*Social History of Medicine* Vol. 20, No. 2 pp. 333–350

# Gendered Dis/ability: Perspectives from the Treatment of Psychiatric Casualties in Russia's Early Twentieth-Century Wars

Laura L. Phillips*

**Summary.** The historiography on disability and gender in the West suggests an association between 'masculine' ability and 'feminine' disability. In contrast, Russia's early twentieth-century literature on the treatment of mentally-ill soldiers reveals a broader range of choices in ascriptions of gender and dis/ability. While conceptions of 'masculine' ability and 'feminine' disability existed in Russia, these two permutations of gender and dis/ability were neither strictly opposed in professional medical literature, nor were they the only available options. Physicians and patients most intimately associated with psychiatric casualties in Russia's wars also considered certain individuals to be masculine and *dis*abled, as well as feminine and able. This article discusses and interprets these issues and concludes by exploring some of the possible political and cultural reasons why understandings of gender and disability proved more flexible in Russia than in the West.

**Keywords:** disability; gender; masculinity; mental illness; Post-Traumatic Stress Disorder; psychiatry; Russia; Russo-Japanese War; shell shock; First World War

In one of his final speeches, George L. Mosse declared that early twentieth-century war was 'the supreme test of manliness, and those [men] who were the victims of shell-shock had failed this test'.[1] During the First World War, when psychiatric casualties first prominently entered European consciousness, the symptoms of what the British then popularly called 'shell shock'—and what the American Psychological Association now terms 'post-traumatic stress disorder'—were somewhat baffling in the still emerging field of psychiatry. Patients' myriad physical symptoms included paralysis, quaking, deafness, muteness, and amnesia, among other signs. They exhibited hysterics, depression, and fear, often in the absence of any evident physical injury. The comportment of shell-shock patients, Mosse concluded, was ultimately at odds with normative masculine behaviour in the West, where a warrior ideal celebrated men who bravely retained control of their feelings, and who did not become debilitated by fear, terror, or other emotions, even in the face of battle.[2]

More recent historical research extends Mosse's argument by suggesting that the social emasculation of shell-shock patients was intertwined with Western understandings of disability. As David A. Gerber observes, male veterans were 'potentially feminized' or at risk of 'compromised masculinity' when injured, ill, or disabled. Twentieth-century

* Department of History, Eastern Washington University, 200 Patterson Hall, Cheney, WA 99004, USA. E-mail: lphillips@ewu.edu

[1] Mosse 2000, p. 104.

[2] This masculine ideal has been most prominently articulated by Mosse 1990 and 1996. See also Gerber 2000, p. 5.

 DOI 10.1093/sochis/hkm035
Advance Access published 7 July 2007

states, he maintains, feminise the disabled veteran 'by rendering him passive and dependent'.[3] Although Rosemarie Garland-Thomson's research into disability is not concerned with veterans *per se*, she more generally asserts that 'Western thought has long conflated femaleness and disability, understanding both as defective departures from a valued [masculine, able-bodied] standard'. Other prominent scholars in gender and disability studies, including Bonnie G. Smith and Douglas C. Baynton, concur that associations between disability and the feminine are common.[4] In the emerging field of disability history, the juxtaposition of 'feminine' disability with an able-bodied 'masculine' norm is a recurrent theme, albeit often more implicit than the self-conscious typology presented here.

While an association between masculine-ability and feminine-disability may apply to the history of the West, early twentieth-century Russia's medical literature on the psychiatric casualties of war defies this simple binary. In contrast to what Mosse observed for Europe, physicians and patients in Russia often *preserved* the masculinity of mentally-ill soldiers. Russian men recognised that the ability to enact certain aspects of manhood might become crippled by the requirements of military service, but they often saw war as more abnormal than patients themselves. Although psychiatric casualties might be perceived as inappropriately 'feminine' in certain circumstances, the intersection of gender and dis/ability was always contextual. Indeed, of four possible theoretical groupings—masculine–able, masculine–disabled, feminine–disabled, and feminine–able—Russian psychiatric patients examined here embodied each of the first three; nurses and, more rarely, certain other women at the front best represented the fourth. The Russian encounter with the treatment of soldiers' mental illnesses thus suggests important limits to conceptually opposing 'masculine' ability with 'feminine' disability.

## 'Shell Shock' in Russia and the West

A brief synopsis of Russia's place in the broader history of 'shell-shock' treatment provides background for understanding this disjunction of gender and ability.[5] While it was the First World War that first brought mental illnesses among soldiers within the purview of European medicine, Russian physicians had exhibited analogous concern about recruits' nervous and psychological disorders a decade earlier, during the Russo-Japanese War (1904–5). Indeed, the contemporary American physician, Captain R. L. Richards, approvingly observed that the Russo-Japanese War was the 'first time . . . mental diseases were separately cared for by specialists from the firing line back to the home country'.[6] Russian physicians therefore had the dubious privilege of treating psychiatric patients in

[3]Gerber 2000, p. 9; Gerber 2003, p. 901.

[4]Garland-Thomson in Smith and Hutchison (eds) 2004, p. 78; Smith in Smith and Hutchinson (eds) 2004, p. 4; Baynton 2001, p. 33. See also Kudlick in Longmore and Umansky (eds) 2001.

[5]Key secondary works on shell shock in the West include Babbington 1997, Bourke 1996, Lerner 2003, Shephard 2001, and Stone 1985. See also the special thematic issues of the *Journal of Contemporary History* of January 2000 and April 2004. On Russia, Wanke 2005 ably surveys the organisation and treatment of psychiatric casualties, with particular concentration on the Second World War. Gabriel 1986 is severely hampered by the absence of Russian language sources. Merridale 2000 concentrates on the later Soviet period. None of these earlier investigations analyses what psychiatric casualties reveal about understandings of gender roles or disability.

[6]Richards 1910, p. 177.

two major wars at century's turn—an important distinction because the medical community at large questioned whether a profusion of psychiatric cases was attributable to the peculiarities of modern, industrial war. The experience Russian physicians gained in the conflict with Japan offered them a unique perspective when engaged in the subsequent World War.

Notwithstanding their precocious and intense encounter with psychiatric patients in modern war, Russian physicians, like their counterparts in the West, were uncertain and divided about how to correctly diagnose the mental 'derangement' that sidelined recruits. Physicians undoubtedly expected that veterans would leave war physically disabled: after all, as historians Gerber and Joanna Bourke remind us, physical disability is in many ways 'the point' of war.[7] But medical practitioners did not anticipate the plethora of nervous and psychiatric cases they faced in early twentieth-century wars, nor did they achieve any consensus about how to differentiate such illnesses. Even for psychiatric specialists, whose numbers were limited, the task of pinpointing the particular illness that plagued any individual patient was replete with the potential for misdiagnosis and inconsistent labelling. As Paul Wanke similarly notes in his recent examination of Russian military psychiatry, physicians in Russia employed a wide range of terms to describe a variety of nervous and mental conditions affecting recruits. Even at the time, Russian physicians themselves realised that soldiers with similar symptoms might be classified differently, that a single disease produced variable symptoms, specific diagnoses varied according to the examining physician and over time, and that statistics on the prevalence and types of illnesses suffered by troops were highly problematic.[8] They prolifically disagreed about whether or not they were seeing a new disease specifically associated with modern war, or merely manifestations of previously known illnesses.[9] But such uncertainties were by no means limited to Russia. Historians of 'shell shock' in the West have noted similar 'diagnostic confusion' that physicians encountered in treating mentally-ill soldiers in Britain, Germany and France.[10]

For early twentieth-century physicians, understanding the aetiology of soldiers' distress was as problematic as establishing correct diagnosis. Whether in Western Europe or in Russia itself, most early twentieth-century medical specialists initially hypothesised that veterans exhibiting bizarre symptoms had sustained concussive physical injuries to the nervous system, caused by modern heavy artillery. As the field of psychology developed, and as doctors' experience of treating the victims of industrial wars progressed, more physicians came to believe that emotional, psychological factors contributed to soldiers' illnesses. In this respect, the situation in Russia paralleled that in the West. Throughout

[7]Gerber 2000, p. 4. See also Bourke 1996, p. 31.

