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THE PSYCHOLOGICAL IMPACT OF WAR VIOLENCE AND ITS TAMING: "SHELL SHOCK" IN GREECE DURING AND IN THE AFTERMATH OF THE FIRST WORLD WAR

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Abstract
The article examines the psychological impact of wartime violence on Greek soldiers during and in the aftermath of the First World War, focusing on the relationship between war-related mental disorders, violence and their institutional management. Situating Greece within the broader historiography of wartime brutalization and shell shock, it explores how Greece's participation in the First World War (1917–1918) and the Greek-Turkish War (1919–1922) shaped soldiers' mental health and behavior. Drawing on medical publications, contemporary press accounts, and archival material from the Dromokaiteion Psychiatric Hospital, the study analyzes both the reception of war neuroses in Greek scientific discourse and their practical "taming." It argues that Greek psychiatrists recognized the psychological consequences of warfare, but generally incorporated them into existing psychiatric and neurological frameworks rather than developing a distinct diagnostic category comparable to shell shock.

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Introduction

Violence is ubiquitous in every war. The massive scale and industrialized character of First World War exposed large segments of the population to unprecedented forms of violence. One consequence of this experience was the brutalization of both wartime and postwar societies. As George Mosse observed in his pioneering work *Fallen Soldiers*, "human nature became primitive, instinctual, and violent" during the First World War. Across all belligerent nations, human life came to be regarded as "cheap," while "enthusiasm and willingness to sacrifice gave way to a cruel hatred and a desire to annihilate the enemy completely."[1] Confrontation with mass death and widespread atrocities profoundly reshaped many soldiers' attitudes towards life and death. As Mosse further contended, death was increasingly trivialized, while wartime and postwar societies alike became more brutalized, as "the post-war age made the death of the enemy a component of his broader dehumanization."[2] Furthermore, he maintained that the period witnessed a marked increase in crimes committed by men with no previous criminal record.[3] Although Mosse's "brutalization thesis" has been subject to substantial criticism, particularly regarding the extent to which wartime experience can explain the political violence of the interwar years,[4] it continues to offer a valuable analytical framework for examining the social consequences of modern warfare. A considerable body of scholarship has demonstrated that the return of servicemen was frequently accompanied

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1 George Mosse, *Fallen Soldiers. Reshaping the Memory of the World Wars* (Oxford: Oxford University Press, 1990), 162–163.

2 Ibid., 163–164.

3 Ibid., 170.

4 See Antoine Prost, "The impact of war on French and German political cultures," *The Historical Journal* 37, no. 1 (March 1994): 210, doi: 10.1017/s0018246x00014771; Benjamin Ziemann, "Germany after the First World War – A Violent Society? Results and Implications of Recent Research on Weimar Germany," *Journal of Modern European History* 1 (2003): 82–85, doi: 10.17104/1611-8944_2003_1_80.

by heightened levels of political, domestic, and gender-based violence across Europe, Australia, and the United States.[5]

Another phenomenon that ultimately became a defining feature of both the medical and cultural history of the First World War was "shell shock," an umbrella term which was coined to refer to the mental disorders experienced by soldiers.[6] Psychological breakdown among combatants was by no means unique to the twentieth century and has been documented in military contexts since antiquity.[7] However, in the context of mass and industrialized warfare, such conditions acquired an unprecedented visibility and assumed a central place in both medical and public debates during the First World War.

Not all veterans suffering from shell shock, of course, engaged in criminal or violent behavior; nevertheless, some cases were associated with acts of violence. The "taming" of this dimension of wartime violence, which was also evident in Greece during and in the aftermath of the First World War, formed part of broader mechanisms for managing mentally ill soldiers. During this period, the treatment and management of soldiers with mental health conditions became increasingly bureaucratized in Greece. Patients were initially treated at the Second Military Hospital in Athens, while the most severe and complex cases were transferred to the Dromokaiteion Psychiatric Hospital in Athens. As one of the

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5 Susan Kingsley Kent, *Making Peace. The Reconstruction of Gender in Interwar Britain* (Princeton, NJ: Princeton University Press, 1993), 97–99; John Lawrence, "Forging a Peaceable Kingdom: War, Violence, and Fear of Brutalization in Post–First World War Britain," *The Journal of Modern History* 75, no. 3 (September 2003): 561–571, doi: 10.1086/380238; Elizabeth Nelson, "Victims of War: The First World War, Returned Soldiers and Understandings of Domestic Violence in Australia," *Journal of Women's History* 19, no. 4 (Winter 2007): 83–106, doi: 10.1353/jowh.2007.0068; Jochen Böhler, "Enduring Violence: The Postwar Struggles in East-Central Europe, 1917–21," *Journal of Contemporary History* 50, no. 1 (January 2015): 58–77, doi: 10.1177/0022009414552145; Jennifer Keene, "A 'Brutalizing' War? The USA after the First World War," *Journal of Contemporary History* 50, no. 1 (January 2015): 78–99, doi: 10.1177/0022009414546506.

6 From the vast body of relevant bibliography, see, for instance, George L. Mosse, "Shell-Shock as a Social Disease," *Journal of Contemporary History* 35, no. 1 (January 2000): 101–108, doi: 10.1177/002200940003500109; Mark S. Micale and Paul Lerner, eds., *Traumatic Pasts. History, Psychiatry, and Trauma in the Modern Age, 1870–1930* (Cambridge: Cambridge University Press, 2001); Peter Leese, *Shell Shock. Traumatic Neurosis and the British Soldiers of the First World War* (London: Palgrave Macmillan, 2002); Gregory M. Thomas, *Treating the Trauma of the Great War. Soldiers, Civilians and Psychiatry in France, 1914–1940* (Baton Rouge, LA: Louisiana State University Press, 2009); Fiona Reid, *Broken Men. Shell Shock, Treatment and Recovery in Britain 1914–30* (London: Bloomsbury, 2011); Tracey Loughran, *Shell-Shock and Medical Culture in First World War Britain* (Cambridge: Cambridge University Press, 2017).

7 For instance, see Lawrence Tritle, "'Ravished Minds' in the Ancient World," in *Combat Trauma and the Ancient Greeks*, ed. Peter Meineck and David Konstan (New York: Palgrave Macmillan, 2014), 87–104, doi: 10.1057/9781137398864_5; Kathryn Hurlock, Owen Rees, and Jason Crowley, eds., *Combat Stress in Pre-Modern Europe* (London: Palgrave Macmillan, 2022).

principal institutions involved in the treatment of war-related psychological disorders, the Dromokaiteion occupies a central place in this study.

This article examines how war-related mental disorders and the violent behavior associated with them were understood, diagnosed, and managed in Greece during and after the First World War. Drawing on medical publications, military medical writings, newspaper accounts, and patient records from the Dromokaiteion Psychiatric Hospital, the article first examines the reception of international debates on shell shock within the Greek medical community. It then turns to the writings of Konstantinos Papastratigakis, one of the leading Greek military psychiatrists of the period. Next, it analyzes the experiences of military patients treated at the Dromokaiteion. The paper concludes by arguing that, although Greek psychiatrists recognized the psychological consequences of warfare, they generally incorporated them into existing psychiatric and neurological frameworks rather than developing a distinct diagnostic category comparable to shell shock.

The Greek "War-Decade" (1912–1922) and Its War Violence

In Greece, warfare neither began in 1914 nor ended in 1918. During the so-called "war decade" (1912–1922), the country sought –and to a large extent succeeded in – militarily realizing the Megalē Idea (Great Idea), an irredentist policy that had shaped Greek political aspirations for nearly a century.[8] The victorious Balkan Wars (1912–1913) and Greece's participation in First World War (1917–1918) on the side of the Entente Cordiale contributed significantly to the territorial expansion of the Greek state. This process, however, unfolded alongside a profound internal political crisis, the "National Schism," which divided the country over the question of participation in the First World War.[9] The

[8] For the Great Idea, see Michael Llewellyn Smith, *Ionian Vision. Greece in Asia Minor, 1919–1922* (Ann Arbor, MI: University of Michigan Press, 1999), 1–20; Thomas W. Gallant, *Modern Greece. From the War of Independence to the Present* (London: Bloomsbury Academic, 2016), 99–115.

[9] The National Schism marked a profound political and social division that polarized Greek society into two opposing camps. On one side stood the Venizelists, supporters of Prime Minister Eleutherios Venizelos, who advocated intervention on the side of the Entente; on the other were the Anti-Venizelists, aligned with King Constantine I and committed to a policy of neutrality. Against this backdrop, Venizelos established the Provisional Government of National Defense in Thessaloniki in September 1916, thereby creating a rival political center aligned with the Entente. The first units of the National Defense Army, numbering approximately 20,000 men, began participating in military operations on the Macedonian Front later that year. Following the reunification of the country under Venizelos in June 1917, the Kingdom of Greece formally entered the war on the side of the Entente. See Richard Clogg, *A Concise History of Greece* (Cambridge: Cambridge

subsequent defeat in the Greek-Turkish War (1919–1922) in Asia Minor (Anatolia) marked a decisive reversal. By the end of this turbulent decade, the Treaty of Lausanne (1923) established Greece's modern borders, with the exception of the Dodecanese Islands, which were incorporated into the Greek state in 1947.[10] This article focuses on the period spanning Greece's participation in the First World War and the Asia Minor Campaign (1917–1922), during which military personnel were systematically referred by the Ministry of Military Affairs to the Dromokaiteion Psychiatric Hospital.

Over the course of this decade, approximately 450,000 men were mobilized[11] and endured the harrowing experience of war. Violence lay at the heart of this experience. Warfare constituted a transformative, life-altering event that profoundly affected the psychological state of many soldiers, in some cases leading them to commit acts of violence during or after military service. Such cases formed part of a broader transnational pattern that attracted the attention of medical professionals, state authorities, and contemporary observers across Europe in the aftermath of the First World War.

