



COMBATANTS

Army Medical Services

Between humanism and the fighting experience

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ABSTRACT

The army medical service is at the heart of the fighting experience. Its members are unparalleled witnesses of the many physical and psychological wounds suffered by combatants. This service occupies a unique place in the logic of war, as it attempts to provide treatment in a context of extreme violence. With the urgency of its care and the repetitiveness of its treatments, war represents a formidable laboratory of medical innovation for saving lives.



Photograph of members of the field ambulance organized by Dr. Cresson to help Russian soldiers in the German theatre, 1916.



In Europe, the first reflections on army medical services stretch back to the sixteenth century. The medical and

surgical advances of certain humanists, such as Andreas Vesalius (1514-1564), appeared at the same time as questions surrounding the fate of the war-wounded which were being raised by both states and doctors, such as Ambroise Paré (c. 1510-1590). In France, genuine impetus was provided during the reign of Louis XIV, who wanted to give structure to the care provided to the war-wounded, notably through an edict in 1708. This question, which for a long time was the monopoly of the state, later took on an inter- and transnational dimension during the nineteenth century, with the appearance of organizations such as the Red Cross (1859) and the signing of the Geneva Conventions (1864-2005). Although the members of medical services were engaged body and soul in the fray, they play a particular role among troops in that the objective of these men and women—doctors, surgeons, and nurses—is to save the lives that war attempts to destroy. The experience of the medical service is nonetheless a fighting experience, as its personnel serve as unique witnesses of conflicts, sharing the daily life of combatants, and tending to both their bodies and their souls.

Treating on all fronts

At the front, the medical service has to coordinate treatment from mobile hospital structures. Their assignments consist of evacuating the wounded from the battlefield, assessing their wounds, operating on them, and then providing post-operative monitoring. The nineteenth century represents a real turning-point in the history of these services. Despite calls for voluntary service, notably among women, the low number of medical staff—coupled with increased damage and the consequences of technological war—limited the effectiveness of army medical services. For example, after witnessing the abandonment of thousands of wounded during the battle of Solferino (June 24, 1859), the Swiss man Henri Dunant created the Red Cross—known since 1919 as The International Red Cross and Red Crescent Movement—whose activities have increased exponentially in twentieth and twenty-first century conflicts.

Behind the front, army medical services also expanded through the creation of permanent hospital organizations that specialised in care for those wounded or traumatized by war. Some establishments emphasized the nation's recognition for soldiers wounded in the name of the homeland; this was the case with the Val-de-Grâce abbey founded in 1621 by Anne of Austria, which later became the Hôpital d'instruction aux Armées under the Revolution (1793-2016), or the Hôtel des Invalides founded by Louis XIV. However, other establishments attempted to hide the ravages of war, like the psychiatric hospitals that developed from the Great War onwards.

Healing all ills and all men

In addition to providing physical treatment, medical services fully participated in maintaining "troop morale." The everyday life of soldiers, which was traumatizing in its violence, was also marked by great boredom resulting from the absence of combat and homesickness, along with a loss of bearings and very difficult living conditions. These "trivial" ills left their mark on life both during wartime and postwar periods. They also account for the after-effects that conflicts leave on generations of young conscripts, who are scarred for life by their experience of combat. The surgeon of the Grande Armée, Larrey, was the first to theorize these phenomena under the term "nostalgia," which could spread like an epidemic and hurt troop cohesion; it quickly became a reason for discharge, with all medical services following Larrey's advice. In addition, Larrey saw a clear link between this and the effectiveness of operations, as "nostalgia" took away the desire to live, and with it any possibility of recovery. This concept was often reactivated during the two world wars, as in the case of the "creole battalion," which was made up of overseas soldiers from the West Indies and Réunion Island. As its regiments and troop morale were decimated, the battalion was moved in the winter of 1915 to the south of France, and then to North Africa. Many of its members nevertheless died in Tunisia and the Maghreb in early 1916, victims of the separation from their homeland.

Finally, although they participated indirectly in combat and were committed to one of the sides, army medical services remained bound by the Hippocratic Oath with respect to the enemy, whom the ideal of humanity obliged

them to treat. This moral dimension of war was taken up by various Geneva Conventions, such as the one from 1929, which paid special attention to the fate reserved for prisoners of war.

A unique place in the history of medicine

The men and women of the medical services acted first and foremost as medical staff. Yet on first sight, the reality of the front appears unfavourable to the optimal exercise of medical activity, notably with regard to hygiene. Medical services shared the everyday life of combatants, and like them were subject to “the misfortune of war,” experiencing the same difficulties and deprivation. Yet medical services regularly benefited from progress and discoveries from civilian medicine. The Englishwoman Florence Nightingale, a volunteer nurse during the Crimean War, made the hygiene of military hospitals an absolute priority, notably by establishing laundry services in places of treatment.

Finally, military medicine, far from simply being palliative, also used war as a genuine experimental laboratory. Even more than civilian medicine, it had to contend with the urgency of situations and the seriousness of wounds. For example, during the First World War, medical services were genuinely challenged by the daily arrival of gassed, mutilated, and disfigured combatants. The cases requiring the greatest urgency were known as “broken faces”; lack of time and means thus became a driver for war surgery, which had to innovate and react without delay. In fact, the discoveries and trials made during wartime were often taken up in the civilian world afterwards, as was the case for maxillofacial surgery.

During the twentieth century, army medical services continued to distinguish themselves through the medical and psychological progress they made possible, using the most painful conflicts as laboratories. The specificity of an “army that treats” should thus be emphasized, to echo the title of an exhibition held at the museum of the Service de santé aux armées of the Val-de-Grâce (2014-2016), a sign of the current memorialization of this highly specific form of medicine.

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