[8]For example, *Voenno-meditsinskii zhurnal*, September–December 1906, p. 265; *Sovremennaia psikhiatriia*, July–August 1914, pp. 835–6; *Psikhiatricheskaia gazeta*,15 March 1915, p. 87; *Russkii vrach*, 1915, no. 34, p. 799; and *Russkii vrach*,1915, no. 40, p. 938. Readers seeking additional perspective on the incidence and types of mental illnesses suffered in Russia may consult Wanke 2005, especially pp. 2, 18, 21, 34, and footnote 1 on p. 116. Throughout his study, Wanke employs the term 'neuropsychiatric casualty' to refer to patients who suffered psychically from war. While I have no quibble with his terminology, I adopt the shorter 'psychiatric casualty' or 'mentally-ill' patient.

[9]Preobrazhenskii 1917 summarises the contemporary scholarship on this question.

[10]Stone 1985, p. 249; Shephard 2001, p. 97; Lerner 2003, p. 61.

the early twentieth century, Russian physicians might judge patients with similar symptoms to be suffering either from a purely physical, neurological disorder, or from a malady that was psychological in origin. While the trend in the first two decades of the century was toward greater recognition of psychological explanations for mental disorder, this remained a period of flux, and physiological theories did not completely disappear. In a 1915 article, for example, Dr A. V. Gerver, one of the most prolific physicians writing about psychiatric casualties in Russian medical journals, explained that 'strongly experienced emotions' had joined physical injury as a possible explanation for soldiers' neuroses, but that the causes of disease were 'still unclear', even in the most recent medical literature.[11] In attempting to understand the origins of mental illness, then, Russian physicians shared a common trajectory with their Western counterparts. The main way in which Russian understandings of aetiology differed was in the significance that Russian doctors attributed to alcoholism. Dr A. I. Ozeretskii, for example, estimated that of the officers treated for psychiatric illnesses at the Moscow Military Hospital during the Russo-Japanese War, 64 per cent of those serving in the rear, and 25 per cent of active forces, had disorders that were attributable to alcoholism. By all accounts, alcoholic psychosis played a greatly reduced role by the First World War, however, if only because the tsarist government had initiated a policy of prohibition along with military mobilisation in 1914.[12] And even though Russian physicians believed their patients' difficulties originated in alcoholism, emotional distress or neurological damage, they observed common types of symptoms. Their interpretation of particular indicators, especially men's fear, depression and crying, becomes central to understanding how doctor–patient conceptions of gender and dis/ability interacted in Russia.

## Masculine Ability: Fear Not?

In current historiography, the ideal male warrior in the West bravely retained control of his feelings, his ability to face battle uncompromised by fear. That this model of masculine behaviour was also present in Russian culture is evident from Colonel K. Druzhinin's 1910 study into the mental state of combatants who participated in the Russo-Japanese War. Druzhinin, a General Staff member who claimed never to have felt fear himself, opined that an officer needed to be cool, calm and composed.[13] As a high-ranking military officer, Druzhinin probably was not alone in his preferences, and Jan Plamper's current research into fear within Russian military culture promises more fully to establish how the military hierarchy attempted to suppress fear among soldiers.[14] A far different attitude toward men's fear is nevertheless revealed in early twentieth-century Russian

[11] *Russkii vrach*, 1915, no. 40, pp. 939–40.

[12] For Ozeretskii's estimate, see *Voenno-meditsinskii zhurnal*, September 1905, pp. 574–6. On the other hand, Dr E. S. Borishpol'skii estimated that one-third, 'if not more', of mentally-ill patients who served during the Russo-Japanese war were 'alcoholics'. See Borishpol'skii 1910, p. 69. A. V. Gerver similarly maintained that alcoholic psychosis accounted for one-third of all mental illness in the Russo-Japanese war, but added that in the First World War he had not seen the disease 'once'. *Russkii vrach*, 1915, no. 36, p. 843.

[13] Druzhinin 1910, pp. 67–8, 14, 10.

[14] Plamper 2004. Although not explored in depth, tensions between the views of the military hierarchy and military physicians are noted in Wanke 2005, pp. 15–16, 40.

medical literature. Neither doctors, nor patients themselves, shared Druzhinin's mental outlook: instead, they affirmed the normalcy of fear in war.

Shortly after the Russo-Japanese War, Dr M. O. Shaikevich published a study in which he outlined reasons for the onset of mental illness, as recalled by patients themselves. In their own attempts to identify the source of their distress, just over 18 per cent of Shaikevich's patients cited either 'terror' or 'fright' [*uzhas* or *ispug*].[15] That fear was important to patients' understandings of their difficulties is also suggested by Dr V. K. Khoroshko's work. In 1916, Khoroshko explained that many of the patients he treated could not remember in specific detail the moment their difficulties began, but that they generally did remember that it was a 'terrifying' [*strashno*] moment. Of those who could recall concrete circumstances leading to onset of disease, one reported becoming 'frightened' [*ispugalsia*] in battle, another that the combat was 'terrible' [*strashno*]. A third patient remembered feeling 'strong fear' [*sil'nyi strakh*] and thinking that Jews were wringing his hands; a fourth had been 'greatly frightened' [*sil'no ispugalsia*] in seeing and hearing the attack on Brest-Litovsk, even though he was not near the battle when it began. According to Khoroshko, six out of 20 patients recalled that a feeling of 'strong fear' [*sil'nago strakha*] had initiated illness.[16] Druzhinin's ideal combatant aside, for many Russian men in the midst of war, fear was a difficult emotion to avoid.

While references to the terror that soldiers confronted are abundant in medical literature on the psychiatric casualties of war, the significance that doctors and patients attached to fearful experiences is more difficult to establish.[17] A pair of studies by Drs Shumkov and Gerver are nevertheless particularly revealing of how fear among psychiatric patients was understood. In lengthy case-histories that liberally incorporated his patients' own words, Shumkov outlined the fearful reactions of several men whom he treated during the Russo-Japanese War. One of these patients, a military doctor himself, trembled and yelled 'Run!' during an artillery attack, even though he consciously realised his actions would be bad for 'the spirit of the troops'. 'Dr Sh.' later became even more 'suspicious and timid', repeatedly pestered the guard on duty about the security of the station, and slept in his clothes to facilitate rapid escape. But rather than seriously question his manliness or ability, Sh. preserved them. He admittedly worried about what people might say about a military doctor being 'afraid' [*pugaetsia*], but Sh. intimated that his anxious response was ultimately forgivable: his symptoms began to appear after an artillery shell had exploded nearby. According to Sh., the impression the unexpected blast made 'on all of us' was 'stupefying' [*oshelomliaiushchee*].[18] Since Sh. was only somewhat more stupefied by the explosion than others had been, his personal qualities were much less in doubt. Where panic was general, an individual's masculinity and ability could not easily be challenged. Despite his alarm, then, Sh. presented himself as an able recruit—or at least as able as anyone could reasonably expect.