Greek soldiers, like their counterparts in other armies, were exposed to and participated in acts of violence during the successive conflicts of the war decade. In some cases, the experience of warfare left a lasting impression on those who served. For example, one veteran recalled that during the retreat of the Greek army from Asia Minor in August 1922,

> Like a pack of ravenous wolves, the soldiers descended upon the villages in their path. Inhabitants who had not anticipated the need to flee to the mountains found

University Press, 1997), 81–108; John S. Koliopoulos and Thanos M. Veremis, *Modern Greece: A History since 1821* (Chichester: Wiley-Blackwell, 2010), 68–102.

[10] For the "war decade," see George B. Leon, *Greece and the Great Powers 1914–1917* (Thessaloniki: Institute for Balkan Studies, 1974); George B. Leon, *Greece and the First World War. From Neutrality to Intervention, 1917–1918* (Boulder and New York: Columbia University Press 1990); N. Petsalis-Diomidis, *Greece at the Paris Peace Conference (1919)* (Thessaloniki: Institute for Balkan Studies, 1978); George Th. Mavrogordatos, *Stillborn Republic. Social Coalitions and Party Strategies in Greece, 1922–1936* (Berkeley: University of California Press, 1983); Smith, *Ionian Vision*; Richard C. Hall, *The Balkan Wars 1912–1913* (London and New York: Routledge, 2000); Konstantinos Travlos, ed., *Salvation and Catastrophe: The Greek-Turkish War, 1919–1922* (Lanham, MD: Lexington Books, 2020); Panagiotis Delis, *Notions of Violence and Ethnic Cleansing on the Eve of the First World War. The Balkan Wars of 1912–13* (Berlin: Peter Lang, 2024).

[11] Alexandros Makris, *"Oi kērykes tēs ideas tou ethnous". Palaioi polemistes, anapēroi kai thymata polemou stēn Ellada. Pronoia, organoseis, mnēmē (1912–1940)* ["The preachers of the idea of the nation." Veterans and war victims in Greece. Welfare, associations, memory (1912–1940)] (Athens: Hestia Publishers, 2023), 21. The total casualties, including both killed and missing, amounted to 76,671 men. Ibid., 22.

their homes ransacked. The soldiers looted and set the buildings ablaze, showing no hesitation in harming any elderly men or women who were unable or unwilling to escape. They operated under the mistaken belief that civilians would be spared, yet their vengeful and destructive fury spared no one. The villagers that failed – or chose not – to abandon their homes suffered devastating consequences: they lost their possessions, their dignity, and, in many cases, their lives.[12]

Such incidents, primarily involving deserters, are documented in numerous ego-documents produced by military personnel, which recount cases of beatings, sexual violence and the destruction of villages by fire.[13]

Contemporary newspapers contain numerous reports of crimes committed by military personnel during both the wartime and postwar years. While these articles rarely sought to analyze the phenomenon and typically provided no information regarding the perpetrators' prior history of violent behavior, the frequency with which such cases appeared in the press suggests that they constituted a recurring feature of contemporary public discourse. For instance, in April 1918, Sergeant SS shot and killed the soldier AD with his Mannlicher rifle inside the Patras prison after AD insulted him and threw objects from his cell.[14] In February 1919, soldier IX murdered a shepherd in Messolonghi.[15] In another case, which might be described in contemporary terms as a femicide, Sergeant AK murdered his partner, NG, in Gyri, Achaea, in September 1919, allegedly in

[12] Manolis Axiotis, *Egō, o Manolis Axiotēs... Ē periperiodēs zōē tou ērōa tōn "Matōmenōn chōmatōn"* [I, Manolis Axiotis... The adventurous life of the hero of "Farewell Anatolia"] (Glyfa: Baltas Publications, 2016), 187. Axiotis was from Asia Minor and had enlisted voluntarily in the Greek Army.

[13] E.g. Athanasios I. Chrisochoou, *To ellēniko ippiko kata tēn Mikrasiatikē Ekstrateia 1919–1922* [The Greek cavalry during the Asia Minor campaign, 1919–1922] (Athens: Ioannis & Arist. G. Papanikolaou Printing House, 1934), 353; Panagiotis Panagakos, *Symvolē stēn istoria tis dekaetias 1912–1922* [Contribution to the history of the decade 1912–1922] (Athens: n.p., 1960), 697–698; Michalis Valsamanis, *Pōs ezēsa tēn katastrofē tēs Smyrnēs* [How I lived the destruction of Smyrna], ed. Georgios Papastamos and Paraskevi Kerasiotou (Chalkida: Kostogiannos Publications, 1998), 68–72, 110–111; Ioannis Margaritopoulos, *Me mia chara. Ē stratiōtikē thitia tou Ioannē Margaritopoulou, Mikra Asia kai Ellada 1921–1924* [With joy. The military service of Ioannis Margaritopoulos. Asia Minor and Greece 1921–1924], ed. Dimitris Panagiotopoulos and Alexandros Makris (Athens: Mov Skiouros, 2025), 102–122. For war-related violence during the "war-decade," see Tasos Kostopoulos, *Polemos kai ethokatharsē: Ē xechasmenē plevra mias dekaetous ethnikēs exormēsēs, 1912–1922* [War and ethnic cleansing: The forgotten side of a ten-year national expedition, 1912–1922] (Athens: Vivliorama, 2007).

[14] "O chthesinos phonos" [Yesterday's murder], *Neologos*, April 25, 1918, 1. Mannlicher and Gras rifles were the main rifles used by the Greek Army during this period. For personal data protection reasons, only the initials of those concerned are listed.

[15] "Phonos poimenos" [Murder of a shepherd], *Neologos*, February 13, 1919, 1.

response to her decision to move to Agrinio to pursue employment as a singer.[16] In 1920, a fratricide in Bartholomio and two additional murders happened, one in Andravida and one in Varvasaina, all committed with a Gras rifle. In the latter case, the motive was trivial: the victim had been late in bringing wine to the perpetrator, who, in a fit of anger, killed him,[17] demonstrating the extent to which human life could be considered negligible. Cases such as these indicate that even prior to demobilization, some men in khaki uniform were unable to control their tempers, resorting to murder for personal reasons, even using their service weapons.

One of the consequences of wartime violence was the onset of mental illness among some soldiers. It should not be assumed, however, that exposure to combat inevitably resulted in psychological disorders, nor that mental illness necessarily led to violent behavior. Nevertheless, contemporary medical and legal records suggest that, in certain cases, violent conduct was understood to be associated with an individual's mental condition. For instance, a daily newspaper report from First World War describes a soldier serving on the Macedonian Front who, in 1917, was convicted of "attempted rape while in a state of partial mental confusion."[18]

One case in particular suggests a possible association between wartime experiences, mental illness, and subsequent violence. PK, a veteran of the First World War, killed his grandmother in 1920 and was subsequently admitted to the Dromokaiteion Psychiatric Hospital for psychiatric observation as a criminal defendant.[19] According to the available evidence, he had no prior criminal record and no documented history of mental illness before his military service. In 1918, while serving on the Macedonian Front, he reportedly "suffered from severe paroxysms with mental confusion, insensitivity, convulsions, and intense mental agitation followed by aggressive impulses, as a result of which he was confined for a week." Upon recovering consciousness approximately one month later, he was granted medical leave and returned to his hometown of Kalamata at the end of 1918, where he worked as a chairmaker.[20] There, on December 5, 1920,

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16 "Nichterinos phonos" [Night murder], *To Fōs*, September 8, 1919, 1.

17 "Adelphoktonia sto Bartholomio" [Fratricide in Bartholomio], *To Fōs*, February 9, 1920, 1; "O diplous phonos stin Andravida" [The double murder in Andravida], *To Fōs*, July 10, 1920, 1; "Fonos" [Murder], *To Fōs*, December 2, 1920, 1.

18 "I chthesini tou stratodikeiou" [Yesterday's military court], *Makedonia*, November 16, 1917, 1.

19 For personal data protection reasons, only the initials of patient's names are listed. For more on the Dromokaiteion Psychiatric Hospital, see below.

20 Michael Gianniris, "Ai psychopthiai kai to eglēma en Elladi" [Psychopathy and crime in Greece], *Iatrikē Proodos* 29, no. 2 (February 1924): 41–42.

at the age of 27, PK murdered his grandmother with a hatchet and subsequently threw her body from the balcony.[21] He later stated that he did not remember committing the crime, recalling only that he had become angry with his sister because she had failed to bring him incense to burn before the icon of Saint Nicholas, a daily practice. According to his testimony, his memories thereafter "fade away."[22] Following his arrest, he remained in prison for nine months. On October 14, 1921, acting on the order of the public prosecutor, the authorities transferred him to the Dromokaiteion for psychiatric observation. One month later, on November 16, 1921, he reportedly experienced three epileptic seizures of mild intensity, characterized by convulsions, confusion, anaesthesia, and loss of consciousness. The medical report concluded that he "frequently suffers from such mild and short-lived paroxysms with loss of consciousness" and recommended long-term confinement and treatment in a psychiatric institution in order to prevent the recurrence of violent acts associated with similar seizures.[23]

While this case does not by itself establish a direct causal relationship between wartime service and subsequent homicidal behavior, it nevertheless illustrates how contemporary psychiatrists interpreted the relationship between military experience, mental illness, and violence. More broadly, it demonstrates the ways in which violent crime committed by veterans could become the object of psychiatric investigation and institutional intervention.

The Reception of the "Shell Shock" in Greece

Medical developments during the First World War, particularly the growing recognition of psychological disorders among soldiers and the accompanying medical and scientific debates, also reached the Greek medical community. Although the number of Greek contributions to this discussion remained limited, their reception offers valuable insight into how Greek physicians understood and treated soldiers suffering from what was elsewhere described as shell shock.

