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“Slap Heard around the World”: George Patton and Shell Shock

Alexander G. Lovelace

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ABSTRACT: This article addresses the motives behind General George Patton slapping two soldiers in Army field hospitals during the Sicily campaign. With a more comprehensive understanding of the evolution of mental health conditions associated with combat trauma, the complexities of battlefield leadership become clearer.

On a hot August day in 1943 along the northern Sicilian coast, Lieutenant General George Patton slapped a soldier. Arriving at the 15th Evacuation Hospital for an inspection, the general moved along the ward. There he met “the only arrant coward” Patton claimed to have seen in his army “sitting, trying to look as if he had been wounded.” When Patton asked about his injury the soldier replied he “just couldn’t take it.” As one of the doctors remembered, “The General immediately flared up, cursed the soldier, called him all types of a coward, then slapped him across the face with his gloves, and finally grabbed the soldier by the scruff of his neck and kicked him out of the tent.”¹ A week later, Patton repeated the scene at the 93rd Evacuation Hospital (also in Sicily) where he slapped another seemingly uninjured private.²

These episodes, collectively known as the slapping incidents, are among the most well-known facts about Patton’s career. Yet little is known about what Patton actually knew about shell shock. Most of his contemporaries, and subsequent historians, simply claim the general did not believe it existed. Dwight D. Eisenhower, for example, wrote Patton “sincerely believed that there was no such thing as true ‘battle fatigue’ or ‘battle neurosis.’”³ And in General Omar N. Bradley’s opinion, Patton “could not believe that men could break under an intense mental strain as a result of [the] hardships endured in war.”⁴ Patton’s daughter, Ruth Ellen Patton Totten, agreed her father “honestly did not believe in battle fatigue,” while his nephew Fred Ayer Jr. claimed throughout Patton’s

The author would like to thank Professor Ronald Spector, Professor Ingo Trauschweizer, and Major Jeffrey Mills (US Army) as well as the peer reviewers who assisted in the development of this article

1 Diary, August 3, 1943, box 3, George S. Patton Papers (GSPP), Manuscript Division, Library of Congress, Washington, DC; Bess to Eisenhower, August 19, 1943, Report, box 91, Pre-Presidential, 1916–52, Principal File (PPPF), Eisenhower Presidential Library, Kansas; and Long to the Surgeon NATOUSA, “Mistreatment of Patients in Receiving Tents of the 15th and 93rd Evacuation Hospital,” August 16, 1943, box 91, PPPF.

2 Martin Blumenson, *The Patton Papers, 1940–1945* (Boston: Da Capo, 1974), 331.

3 Dwight D. Eisenhower, *Crusade in Europe* (Garden City, NY: Doubleday & Company, 1949), 179–80.

4 Omar N. Bradley, *A Soldier’s Story* (New York: Modern Library, 1951), 162.

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“career he wrote, and told to all who would listen, that there was no excuse for what was once called ‘shell-shock.’”⁵

Scholars have generally agreed. Two prominent examples include historian Carlo D’Este, who wrote that Patton “believed that there was no such thing as ‘combat fatigue,’ and those who claimed to suffer from it were there only to shirk combat duty,” and historian Dennis Showalter, who noted Patton believed “battle fatigue was a euphemism for cowardice.”⁶ The 1970 movie *Patton* gave voice to this opinion when the general says “there will be no battle fatigue in my command . . . Battle fatigue is a free ride . . . I am not going to subsidize cowardice.”⁷

Nevertheless, a search of the general’s extensive diaries, correspondence, and writings cannot produce a single reliable statement from Patton claiming shell shock was not an authentic medical condition. Instead, a more complicated understanding of shell shock emerges. Between the two slapping incidents, Patton encountered other soldiers whom he acknowledged were suffering from shell shock. The reason for the different reactions was Patton’s adherence to an older definition of shell shock from his experience in World War I that viewed total immobilization as the only acceptable symptom requiring hospitalization. Any lesser attack of nerves was normal fear and should be dealt with at the unit level. As Patton wrote after the war,

The greatest weapon against the so-called battle fatigue is ridicule. If soldiers would realize that a large proportion of men allegedly suffering from battle fatigue are really using an easy way out, they would be less sympathetic. Any man who says he has battle fatigue is avoiding danger and forcing on those who have more hardihood than himself the obligation of meeting it. If soldiers would make fun of those who begin to show battle fatigue, they would prevent its spread, and also save the man who allows himself to malingere by this means from an afterlife of humiliation and regret.⁸

If a soldier were able to communicate, Patton did not believe the stage for hospitalization had yet been reached. Though he understood the strain battle put on the human psyche, he also knew it was the commander’s job to maintain fighting strength. Victory, not to mention shorter casualty lists, depended on keeping soldiers at the front. Likewise, Patton’s actions were probably sparked by reports of troops malingering in hospitals immediately before the slapping incidents.⁹ It is therefore more likely Patton did not strike the two soldiers because he thought they were shell-shocked, but rather because he believed they were using the hospitals to escape the front.

