–48 h, which corresponds to the phase of acute danger in the symptoms of phosgene poisoning (ibid.).

With regard to the assumed simulation of mustard gas poisoning there were similar panicky reactions, although somewhat later. In June the High Command pointed out that the "difficulty in immediately recognizing mustard gas poisoning in those affected [...] aided shirking," in that it at least enabled the supposedly poisoned soldier to receive the 24-hour observation time. In the autumn of 1918, additional reports appeared on the simulation of such poisoning, or more exactly its symptoms on the part of soldiers. Thus, in a report from a collecting point for wounded, dated October 1, 1918:

Over the last few days, three cases of self-inflicted injury in the form of acetic acid burns have been established here without any doubt. Cloths soaked in acetic acid are placed on the skin of the lower arms and legs (ankles) and cause characteristic changes of the skin. [...] The sick men claim to have been poisoned by mustard gas.<sup>7</sup>

The War Ministry, on October 4, 1918, pointed out "remarkable cases of self-disfigurement and the simulation of illness," among them the conjunctivitis also typical of mustard gas poisoning, created by rubbing soap in the eyes. Probably this was the reason for the directive of August 1918, later rescinded, "that no instruction about Yellow Cross is to be given for reasons of secrecy to the replacement recruits, only at the field recruit depot." The secrecy, in any case, can hardly have been directed towards the enemy, who at this point already possessed properly structured medical care (Gradmann 2003).

Poison gases displayed specifics in the area of the symptoms caused by them that could indeed awaken the suspicion of a simulation. The pathology of mustard gas poisoning, in particular, was not understood fully by contemporaries, so that the

<sup>6</sup>"I. Nachtrag" zur Dienstvorschrift "Zur Kenntnis und Therapie der Gasvergiftungen," May 1918, 57. In Gradmann (2003, 148).

<sup>7</sup>Bericht der Krankensammelstelle 257 vom 1.10.1918. Bayerisches Hauptstaatsarchiv, Stv. Gen. Kdo., I. AK, San A, 176. In Gradmann (2003, 152).

diagnosis was reduced to the evaluation of external symptoms, such as the skin injuries resembling burns, irritation of the eyes, and disturbances of digestion. These symptoms, however, could be reproduced using hard soap or acetic acid. Additionally, there was the problem that appearances of illness could often take a good 4–6 h to appear, with nothing appearing initially. The believable report of gas poisoning could thus—even without symptoms—attain the usual 24-hour hospital stay for observation. Because mustard gas showed a high degree of persistence, poisoning could occur without any obvious contact—for example through grenade bombardment—and could even remain unnoticed at first. When one considers the enormous fear caused by the idea of a supposed poisoning even without symptoms, distinguishing the real and actual from the simulated in such cases must be problematic, to say the least. The doctors assumed, rightly, that there were many simulators among the supposedly gas poisoned. Those who really had been poisoned “were hard to tell from the others,” as Oskar Minkowski in his *Handbook of Medical Experience in the World War* pointed out. The “others” were “afraid of having inhaled poison gas, or wished only to take the opportunity to leave the battlefield” (Minkowski 1921, 370). The nerve doctor Gaupp identified a frequent source of war neuroses in imaginary or simulated gas poisoning. The enormous effect of fear, especially in the case of mustard gas, made many think that the victim must be suspected of simulation or at least was aggravating, exaggerating, his symptoms. This is clear from a whole series of measures introduced in 1918 in a situation characterized by a general threat to discipline and, at the same time, the growing efficacy of the enemy’s gas warfare. The corresponding regulations or white paper (see above) emphasized the analogy to the problem of the supposed simulation in war neuroses, and advised care in the application of the designation “gas poisoning”:

Instead of the definite term ‘gas poisoning’ or ‘nervous shock through burial’, which embeds itself in such cases in the mind of the patient to become a permanent idea of his sufferings, it is better to say simply ‘complaints supposedly after gas poisoning’ or ‘nervous complaints, allegedly burial’ (ibid.).

In addition, the rule for alleged gas victims was to keep them as near to the front as possible for observation. “Keeping men on the battlefield [...] is [absolutely] necessary,”<sup>8</sup> was the corresponding regulation. A directive from the Ministry of War of August 1918 is also remarkable, stating that “no instruction about Yellow Cross is to be given for reasons of secrecy to the replacement recruits.”<sup>9</sup> Secrecy towards the military enemy, who had over a year’s painful experience to draw on and had long since set up effective medical facilities, was pointless. As reports of the simulation of mustard gas poisoning were already present, the point of secrecy can only have been to keep knowledge of these symptoms from the troops as far as

<sup>8</sup>Letter (classified): Armee-Abteilung des Bayerischen Kriegsministeriums an Generalkommandos der Armeekorps und ausbildende Stellen vom 23.8.1918. In Gradmann (2003, 152).