The New York-based Greek-language newspaper *Atlantis* was the first Greek publication to address the phenomenon of war-related psychological disorders during the First World War. In its New Year 1915 issue, the newspaper described the phenomenon of "war psychoses" in the ongoing European conflict. The article noted that, during Germany's preparations for the war, "care was taken for

[21] "Tragikos pfonos" [Tragic murder], *Sēmaia*, December 8, 1920, 2.
[22] Gianniris, "Ai psychopatiai kai to eglēma en Elladi," 41.
[23] Ibid., 42–43.

soldiers' mental illnesses, on the assumption that the number of such illnesses during a new war would be very high," and, to this end, a "special hospital for war psychoses" was established in Strasbourg. Patients admitted to this institution were categorized into three groups: (a) those who fell ill during conscription; (b) those who developed "nervous disorders" during the war; and (c) those who developed such disorders "as a result of injury or some other cause of illness." The second category, in particular, was attributed to "hysterical psychoses of terror after dramatic re-enactments of battles," referring to "mental disorders that usually occur after various other major disasters." The third category "finally includes cases in which, following injury, a clear hypersensitivity occurs. Here we are dealing with nerve damage." The article concluded that,

> based on observations made to date, there is no singular, specific mental illness of war. Rather, great exertion, intense emotions, insufficient sleep, and poor nutrition are factors which, in general – and not only in wartime – constitute well-known causes of mental disorders, with the only exception being that these factors occur with particular intensity during war.[24]

The conclusion reflects contemporary perceptions of the phenomenon. By early 1915, only a few months after the outbreak of the war, the belligerent states had already observed a significant rise in cases of mental and neurological disorders among soldiers. Research into these conditions, however, remained at an early stage, and the term "shell shock" was not coined until February 1915.[25] Consequently, the article did not engage in a detailed discussion of the causes of these disorders. Nevertheless, the classification of patients into three categories suggests that the deterioration of soldiers' mental health was understood primarily as a consequence of either military mobilization or wartime experiences.

Following Greece's entry into the war in 1917, similar discussions of war-related nervous and mental disorders began to appear in the Greek medical press. *Iatrikē Proodos*, one of Greece's most historic medical journals, published since 1896, featured a series of four articles on nervous and mental disorders in military personnel. These were not original contributions by Greek scientists but translations of publications from the United States. One such article reproduced instructions issued by the U.S. Army Medical Corps to military physicians

[24] "Yparchousi 'polemikes psychoseis'?" [Are there 'war psychoses'?], *Atlantis*, January 1, 1915, 2.
[25] Charles S. Myers, "A contribution to the study of Shell Shock. Being an account of three cases of loss of memory, vision, smell, and taste, admitted into the Duchess of Westminster's War Hospital, Le Touquet," *The Lancet* 185, no. 4772 (February 12, 1915): 316–320.

following the United States' entry into the First World War in April 1917. It emphasized that "it is imperative to take into account not only the disease currently active, but also any latent or predisposing conditions."

The article first discussed a range of neurological disorders, including tabes dorsalis, multiple or plaque sclerosis, pre-existing muscular atrophy, syringomyelia, hyperthyroidism, and epilepsy. It then turned to psychiatric conditions that could justify exemption from military service, including general paralysis, dementia praecox and manic-melancholic neuropathy. Additionally, it noted that "another category of recruits exempt from service are those suffering from mental disorders and having a psychopathic character." The assessment of such individuals required the identification of symptoms such as "morbid fears, morbid doubts, anxiety and nervousness, susceptibility to fatigue, hypochondria, compulsive tendencies, a propensity for habitual falsehoods, or opportunistic behavior." Finally, the article referred to recruits suffering from alcohol or drug addiction.[26]

The article introduced Greek readers to developments in the screening of military recruits in the United States and provided one of the earliest references in the Greek medical press to the concept of soldiers' "predisposing conditions." By the time the United States entered the First World War in 1917, military authorities had become increasingly aware of the large number of cases of shell shock and other psychological disorders reported among European combatants. The identification of individuals deemed psychologically vulnerable was therefore considered an important component of military efficiency and preparedness. During 1917–1918, psychological screening in the United States was combined with intelligence testing to exclude recruits of lower cognitive ability. Through these procedures, approximately 72,000 recruits, representing around 2 percent of all those examined, were rejected on neuropsychiatric grounds.[27]

Another article focused specifically on "shell shock." Concerning the nature of the condition, it noted that the symptoms closely resembled those observed following railway accidents, earthquakes, and other traumatic events. At the same time, the article emphasized that neuroses associated with trench warfare occurred far more frequently than comparable disorders encountered in

[26] "Praktika sēmeia en tē exetasē tōn neosyllektōn dia neurika kai phrenika nosymata" [Practical points in the examination of new recruits for nervous and mental disorders], *Iatrikē Proodos* 22 (1917): 351–352. This is a translation of an article published in *The New York Medical Journal* on August 25, 1917.

[27] E. Jones, K.C. Hyams, and S. Wessely, "Screening for vulnerability to psychological disorders in the military: an historical survey," *Journal of Medical Screening* 10, no. 1 (2003): 40–41.

civilian life. Morton Prince, Professor of Neurology at Tufts University, argued that war neurosis could manifest in a wide range of symptoms, from neurasthenia to severe paralysis and anaesthesia. He further suggested that the cause of this condition lay in the "anticipatory fear" that soldiers experienced regarding "what will happen when they are exposed to the explosion of shells," effectively attributing the neurosis to a potential predisposition of the individual. At the same time, the article presented an alternative explanation, reportedly widespread among soldiers themselves, according to which the disorder resulted from physical damage to the brain caused by the blast effects of exploding shells. Prince's emphasis on fear as the principal cause of the condition informed his recommendations for prevention. As he argued, "the soul of the combatant should be shielded with healthy courage and fearlessness," so that if a shell exploded nearby, the resulting fear "would be so insignificant that it would not be enough to produce psychoneurosis."[28] Together, these articles introduced Greek physicians to contemporary international debates concerning the psychological consequences of modern warfare. They familiarized the Greek medical community with competing explanations of war neuroses and, more broadly, highlighted some of the challenges that military and civilian doctors would confront following Greece's entry into the war.

The views expressed in the final article illustrate the diversity of contemporary understandings of shell shock during the First World War. Despite important differences, however, many of these explanations shared a tendency to locate the origins of war neuroses primarily in the individual soldier rather than in the experience of warfare itself. A central question in this medical debate was whether the behavioral and neurological symptoms resulted from organic brain damage caused by explosions or from the psychological effects of traumatic experiences. Another critical dimension concerned whether the war acted as the primary causative factor for these symptoms, or whether heredity and the soldier's pre-existing disposition were the principal determinants. These debates were significant not only for advancing psychological theory, but also for addressing practical concerns, including eligibility for compensation and war pensions.[29] The determination of diagnosis, as well as the

[28] Morton Prince, "Ē ex ovidon neuroplēxia" [Nerve damage caused by shells], *Iatrikē Proodos* 22 (1917): 355–356. This is a translation of the article by Morton Prince, "The prevention of so-called 'Shell Shock,'" *The Journal of the American Medical Association* 69, no. 9 (September 1, 1917): 726–727.

[29] José Brunner, "Will, Desire and Experience: Etiology and Ideology in the German and Austrian Medical Discourse on War Neuroses, 1914–1922," *Transcultural Psychiatry* 37, no. 3 (September

assessment of whether a patient possessed a pre-existing predisposition, posed a challenge for physicians across the belligerent states. The outcome of these assessments had important financial implications: recognition of a war-related disorder could confer eligibility for a pension, whereas the attribution of symptoms to hereditary or constitutional factors often limited or excluded such entitlements.[30]

As historian José Brunner has observed, "in addition to restoring neurotic soldiers to battle fitness, army doctors explicitly defined their task as preventing 'great economic damage to our fatherland.'"[31] At the same time, many physicians regarded war primarily as a context in which hereditary vulnerabilities and constitutional predispositions were revealed or exacerbated, rather than as the direct cause of psychological breakdown. Consequently, the attribution of mental illness to pre-existing predispositions frequently served as a preferred explanatory framework.[32] Last but not least, it is important to consider cases of malingering. Among many authorities, particularly senior officers, suspicions that soldiers might be feigning or exaggerating symptoms contributed to widespread skepticism towards cases of shell shock, which were often interpreted as manifestations of indiscipline, cowardice, or unwillingness to serve.[33] Consequently, numerous shell-shocked soldiers faced court-martial.[34] More generally,

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2000): 299–300, 307–310, doi: 10.1177/136346150003700302; Paul Lerner, "From Traumatic Neurosis to Male Hysteria: The Decline and Fall of Hermann Oppenheim, 1889–1919," in *Traumatic Pasts. History, Psychiatry, and Trauma in the Modern Age, 1870–1930*, ed. Mark S. Micale and Paul Lerner (Cambridge: Cambridge University Press, 2001), 147–157, 163–167, doi: 10.1017/cbo9780511529252.008; Marc Roudebush, "A Battle of Nerves: Hysteria and Its Treatments in France during First World War," in *Traumatic Pasts. History, Psychiatry, and Trauma in the Modern Age, 1870–1930,* ed. Mark S. Micale and Paul Lerner (Cambridge: Cambridge University Press, 2001), 254–260, doi: 10.1017/cbo9780511529252.012; Edgar Jones and Simon Wessely, *Shell Shock to PTSD. Military Psychiatry from 1900 to Gulf War* (Hove and New York: Psychology Press, 2005), 17–21; Stefanie C. Linden, Volker Hess, and Edgar Jones, "The neurological manifestations of trauma: lessons from World War I," *European Archives of Psychiatry and Clinical Neuroscience* 262, no. 3 (April 2012): 254, doi: 10.1007/s00406-011-0272-9.