5 Ruth Ellen Totten (lecture, Topsfield Historical Society, 1974), quoted in George Forty, *Patton’s Third Army At War* (London: Arms and Armour, 1978), 62; and Fred Ayer Jr., *Before the Colors Fade: A Portrait of a Soldier George S. Patton Jr.* (Boston: Houghton Mifflin Company, 1964), 136.

6 Carlo D’Este, *Patton: A Genius for War* (New York: HarperCollins, 1995), 534; and Dennis Showalter, *Patton and Rommel, Men of War in the Twentieth Century* (New York: Berkley Caliber, 2005), 314.

7 *Patton*, directed by Franklin J. Schaffner (1970; Twentieth Century Fox).

8 George S. Patton Jr., *War as I Knew It* (New York: Bantam Books, 1947), 322.

9 Jack Kneece, “A Soldier’s Story Takes,” *Washington Star*, n.d., folder 19, box 23, GSPP.

What one general thought about shell shock may appear of little importance in the wider events of World War II. Yet it parallels other important issues of command and for the armed forces. This scandal demonstrates how military needs and changing medical knowledge can clash. Though the maladies are very different, past discussions of shell shock resemble today's issues arising from post-traumatic stress disorder (PTSD). Both are complicated psychological problems that sap the Army's strength. The definitions of both conditions also expanded during war.

Patton's understanding of shell shock was shared by much of the US Army's leadership during the period. Patton and many of his contemporaries saw shell shock in black and white terms. If a soldier were truly shell-shocked, he lost control of his actions. Anything less than this was cowardice, normal fear, or fatigue that could be corrected outside a hospital to keep soldiers at the front, preventing greater casualties and lost battles. For this reason, many generals determined they could not be too harsh on hospitalized soldiers. Patton was unique in his actions, not his opinions.

Any revisionism of such a controversial incident runs the risk of appearing to defend Patton's behavior. However, this article suggests Patton's motives were shared by his peers who held similar views of shell shock that have often been overlooked by historians. By examining Patton's writings, his belief in the existence of shell shock becomes evident and his actions as deliberate attempts to end malingering become clear. Though this paper can only briefly touch on shell shock, a short history of the changes surrounding it provides context for Patton's actions.

Shell shock was first diagnosed during World War I and was associated with symptoms such as blindness, paralysis, and problems with hearing, speech, and memory.¹⁰ Yet well before World War II, the term, and the theory that it was caused by concussion, had fallen out of medical use and been replaced with psychoneurosis. The term shell shock, however, remained in popular use. By the beginning of World War II, one study characterized shell shock as consisting of emotional problems, cognitive disorders, physical complaints, and manifestations of hysteria.¹¹ Another leading study, likely read by Patton, listed the basic symptoms as hysteria, neurasthenia, and "graver temporary 'mental' disorder."¹²

Psychology for the Fighting Man, referred to shell shock as "war neuroses" and listed the symptoms as blindness, loss of control in limbs, loss of memory "and everything connected with his [the soldier's] identity."¹³ As historian Hans Binnevelde observed, the symptoms had not significantly changed between the two World Wars, but the willingness of soldiers

10 Hans Binnevelde, *From Shell Shock to Combat Stress: A Comparative History of Military Psychiatry*, trans. John O'Kane (Amsterdam: Amsterdam University Press, 1997), 85.

11 Binnevelde, *Shell Shock to Combat Stress*, 94.

12 Charles S. Myers, *Shell Shock in France, 1914–1918* (Cambridge: Cambridge University Press, 1940), 25.

13 Edwin G. Boring, *Psychology for the Fighting Man* (Washington, DC: *Infantry Journal*, 1943), 319.

to admit fear and anxiety was much more common in the Second.¹⁴ Terminology evolved from “combat exhaustion” or “battle fatigue” to the point that the US Army in the Mediterranean initially assigned all psychiatric cases with the category of “exhaustion.”¹⁵ Thus, by the time of the slapping incidents, all patients with psychological problems were labeled with exhaustion and associated with shell shock even when they did not have disabling symptoms. Thus, the tacitly expanded definition of shell shock was unfamiliar to officers, such as Patton, and soldiers, including those with less severe psychological ailments.