[15] *Voenno-meditsinskii zhurnal*, May–August 1907, pp. 459–60.

[16] *Psikhiatricheskaia gazeta*, 1 January 1916, pp. 5–6.

[17] Examples are contained in *Voenno-meditsinskii zhurnal*, September 1905, pp. 577–8; *Zhurnal nevropatologii i psikhiatrii imeni S. S. Korsakova* [henceforth *ZhNP*], 1906, no. 6, p. 1192; *Obozrienie psikhiatrii nevrologii i éksperimental'noi psikhiologii*, October 1906, p. 686; *Psikhiatricheskaia gazeta*, 15 August 1915, p. 261; and *Sovremennaia psikhiatriia*, March 1915, pp. 103–4.

[18] *ZhNP*, 1906, no. 6, p. 1182.

Men's fearful reactions to war were explored more explicitly and at greater length in a series of articles penned by Gerver, who served as the doctor for a Russian army division at the front during the First World War. As previously mentioned, Gerver did not ignore the physiological explanations for mental illness among troops, but he was especially attuned to the emotional impact of war. Indeed, probably because of his own greater proximity to the front, Gerver took more pains to paint a detailed, tangible picture of the horror of modern war than did any other medical specialist treating Russia's psychiatric casualties in the early twentieth century. The intentionally repulsive details of Gerver's descriptions of the First World War—an effort, it seems, to educate physicians who treated psychiatric casualties but who were typically shielded from the front-line itself—certainly makes it difficult to imagine him ever mimicking Druzhinin's assertion that he never felt fear. Terrified patients who encountered Gerver undoubtedly found themselves facing an unusually sympathetic physician.

By reputation, Gerver knew patient 'P. R.' was once 'courageous in battle', 'healthy' and 'one of the best soldiers in the company'. For eight months, P. R. had experienced 'no terror' in battle. When Gerver examined him, however, P. R. confessed to 'internal fears' [*vnutrennykh strakh*] that prevented him from concentrating. He had visions of dead comrades, imagined gunfire and artillery, and appeared confused. He looked around, sighed and cried inexplicably. Another patient, Ia. B., complained of melancholy and fright. He believed that both Germans and Russians pursued him, was especially troubled at night, and begged the doctor to 'save' him.[19] According to Gerver, many of his patients complained of 'constant terror' [*postoianago strakha*] and their sleep was frequently disturbed by nightmares about battle.[20] Gerver repeatedly attributed men's 'constant anxious feeling of expectation' to their life in the trenches. This 'anxious expectation', he said, had a huge effect on the psyche of the troops—it was potentially even more exhausting than the battle itself.[21]

Gerver believed artillery fire to be equally important in the production of fear. If a shell exploded nearby, he reported the noise '*can't* not have an effect on a person's nervous system'. The sound of artillery during battle inevitably produced 'a strong affect of fear', which was further amplified by the 'constant horror of death'.[22] Although he did suggest that 'nervous' people were more strongly affected, Gerver plainly sympathised with men's fearful reactions to war's 'aural phenomena'. He presented fright as a normal, understandable response to modern war, and not an indication that a patient had failed a test of manhood or become inappropriately disabled by his emotions. When Gerver examined Ia. B., for example, he found no significant 'deviations from

[19] *Russkii vrach*, 1915, no. 40, pp. 940–1, 798.

[20] *Russkii vrach*, 1915, no. 34, pp. 797, 800; *Russkii vrach*, 1915, no. 41, p. 969. Avtokratov similarly noted that symptoms of neurasthenic psychosis included nightmares in *Obozrienie psikhiatrii nevrologii i éksperimental'noi psikhiologii*, October 1906, p. 686.

[21] *Russkii vrach*, 1915, no. 34, pp. 797–8; *Russkii vrach*, 1915, no. 35, p. 819.

[22] *Russkii vrach*, 1915, no. 40, p. 938. My emphasis. Gerver makes similar comments in *Psikhiatricheskaia gazeta*, 1 May 1916, p. 159; and *Russkii vrach*, 1915, no. 5, p. 818. Many other observers also commented on the emotional impact of artillery fire. Examples include Baumgarten 1906, p. 307; McCallagh 1906, p. 66; McCully 1977, p. 33; *Voenno-meditsinskii zhurnal*, January–April 1907, p. 115; *Russkii vrach*, 1915, no. 19, p. 441; and *Psikhiatricheskaia gazeta*, 15 March 1915, p. 87.

the norm' in the patient's internal organs and the patient's senses to be 'in order'. Rather than faulting his patients, Gerver asserted that it was the war itself that was 'unnatural', and life in the trenches was 'absolutely unnatural'.[23] In Gerver's view, his patients were not abnormal. Instead, ordinary men had been put in an abnormal situation.

Numerous other physicians seconded Gerver's opinion. According to Dr L. F. Iakubovich, 'everyone' knew that even seasoned soldiers '*could* not remain quietly in [their] places' during artillery attacks. Artillery fire 'always' produced confusion, and 'not infrequently panic', as people ran 'from terror', he asserted.[24] As Shaikevich put it, men who saw battle 'naturally' experienced 'trauma, deprivation, complaints of melancholy, bodily illness, horrors, [and] fears'. Dr O. B. Fel'tsman affirmed that 'almost all patients' experienced fear in war; he denied that 'panic' was characteristic of 'cowards alone'.[25] In Dr S. D. Vladichko's words, the conditions of modern war exceeded the 'physical, moral and psychical power of the average person'. Indeed, Vladichko went further than most physicians when he suggested that an *absence* of fear in war could itself be 'pathological'. Without 'reasoned, logical thought', brave soldiers sometimes 'perished aimlessly', he argued.[26]

Russian physicians who treated psychiatric casualties respected war's ability to induce fear in normal men. Thus, when Shumkov's patient proposed that his fearful reaction to artillery fire was reasonable, he had support in other quarters. Indeed, Shumkov himself suggested that many patients with a reputation for cowardice in war would be considered 'healthy' in 'ordinary' circumstances, and his assessment of Sh.'s particular case, though terse, suggests his patient's health was fundamentally sound. After being transferred to work in a hospital in the rear, Sh. carried out his duties 'accurately and attentively'.[27] For patients and physicians alike, men who responded fearfully to war were less abnormal than the conditions they endured. Psychiatric casualties of war were not inherently emasculated or invalided by fear—they were simply frightened men.

## Masculine Disability: Depression and Men's Duties

In the midst of war, depression was no less common than fear, and the high incidence of depressive illness among men serving in the Russo-Japanese War and the First World War was widely cited in early twentieth-century Russian medical literature.[28] Then as now, depressive illness and a depressed mood were not entirely synonymous, but in 1905

[23] *Russkii vrach*, 1915, no. 34, pp. 798, 800.