30 Brunner, "Will, Desire and Experience," 303–304; Leese, *Shell Shock*, 17–22, 65–67; Thomas, *Treating the Trauma of the Great War*, 60.

31 Brunner, "Will, Desire and Experience," 304.

32 Bruna Bianchi, "Psychiatrists, Soldiers, and Officers in Italy during the Great War," in *Traumatic Pasts. History, Psychiatry, and Trauma in the Modern Age, 1870–1930*, ed. Mark S. Micale and Paul Lerner (Cambridge: Cambridge University Press, 2001), 229, doi: 10.1017/cbo9780511529252.011.

33 Reid, *Broken Men*, 58.

34 Leese, *Shell Shock*, 40–41; Simon Harold Walker, *Physical Control, Transformation and Damage in the First World War. War Bodies* (London: Bloomsbury, 2022), 126.

military authorities in all countries were initially reluctant to recognize a new medical diagnosis such as shell shock.[35]

The assumptions that informed medical debates during the First World War differ significantly from contemporary psychiatric understandings of trauma-related disorders. Today, the etiology of post-traumatic stress disorder (PTSD) is understood to focus primarily on exposure to the traumatic event itself.[36] As noted in the opening of the relevant chapter of the most recent *Diagnostic and Statistical Manual of Mental Disorders* (DSM–5), "Trauma- and stressor-related disorders include disorders in which exposure to a traumatic or stressful event is listed explicitly as a diagnostic criterion."[37] Accordingly, the first diagnostic criterion for PTSD is "exposure to actual or threatened death, serious injury, or sexual violence."[38] This conceptual shift was influenced in large part by developments in military psychiatry following the Vietnam War, which proved pivotal in the emergence of PTSD as a diagnostic category.[39] The perspectives reproduced in *Iatrikē Proodos* in 1917 must therefore be understood within their historical context. Although they may appear outdated from a contemporary standpoint, they reflected prevailing medical assumptions about war neuroses during the First World War. The theorization of "shell shock" in the Greek context was firmly situated within this framework.

The doctor most closely associated with the study of mental disorders among soldiers in Greece was undoubtedly Konstantinos P. Papastratigakis (1891–1929). While a student at the Medical School of the University of Athens,

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[35] Leese, *Shell Shock*, 32–33; Jay Winter, "Shell shock," in *The Cambridge History of the First World War,* ed. Jay Winter, vol. 2 (Cambridge: Cambridge University Press, 2014), 310, doi: 10.1017/cho9780511675683.018.

[36] As numerous scholars have emphasized, shell shock and the war neuroses documented among First World War soldiers cannot be equated with what is now classified as post-traumatic stress disorder (PTSD). Despite an apparent historical continuity between these conditions, they should not be regarded as identical syndromes operating under different terminologies. While some symptoms reported among First World War combatants resemble those observed in veterans of later conflicts, including the Vietnam War and the War in the Gulf, shell shock functioned as a broad and heterogeneous diagnostic category encompassing a wide range of psychological and neurological conditions. As such, it included disorders that would today be classified under distinct diagnostic categories, including depression and schizophrenia. See Thomas, *Treating the Trauma of the Great War,* 183–184; and Loughran, *Shell-Shock and Medical Culture,* 10–15.

[37] *Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition. DSM–5* (Washington, DC: American Psychiatric Association, 2013), 265.

[38] Ibid., 271.

[39] Paul Lerner and Mark S. Micale, "Trauma, Psychiatry, and History: A Conceptual and Historiographical Introduction," in *Traumatic Pasts. History, Psychiatry, and Trauma in the Modern Age, 1870–1930*, ed. Mark S. Micale and Paul Lerner (Cambridge: Cambridge University Press, 2001), 2.

Papastratigakis was sent in 1912 to the Military Medical School of Lyon (Service de santé des Armées).[40] Under legislation enacted in 1911, Greek medical students were admitted to the French military medical school through a competitive selection, with all expenses covered by the Greek state. Upon completing their initial training, they proceeded to doctoral studies at the University of Lyon and subsequently received advanced military medical instruction at the Val-de-Grâce Medical School in Paris. Following the completion of their studies, they returned to Greece and were commissioned as permanent medical officers in the Greek Army.[41] The program remained in operation until 1925 and sent a total of thirty Greek students to France, the first of whom was Papastratigakis.[42]

After the outbreak of First World War, Papastratigakis returned to Greece and began his career as a medical officer, progressively rising through the ranks. In June 1916, he returned to France to complete his doctoral thesis, and from March 1917 to June 1918 he served as a medical officer on the Western Front. During his time in France, he specialized in neurology and psychiatry.[43] In 1927, Papastratigakis was sent as a representative of the Greek state to the 4th International Health Conference in Warsaw, where he delivered a presentation on the nervous and mental sequelae of skull injuries.[44] In 1928, he was elected Professor of Psychiatry at the University of Athens.[45] On June 23, 1929

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[40] Greek Military Archives Agency – Army General Staff, Officers Personnel Files, Personal File of Konstantinos P. Papastratigakis.

[41] Antonios I. Moschonas, *Istoria tis organōseōs tēs Anōtatēs Stratou Ygeionomikēs Epitropēs* [History of the Organization of the Supreme Military Medical Commission] (Athens, 1973), 193.

[42] Dimitrios G. Boukis and Konstantinos Gr. Kiriakopoulos, *Ē mythikē pragmatikotita. Oi stratiōtikoi iatroi apo to 1821 eōs to 1970* [The mythical reality. Military doctors from 1821 to 1970], vol. 3 (Athens: Scientific Association of Armed Forces Health Officers, 2022), 193.

[43] Papastratigakis served primarily at the Military Training Hospital in Athens, the Second Military Hospital of Thessaloniki, and the military hospitals of Komotini and Drama. In February 1921, he was promoted to the rank of Captain in the Medical Corps. Between 1925 and 1926, he taught at the Supreme School of Medical Officers. On 7 October 1926, he resigned his commission and was discharged from the army at his own request. During his twelve years of military service, Papastratigakis received numerous distinctions, including the Silver Cross of the Order of the Redeemer, the Fourth-Class Military Merit Medal, the French Croix de Guerre, and the French Medal of Science. Greek Military Archives Agency – Army General Staff, Officers Personnel Files, Personal File of Konstantinos P. Papastratigakis; Odysseas Rallidis, "Papastratikakis, Konstantinos," *Megalē Ellēnikē Egkyklopedeia* [Great Greek encyclopedia], vol. 18 (Athens: Pyrsos, 1932), 579; Boukis and Kiriakopoulos, *Ē mythikē pragmatikotita*, 196–197.

[44] Konstantinos Papastratigakis, "Ta neurika kai psychika ypoleimmata tōn traumatismōn tou kraniou" [The nervous and mental remnants of skull injuries], *Iatrikē Proodos* 32, no. 12 (July 15, 1927), 369–380.

[45] Petros I. Rontopoulos, "Konstantinos P. Papastratigakis," *Iatrikē Proodos* 34, no. 13 (June 1, 1929): 312; Boukis and Kiriakopoulos, *Ē mythikē pragmatikotita*, 196–197.

he drowned while swimming in Palaio Faliro, a seaside suburb of Athens, at the age of only 38.[46]

Despite his young age, Papastratigakis produced a substantial body of scholarly work. His most significant contribution on post-traumatic psychoneurosis in the military was published in 1924 under the title *The Mentally Ill in the Army*. This study drew exclusively on data from the wartime Greek Army.[47] As he explained in the preface, the work was intended not only for military physicians but also for combat officers, whom he regarded as playing a crucial role in the identification of mentally ill servicemen. The author's objective was to enable combat officers to recognize mentally ill soldiers.[48] Papastratigakis emphasized the importance of screening new recruits and the attention that officers should devote to this issue. Although relevant regulations had been in place in Greece since the nineteenth century,[49] his writings reveal that they were considered insufficient, particularly during times of war. As he argued, "the primary condition for the consolidation of the army is to prohibit mentally disabled men from joining it." To achieve this objective, he maintained that the Military Medical Board should be provided not only with information concerning a recruit's medical history but also with evidence that might assist in evaluating his "moral character."[50]

Papastratigakis' remarks concerning the exclusion from military service of individuals who lacked the "necessary mental qualities" underscore the central importance he attributed to hereditary predisposition and psychological vulnerability. The army, in his view, was expected to identify recruits classified under these categories and exclude them, not primarily for their own welfare but in order to safeguard the efficiency and operational effectiveness of the military institution. Similarly, in his discussion of predisposition to insanity, or "candidacy for phrenopathy," he stated that "quite simply, not all people have the same quality of brain."[51] He even linked predisposition to degeneration, a theory that

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[46] "O psychiatros Papastratigakis apethane enō kolympouse eis Palaion Falērion" [Psychiatrist Papastratigakis died while swimming in Palaio Faliro], *Akropolis*, June 23, 1929, 7.

[47] Konstantinos P. Papastratigakis, *Oi psychopatheis en tō stratō* [The mentally ill in the army] (Athens: K. G. Makridou and I. L. Aleuropoulos Printing House, 1924), 10.

[48] Ibid., 8.

[49] See the relevant decisions from the 1840s at *Diatagai kai odēgiai tou Ypouyrgeiou Stratiōtikōn aforōsai tin exetasē tis sōmatikēs ikanotētos tōn strateusimōn kai organismōn tōn Ygeionomikōn Epitropon tou Stratou* [Orders and instructions of the ministry of soldiers concerning the examination of the physical fitness of conscripts and organizations of the army health committees] (Athens: Royal Printing House, 1859), 8–10, 15–17, 21, 30.

[50] Papastratigakis, *Oi psychopatheis en tō stratō,* 169.