Patton recalled his first painful experience with shell shock while defending his actions in 1943. During World War I, one of his friends had broken down under the strain of combat “in an exactly analogous manner” with those of the two soldiers he struck in Sicily. “Both my friend,” Patton claimed later, “and the medical men with whom I discussed his case assured me that had he been roughly checked at the time of his first misbehavior, he would have been restored to a normal state.”¹⁶ It has not been possible to determine if the story was true, or if Patton was simply attempting to defend himself. But the insight helps explain his actions in the field hospitals in Sicily.

Languishing in the interwar Army, Patton dedicated considerable time to reading and writing about warfare. In 1927, he published “Why Men Fight.” The essay did not mention shell shock, but it did discuss why soldiers avoided combat.¹⁷ Though he admitted skulking could be the result of “nervous collapse caused by fatigue,” Patton made no differentiation between this reason and others for avoiding the battlefield. Nor did he make any distinction when reasoning the execution of skulkers was not for the crime of avoiding combat out of mere fear “but for [the] betrayal of [one’s] comrades.” Patton believed if small unit officers and noncommissioned officers took appropriate measures, referred to as “battle discipline,” skulking would be drastically reduced.¹⁸ But he noted few leaders had the courage to use them.¹⁹

Patton also expressed an interest in shell shock. On March 19, 1941, he wrote to the *Infantry Journal* requesting to purchase *Shell Shock in France 1914–1918* by Charles S. Myers, which was a detailed medical study of shell shock during World War I.²⁰ Though it is unknown if Patton ever read the book, Myers made several recommendations consistent with Patton’s actions in Sicily.²¹ In a section on malingering, Myers wrote on rare occasions malingerers would pretend to be shell-shocked, adding

14 Binneveld, *Shell Shock to Combat Stress*, 94.

15 Calvin S. Drayer and Albert J. Glass, “Introduction,” *Neuropsychiatry in World War II*, vol. 2, ed. William S. Mullins and Albert J. Glass (Washington, DC: Department of the Army, 1973), 9–10.

16 Patton to Eisenhower, letter, August 29, 1943, box 91, PPPF.

17 George S. Patton Jr., “Why Men Fight,” Patton Society, accessed July 1, 2019.

18 Patton, *War as I Knew It*, 382.

19 Patton, “Why Men Fight.”

20 George S. Patton Jr. to *Infantry Journal*, letter, March 19, 1941, folder 5, box 26, GSPP.

21 Patton was a confirmed scribbler in his vast military library, bequeathed to the Military Academy Library at West Point. But *Shell Shock in France* was not donated. Elaine McConnell (librarian, United States Military Academy Library), email message to author, February 11, 2013.

sometimes the attempts were subconscious and could be avoided by keeping suspected malingerers separate from other patients.²² Myers also stated, “The infliction of pain [to shell-shocked patients] is only justifiable in cases of long-standing neglect or of suspected malingering.”²³ Patton demanded the two soldiers in Sicily be immediately removed from the hospitals after he used physical force. If nothing else, Patton’s interest in Myers’s book suggests he acknowledged some form of shell shock did exist.

As in 1918, Patton had few qualms about inflicting physical force to motivate his soldiers. On November 9, 1942, Patton landed on a beach outside Casablanca while commanding part of the Allied invasion of North Africa. The scene was chaotic, and the general went about trying to restore order. He wrote in his diary, “One soldier, who was pushing a boat, got scared and ran onto the beach and assumed the Fields [sic] position (pre-natal) and jabbered. I kicked him in the fanny with all my might and he jumped right to and went to work. Some way to boost morale.” Patton then “hit another man who was too lazy to push a boat.”²⁴ Since everyone on the beach was under fire, nobody thought to question Patton’s actions. As his friend Major General Everett S. Hughes reflected, Patton “had to boot men off the beach at Casablanca to get them into the fight . . . He gets a [Distinguished Service Cross] for one type of slapping or booting and jumped on for slapping them in the hospital.”²⁵ This irony was not lost on Patton.

As the commander of the Seventh Army in Sicily, Patton continued to exert heavy pressure on his soldiers. The route along the northern coast toward Messina was dominated by steep hills and narrow roads cut into sheer cliffs. This terrain provided an excellent defensive position for the Germans, who simply needed to destroy roads along the cliffs to slow the American advance. Patton’s answer to this was to keep up the pressure against the retreating enemy so they could not regroup or complete demolitions.²⁶ Competing with British General Bernard Law Montgomery was another factor in Patton’s haste. As Patton wrote the 45th Division commander, “This is a horse race in which the prestige of the US Army is at stake. We must take Messina before the British.”²⁷

The relentless advance began to wear out the Seventh Army. Donald V. Bennett, an artillery officer fighting in the 3rd Infantry Division, recalled, “A significant number of men were wandering around behind the lines, dodging MPs, and, when caught, claiming they were either lost or their nerves had ‘cracked.’”²⁸ A few days before the first slapping

22 Myers, *Shell Shock in France*, 40–41, 51.

23 Myers, *Shell Shock in France*, 59.

24 [Patton] diary, November 9, 1942, box 2, GSPP.