[24] *ZhNP*, 1907, no. 5, p. 841. My emphasis.

[25] *ZhNP*, 1914, no. 4, p. 543. Physicians also noted 'abnormal conditions' regarding the evacuation and treatment of the mentally ill.

[26] *Voenno-meditsinskii zhurnal*, September–December 1907, pp. 92–3; *Voenno-meditsinskii zhurnal*, January–April 1907, pp. 110, 321.

[27] *ZhNP*, 1906, no. 6, pp. 1180, 1184.

[28] Examples of such general observations may be found in *Russkii vrach*, 1907, no. 26, pp. 908–9; *ZhNP*, 1907, nos. 2–3, p. 389; *Sovremennaia psikhiatriia*, July–August 1914, p. 835; *Psikhiatricheskaia gazeta*, 1 March 1915, pp. 70–1; *Psikhiatricheskaia gazeta*, 1 January 1916, p. 8; *Psikhiatricheskaia gazeta*, 1 June 1916, p. 218; and *Otchet sostoiavshei pri osobom komitete Eia Imperatorskago Vysochestva Velikoi Kniagini Elizavety Feodorovny Ispolnitel'noi komissii po bezplatnomu razmeshcheniiu bol'nykh i ranenykh voinov évakuirovannykh s dal'nago vostoka v Russko-Iaponskuiu voinu. 14 iunia 1904 goda—1 aprel'ia 1906 goda* [henceforth *Otchet*], 1907, p. 367.

Dr S. A. Sukhanov presented a widely cited, four-tiered typology of soldiers' depressive illnesses, including three forms in which despondent emotional states were key. According to Sukhanov, patients with 'amentia-melancholic syndrome' were typically melancholic, anxious about 'impeding death', and revealed fright and dismay in their facial expression. In 'stupor-depressive syndrome', the patient's face was 'sad', a feeling revealed especially in the eyes; even after the patient's confused daze lifted, signs of emotional depression remained in this, one of the longest lasting psychoses. Patients with the 'paranoid-depressive' form of mental illness exhibited a depressed mood, a lack of interest in things around them, and nonsensical, unsystematic ideas that others intended to harm them.[29] After the conclusion of the Russo-Japanese War, a second physician, Iakubovich, offered his own categorisation of soldiers' depressive illnesses; at the same time, he cautioned his peers that the incidence of depression among mentally-ill soldiers was greater than it was among mentally-ill patients from the population at large. According to Iakubovich, depression was present in approximately half of peacetime psychoses, but among Russian soldiers 'depression dominated everywhere'.[30]

Although other medical specialists treating psychiatric casualties in Russia's early twentieth-century wars did not present the systematic taxonomies of depression that Sukhanov and Iakubovich did, many observed a large contingent of 'melancholic', 'depressed' or otherwise gloomy men among their mentally-ill patients. Their observations were both general and specific. A characteristic general example was Vladichko's report that 22 of 37 patients who fell mentally ill during the siege at Port Arthur had duplicate symptoms: 'grief, suffering, sorrow, melancholy, fear, [and] despair'.[31] More specifically, Dr A. V. Brovchinskii pointed out that his patient, Boleslav Pr., responded to the doctor's 'first question' about his health with a long list of complaints—about his difficult situation, 'tormented mood' and lack of hope for the future. Despite noticeable improvements in Boleslav Pr.'s physical condition, Brovchinskii reported, the patient's mood remained unchanged, 'if not more tearful, unstable, and gloomy'.[32] Similarly, Gerver generally observed that those patients who suffered from neurasthenia commonly exhibited 'severe melancholy', viewed their circumstances 'in a horrible light' and constantly expected bad news.[33] He also drew attention to the depressed moods of numerous individual patients. P. R.'s spirit was 'sharply depressed', his mood 'gloomy'. Ia. B. complained of 'melancholy'; Captain A. V. had an 'extremely sad' expression, was 'constantly depressed', and upset 'day and night' by 'miserable thoughts'.[34]

The reasons for A. V.'s 'miserable thoughts' were characteristic of Russia's melancholic soldiers. A. V. complained of depression, a weak memory, headaches, the 'general decay' of his physical strength and the 'loss of [his] capacity for work' [or 'ability', i.e., *raboto-sposobnosti*]. He worried that these conditions would negatively affect 'the future of

[29] *Russkii vrach*, 1905, no. 46, pp. 1438–43.
[30] *ZhNP*, 1907, no. 5, pp. 843–7, 854–5.
[31] *Voenno-meditsinskii zhurnal*, January–April 1907, p. 117. See also, pp. 114 and 116. Additional examples may be found in *Voenno-meditsinskii zhurnal*, September–December 1906, p. 269 and *ZhNP*, 1906, no. 6, pp. 1192, 1195–6.
[32] *Psikhiatricheskaia gazeta*, 15 June 1916, p. 239.
[33] *Russkii vrach*, 1916, no. 11, p. 243.
[34] *Russkii vrach*, 1915, no. 40, pp. 940–1; and *Russkii vrach*, 1915, no. 34, p. 798.

his family and himself', that he had become an 'invalid' [*invalid*] and would prove 'only a burden to his family and colleagues'. He was tormented by 'his thought, that nobody believes [the veracity of] his extremely difficult diseased state, and the majority [of people] think he is a dissembler'. Gerver believed that A. V.'s worries were typical of the mentally-ill soldiers he treated. In Gerver's words:

> The [mentally-ill] patient is tormented by thoughts that he is a lost man, lost both to himself and to his family, completely worn out, having lost his mental and physical capacity for work. ... His thoughts concentrate exclusively on his diseased condition. ... The patient considers himself incurable, and therefore a heavy burden for [his] family and for the state.[35]

In other words, patients, including A. V., were depressed about losing their working ability because it limited their capacity to make useful contributions to their family's well-being. A. V. employed no emasculating language when describing his symptoms, but he did explicitly identify himself as an 'invalid'. He therefore retained his manhood, but joined the ranks of the disabled.

Like A. V., many other men who were treated for mental illness during Russia's wars worried mightily about how military duty interfered with their duties to their families. In describing their own mental states, two patients examined by Shumkov underscored the negative effects military service had had on their capacity to perform their duties as fathers and husbands. The first returned from the Russo-Japanese War a changed family man. Despite having a pleasant wife and healthy children, 'S.' no longer felt 'the joy' of family life. Before the war, he would 'remain calm' when his 8 year-old son playfully punched him. After two months back with his family, he worried that he could no longer tolerate this behaviour, but 'instinctively' recoiled from his son's fists. In addition, when his child cried in the night, S. dreamt that he was still at the front, hearing the 'cry of the wounded', which further disrupted his home life. A second patient, 'M.', reported that he was taken into service 'absolutely unexpectedly'. This abrupt call-up was a 'big blow' for him, since it boded ill for his business. When he departed for the front, M.'s wife fainted, and having no news of her condition for the next eight days greatly distressed him. Coming under artillery fire later, his fears that he would never again see his wife and children left him 'without peace'.[36] Concern about family finances and homesickness also upset a patient that Dr V. K. Khoroshko treated during the First World War. His patient [a different] 'S.' cried often, 'thinking about his family'. Khoroshko's patient was particularly upset that he had not been able to do anything to assist his wife, who had written to him about problems with paying taxes.[37] Significantly, all three of these patients felt their failure as husbands and fathers more acutely than their failure as soldiers. Unable to ensure their family's financial security, unable to play with their children and peacefully sleep in their homes at night, they had unwillingly become disabled, not so much as soldiers, but as fathers and husbands.