[51] Ibid., 46–47.

dominated psychiatry at the time, asserting that individuals who "deviate from the usual type of person" were degenerates.[52]

At the same time, military service was recognized as an extremely difficult experience, with multiple environmental and emotional factors "attacking" the "soldier's psyche," which Papastratigakis vividly described as follows:

> Abrupt separation from loved ones, departure into the unknown, arduous travel, the frequent necessity of enduring the deplorable conditions of various camps, endless marches, inadequate food, sleeplessness, anxious anticipation of military operations, and fears of possible injury, from which one considers oneself miraculously spared each time; family and financial concerns; anxieties over the illness or death of parents, spouse, or children; the absence of familiar companions or the arrival of unwelcome individuals; and the fear of punishment or court-martial for the slightest act of insubordination, which would not otherwise arise were moral resistance not weakened, these, in short, are the causes that, as if acting in concert, assail the soldier's psyche.[53]

Similar concerns were expressed by another military physician, Fotis Skouras, who, in 1939, described what he termed the "syndromes of enlistment":

> Emotional reactions are the first manifestations of the conscripted soldier. Faced with new living conditions, the recruit reacts primarily on an emotional level. [...] Based on these emotional blows, the sensitive nerves and brain of the recruit regulate

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[52] Ibid., 47. The concept of degeneration exerted a profound influence on psychiatric discourse in the late nineteenth and early twentieth centuries. For the psychiatrist Benedictin Augustin Morel, degeneration was understood as a pathological deviation from an ideal human type, transmitted across successive generations. Although the theory itself predated Morel, its principal innovation lay in the emphasis on heredity, later elaborated by Max Nordau. Subsequently, the theory of degeneration was further developed – most notably by Emil Kraepelin – systematized, and widely disseminated, becoming a dominant framework within European psychiatry during the latter half of the nineteenth century and the early decades of the twentieth century. See Kelly Hurley, "Hereditary taint and cultural contagion: The social etiology of fin-de-siècle degeneration theory," *Nineteenth-Century Contexts: An Interdisciplinary Journal* 14, no. 2 (2008): 193–214, doi: 10.1080/08905499008583317; Paul Hoff, "Kraepelin and degeneration theory," *European Archives of Psychiatry and Clinical Neuroscience* 258, no. 2 (2008): 12–17, doi: 10.1007/s00406-008-2002-5. In Greece, this theory likewise gained considerable currency from the late nineteenth century until the outbreak of the Second World War. See Despo Kritsotaki, *A Social History of Mental Health Care in Greece, c. 1900–1920. Hospitals, Patients, and Society* (London: Palgrave Macmillan, 2025), 120–123.

[53] Papastratigakis, *Oi psychopatheis en tō stratō,* 40.

his subsequent course, and on this basis he may develop abnormal behavior and psychoneurotic disorders.[54]

In these passages, both physicians highlighted the transition from civilian to military life as a potentially significant factor in the development of mental disorders. At the same time, their observations also implied that individual susceptibility played an important role in determining how soldiers responded to the demands of military service. As Papastratigakis characteristically summarized elsewhere in his work: "From a purely psychological point of view, not everyone can be a soldier."[55] It should be emphasized that, at the time, psychiatry and neurology constituted a single medical specialty, and physicians in the field practiced as both neurologists and psychiatrists. This is important for understanding the biological perspective on the impact of emotional experiences put forward by Skouras.

In his book on mentally ill soldiers, Papastratigakis devoted a separate chapter to forensic psychiatry, focusing on military personnel who had committed offenses and crimes. As he argued, "since mental disorders are incompatible with the normal life of society and these individuals become dangerous, it becomes imperative to take measures against them."[56] He subsequently examined the legal implications of criminal behavior committed by mentally ill individuals, particularly the question of criminal responsibility and whether an offender could be held accountable for an unlawful act.[57] Among the offences most commonly associated with mental disorders, he identified homicide, sexual offences, theft, and defamation.[58] He also addressed cases of violence within the barracks, both among peers and against superiors,[59] including the case of a gendarmerie soldier who, following an argument with a colleague, drew his weapon and threatened to shoot him; the soldier was diagnosed with dementia praecox.[60]

The relationship between criminal behavior and the mental state of offenders was also a subject of considerable interest within Greek psychiatry beyond

[54] Fotis Skouras, "Ta synēthestera psychika nosimata en tō stratō" [The most common mental illnesses in the army], *Stratiōtikē Epitheorēsis* 35 (November 1939), 148. Mental illness during military service was also examined by the physician Fotis Skouras in 1939. However, this article is employed as supplementary material in the present study, as it pertains to cases of mental illness among soldiers in peacetime and was published nearly two decades after the period under study.
[55] Papastratigakis, *Oi psychopatheis en tō stratō,* 34.
[56] Ibid., 110.
[57] Ibid., 110–112.
[58] Ibid., 113.
[59] Ibid., 146–147.
[60] Ibid., 175.

the confines of military medicine. Michael Gianniris, a prominent psychiatrist and director of the Dromokaiteion from 1903 to 1942, had been conducting psychiatric assessments of criminal defendants since the beginning of the twentieth century and was widely regarded as one of the leading forensic psychiatrists in Greece.[61] Through this convergence of psychiatry and forensic expertise, the Dromokaiteion became, as historian Dimitra Tzanaki has argued, a key site for the identification of degenerates and, ultimately, for the construction of what was perceived as an "inferior, immoral, and criminal" segment of Greek society.[62] In a related article published in 1924, Gianniris presented three cases of epileptic psychopaths who had committed crimes, including the case of soldier PK discussed above.[63] Gianniris concluded that epileptic patients constituted the most difficult and dangerous category of inmates in psychiatric institutions.[64] Referring to the seventy-two epileptic patients treated at the Dromokaiteion between its foundation in 1887 and 1924, he observed that "most of them have committed or are committing dangerous assaults, attempted arson, escape attempts, or making false accusations."[65]

In the Greek context, Papastratigakis was the scholar most closely associated with the study of the war-related neuroses and psychoses that were subsumed under the umbrella category of shell shock during the First World War. His twelve years of service as a medical officer in the Greek Army provided him with a distinctive perspective from which to interpret the psychological consequences of warfare for Greek soldiers within a broader international framework. His writings were firmly informed by contemporary theories of heredity, degeneration, and constitutional predisposition, approaches that not only reflected prevailing psychiatric thought but also served broader military and administrative objectives. The relationship between mental illness and criminal behavior likewise occupied a prominent place in his work. His contributions remain among the few sources on this phenomenon in Greece, alongside another – probably the most extensive – set of data drawn from soldiers treated at the Dromokaiteion Psychiatric Hospital in Athens.

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61 Gianniris, "Ai psychopthiai kai to eglēma en Elladi," 41.

62 Dimitra Tzanaki, "Dromokaiteion. Ēthikē paranoia kai ēthikē/genetisia therapeia" [Dromokaiteion. Moral insanity and moral/genital therapy] in *Egkleismoi kai istoria* [Inclusions and history], ed. Giorgos Kokkinos and Elli Lemonidou (Athens: Pedio, 2024), 79.

63 Gianniris, "Ai psychopthiai kai to eglēma en Elladi," 41–45.

64 Ibid., 41.

65 Ibid., 45.

How Was the Psychological Impact of War Managed? Military Personnel at the Dromokaiteion Psychiatric Hospital (1918–1925)

The "taming" of war-related psychological disturbances among military personnel in Greece during this period formed an integral part of broader efforts to address the mental consequences of warfare. The Dromokaiteion Psychiatric Hospital occupied a central position in this process, as military personnel suffering from mental disorders had been systematically admitted to the institution since 1918. Through the observation, treatment, and assessment of these patients, the hospital became one of the principal sites where the psychological effects of war on Greek servicemen were identified, interpreted, and managed.

The Dromokaiteion Psychiatric Hospital was founded in Athens in 1887 through a bequest from the Greek expatriate Zorzis Dromokaitis.[66] It was the second psychiatric institution established in the Kingdom of Greece, following the psychiatric hospital on Corfu, and the first to operate in Athens. By the early twentieth century, it had become one of the country's principal centers for psychiatric care and research. An American observer visiting the hospital in 1919 described it as having a "small but excellent operating room. Laboratory and pharmacy good. Fine kitchen not yet in operation. Special building for the tuberculous insane. Buildings generally excellent, clean and well managed. Good hydrotherapeutic equipment."[67]

As part of the institution's highly regulated daily routine, fixed schedules governed waking, meals and bedtime. During the remainder of the day, patients were either confined to their rooms or, in the case of wealthier inmates, allowed to remain in designated communal areas under the constant supervision of nursing staff.[68] Regarding its operation, the director resided on the premises, while the head nurse and other nursing staff were permitted to leave only for 24 hours once a week.[69] As historian Vangelis Karamanolakis

[66] Vangelis Karamanolakis, "To Dromokaiteion Phrenokomeio: 1887–1903. Opseis tēs egkatastasēs enos idrymatikou thesmou" [The Dromokaiteion mental hospital: 1887–1903. Aspects of the establishment of an institutional framework], *Mnēmon* 21 (1998): 45–46; Markella P. Fiste, "To Dromokaiteio Psychiatriko Nosokomeio Attikis. Istorikē poreia tou idrymatos kai diachroniki exelixē tōn kyrioterōn nosografikōn kai psychopathologikōn ennoiōn" [The Dromokaiteio psychiatric hospital of Attica. Historical course of the institution and diachronic evolution of the main nosographic and psychopathological concepts] (Doctoral Dissertation, National and Kapodistrian University of Athens, 2014), 23–33.

[67] Carl E. Black, *Survey of the Hospitals of Greece* (Athens: The American Red Cross, 1919), 72–73.

[68] Karamanolakis, "To Dromokaiteio Phrenokomeio," 58.