25 Everett Hughes to Kate Hughes, letter, August 17, 1943, box II 2, Everett Strait Hughes Papers (ESHP), Manuscript Division, Library of Congress, Washington, DC.

26 [Patton] diary, appendix 48, July 18, 1943, box 2, GSPP.

27 Patton to Troy H. Middleton, letter, July 28, 1943, Patton Papers, quoted in Carlo D’Este, *Bitter Victory: The Battle for Sicily, July–August 1943* (New York: Harper Perennial, 1988), 449.

28 Donald V. Bennett, *Honor Untarnished: A West Point Graduate’s Memoir of World War II*, with William R. Forstchen (New York: Forge, 2003), 148.

incident, Patton asked Major General Clarence R. Huebner how the 1st Infantry Division was doing. Huebner replied the front line was getting thinner, and, along with many legitimate casualties being treated at field hospitals, there were some malingers from combat. “Well, as luck would have it,” Huebner remembered years later, Patton decided to do something about the problem.²⁹

Early on August 3, 1943, Private Charles H. Kuhl was admitted to the 15th Evacuation Hospital and received his third diagnosis of exhaustion (fear): “He entered the hospital because of nervousness and fear of noise from artillery; that he would work anywhere but could not stand the front because it made his nerves raw”; he had no other symptoms.³⁰ At 12:15 p.m., the command car roared up to the hospital and Patton hopped out. The hospital’s commander, Colonel F. Y. Leaver, remembered showing Patton the patients: “He praised each . . . casualty by shaking his hand or patting his head and telling him what a fine job he had done in the war effort.”³¹ Then Patton came to Private Kuhl who explained he “just couldn’t take it.” Patton wrote, “I gave him the devil, slapped his face with my gloves and kicked him out of the hospital. Companies should deal with such men and if they shirk their duty they should be tried for cowardice and shot.”³² General John P. Lucas, who was with Patton, remembered Kuhl explained he “wasn’t hurt, he was nervous, and added that he had been to the front three times but couldn’t stay there.” Lucas saw nothing unusual about Patton’s response.³³ After Kuhl’s forced departure, Patton calmly continued with the inspection. As he was leaving, Patton praised the hospital and Leaver for the care the wounded were receiving but added “a great many of those patients that just ‘couldn’t take it’ were nothing more than cowards.”³⁴ Kuhl was later diagnosed with malarial fever and diarrhea.³⁵

Two days later, Patton issued the following order:

It has come to my attention that a very small number of soldiers are going to the hospital on the pretext that they are nervously incapable of combat. Such men are cowards, and bring discredit on the Army and disgrace to their comrades whom they heartlessly leave to endure the danger of battle while they themselves use the hospital as a means of escaping.

You will take measures to see that such cases are not sent to the hospital, but are dealt with in their units.

Those who are not willing to fight will be tried by Court Martial for cowardice in the face of the enemy.³⁶

29 Jack Kneece, “A Soldier’s Story Takes,” *Washington Star*, n.d., folder 19, box 23, GSPP.

30 “Exhibit ‘B,’” September 14, 1943, box 91, PPPF.

31 F. Y. Leaver to Richard T. Arnest, letter, August 4, 1943, box 94, PPPF.

32 [Patton] Diary, August 3, 1943.

33 Diary, August 3, 1943, box 14, John P. Lucas Papers, US Army Heritage and Education Center (USAHEC), Carlisle, Pennsylvania.

34 Leaver to Arnest, August 4, 1943.

35 “Exhibit ‘B.’”

36 Patton to Corps, Division, and Separate Brigade Commanders, “Memorandum,” August 5, 1943, box 91, folder Patton, George S., Jr. (4), PPPF.

It should be observed neither in his departing comment to Leaver or in the above order did Patton imply all soldiers suffering from shell shock were cowards. He used the phrase “great many” as opposed to “all” when warning Leaver about soldiers faking shell shock symptoms. Likewise, the above order only refers to a “very small number of soldiers,” even though shell shock was common in the Sicilian campaign.

Another important observation is Patton never claimed, either at the field hospital or in his diary, shell shock was synonymous with cowardice. At the time of his visit, nobody knew Kuhl had malaria and his record of two previous stays seemed to suggest he was using the hospital to escape the front. Likewise, Patton’s order did not mention shell shock by any of its many names and simply stated being nervous did not constitute a legitimate excuse for hospitalization.