[35] *Russkii vrach*, 1915, no. 40, pp. 941–2.
[36] *ZhNP*, 1906, no. 6, pp. 1194, 1183–4.
[37] *Psikhiatricheskaia gazeta*, 1 January 1916, p. 8.

Physicians recognised how their patients' devotion to family impacted on mental health. In fact, for its contribution to depression and melancholy, medical specialists cited homesickness more frequently than any other factor, and they believed that this problem was endemic among patients suffering from neurasthenia in particular.[38] Iakubovich argued that homesickness 'deeply wounded the psyche' of soldiers, calling forth 'a whole series of serious neurasthenic symptoms', while Drs P. M. Avtokratov and A. I. Ozeretskii both noted that neurasthenics' hallucinations often involved hearing the voices of their loved ones.[39] Gerver revealed that neurasthenic men sometimes left military service in order to go and see their families, fully conscious that they lacked permission to do so.[40] In Gerver's view, the development of homesickness and depression was insidiously triggered by the peculiarities of trench warfare. More than soldiers who fell ill during battle itself, men who became ill while stationed in trenches initially developed a 'depressed condition of the spirit' and a proclivity for nonsensical, melancholic ideas. When battle was deferred for weeks, as was frequently the case, he maintained that soldiers developed 'invincible and excruciating homesickness', followed by 'signs of mental disorder'.[41] Ozeretskii concurred: inaction at the front fuelled men's imagination about the family or 'young wife' they had left behind, and 'melancholy' was the result.[42]

The anxiety that mentally-ill men articulated about families reveals that they did not see being either an able masculine soldier, or a disabled feminised one, as their only options. Instead, the fundamental conflict many patients faced was between two mutually exclusive male roles: the soldier and the family man. In this conflict, mentally-ill patients may have been inclined to give precedence to family responsibilities, although this possibility can only be suggested by the evidence presented here. While Russia's military recruits admittedly were more often bachelors than married men, a great many recruits still had important roles to fill as male heads of household.[43] Simultaneously being a conscientious soldier and a conscientious head of household presented serious practical

[38] More rarely, sources note that horror of war or military defeats produced depression. Two such examples may be found in *Voenno-meditsinskii zhurnal*, September 1905, p. 371 and in *Otchet*, 1907, p. 367. Family preoccupations may have been more pronounced during the far-flung Russo-Japanese War than they were in the First World War. For a perspective on this, see McCallagh 1906, pp. 224–6; Baring 1905, pp. 184–5; and *Voenno-meditsinskii zhurnal*, January–April 1907, p. 110.

[39] *ZhNP*, 1907, no. 5, pp. 829, 854–5; *Obozrienie psikhiatriia nevrologii i éksperimental'noi psikhiologii*, October 1906, p. 686 and *Voenno-meditsinskii zhurnal*, September 1905, p. 370. Hearing the voices of family members is also mentioned in *Voenno-meditsinskii zhurnal*, September–December 1906, p. 269 and *Russkii vrach*, 1915, no. 35, p. 820.

[40] *Russkii vrach*, 1916, no. 11, p. 243.

[41] *Russkii vrach*, 1915, no. 34, p. 798 and *Psikhiatricheskaia gazeta*, 1 May 1916, p. 160. Gerver makes similar comments in *Russkii vrach*, 1916, no. 11, p. 242. Additional perspective may be found in *Voenno-meditsinskii zhurnal*, January–April 1907, p. 109 and Druzhinin 1910, p. 82.

[42] *Voenno-meditsinskii zhurnal*, September 1905, p. 578.

[43] Evidence of family position is provided by *Otchet*, 1907, p. 370. Of 128 patients, 52 were bachelors, 40 were married, two were widowers, and the status of 34 was unknown. In another study, Shaikevich identified 713 patients as bachelors, 569 as married, and eight as widowed; in 10 cases, the patient's marital status was unknown. See *Voenno-meditsinskii zhurnal*, May–August 1907, pp. 453–4. Comments linking patient illness to family concerns are abundant. Examples may be found in *Voenno-meditsinskii zhurnal*, September 1905, pp. 575, 578; *Voenno-meditsinskii zhurnal*, May–August, 1907

challenges for the individuals concerned. For some men, depression and mental disorder were the result. Tellingly, the physicians treating emotionally depressed men might have told soldiers that duties in war should supersede obligations to the family, but there is no indication that they actually did so. In the eyes of patients and the physicians treating them, the soldier did not trump the family man. Instead, men's understandable inability to perform two very different masculine roles simultaneously became personified in Russia's mentally-ill soldier/family man. Doctors and many psychiatric patients did not view men who were depressed about their families as emasculated. Instead, they came to understand circumstances which had crippled men's ability to perform successfully as husbands and fathers.

## Feminine Disability: Weeping 'Men'

In early twentieth-century Russia, the perceived abnormality of modern war ensured that mentally-ill soldiers remained masculine and able, despite fearfulness. Further, many Russian patients and their physicians recognised the important burden that soldiers had to shoulder as husbands and fathers, even in the face of a depressed man's practical inability to carry out that specifically male role in a meaningful way. And yet, one particular demonstration of emotional turmoil, crying, did prove to be feminising for men who exhibited it. Recall Shumkov's depressed patient M., who worried about his wife fainting when he departed for the front. This episode merely marked the beginning of M.'s emotional difficulties as an active soldier. Once in the field, M. and a small cohort of brothers-in-arms came under a barrage of artillery fire so sustained that they all feared they had been abandoned during a Russian retreat. In response to this situation, M. repeatedly wept, a fact he was 'embarrassed' to admit. When he and his compatriots finally extricated themselves from danger, M. 'began howling terribly', although he reported that crying had not relieved his 'tormented soul'. M. overtly compared his behaviour to that of others. He did not see people nearby weeping: other men crossed themselves, thanked God, and laughed. But he cried 'like a little child'. M. clearly saw his personal response to this situation as embarrassing, inappropriate and explicitly unmanly.[44] In another case, the once 'restrained and composed' officer 'S.' similarly equated his tears with emasculating behaviour. 'I am an officer-soldier', S. lamented, 'and, like a peasant woman [*baba*], I couldn't restrain from tears'. S.'s perception that his weeping was inappropriate behaviour for an adult man is probably why he made efforts 'to fortify himself' against tearfulness and attempted to be alone when weeping.[45] In describing their tearfulness, M. and S. invoked explicitly infantilising, feminising language, but these are singular statements from patients. Fortunately, some greater perspective on men's crying is provided by the doctors who treated mental disorders in Russia's wars.

Judging from physicians' observations, there were many weeping men among Russia's psychiatric casualties. Patients wept from fright, from melancholy, and in

p. 465; *Voenno-meditsinskii zhurnal*, September–December 1910, p. 85; and *Voenno-meditsinskii zhurnal*, September–December 1912, pp. 68, 83.

[44] *ZhNP*, 1906, no. 6, p. 1186.