[69] Dimitris N. Ploumbidis, *Istoria tis Psychiatrikēs stēn Ellada. Thesmoi, idrymata kai koinōniko plaisio 1850–1920* [History of psychiatry in Greece. Institutions, foundations, and social context 1850–1920] (Athens: Exantas, 1995), 185.

has observed, the Dromokaiteion was "closed, impenetrable, symbolically and in reality," surrounded by a high wall with a single gate guarded throughout the day by a gatekeeper who resided in the gatehouse. No staff member could leave the hospital without the director's consent, and relatives of patients were permitted to visit only twice a week, also with the director's approval. Access was otherwise restricted to judicial authorities and the prefect.[70] The medical staff of the Dromokaiteion included some of the most prominent Greek psychiatrists of the period: Christodoulos Tsirigotis, who served as director from 1887 to 1903; Michael Katsaras, deputy director from 1887 to 1894 and subsequently medical advisor; and Michael Gianniris, who studied medicine in Athens and France, served as deputy director from 1884 to 1903, and then as director until 1942.[71]

Although a private institution, the Dromokaiteion provided free hospitalization for the poor while also admitting public patients.[72] In addition to private bequests and charitable donations, one of its principal sources of revenue was the Ministry of the Interior, which by 1921 covered the hospitalization costs of nearly half of the institution's patients. At the end of the 1910s, the Ministry of Military Affairs had committed 40 beds, while 20 beds were reserved by the municipalities of Athens and Piraeus and 58 by the Ministry of Relief.[73] By 1924, the Dromokaiteion had been transferred from the supervision of the Ministry of the Interior to the Health Department of the newly established Ministry of Health and Welfare.[74]

Greece's participation in the First World War (1917–1918) marked the first military conflict to directly involve the Dromokaiteion Psychiatric Hospital. During the Balkan Wars, military personnel exhibiting signs of mental illness had instead been referred by the Ministry of Military Affairs to the Aeginition Hospital in Athens.[75] In 1918, the Dromokaiteion allocated a dedicated section to the Ministry of Military Affairs, comprising 40 beds for soldiers and 10 for

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[70] Vangelis Karamanolakis, "Ē anadysē tōn idrymatikōn thesmōn. To Dromokaiteio Phrenokomeio (1880–1903)" [The emergence of institutional institutions. The Dromokaiteion mental hospital (1880–1903)] (Master Dissertation, National and Kapodistrian University of Athens, 1997), 49.

[71] Kritsotaki, *A Social History of Mental Health Care in Greece*, 48.

[72] Ibid., 47.

[73] Ibid., 61–62.

[74] Despo Kritsotaki, "Psychikē asthenia kai psychiatrikē nosēleia. Koinōnikes proslēpseis kai leitourgies tis psychiatrikēs kai tōn psychiatrikōn idrymatōn stin Ellada kai tē Skotia tōn archōn tou 20ou aiōna" [Mental Illness and Psychiatric Hospitalization. Social perceptions and functions of psychiatry and psychiatric institutions in Greece and Scotland in the early twentieth century] (Doctoral Dissertation, University of Crete, 2009), 106.

[75] Kritsotaki, *A Social History of Mental Health Care in Greece*, 60.

officers.[76] In November 1922, a separate building exclusively for military patients was inaugurated, financed largely through fundraising campaigns and donations from the Greek diaspora in the United States.[77] Admissions to the institution increased sharply following the mass influx of military personnel in 1918 and 1919 due to the First World War. This influx continued during the subsequent years of the Greek-Turkish War, albeit at a lower rate, before gradually declining following the end of the war decade (Table 1).

Table 1: Admissions of Military Personnel to the Dromokaiteion (1914–1930)

Year	Military admissions	Total admissions	Military out of total (%)
1914	3	75	4
1915	9	73	12.32
1916	3	56	5.35
1917	1	69	1.44
1918	75	162	46.29
1919	95	168	56.54
1920	30	156	19.20
1921	51	156	46.36
1922–24	117	528	22.15
1925	24	190	12.63
1926	25	207	12.07
1927	17	174	9.77
1928	1	149	0.67
1929	7	181	3.86
1930	5	212	2.35

Source: Data on military admissions were compiled from the patient registers of the Dromokaiteion Psychiatric Hospital. Total admissions are based on data by Fiste, "To Dromokaiteion," 134. Fiste lists the figures for 1922, 1923, and 1924 alongside them, which is why they are shown as totals in the table. Of note, some military patients were admitted more than once; consequently, the number of admissions is slightly higher than the number of individual patients admitted.

[76] Panagiotis Ch. Varlas, "Ta oikonomika tou Dromokaiteiou Idrymatos stēn ekatontaetērida 1887–1987" [The finances of the Dromokaiteio institution over the century 1887–1987], in *Dromokaiteion Therapeutērion 1887–1987+15. Ekato dekapente chronia koinōnikēs prosforas* [Therapeutic center 1887–1987+15. One hundred and fifteen years of social contribution], ed. Nikolaos Tsikis (Athens: 2001), 199.

[77] Ibid.

From Greece's participation on the Macedonian Front until the start of the Asia Minor War, 132 soldiers were admitted, averaging 7.33 admissions per month. During the subsequent Asia Minor Campaign (1919–1922), 153 soldiers were admitted, or 4.02 per month. In the period up to 1925, when the last class of combat veterans was discharged, 71 military personnel were admitted, corresponding to 2.53 admissions per month. In total, 356 members of the armed forces were hospitalized at the institution. Although this figure is small relative to the total number of conscripts, it constitutes a tangible sample of the war's psychological impact on Greek soldiers and allows for the formulation of a series of conclusions. It is possible that veterans of these wars were also treated at other military or civilian hospitals during this period or following their discharge. However, the records of the Dromokaiteion Psychiatric Hospital indicate that the Ministry of Military Affairs systematically referred soldiers with mental health conditions to the institution.

The hospital records make it possible to reconstruct the military profiles of the hospitalized personnel. As in other belligerent countries, the overwhelming majority were soldiers. Of the 356 cases, 226 involved enlisted men, 27 non-commissioned officers, and 66 officers; the rank of the remaining cases was not recorded. In some cases, the clinical files explicitly linked the onset of mental illness to wartime experiences. For instance, 20-year-old soldier NK from Chania, Crete, was admitted on May 27, 1921, with the first line of his record noting: "He has been serving in the army for a year, and the disease manifested itself two months ago during the battle of Uşak."[78] An important piece of information is the date of admission to the Dromokaiteion. Although seemingly of limited value for reconstructing a soldier's wartime experience, a closer examination of admission patterns reveals significant correlations with major military operations. Notably, admissions increased approximately two months after critical and deadly battles on the Macedonian Front, such as Skra-di-Legen (May 1918) and Doiran (September 1918). For example, in August 1918, 27 soldiers were admitted, followed

[78] Archive of Dromokaiteion Psychiatric Hospital (hereafter AD), patient registers (hereafter PR) 1920–1921, case number (hereafter CN) 1921/1448. During the military operations of March 1921, no major battle took place at Uşak itself. Rather, the town served as a base from which elements of the Greek Army advanced towards Afyonkarahisar during the spring offensive, an operation that lasted only a few days. The reference in the patient's record may therefore relate not to a major engagement but to smaller-scale clashes between Greek and Turkish forces in the Uşak region, particularly during the subsequent withdrawal of Greek troops to their original positions. See Army General Staff, *Epitomē istoria tis Ekstrateias en Mikra Asia 1919–1922* [Concise history of the Asia Minor campaign 1919–1922] (Athens: Army History Directorate Publication, 1967), 86–134.

by 10 in September and 23 in December 1918, with high numbers continuing through the first half of 1919. A similar pattern is observable during the war in Anatolia. Following the summer campaigns of 1921 in Asia Minor, 30 military personnel were admitted between September 1921 and January 1922.

Diagnoses were expressed through categories already well established within Greek psychiatry and routinely employed at the Dromokaiteion. No distinct nosological category comparable to shell shock was introduced to describe conditions arising from military service, a finding that is consistent with the writings of Papastratigakis. Specifically, during the period under review, the quantitative distribution of diagnoses at the Dromokaiteion was as follows: 65 cases of dementia praecox, 61 of mental confusion, 53 of mental agitation, 33 of degeneration, 17 of manic agitation with delusions of persecution, 13 of melancholia, 12 classified as feeblemindedness, 11 of intense agitation, 7 of organic encephalopathy, 5 of epilepsy, and 4 of neurasthenia. Additionally, there were 27 diagnoses accounting for fewer than four cases each, and eight military personnel identified as malingerers.