The problem of soldiers using hospitals to escape the front, as Patton surely knew, already had a well-documented history. Helping wounded comrades to the rear or faking illnesses—favored methods of malingerers during the American Civil War—eventually developed such a stigma of cowardice that even genuinely sick soldiers would insist on going into battle.³⁷

During World War I, shell shock victims were so often assumed to be malingerers the French military manual on the subject, *The Psychoneuroses of War*, spent considerable space explaining the difference between malingering and shell shock. Malingering was a “voluntary, conscious act, willed and reasoned, an act which is intended to mislead and deceive. . . . It is difficult for the malingerer to display a complete imitation of a series of neuropathic manifestations such as contractures, tremors, spasms, and certain affections of the gait.” The malingerer often exaggerated the symptoms, and a few hours of observation were usually enough for the malingerer to reveal himself.³⁸

The US Army during World War II was not immune from this problem. As historian Martin van Creveld explained, the Army took an “extremely permissive attitude” toward shell shock that was

communicated to the troops by semiofficial channels and caused combat fatigue to be regarded as a legitimate, almost normal complaint. While preventing the army from applying the somewhat harsh methods of treatment used by German physicians, this attitude also built golden bridges for men who wanted to escape combat. There even exists evidence that, for some soldiers at any rate, going AWOL, deserting and requesting evacuation on psychiatric grounds constituted alternative courses of action.³⁹

His knowledge of history, combined with Huebner’s report, likely strengthened Patton’s idea to watch for skulkers in the hospitals. The

37 James M. McPherson, *For Cause and Comrades: Why Men Fought in the Civil War* (Oxford: Oxford University Press, 1997), 8, 79.

38 Gustave Roussy and Jean Lhermitte, *The Psychoneuroses of War*, trans. Wilfred B. Christopherson (London, University of London Press, 1918), xxxi–xxxv.

39 Martin van Creveld, *Fighting Power: German and U.S. Army Performance, 1939–1945* (Westport, CT: Greenwood, 1982), 96–97.

damage from shell shock to army strength during World War II could often be permanent. Only five percent of psychiatric cases in the North African campaign were returned to their units. Such a high attrition rate forced the military to reevaluate its treatment of the condition.

Captain Frederick Hanson advocated that most shell shock came from fatigue and that it should be treated with a short rest involving good food and sleep.⁴⁰ The result was a dramatic rise in the number of soldiers returned to their units.⁴¹ Over time, these numbers continued to improve, and in the campaigns in France and Germany, 90 out of every 100 exhaustion casualties were rehabilitated to some form of military duty.⁴² Overall, an estimated 60 percent of shell shock casualties were returned to combat during the war.⁴³ Of the remainder, a large number were reassigned to noncombatant jobs. Nevertheless, nearly a million American servicemen received psychiatric treatment during World War II.⁴⁴ Crevelld observes this number constituted 8.9 percent of those who served in the Army during World War II and 43 million days of service were lost. He adds the number of psychological casualties was “about equal to that of all battle and non-battle wounds combined and exceeded the number of those killed by a factor of about three to one. At one time, indeed, more men were being discharged from the army for psychiatric reasons than were added by induction.”⁴⁵ Though the US Army eventually rose to the problem, shell shock was still a major drain on manpower.

The problem of treating shell-shocked soldiers was especially complicated during the Sicilian campaign. The speed of the advance caused many shell shock casualties to be evacuated directly to North Africa instead of being treated closer to the front, which significantly decreased their chances of recovery. Apart from the distance and the reality of longer treatment often causing symptoms to worsen, it is also possible some doctors purposefully delayed returning GI’s to combat. “Having heard the soldier’s tales of battle,” historian Ben Shephard observed, “they seldom had the heart to send him back to it.” The result was that out of the Sicilian campaign, only 39 percent of neuropsychiatric cases were returned to combat.⁴⁶

The American high command was well aware of the problem of separating malingerers from legitimate psychoneurotic cases. Writing

40 Hans Pols, “The Tunisian Campaign, War Neuroses, and the Reorientation of American Psychiatry during World War II,” *Harvard Review of Psychiatry* 19, no. 6 (November/December 2011): 316.

41 Drayer and Glass, “Introduction,” 9, 10.

42 Stephen E. Ambrose, *Citizen Soldiers: The U.S. Army from the Normandy Beaches to the Bulge to the Surrender of Germany, June 7, 1944–May 7, 1945* (New York: Simon & Schuster, 1998), 330.