[45] *ZhNP*, 1906, no. 6, pp. 1193–4.

situations where many emotions were inextricably intertwined. Whether a patient's crying originated in fear, depression or some other combination of feelings, weeping remained a clearly visible sign of emotional upset. In the absence of tears, observers might more easily misinterpret a combatant's internal state. This was clear from S.'s case. Before the onset of his symptoms, he had regularly communicated commands to his troops through comportment alone, in order to hide what would have been an otherwise quaking voice. As S. found, however, tears were more difficult to mask. In scrutinising patient tearfulness, physicians eschewed the explicitly gendered language employed by patients M. and S., and focused instead on another aspect of weeping: its value as an indication that men could no longer reason and communicate effectively.

For physicians, tears typically demonstrated that a patient was no longer capable of explaining his circumstances in a rational way. According to Gerver, patients with wartime disorders might cry with 'almost every phrase', unable to explain 'the reasons' for their tears.[46] Similarly, Sukhanov indicated that 'paranoid depressive' patients sometimes 'loudly cry, or groan, or bawl, usually not even explaining what's wrong'.[47] Avtokratov noted that neurasthenics cried 'without sufficient reasons'.[48] Shumkov observed analogous symptoms in individual patients. When 'B.' became melancholy, he would 'almost cry a river' without any 'obvious' reason. P. R.'s crying was 'almost uninterrupted and without evident reason'. In his doctor's view, P. R. cried 'for trifles'. Inexplicably, 'upon a sympathetic word' P. R. cried 'still more'.[49] What stood out most dramatically for these physicians was their patients' proclivity for crying 'without reason', and patients' inability to explain the basis of their weeping in terms others might understand. In other words, physicians interpreted tearfulness as a (probably frustrating) sign that patients were unable to respond to their surroundings in a rational way, as men normally did. A man's inability to explain the reasons for his tears was a sign that he had become mentally disabled. He had lost the ability to respond logically to his circumstances or to explain his response.

That M., S., and their physicians all equated unexplained male crying with a disabling, emasculating lack of reason cannot be definitively proven, but it seems likely. Physicians who were typically inclined to use more studious language than patients may have simply substituted a less colloquial 'without evident reason', for 'womanish', or 'childish'. Patients who said they cried 'like a little child' or 'a peasant woman' probably meant, at least in part, that they had responded 'irrationally', that they were unable to explain their tears to others, as 'normal' men could. While patients and doctors both preserved the masculinity of soldiers who experienced fear, depression and melancholy in response to the terror and horrific demands of war, inexplicable weeping was a sign that reason itself had left the body. In such circumstances, masculine ability was eviscerated.

[46] *Russkii vrach*, 1915, no. 34, p. 797.
[47] *Russkii vrach*, 1905, no. 46, p. 1441.
[48] *Obozrienie psikhiatrii nevrologii i éksperimental'noi psikhiologii*, October 1906, p. 686.
[49] *ZhNP*, 1906, no. 6, pp. 1192, 1194–7.

## Feminine Ability: Nurses and a Female Soldier

Medical literature on the psychiatric casualties of war reveals complexities in how gendered dis/ability was conceived by patients and physicians in early twentieth-century Russia. Both parties viewed fearful patients as masculine–able, depressed men as masculine–disabled, and crying men as feminine–disabled. Although no mentally-ill soldier seems to have constituted the final combination of gender and ability considered here, medical literature nevertheless makes the existence of a feminine–able dyad within Russian culture certain. Medical specialists portrayed nurses and, more rarely, certain other women serving in the field of battle as paragons of feminine ability.

In their publications, Russia's male physicians consistently praised the competence of female nurses. In his memoir of service during the Russo-Japanese War, for example, Dr E. Pavlov acknowledged that some, unidentified people believed that female nurses should not serve in military hospitals. However, he continued, thanks to the efforts of such women, patient treatment was much more successful than it would otherwise have been. In particular, Pavlov praised the nurses' implicitly feminine 'tender care and warmth' towards patients.[50] Dr F. Kh. Gadziatskii also pointed to the special care female nurses bestowed upon mentally-ill troops. The work of nurses was of 'extraordinary importance', he affirmed, because male doctors 'rarely' had much time to spend with their patients. In consequence, female nurses provided patients with critical support during 'moments of melancholy and mental depression'.[51]

A more extended discussion of nursing, penned by Shumkov, was also more overtly gendered. In describing the organisation of treatment for mentally-ill soldiers during the First World War, Shumkov explained that agitated patients, held by 'tens of strong masculine hands', would often calm down when a female nurse appeared and asked that the individual be released from restraint. According to Shumkov, patients believed they could 'trust' female nurses and 'eagerly' cooperated with them. These 'natural heroines' produced 'excellent results', Shumkov enthused.[52] In describing how female nurses prevailed where masculine authority could not, Shumkov recognised the importance of his nurses' special feminine abilities. Just as significantly, his account makes it clear that it was not only doctors, but also patients, who appreciated female nurses' distinctive qualities. Dr N. N. Reformatskii seconded Shumkov's opinion. He confirmed that patients believed that nurses helped them to avert the 'mad house' and 'eagerly' allowed women to treat them.[53]

Few nurses who served in the field of battle left accounts of their experiences. One who did publish her wartime diary, Ol'ga Baumgarten, unfortunately discusses mentally-ill soldiers only briefly. Baumgarten's account of her experiences in the Russo-Japanese war is still central to an understanding of Russian conceptions of gendered ability, however, because of her inclusion of an encounter with one 'unmanly soldier', Khariton Korotkevich. According to Baumgarten, when she first met Korotkevich, the soldier attempted to speak in a

[50] Pavlov 1907, pp. 372–3.

[51] *Voenno-meditsinskii zhurnal*, January–April 1907, p. 632. Dr E. Borishpol'skii comments positively on female nursing in *Russkii vrach*, 1906, no. 40, p. 1250.

[52] *Psikhiatricheskaia gazeta*, 15 July 1916, pp. 287–8.

[53] *Psikhiatricheskaia gazeta*, 1 May 1916, p. 166.

bass voice, but Baumgarten was not fooled. She could immediately tell that 'this [was] a woman speaking, and not a man'. Upon query, Baumgarten learned the soldier's story. Korotkevich affirmed that she had travelled with her husband's regiment, because she was 'bored' at home without him. At first, she had worn women's clothing. But, when the regiment entered battle, and with the permission of the commander, Korotkevich 'dressed in a soldier's uniform', took up a rifle, and adopted the masculine form of her name—'Khariton Korotkevich' rather than 'Kharitona Korotkevicha'. When her husband was subsequently wounded, Korotkevich worked in the hospital that treated him. Bored there, she was eager to return to the field as soon as her husband's health improved.[54]

In altering her clothing and her name, and attempting to speak in a low voice, Korotkevich clearly adopted some external markers of masculinity. Still, this seems to have been for the sake of convenience in her new role as a soldier, and to prevent capricious challenges to her presence as a woman at the front. Korotkevich's sex was never seriously in doubt. She did not deceive the regiment commander or Baumgarten about her sexual identity, nor did she make a serious effort to 'pass' as a man, readily explaining her circumstances when Baumgarten inquired. Further, Korotkevich was not a woman seeking a 'masculine' life of her own, but was a wife following her husband. When her husband was in the field, she joined him. When her husband was wounded, she worked at the hospital treating him and waited for him to regain his health. In other words, she possessed socially recognised feminine motivations for her actions. Although Baumgarten's account of her encounter with Korotkevich is marked by a degree of curiosity and fascination with this woman who travelled so nimbly among men, Korotkevich remained explicitly 'unmanly'. Korotkevich was an admirable soldier, but she was not therefore 'masculine'. Rather, her case demonstrates that one did not have to be manly to be considered a highly capable person. Perhaps even more than nurse Baumgarten herself, Korotkevich proved herself feminine and able.