The patient registers permit a more nuanced reconstruction of the clinical profiles of the military personnel treated at the Dromokaiteion. CHM, a soldier admitted in September 1918 and diagnosed with dementia praecox, remained inactive, pensive, and expressionless throughout the day, exhibiting slowed perception and memory impairment.[79] AK, a 22-year-old soldier in the Second Artillery Squadron with the same diagnosis, was apathetic to his surroundings, alternating between calmness and pacing, while "refusing to talk." He expressed delusions of grandeur, claiming to be a marshal.[80] Other patients were diagnosed with mental agitation or epileptic frenzy. Among those with mental agitation, 30-year-old MM would intermittently laugh or cry, frequently sing, and tear his shoes and bedding.[81] In the epileptic category, a 27-year-old soldier experienced four episodes – one in Thessaloniki and three at the Dromokaiteion – characterized by convulsions, loss of consciousness, and urinary incontinence.[82] Additional symptoms reported across diagnoses included lethargy, inappropriate laughter, memory impairment, and slow responses to physicians' questions.[83]

The records also document instances of violent behavior among patients. Major PG, a 27-year-old, was mostly bedridden with a melancholic demeanor

[79] AD, PR 1918–1919, CN 1918/1000.
[80] AD, PR 1918–1919, CN 1919/1084.
[81] AD, PR 1918, CN 1918/932.
[82] AD, PR 1918, CN 1918/956.
[83] AD, PR 1918, CN 1918/964; AD, PR 1918–1919, CN 1918/1001 and 1007.

and often cried when he "suddenly fell into a rather irritable mental state with obvious loquacity and effusiveness," occasionally exhibiting symptoms of negativism. He attacked nurses, "pulling down their pants."[84] LA, a 30-year-old from Ioannina diagnosed with "cyclothymic disorder in the form of manic agitation," attacked the doctors,[85] while a 22-year-old man from Agiasos, Lesvos, suffering from mild mental agitation, verbally abused the nursing staff.[86] Other files contain briefer references to violent conduct. 24-year-old soldier IP was admitted after attacking a fellow soldier with a razor, diagnosed with mild mental agitation and depression;[87] 22-year-old soldier IM "committed acts of violence";[88] SB from Chios Island exhibited "violent behavior";[89] and soldier AB displayed "criminal tendencies."[90] A notable case involved Major PS, who, following a prior hospitalization in 1922 at an unidentified private clinic for signs of mental illness, experienced a manic episode in 1928. During this episode, he developed persecutory delusions concerning his brother, escaped from the private clinic, and shot him with a revolver, leading to his arrest. Following his admission to the Dromokaiteion, physicians observed "intense manic psychomotor agitation," during which he broke window panes, tore bedding, struck doors and walls, and shouted continuously.[91]

The records thus contain numerous references to violence, aggression, and criminal behavior among military patients. Significantly, however, the clinical files rarely provide detailed information concerning family history, hereditary predisposition, or other constitutional factors. This absence contrasts with the emphasis that Papastratigakis placed on heredity and degeneration. While these records do not permit firm conclusions regarding causation, they suggest that war-related psychological disorders were generally interpreted through established psychiatric categories rather than through a distinct diagnostic framework of war trauma. In this respect, the Dromokaiteion cases reveal how military experience was incorporated into existing psychiatric understandings of mental illness.

Among the military patients admitted to the Dromokaiteion, one case provides particularly compelling evidence of the relationship between wartime

[84] AD, PR 1918–1919, CN 1918/1039.
[85] AD, PR 1918–1919, CN 1918/958.
[86] AD, PR 1918, CN 1918/976.
[87] AD, PR 1923(2), CN 1923/1935.
[88] AD, PR 1918–1919(2), CN 1919[1920]/1124.
[89] AD, PR 1925(2), CN 1925/2164.
[90] AD, PR 1923(2), CN 1923/1951.
[91] AD, PR 1928, CN 1928/2639.

experience, mental disorder, and subsequent violent behavior. Significantly, this case constitutes the sole instance in which a diagnosis of "post-traumatic psychosis" was explicitly documented in the Dromokaiteion. The case concerns KZ, a 25-year-old sergeant, who served in the 5/42 Evzone Regiment.[92] In January 1922, he was transferred to the Dromokaiteion following a violent assault against actors during a theatrical performance in Athens. His military record indicates that he sustained injuries on August 15, 1921 during the Battle of the Sakarya.[93] Subsequently, on January 4, 1922, KZ received a provisional discharge from military service. The medical report attributed his condition to post-traumatic disturbances resulting from a head wound and specifically noted aphasia, amnesia, and hemiplegia, concluding that he was unfit for further military service.[94]

Less than three weeks later, on January 22, 1922, during a performance of "The Apaches of Athens" at the Kotopoulē Theatre in Athens, KZ abruptly appeared on stage armed with a double-edged sword, dressed in a khaki uniform and proceeded to stab two actors. Members of the audience eventually subdued him and handed him over to the police. Newspaper reports described him as being "in a pitiful state" and noted that, while at the police station, he remained silent and stared blankly ahead.[95] KZ was subsequently admitted to the Dromokaiteion on January 30, 1922 for a forensic psychiatric evaluation of his condition. The director of the institution, Michalis Gianniris, attributed his behavior to the physical trauma he had sustained during the military operations. According to his medical file,

> On August 15, 1921, he sustained a serious cranial injury during the Battle of the Sakarya River, when a bullet perforated his skull. The injury was followed by a comatose state, complete anesthesia, and subsequent neurological and psychiatric sequelae, including aphasia, hearing impairments, and cognitive disturbances.[96]

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[92] The Evzones were a type of light infantry unit in the Greek Army; today, they serve a primarily ceremonial role.

[93] The battles along the Sakarya River during the Greek campaign toward Ankara in August 1922 represented the most intense and costly confrontations for the Greek Army in Asia Minor. The number of military personnel killed in action totaled 4,269, while 19,344 were reported wounded. Army General Staff, *Epitomē istoria tis Ekstrateias en Mikra Asia*, 205–301.

[94] "Paraphrōn sphazōn treis" [A madman slaughtering three], *Eleutheros Typos*, January 23, 1922, 4.

[95] "Aimatēron drama eis theatron" [A bloody drama at the theater], *Empros*, January 23, 1922, 4; "To nykterinon drama tōn Apachēdōn" [The nighttime drama of the Apaches], *Ethnos*, January 23, 1922, 4.

[96] AD, PR 1921–1922, CN 1922/1543.

KZ was subsequently transferred to the Second Military Hospital in Athens, where physicians documented mental confusion, amnesia, and persecutory delusions. He misinterpreted the behavior of others, perceiving them as mocking him. These persecutory beliefs extended to his superior, as he imagined that his captain was ridiculing him. Consequently, he carried a knife with the intent to attack his superior at their next encounter. Believing that the performers at the Kotopoulē Theatre were mocking and insulting him, he eventually turned his aggression against them. According to his own testimony,

> the actors were calling him "Kostas the Prince," referring to him by name, and that both the performers and their program were speaking about him. He emphasized that his initial purpose for attending the theater was not related to them. He had carried the knife with the intent to harm his captain; however, upon perceiving the theater performers as mocking him, he climbed onto the stage and assaulted them.[97]

The doctor's report concluded that "the defendant became mentally ill as a result of organic brain damage caused by the injury sustained during the battles of Sakarya." Consequently, "due to the nature of his condition, he is dangerous to others and must be subjected to appropriate treatment in a specialized hospital." The sergeant from Larissa was eventually discharged, although no further details regarding the course or outcome of his case were documented.[98] This case illustrates the profound psychological impact of war – particularly the operations beyond the Sakarya River in August 1921 – as well as the physical trauma sustained in combat, on the life of a soldier. His condition rendered him a danger to his social environment due to violent behavior, necessitating hospitalization in a psychiatric institution.

In the days that followed, the KZ case acquired an additional public dimension through extensive press coverage. Newspaper accounts portrayed the veteran sergeant in highly stigmatizing terms, variously describing him as a "wounded madman,"[99] "unbalanced,"[100] and "insane,"[101] while at times employing overtly derogatory labels such as "despicable criminal" and "monster."[102] It should be noted, however, that the use of such language was not

[97] AD, PR 1921–1922, CN 1922/1543.
[98] AD, PR 1921–1922, CN 1922/1543.
[99] "To nykterinon drama tōn Apachēdōn."
[100] "Teleuthaiai eidēseis" [Latest news], *Thessalia*, January 23, 1922, 1.
[101] "Drama" [Drama], *Patris*, January 23, 1922, 4.
[102] "Paraphrōn sphazōn treis," 4.

unique to crimes committed by veterans but constituted a common journalistic practice in the reporting of violent crime during this period.[103] Such representations, which approached the level of public shaming, provoked strong reactions among his fellow soldiers, particularly given that the individual in question had been wounded in service to his country. This discontent was explicitly articulated in a letter sent from the front to the newspaper *Empros* by Sergeant Elias Smyrnis of the 5/42 Evzone Regiment. In his correspondence, Smyrnis expressed both his own indignation and that of his comrades, criticizing what he perceived as the press's failure to accord due respect to KZ. He underscored the symbolic significance of "the medal he wore on his head," referring to the wound inflicted by an enemy bullet at Asia Minor, and highlighted KZ's decorations, which included the Cross of Valor, the War Cross, and formal commendations for his conduct in battle and military service more broadly. Smyrnis concluded by asserting that greater respect was owed to "a hero of yesterday" who, in the service of his homeland, had sacrificed "the most precious thing he had: his life."[104]

The KZ case constitutes a distinctive instance within the Greek war years of 1912–1922, in which multiple and often competing discourses converged around the question of a soldier's mental health. The incident bears a degree, albeit on a much more limited scale, of theoretical resemblance to the case of Pierre Rivière, who murdered his mother and two siblings in France in 1835. As analyzed by Michel Foucault, this case brought together a wide array of documentary sources – including judicial records, press accounts, witness testimonies, the defendant's own narrative, psychiatric evaluations, police and administrative reports, and trial proceedings – thereby illuminating the tensions and intersections between legal, medical-psychiatric, journalistic, and popular discourses surrounding the crime.[105] A comparable configuration emerges in the Kotopoulē Theatre incident, which is mediated through multiple discourses: journalistic accounts (including testimonies of victims and bystanders), criminal and police narratives, medical-psychiatric evaluations and military perspectives. The latter

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[103] For instance, contemporary newspapers also used these and similar terms for homicides committed by individuals with no apparent military background, such as those described in "Thyma parafronos" [Madman's victim], *Empros*, February 4, 1921, 3; "Aimatēro drama. Parafrōn foneuōn" [Bloody drama. Madman kills], *Empros*, June, 3 1923, 2.

[104] "O antiktypos enos epeisodiou eis to metōpon" [The impact of an incident on the front], *Empros*, February 17, 1922, 2.

[105] Michel Foucault, ed., *I, Pierre Rivière, having slaughtered my mother, my sister and my brother. A Case of Parricide in the 19th Century*, transl. Frank Jellinek (Lincoln and London: University of Nebraska Press, 1982). For more on the various discourses, see Ibid., x–xiv, 229–249.

encompassed both the official view reflected in military documentation and the informal discourse articulated by fellow soldiers.