43 Crevelld, *Fighting Power*, 95, 96.

44 Max Hastings, *Overlord: D-Day and the Battle for Normandy* (London: Michael Joseph, 1984), 246.

45 Crevelld, *Fighting Power*, 95.

46 Drayer and Glass, “Introduction,” 13, 8; Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Cambridge, MA: Harvard University Press, 2001), 219; and Charles M. Wiltse, *The Medical Department: Medical Service in the Mediterranean and Minor Theaters* (Washington, DC: Department of the Army, 1965), 171–72.

an unsent memorandum a few weeks after the slapping incident became public, former Army Chief of Staff George C. Marshall mused that once a skulker reached a field hospital, his “potential value to the service is either destroyed or seriously impaired. There he exchanges information regarding his ailment with other patients and from them he learns the symptoms most likely to perplex the doctors. He is recognized and treated as a sick man. . . . Above all, he escapes from those duties which he seeks to evade. He cannot be punished for malingering, therefore the worst that can happen is to be sent back to his organization where he can and will start the same process all over again.”⁴⁷

Marshall believed the problem was exacerbated by officers wanting to get rid of difficult soldiers by sending them to the hospital and by medical personnel who would not turn away a man who claimed to be sick. “No record exists of any psychoneurotic ever having been convicted for malingering,” Marshall noted. “This is because no doctor is either willing or able to state under oath that the pain complained of by the psychoneurotic is nonexistent.”⁴⁸ Privately, Eisenhower made a similar observation, explaining “in any army one-third of the soldiers are natural fighters and brave; two-thirds inherently are cowards and skulkers. By making the two-thirds fear the possible public upbraiding such as Patton gave during the [Sicily] campaign, the skulkers are forced to fight.”⁴⁹ Lucas, reflecting on the slapping incident, likewise believed, “There are always a certain number of such weaklings in any Army. . . . However, the man with malaria doesn’t pass his condition on to his comrades as rapidly as does the man with cold feet nor does malaria have the lethal effect” of malingering.⁵⁰

British General Bernard Law Montgomery, Patton’s famous rival, had the rumor of the slapping incidents suppressed in his Eighth Army newspaper. As his biographer notes, if Montgomery had “known of Patton’s hysterical outbursts in the two American field hospitals, he would probably have had more sympathy with Patton than did Bradley, Eisenhower, or the American division commanders.”⁵¹ The general sentiment of much of the Allied high command was expressed by General Curtis E. LeMay when a group of flight surgeons requested he give his fliers a rest to prevent shell shock. “Gentlemen,” LeMay told the doctors, “I know you are professionals but we are too. I don’t want you to interfere with the way we’re running the war.”⁵²

Thus, despite the endless criticism of the Seventh Army commander after the slapping incidents, the US Army leadership was not far from Patton’s thinking on what constituted shell shock and cowardice. As Hughes noted, “What we used to consider as shell shock or what we

47 George C. Marshall, *The Papers of George Catlett Marshall*, vol. 4, ed. Larry I. Bland (Baltimore, MD: Johns Hopkins University Press, 1996), 224.

48 Marshall, *Papers of George Catlett Marshall*, 222.

49 Harry C. Butcher, diary, August 21, 1943, box 167, PPPF.

50 [Lucas] diary, August 3, 1943.

51 Nigel Hamilton, *Monty Master of the Battlefield 1942–1944* (London: Hamish Hamilton, 1983), 374, 360.

52 Ambrose, *Citizen Soldiers*, 303.

might now consider as cowards no longer exists. A commander now is on the defensive, and is going to have difficulty in distinguishing between a man who is yellow and a man who is mentally ill.”⁵³

Hughes’s comment on the changing meaning of shell shock helps clarify why Patton did not believe Kuhl was suffering from it. The day after issuing the order to watch for malingerers in hospitals, Patton visited another field hospital and saw “two men completely out from shell shock. One kept going through the motions of crawling. The doctor told me they were going to give them an injection to put them to sleep and that probably they would wake up alright.”⁵⁴ What made Patton think Kuhl was a coward, while these two men were suffering from shell shock? Mostly it was a difference of definition and perception. Kuhl was sitting up on a stool coherent enough to tell Patton he could not take the front. The two other men were clearly stunned out of their senses. The definition of shell shock that Patton and much of the US Army leadership were familiar with was a soldier completely unable to control his actions.