<sup>9</sup>Letter dated 27.9.1918, KM, chem. Abt, Nr. 3206/9.18 A 10. Bhsta, Stv GenKdo I. AK SanA 135. In Gradmann (2003, 152).



possible. This interpretation is also supported by the attempts made by the chemical department of the Ministry of War to counter “wrong ideas of the effect of mustard gas on the human body” (ibid.), which were circulating at the front, in such a way that one is forced to categorize these attempts as lying between euphemism and disinformation.

### 3 Gas and Psyche

It does not require much imagination to have an idea of the effect of the gas weapons on the psyche of the soldiers. The hoped-for effect of terror did not take long on both sides of the main front to take hold; even when only “enemy” troops were affected, soldiers knew very soon that this could reflect their own fate. The simple soldier thus did not share in the enthusiasm of the experts, the military commanders, and the politicians from the beginning. Probably many soldiers were more horrified than delighted at the new escalation of mass murder at the front, although we have few confirmations of this in the field letters. Thus, the miner F. Tholl, in a letter written from hospital on May 10, 1916, reflected on the consequences of the new kind of warfare:

Hopefully this war of mass murder will soon come to an end. It is said that the English had to carry away their dead by the wagon after a successful German gas attack, losing thousands in one to two hours. What artillery destroys in numbers of men, is supposed to be nothing in comparison. War technology, then, is on the best road to destroying whole armies without spilling a drop of blood, choking them or putting them to sleep. What a humane way to wage war (Ulrich and Ziemann 1994, 95).

It was even worse for soldiers who had survived a gas attack, but had come into contact with some poisonous substance unknown to them, who had then dutifully reported to the doctor, only to hear their superiors suspect them of simulation and threaten them with disciplinary consequences for cowardice, instead of experiencing care and observation. This is pretty much what happened to the infantryman Birzer from the Upper Palatinate (Bavaria), who wrote to his mother, Anna Birzer, on 20 August 1917 from the trenches:

My dearest mother! [...] Last night at 2 o'clock, while I was standing at my post, the English carried out a very strong gas attack, 3 m left of me 3 gas grenades exploded. By the time I had got my gas mask on and had alarmed those below me, I had swallowed a bit of the gas. So I reported to the doctor, because every time they said, if you think you have swallowed some, go see the doctor right away (ibid., 95–96).

But Birzer had not reckoned with his company commander, who not only would not let him see the doctor, but railed at him:

He tore a strip of me like nobody ever has, calling me a coward and a slacker, that's what he called me (ibid.).

The infantryman had observed how eight of his comrades and their company commander had died in the attack, and that otherwise a great many of his surviving comrades were in hospital already. He knew, too, that other soldiers would fall ill with delayed symptoms (“Usually it first comes over you the next day, then you become really ill”). Birzer was in despair: “Dearest mother, I cannot stand it any more, if it were not for you I would take my own life” (ibid., 280). About his company commander Birzer wrote: “Somebody like that should be shot.” Birzer’s letter was read by the field censor. Upon checking the incident, the infantryman’s statements appeared more probable than the accusation of simulation put forward by his company commander, Reserve Lieutenant Münch. Münch was then sentenced by his regimental commander to a day’s house arrest. Birzer was allowed to go to hospital for observation. Not all soldiers shared in his good luck.

The German public took up critical positions to the gas war in a very restrained manner. There were such critics, of course, for example among the pacifistic left. But reports of the special brutality of chemical warfare spread but slowly, even among pacifist circles. Thus, the anarchist and author Erich Mühsam wrote in his diary on 27 April 1915 after reports of the German chlorine gas attack near Ypres:

[...] near Ypres a victory has succeeded [...] with stink bombs. They were at first only used by the Allies, in Germany they were outraged, now the whole world is outraged over Germany. I cannot deny the view that smoking out the trenches with chlorine vapours is no worse than killing the occupants with bullets and grenades. That this war is hardly a chivalrous one, is well known (Mühsam 1915).<sup>10</sup>

In the Reichstag (German parliament) in February 1918 a first critical debate about poison gas took place, after rumors has spread that a large, impending offensive in the West was being planned by the High Command, including a massive poison gas attack. All this had been preceded by the February call (February 8, 1918) by the International Committee of the Red Cross in Geneva to ban poison gas on the battlefield. After having been awarded the only Nobel Peace Prize of the entire war, the ICRC had finally felt morally obligated to condemn the barbaric innovations which had been introduced to warfare by the natural sciences, and to urge all concerned to keep to the Hague Articles of Land Warfare:

Today we wish to raise our voices against a barbarous innovation which science is in the course of perfecting, that is, making it more murderous and more refined in its cruelty. We are speaking of asphyxiant and poisonous gases, the use of which, it seems, is growing to a scale hitherto unsuspected. The Regulations adopted at The Hague respecting the laws and customs of war on land contain the following: “It is especially forbidden to employ poison or poisoned weapons, and to employ arms, projectiles, or material calculated to cause unnecessary suffering.” Asphyxiant or poisonous gases are without any doubt one of the

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<sup>10</sup>Translated from the German original: “[...] bei Ypern ein größerer Sieg gelungen—und zwar mit Stinkbomben. Die wurden zuerst nur von den Alliierten angewandt, da entrüstete man sich in Deutschland, jetzt entrüstet man sich in aller Welt über Deutschland. Ich kann mich der Ansicht nicht verschließen, daß das Ausräuchern der Schützengräben mit Chlordämpfen nicht ärger ist als das Töten der Insassen mit Patronen und Granaten. Daß sich dieser Krieg in keinen ritterlichen Formen abspielt, weiß man ja schon.”

poisons forbidden under the Convention. Medical personnel are all unanimous in testifying to the terrible suffering caused by these gases, which is more harrowing to see than that resulting from the worst of wounds (World War I: the ICRC's appeal against the use of poisonous gases<sup>11</sup>).

To this day, it is difficult to understand why the ICRC was unable to issue such an appeal earlier, especially since, besides the Vatican and various Red Cross organizations in other, neutral countries, the powers involved in the war, too, had reacted quickly and positively. The President of France Raymond Poincaré let the ICRC in Geneva know that the Entente would give up the use of poison gas if the Central Powers would do likewise. The official note from the Entente of May was in the same tones, even mentioning a possible total ban of gas weapons, but placing the blame for their use entirely on the Central Powers. The German reply took a long time and was disappointing. The German Foreign Office informed Geneva on September 12, 1918, diplomatically brief and in fact untruthful, only that Germany had agreed to earlier conventions against the use of poison gas; the enemy alone was responsible for the development and use of poison gas. There was no negotiating possible on this basis. In the Reichstag, however, the initiative of the Red Cross in a debate on the necessity of a "great offensive" to attain a "peace of power" in the West was certainly promptly discussed at the end of February. The only voice against the plan for such an offensive with the massive use of poison gas was that of the Berlin lawyer Oskar Cohn (1869–1934), member of the Reichstag for the USPD. It might well be, said Cohn, that the enemy could not withstand such an offensive, but then, he said—looking at the political representatives of the inner truce in the Reichstag—one "would freeze in this house from the hate of all mankind".<sup>12</sup> Cohn received support only from the rows of the USPD. It was a scandal that the German public, for reasons of censorship, knew nothing of the initiative of the Red Cross, although the international newspapers were full of it; in this manner, one would simply run directly into "the most horrible thing to happen in this war [...], into the gas offensive in the West."<sup>13</sup> Gustav Stresemann, of the National Liberals, repudiated Cohn's references to the Red Cross vehemently. "In all of this," one could only see the "malicious repression of everything that Germany does" (ibid.), the attempt to "discredit our own Fatherland in the world out there," so as not to see "any wounds" in the others:

You speak of how mankind trembles before the means with which we intend to prosecute the offensive in the West. Do you not know, then, how many thousands and thousands of German soldiers have been killed by the poison gas attacks of the enemy? [...] When you speak of us having to freeze in the hate of the world, which would turn against us after this war, well—you are encouraging that hate by attacking Germany!<sup>14</sup>

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<sup>11</sup>See <https://www.icrc.org/eng/resources/documents/statement/57jnqh.htm>.

<sup>12</sup>Stenogr. Berichte d. Reichstags, 131. Sess., 22.2.1918; Bd. 311, p. 4084A.

<sup>13</sup>Stenogr. Berichte d. Reichstags, 131. Sess., 22.2.1918; Bd. 311, p. 4085A.

<sup>14</sup>Stenogr. Berichte d. Reichstags, 131. Sess., 22.2.1918; Bd. 311, p. 4088B.

At least Philipp Scheidemann (1865–1939) at the end of February 1918 for the SPD, like Cohn, again critically pointed to the press censorship, which simply prevented the public from being informed about such “great-hearted suggestions” such as that of the Red Cross—never mind allowing said public a voice. Probably the Reich Government had already sent a response to Geneva which did not reflect the general opinion in the matter, commented Hugo Haase (1863–1919) for the USPD:

What would it have cost the German Government to respond to this suggestion by saying: Yes, we are prepared to do so, if the others also pledge themselves to do so? But no! They could not wait to see whether the others wanted this too, but right from the start they reserved this means, any means for themselves. We are not surprised; we have heard, often enough, that all means were justified in this war, if they only lead to victory, no matter how cruel such means are.<sup>15</sup>

The MP was wrong in this case: Berlin had not yet responded and was clearly not prepared to before the planned offensive in the West.