The coexistence of these perspectives highlights the complexity of mental illness among veterans in postwar Greece. On the one hand, the incident involved a serious criminal offense; on the other, the perpetrator was a decorated combat veteran whose condition was understood to be closely connected to his wartime service. Furthermore, what the newspaper *Empros* described as the "impact of the incident on the front" – as reflected in the publication of a letter of defense sent by KZ's comrades – introduces an additional dimension to the case. This reaction underscores the potential for discontent and internal divisions within the ranks, arising from perceptions of ingratitude, contempt, and the stigmatization of a soldier who had, until that point, been recognized for his loyal service to the nation. All of the aforementioned phenomena ultimately stem from war experience and especially the brain injury this sergeant suffered, which continues to affect not only his life, but also the postwar society.

The descriptions of all cases indicate that, despite the diversity of diagnoses, the symptoms were generally consistent: inactivity, pensive or expressionless demeanor, catatonia, delirium, screaming, negativism, bedwetting, delusions of grandeur, "stupid expressions," hallucinations of persecution, epileptic episodes, and so forth. Although these soldiers came from diverse social and geographical backgrounds, they shared the experience of military service and, in many cases, exposure to combat. However, no umbrella term was employed in Greece at the time to encompass these conditions among military personnel or to establish an explicit causal link with war; instead, older diagnostic categories remained in use. Particularly noteworthy is the absence of hysteria, and especially its subtype pithiatism, a diagnosis widely employed in France to describe war-related psychological disorders.[106] This absence is striking given that many leading Greek psychiatrists, including members of the Dromokaiteion staff, had received part of their medical training in France.[107] Similarly, the diagnosis of neurasthenia appeared only rarely in the Greek context, largely limited to certain private clinics, such as that of Simonidis Vlavianos.[108] In contrast, dementia praecox, which was the most common diagnosis for military personnel during First World War,

[106] Thomas, *Treating the Trauma of the Great War*, 106–107.

[107] Tzanaki, "Dromokaiteion," 66–67, 77. At the Aeginition Hospital, however, only a single case involving a soldier diagnosed with "traumatic hysteria" was recorded during this period. See Kritsotaki, *A Social History of Mental Health Care in Greece*, 144.

[108] Dimitra Vassiliadou, "Men of disordered passions on the Belle Époque of Neurasthenia," *The Historical Review* 18, no. 1 (2021): 116–117.

remained the predominant diagnosis across psychiatric institutions in Greece from the beginning of the century,[109] as well as in the Dromokaiteion during the 1910s.[110] Rather than generating a distinct category of war trauma, the psychological consequences of military service were generally incorporated into pre-existing psychiatric frameworks, including dementia praecox, degeneration, melancholia, epilepsy, and mental confusion.

The sudden influx of soldiers to the Dromokaiteion during the First World War and its aftermath undoubtedly contributed to the use of already established scientific concepts. Yet institutional inertia alone may not fully explain this pattern. Although no direct testimonies from physicians exist, developments in other belligerent countries suggest additional considerations. The approach of Greek psychiatrists may have reflected a conscious effort to avoid establishing claims for postwar compensation, as well as to protect the army's reputation, which could have undermined the war effort. While the Dromokaiteion remained a civilian institution, it worked in close cooperation with the Ministry of Military Affairs in the treatment of military patients and clear channels of communication existed between the hospital staff and the Medical Corps. The use of "neutral" military and political terminology, rather than new terms explicitly linking war experiences to mental disorders, may have delayed discussions concerning compensation and, in practice, facilitated the restriction or denial of such claims.

What became of these individuals? The final piece of information provided by the Dromokaiteion records concerns the patient's length of stay and clinical outcome. Patient records provide the date of discharge for only a portion of the sample (173 individuals). Lengths of stay at the Dromokaiteion ranged from a few weeks to several decades. Among the cases for which the duration of hospitalization is known, the majority, 97 patients (56.06%), were hospitalized for less than six months. The longest-term cases involved 25 soldiers who remained at the facility for more than a decade, with 12 of them staying for over twenty years (Table 2). Among the 218 individuals for whom outcomes were recorded, 84 (38.53%) were simply noted as "discharged," 77 (35.32%) were "received" (63 of these by the Second Military Hospital of Athens and 6 by their families), 51 (23.39%) died at the Dromokaiteion (Table 3).

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[109] Kritsotaki, *A Social History of Mental Health Care in Greece*, 128.
[110] Fiste, "To Dromokaiteio," 115, 178.

Table 2: Duration of Hospitalization of Military Patients at the Dromokaiteion Hospital

Duration	Number of cases	Out of total (%)
Up to 1 month	31	17.92
1 to 3 months	23	13.29
4 to 6 months	36	20.81
6 months to 1 year	27	15.61
1 to 5 years	22	12.72
5 to 10 years	8	4.62
10 to 20 years	16	9.25
21 to 23 years	10	5.78
Total	**173**	**100**

Source: Data were compiled from the patient registers of the Dromokaiteion Psychiatric Hospital.

Table 3: Outcomes of Military Patients Treated at the Dromokaiteion

Outcome	Number of cases	Out of total (%)
Discharged	84	38.53
Transferred / Received by another authority	77	35.32
Death	51	23.39
Escape	3	1.37
Transfer to Corfu Psychiatric Hospital	2	0.97
Suicide	1	0.45
Received by the Rehabilitation School for Disabled Veterans "Stegi Patridos"	1	0.45
Total	**218**	**100**

Source: Data were compiled from the patient registers of the Dromokaiteion Psychiatric Hospital.

To sum up, military personnel who exhibited violence associated with mental illness were frequently admitted to the Dromokaiteion. In some cases, individuals were transferred directly from the army, whereas in others, they were admitted after committing acts of violence, most commonly homicide or attempted homicide, in order to undergo psychiatric evaluation. Within the institution, the therapeutic approaches employed during this period for them

included occupational therapy and hydrotherapy, while fever therapy being introduced in 1925.[111] No records survive concerning the specific treatments administered to individual military patients. Nevertheless, it is likely that most received one or both of the former therapeutic approaches, which constituted the standard treatments employed at the Dromokaiteion at the time. Irrespective of the patients' clinical condition or the specific treatment selected by the attending physicians, the "taming" of war-related violence among mentally ill soldiers in Greece was primarily achieved through their institutional confinement at the Dromokaiteion.

Conclusion

First World War brought Greek society into contact, on an unprecedented scale, with the psychological consequences of modern warfare. The management of military personnel suffering from mental illness, including individuals who exhibited violent behavior, emerged as a significant concern, as contemporary forensic psychiatric reports and hospital records clearly demonstrate. During this period, the treatment of such servicemen became increasingly bureaucratized through their systematic admission, primarily to the Dromokaiteion Psychiatric Hospital. The impact of both First World War and the Greek-Turkish War on the institution is evident in its records, which reveal how physicians sought to understand and manage these cases using the medical concepts and diagnostic frameworks available at the time.

At the same time, the findings of this study should be interpreted with caution. The number of military admissions identified in the Dromokaiteion archives is relatively small when compared to the size of the Greek armed forces. Other servicemen may have been treated in military hospitals, civilian institutions, or private clinics, while some cases may have remained undiagnosed or emerged only after discharge from military service. Moreover, soldiers who developed psychological disorders during combat may have been killed before receiving psychiatric treatment. Consequently, neither the overall scale of war-related mental illness nor its precise relationship to violent behavior can be established with certainty.

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[111] G. Theotokas, "Peri tēs pyretotherapeias tēs proiousēs katholikēs paralyseōs" [On the treatment of progressive general paralysis with fever therapy], *Iatrikē Proodos* 33, no. 1 (January 1926), 4; Konstantinos Papastratigakis, *Genikē Therapeutikē tōn neurikōn kai psychikōn pathēseōn* [General therapy of nervous and mental disorders] (Athens: G.X. Pergamali Printing House, 1929), 46–54; Fiste, "To Dromokaiteio," 95–97.

Despite these limitations, the Dromokaiteion material provides valuable insights into the ways in which mental illness and violence were understood and managed in wartime and postwar Greece. The evidence suggests that Greek psychiatry did not develop a distinct diagnostic category comparable to shell shock. Nor did it systematically adopt concepts such as hysteria, pithiatism, or neurasthenia, which played an important role in other national contexts. Instead, military patients were generally incorporated into existing psychiatric classifications, including dementia praecox, degeneration, melancholia, epilepsy, and mental confusion.

The writings of Papastratigakis and the records of the Dromokaiteion further point to the continuing importance of heredity, constitutional predisposition, degeneration, and neurological explanations in the interpretation of mental illness. Although physicians clearly recognized the psychological and emotional pressures associated with military service and combat, these experiences were rarely treated as sufficient explanations. Rather, war-related psychological disorders were generally interpreted through established psychiatric and neurological frameworks that emphasized individual vulnerability and organic pathology. Within this framework, violent behavior was understood primarily as a manifestation of mental illness rather than as a direct consequence of wartime experience. Even in the exceptional case of KZ, where "post-traumatic psychosis" was explicitly diagnosed, psychiatrists primarily attributed the disorder to organic brain damage sustained on the battlefield.

The Greek case highlights the diversity of medical responses to war-related mental disorders in the early twentieth century. Rather than creating a distinct category of war trauma, Greek psychiatrists incorporated the psychological consequences of warfare into pre-existing psychiatric and neurological frameworks. The Dromokaiteion simultaneously functioned as a site of treatment, classification, and institutional management, through which military patients were observed, confined, and cared for. The Greek experience therefore demonstrates that the psychological consequences of modern warfare and their possible relationship to violence were neither universally understood nor uniformly classified, but were instead filtered through national psychiatric traditions, medical cultures, and institutional priorities.