On the afternoon of August 10, Patton arrived at the 93rd Evacuation Hospital. All went well until Patton spied Private Paul G. Bennett, who was sitting up shivering. When Patton asked Bennett what was wrong with him, the private began to cry and answered, “It’s my nerves.” “What did you say?” demanded Patton. “It’s my nerves,” sobbed Bennett, “I can’t stand the shelling anymore.” Patton slapped Bennett across the face shouting, “Your nerves Hell, you are just a God damn coward, you yellow son of a bitch.” The general’s voice was audible from outside the tent as he continued, “Shut up that God damned crying. I won’t have these brave men here who have been shot seeing a yellow bastard sitting here crying.” Patton then slapped Bennett again hard enough to knock off his helmet liner, which rolled into the next tent, and shouted toward the receiving officer, “Don’t you admit this yellow bastard, theres [sic] nothing the matter with him. I won’t have the hospitals cluttered up with these sons of a bitches [sic] who haven’t the guts to fight.” Bennett was managing to sit at attention as Patton turned back to him. “You’re going back to the front lines,” the general growled, “and you may get shot and killed but you’re going to fight. If you don’t, I’ll stand you up against a wall and have a firing squad kill you on purpose.” Patton then reached for one of his ivory handled pistols and continued, “I ought to shoot you myself, you God damned whimpering coward.”⁵⁵ Patton departed still shouting about Bennett. “I may have saved his soul,” he wrote that evening, “if he had one.”⁵⁶

The surgeon general’s report of the slapping incidents arrived at Eisenhower’s Headquarters two days before a delegation of war

53 Everett Hughes to Kate Hughes, letter, November 30, 1943, letter, box II 2, ESHP.

54 [Patton] diary, August 6, 1943, Box 3, GSPP.

55 Donald E. Currier to Arnest, report, “Visit of Lieutenant General Patton to the 93rd Evacuation Hospital,” August 12, 1943, box 91, PPPF.

56 [Patton] diary, August 10, 1943, box 3, GSPP.

correspondents who confirmed the story.⁵⁷ Eisenhower wrote an unofficial reprimand to Patton stating, “I clearly understand that firm and drastic measures are at times necessary in order to secure desired objectives. But this does not excuse brutality, abuse of the sick, nor exhibition of uncontrollable temper in front of subordinates.”⁵⁸ He then ordered Patton to apologize to the two soldiers, along with the other medical personnel, and quietly opened an investigation. Eisenhower also requested the theater war correspondents not report the story since Patton was important to the war effort.⁵⁹ Of the sixty correspondents, not one reported the story.⁶⁰ The silence held until late November when radio commentator Drew Pearson heard about it and “decided it was time to let loose on” Patton.⁶¹ The resulting scoop became front-page news. As one newspaper observed, it was a slap “heard around the world.”⁶²

What was lost in the media coverage and later historical scholarship was Patton’s belief that shell shock was a medical condition, which his later statements demonstrate. As he obeyed Eisenhower’s order to apologize he informed the medical personnel “that he had always regarded cases of ‘shell shock’ as being most tragic” and his intension was to shame the soldiers “to try to snap them out of it.”⁶³ He could not resist adding, however, that the medical personnel should “be very careful in handling such cases so that we wouldn’t be taken in by cowards and malingerers.”⁶⁴ On December 21, 1944, Hughes wrote Patton suggesting combat officers who were relieved for combat exhaustion (shell shock) should be examined by a doctor to determine if the officer could be saved by sending him on leave.⁶⁵ Patton replied Hughes’s suggestions were being acted on and “Commanders are being directed to require an examination by a medical officer in all cases involving the relief of combat officers as the result of combat exhaustion when there is a probability that reclassification may be necessary.” He added, “Where such action is indicated, the officer will of course be disposed of through medical channels or given the proper treatment including a leave if that appears desirable.”⁶⁶ These statements suggest Patton not only believed in shell shock but thought it could be treated without physical and verbal abuse.

Patton believed shell shock was a genuine medical condition, but the two privates he slapped were not suffering from it. He had no problem with soldiers who had lost control of their minds and actions being treated in hospitals. This was the definition he and other US generals who had served in World War I understood. Yet the two soldiers he

57 Butcher diary, August 17, 1943, box 167, PPPF.

58 Eisenhower to Patton, letter, August 17, 1943, box 91, PPPF.

59 Eisenhower, *Crusade in Europe*, 182.

60 Quentin Reynolds, *By Quentin Reynolds* (New York: McGraw-Hill, 1963), 297.

61 Herman Klurfeld, *Behind the Lines: The World of Drew Pearson* (Englewood Cliffs, NJ: Prentice-Hall, 1968), 79.

62 Lee Carson, “Patton’s Wife Offers No Alibi for ‘Tough Perfectionist,’” *Washington Post*, November 15, 1943.

63 “Statement of Captain Henry A. Carr,” September 14, 1943, box 91, PPPF.