## Conclusion

Early twentieth-century medical literature on the treatment of Russia's mentally-ill soldiers demonstrates the importance of cultural context in ascriptions of gender and dis/ability. I have argued that Russian professional medical publications depicted patients who were fearful as both masculine and able. Doctors and patients considered frightened soldiers to be normal men in abnormal conditions; their unlucky participation in an unnatural war was insufficient reason to question their inherent abilities as men. On the other hand, melancholic patients were often attempting to fulfil a masculine role they simply could not perform as military recruits. By serving as soldiers, they were unwillingly deprived of their ability to continue in the role of family men. Such patients were disabled as husbands and fathers, but their masculinity was not in doubt. In addition, men who wept, lacking the ability to communicate inner turmoil in a way that others might logically understand, were seen as emasculated and disabled; their irrational inability to articulate reasons for weeping made them seem more like incapable women and children than 'normal' men. Finally, Russian medical literature included positive assessments of women who performed well in the field. Despite their abilities in the field, nurses and

[54]Baumgarten 1906, pp. 146–7.

other women at the front were not viewed as 'masculine'. Rather, medical specialists and their patients understood such women to be both feminine and able. Conceptions of 'masculine' ability and 'feminine' disability certainly existed in Russia, but these permutations of gender and dis/ability were neither strictly opposed, nor were they the only available options. Physicians and many psychiatric patients also viewed certain individuals as masculine and *dis*abled, as well as feminine and able. In conjunction with secondary works on gender and disability in the West, this investigation of Russia's mentally-ill soldiers therefore suggests that conceptions of gendered dis/ability proved comparatively flexible in Russia. In the history of Russia, the study of masculinity is still nascent, and the study of disability even more so, but it is nevertheless possible to offer some preliminary suggestions about why Russian understandings of disability may have been more supple than those in the West.[55]

Perhaps the clearest explanation lies in the highly politicised environment that medical practitioners and patients faced in turn-of-the-century Russia. The Russo-Japanese and First World Wars were both extremely unpopular conflicts that directly contributed to revolutionary upheaval in 1905 and 1917. For many soldiers, the territory under dispute in the Russo-Japanese War was so geographically remote that the necessity of fighting over it was unfathomable. Many simply wanted to return home. By 1917, Russia's inept participation in the First World War led to mass desertion and popular revolution among poorly supplied, war-weary troops. Meanwhile, physicians in late nineteenth- and early twentieth-century Russia sought professional respect within a polity disdainful of civil society. Medical personnel conscripted for military service were further subordinated to the regular military hierarchy, forced to practise medicine within an atmosphere in which their intelligence, expertise, and sense of initiative were routinely devalued.[56] In short, Russian physicians and their patients were alienated from Russia's wars and the institutions responsible for their conduct. While Westerners less dissatisfied with their states seem to have believed that mentally-ill recruits impugned the general good health and vigour of their nation, Russians who were most intimately connected with the psychiatric casualties of war were less concerned about the morale and problems of sidelined soldiers than with 'abnormal' wars. They were also critical of the 'abnormal' organisation of medical practice and, by implication, an abnormal state which irresponsibly perpetrated these blunders.[57]

The longer trajectory of Russian cultural history suggests a second, and more intriguing, potential explanation for the differing perceptions of gendered dis/ability that existed in Russia and the West. It may be that Russian culture, and therefore Russian medicine, was more accepting of 'disabilities', including mental illnesses, than western culture, thus obviating the need hastily to impugn the masculinity of 'disabled' Russian men. As historian Julie V. Brown has observed, 'madness was never segregated in Russia to

[55]Leading works on Russian masculinity are Borenstein 2000, Clements *et al.* (eds) 2002, Friedman 2004 and Healey 2001. Francis Bernstein is currently researching Russia's disabled veterans of the Second World War. For published work on disability in Russia, see McCagg and Siegelbaum (eds) 1989.

[56]For more on the struggle for professionalisation in Russian medicine, see Brown 1981 and Friedan 1981.

[57]The abnormal organisation of psychiatric medicine is emphasised in *Psikhiatricheskaia gazeta*, 15 April 1917, pp. 192, 197–8; and *Russkii vrach*, 1905, no. 47, p. 1478.

the extent that it was elsewhere . . . but remained a relatively ordinary feature of everyday life'.[58] In this context, it is important to remember that, historically, virtually everyone in Russia, and not just the 'disabled' individual, was routinely disempowered and subordinated to another authority. This long established tendency of the Russian state significantly to circumscribe the capacity of individuals to act independently may have facilitated greater cultural generosity towards personal limitation. Men who were despondent about an inability to oversee their family's welfare, for example, might have been viewed more sympathetically in Russia than they were in the West because so many Russians, male and female, high and low, faced palpable conflicts between their desired and state-compelled roles.

The hypothesis that disabilities have been less marginalised in Russia than in the West gains added support through Lilya Kaganovsky's recent examination of Soviet literary heroes. Pointing out the frequency with which male protagonists in the 1930s suffered bodily mutilation, Kaganovsky provocatively suggests that disability was not simply accepted, but celebrated, by Soviet culture. Kaganovsky acknowledges the more established scholarly canon that the 'overly healthy' male body occupied a central place in Stalinist literature but, in her words, the 'blinded, limping, paralysed, and hystericised male body' was equally normative. Indeed, as Kaganovsky emphasises, one of Soviet Russia's most renowned literary heroes, Pavel Korchagin, suffered exhaustion, blindness, and lost the use of multiple limbs.[59] The proposition that disability has been considered more 'normal' in Russia than in the West deserves further investigation, but the mentally-ill patients whom physicians treated during Russia's early twentieth-century wars certainly seem to be among Korchagin's dis/abled male predecessors.

## Acknowledgements

For their helpful comments on earlier versions of this manuscript, the author thanks Francis Bernstein, Dan Healey, Henry T. Hodgman and Diane P. Koenker. Grants from the Northwest Institute for Advanced Study, and Dee Clarkin and her staff at the National Library of Medicine, greatly facilitated the research and writing of this article.

## Bibliography

### Primary sources

Baring M. 1905, *With the Russians in Manchuria*, London: Methuen.

Baumgarten O. A. von 1906, *V osazhdennom Port-Arture: Dnevnik sestry miloserdiia*, St Petersburg.

Borishpol'skii Dr E. S. 1910, 'Ob organizatsii psikhiatricheskoi pomoshchi na teatre voennym destveii v budushchiia voiny', *Nevrologicheskii vestnik*, 1, 59–81.

Druzhinin K. 1910, *Issledovanie dushevnago sostoianiia voinov v raznykh sluchaiakh boevoi obstanovki po opyt russko-iaponskoi voiny, 1904-05 g.g.*, St Petersburg: Russkaia skoropechatnia.

McCallagh F. 1906, *With the Cossacks: Being the Story of an Irishman who Rode with the Cossacks Throughout the Russo-Japanese War*, London: E. Nash.