#### **4 Weimar to the Nazi Period—the Need of the Traumatized**

During the Weimar Republic, war trauma was basically recognized as damage incurred during military service. De facto, however, there were pension cuts and the withdrawal of state benefits in so-called “doubtful cases” already in the 1920s and early 1930s. The evidence is the exemplary pension statistics of the official pension offices in each town. Nils Löffelbein has examined this for Munich and shows that in the city of Munich and the surrounding country area alone (München-Land), some 66.4% of the benefits applications based on psychological trauma were refused from the start (Löffelbein 2013). Among these, without any doubt, were numerous soldiers whose alleged gas injuries or psychotrauma were not interpreted as real damage caused by the war, but attributed to a greedy and fraudulent attempt to obtain a pension on the basis of simulation, simulation which was insinuated and presumed. There were, in addition, general problems in providing benefits and pensions in the First German Republic.

If the Weimar democracy found itself in an emergency condition after the Reichstag elections of 1930, the year 1932 made the social catastrophe even worse. The Great Depression was worse than could have been imagined; mass unemployment and the fall into poverty took on unimaginable dimensions. The cuts in the state benefits for veterans reached a new high in the summer of 1932 with the third emergency directive released by the Papen government. Hindenburg’s objections, too, who wrote to the Reich Chancellor expressing the deepest misgivings about the cuts in the veterans’ pensions, or at least advocated some relief

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<sup>15</sup>Stenogr. Berichte d. Reichstags, 135. Sess., 27.2.1918; Bd. 311, p. 4213B.

from the hardships, remained without effect. The directive came, and it gave new impetus to the feelings of revolt among the wounded veterans and their relatives.

The Nazi propaganda after 1933 was correspondingly careful to distinguish between war-wounded, disabled veterans, to whom the nation was forever grateful, and who were potentially able to place their remaining strength at the disposal of the national community, and useless “ballast existences”, unable to work. The wounded of the First World War were at the top of the Nazi scale of social value, celebrated as “honorary citizens of the nation” before all other groups of the handicapped. But only physically wounded soldiers were regarded as worthy of benefits, who, in the words of Reich Health Leader Leonardo Conti, were to be classified as “highly valuable people accused of war” (Löffelbein 2013, 329). Mentally ill veterans, on the other hand, were vilified as “simulants,” “hunters after pensions”, “unclean elements” (*Volksschädlinge*), who damaged the reputations of the true victims of the war in public (ibid., 238–239). Soon after the National Socialist “takeover” (*Machtergreifung*), mentally ill veterans (ca. 16,000 between 1934 and 1938) were deprived of all pensions (Neuner 2011, 198). Not only that a great number of them were sterilized, some of them became also victims of the so-called “euthanasia” and were killed between 1939 and 1945 (ibid., 315–324). We don't know how many of those mentally ill (most of them patients with “war neurosis”) had been traumatized by gas attacks. However, it must have been a considerable number because gas attacks rated high among the causes of “war neurosis.”

In order to answer the rather obvious question as to why, then, since the war there had been several thousand mentally ill front-line soldiers, an ideological maneuver was thought up, the construction of a direct connection between traumatization and the Weimar “system period” of 1918 until 1933. The war, according to this, was not the cause of the mental suffering of the veterans. Rather it was the Weimar welfare system, which had supposedly produced large numbers of pension neuroses, anti-social and psychopathic elements. “Anti-social” behavior was supposedly directly furthered by the climate of the Weimar welfare state.

## 5 Summary

The most depressing aspect, probably, of the technical and industrial modernity of the Great War was chemical warfare, which particularly reveals the interlinkage of medical and military technology. Seen from the military aspect, the use of poison gas was not very effective and by no means decisive for ending the war. Seen, on the other hand, from the psychological and humanitarian point of view, it was a disaster for the soldiers' minds and bodies wherever it was put to use. The fear of “gas” was paralyzing, and the wounds caused by most of the poisonous substances were terrible. Chemical warfare must be looked upon as the first failure of science and technology in the twentieth century. Scientists completely submitted themselves to the murderous necessities of war and not only provided their knowledge

but participated totally in the perfidious creativity of mass murder on the battlefields. The paper outlines this subjugation of science to the military and then changes its perspective to the soldiers' perception of chemical war on the battlefield and after the war, which was shaped by dread and long-lasting traumatization. The paper's last part describes the political and psychic stigmatization of the mentally traumatized in Germany. Many of them had been physically wounded and mentally shocked by poison gas. Whereas to the war-wounded and disabled veterans the nation was forever grateful, the mentally ill were stigmatized, sterilized, and some of them even murdered. Thus, WWI chemical warfare continued its terrible destruction long after the armistice on the battlefields.

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