64 Currier, memorandum, September 7, 1943, box 91, PPPF.

65 Hughes to Patton, letter, December 21, 1944, folder 18, box 33, GSPP.

66 Patton to Hughes, letter, December 30, 1944, folder 18, box 33, GSPP.

slapped were in control of themselves enough to explain their condition to him. In these cases, the general believed, the soldiers must be made to overcome their affliction by shame, anger, and physical abuse. His actions, however, led most of his friends and family to conclude Patton did not believe shell shock was a genuine medical condition.

In the rush of historians, journalists, and colleagues to defend or condemn Patton, the subtle distinctions of his views were lost. Patton's actions hardly had universal support in the army's officer corps. His old friend John J. Pershing harshly and publicly criticized Patton's behavior.⁶⁷ Nevertheless, many of his colleagues agreed, though usually privately, with Patton's definition of shell shock and the need to prevent malingering. Former Army Chief of Staff Charles P. Summerall wrote Patton that the incident was trifling and he remembered soldiers migrating to the rear and being coddled in hospitals during World War I. "Such cowards used to be shot, but now they are encouraged," wrote Summerall. "Only those who carry the responsibility of winning battles know the difficulty of making men fight."⁶⁸ Summerall's last observation points to the struggle of making soldiers perform in combat during World War II and the concern the US Army leadership had about the problem. Instead of an isolated incident, Patton's actions more accurately demonstrate one general's answer to a complex and universal dilemma.

The modern military leader can draw several lessons from the slapping incidents. First, commanders must still balance medical needs with military necessities. In recent years, the great focus in military psychological health has been PTSD. According to the US Department of Veterans Affairs, between 11 and 20 percent of veterans of the wars in Afghanistan and Iraq suffer from PTSD.⁶⁹ Such a wide gap in the statistics speaks to the controversy over who has PTSD and fears it is underdiagnosed.⁷⁰ Conversely, critics have worried the publicity surrounding PTSD may lead to overdiagnosis, a concern shared by some in the medical profession about shell shock during World War II.⁷¹ The costs are huge, and the military budget is finite. The army that won World War II was largely made up of draftees, but the military of today is comprised of professionals trained at a great cost. A soldier out of action because of PTSD is a major loss and difficult to replace. Finding the correct balance between medical cost and military resources is an ongoing challenge.

Second, like shell shock, the definition of PTSD and what characterizes it changes over time. What was accepted as shell shock

67 Blumenson, *Patton Papers*, 379.

68 Blumenson, *Patton Papers*, 378.

69 "How Common Is PTSD in Veterans?," US Department of Veterans Affairs, accessed July 23, 2019.

70 Michael P. Fisher, "PTSD in the U.S. Military, and the Politics of Prevalence," *Social Science & Medicine* 115 (2014), 1.

71 David J. Morris with Thomas E. Ricks, "Can Drone Operators Get PTSD?," *Foreign Policy*, June 2, 2015; and Norman Q. Brill, "Hospitalization and Disposition," in *Neuropsychiatry in World War II*, vol. 1, ed. Albert J. Glass and Robert J. Bernucci (Washington, DC: Department of the Army, 1973), 231.

for Patton and many of his contemporaries in World War I was very different than that in World War II. Yet, the medical definition had expanded to include people who once would have been viewed as simply tired or frightened. Today, PTSD is often used in the popular vernacular to cover a wide range of traumatic experiences. Military officers need to be cognitive of this and work with medical personnel to provide the best treatment.

Finally, the slapping incidents are a reminder of the difficulty of keeping an army fighting. The ultimate duty of a commander is to achieve victory. To do this and keep casualties to a minimum requires keeping as many soldiers on duty as possible. One of the least remembered, but most remarkable, facts about the second slapping incident is the reaction of the other soldiers in the hospital, many of whom apparently approved of Patton's actions. Leon Luttrell recalled, "none of us felt sorry for the soldier" Patton slapped.⁷² Donald Bennett, heard the commotion in the next tent and remembered his fellow patients cheered Patton as he left, adding, "There wasn't a frontline soldier who had the slightest sympathy for the kid Patton slapped." To Bennett, one soldier's feelings seemed inconsequential to the death he had seen in Sicily, and he believed Patton meant to instill a message for his army to "show backbone, and get the job done."⁷³

Patton's actions were harsh and counterproductive. Even he recognized "my motive was correct because one cannot permit skulking to exist. It is just like a communicable disease." But he added, "I admit freely that my method was wrong and I shall make what amends I can."⁷⁴ He had not acted out of deliberate cruelty, but was instead motivated by a desire to achieve victory and save the lives of his soldiers.

72 David A. Lande, *I Was With Patton: First Person Accounts of WWII in George S. Patton's Command* (St. Paul, MN: MBI, 2002), 91.

73 Bennett, *Honor Untarnished*, 148–49.

74 [Patton] diary, August 20, 1943, box 3, GSPP.