[58]Brown in McCagg and Siegelbaum (eds) 1989, p. 34. Also see McCagg and Siegelbaum in McCagg and Siegelbaum (eds) 1989, pp. 296–7, 301. A contemporary suggestion that Russians were 'more humane' toward the mentally ill than other people is found in *Obozrienie psikhiatriia nevrologii i éksperimental'noi psikhiologii*, October 1906, p. 665.

[59]Kaganovsky 2004, pp. 578–9, 583.

McCully N. A. 1977, *The McCully Report: The Russo-Japanese War, 1904–05*, Annapolis: Naval Institute Press.
*Obozrienie psikhiatrii nevrologii i éksperimental'noi psikhiologii [Review of Psychiatry, Neurology, and Experimental Psychology*], 1906, St Petersburg.
*Otchet sostoiavshei pri osobom komitete Eia Imperatorskago Vysochestva Velikoi Kniagini Elizavety Feodorovny Ispolnitel'noi komissii po bezplatnomu razmeshcheniiu bol'nykh i ranenykh voinov évakuirovannykh s dal'nago vostoka v Russko-Iaponskuiu voinu. 14 iunia 1904 goda—1 aprel'ia 1906 goda, 1907*, Moscow: A. A. Levenson.
Pavlov E. 1907, *Na Dal'nem Vostoke v 1905 godu: Iz nabliudenii vo vremia voiny s Iaponei*, St Petersburg: Knigopechatnia Shmidt.
Preobrazhenskii S. A. 1917, *Materialy k voprosu o dushevnykh zabolevaniiakh voinov a lits, prichastnykh k voennym deistviiam v sovremennoi voine*, Petrograd: V. Ia. Mil'shtein.
*Psikhiatricheskaia gazeta [Psychiatric Newspaper*], 1914–17, Petrograd.
Richards R. L. 1910, 'Mental and Nervous Diseases in the Russo-Japanese War', *Military Surgeon*, 26, 177–85.
*Russkii vrach* [*Russian Doctor*], 1904–17, St Petersburg.
*Sovremennaia psikhiatriia* [*Contemporary Psychiatry*], 1907–15, Moscow.
*Voenno-meditsinskii zhurnal* [*Military Medical Journal*], 1905–15, St Petersburg.
*Zhurnal nevropatologii i psikhiatrii imeni S. S. Korsakova [S. S. Korsakov Journal of Neuropathology and Psychiatry]*, 1905–17, Moscow.

## Secondary sources

Babbington A. 1997, *Shell-Shock: A History of the Changing Attitudes to War Neurosis*, London: Leo Cooper.
Baynton D. C. 2001, 'Disability and the Justification of Inequality in American History', in Longmore P. K. and Umansky L. (eds), *The New Disability History: American Perspectives*, New York: New York University Press, 33–57.
Borenstein E. 2000, *Men Without Women: Masculinity and Revolution in Russian Fiction, 1917–1929*, Durham: Duke University Press.
Bourke J. 1996, *Dismembering the Male: Men's Bodies, Britain and the Great War*, Chicago: University of Chicago Press.
Brown J. V. 1981, 'The Professionalization of Russian Psychiatry, 1857–1911', unpublished PhD dissertation, University of Pennsylvania.
Brown J. V. 1989, 'Societal Responses to Mental Disorders in Pre-Revolutionary Russia', in McCagg W. O. and Siegelbaum L. (eds), *The Disabled in the Soviet Union: Past and Present, Theory and Practice*, Pittsburgh: University of Pittsburgh Press, 13–37.
Clements B. E., Friedman R. and Healey D. (eds) 2002, *Russian Masculinities in History and Culture*, New York: Palgrave.
Friedan N. M. 1981, *Russian Physicians in an Era of Reform and Revolution, 1856–1905*, Princeton: Princeton University Press.
Friedman R. 2004, *Masculinity, Autocracy and the Russian University, 1804–1863*, New York: Palgrave.
Gabriel R. A. 1986, *Soviet Military Psychiatry: The Theory and Practice of Coping with Battle Stress*, New York: Greenwood.
Garland-Thomson R. 2004, 'Integrating Disability, Transforming Feminist Theory', in Smith B. G. and Hutchison B. (eds), *Gendering Disability*, New Brunswick: Rutgers University Press, 73–103.
Gerber D. A. 2000, *Disabled Veterans in History*, Ann Arbor: University of Michigan Press.
Gerber D. A. 2003, 'Disabled Veterans, the State, and the Experience of Disability in Western Societies, 1914–1950', *Journal of Social History*, 36, 899–916.
Healey D. 2001, *Homosexual Desire in Revolutionary Russia: The Regulation of Sexual and Gender Dissent*, Chicago: University of Chicago Press.
Kaganovsky L. 2004, 'How the Soviet Man was (Un)Made', *Slavic Review*, 63, 577–96.

Kudlick C. J. 2001, 'The Outlook of *The Problem* and the Problem with the *Outlook*: Two Advocacy Journals Reinvent Blind People in Turn-of-the-Century America', in Longmore P. K. and Umansky L. (eds), *The New Disability History: American Perspectives*, New York: New York University Press, 187–213.

Lerner P. 2003, *Hysterical Men: War, Psychiatry, and the Politics of Trauma in Germany, 1980–1930*, Ithaca and London: Cornell University Press.

McCagg W. O. and Siegelbaum L. (eds) 1989, 'Conclusion', in McCagg W. O. and Siegelbaum L. (eds), *The Disabled in the Soviet Union: Past and Present, Theory and Practice*, Pittsburgh: University of Pittsburgh Press, 293–301.

McCagg W. O. and Siegelbaum L. (eds) 1989, *The Disabled in the Soviet Union: Past and Present, Theory and Practice*, Pittsburgh: University of Pittsburgh Press.

Merridale C. 2000, 'The Collective Mind: Trauma and Shell-Shock in Twentieth-Century Russia', *Journal of Contemporary History*, 35, 39–55.

Mosse G. L. 1990, *Fallen Soldiers: Reshaping the Memory of the World Wars*, New York: Oxford University Press.

Mosse G. L. 1996, *The Image of Man: The Creation of Modern Masculinity*, New York: Oxford University Press.

Mosse G. L. 2000, 'Shell-Shock as a Social Disease', *Journal of Contemporary History*, 35, 101–8.

Plamper J. 2004, 'Thinking About Feelings: Emotions in Russia/Soviet History and Culture', paper presented to the National Convention of the American Association for the Advancement of Slavic Studies.

Shephard B. 2001, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*, Cambridge, MA: Harvard University Press.

Smith B. G. 2004, 'Introduction', in Smith B. G. and Hutchison B. (eds), *Gendering Disability*, New Brunswick: Rutgers University Press, 1–6.

Smith B. G. and Hutchison B. (eds) 2004, *Gendering Disability*, New Brunswick: Rutgers University Press.

Stone M. 1985, 'Shellshock and the Psychologists', in Bynum W. F., Porter R. and Shephard M. (eds), *The Anatomy of Madness: Essays in the History of Psychiatry*, vol. 2, *Institutions and Society*, New York: Tavistock Publications, 242–71.

Wanke P. 2005, *Russian/Soviet Military Psychiatry, 1904–1945*, London: Frank Cass.