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## **“Infirm Soldiers in the Cuban War of Theodore Roosevelt and Richard Harding Davis”**

*George Schwartz was thought to be one of the few untouched by the explosion of the Maine in the Havana Harbor. Schwartz said that he was fine. However, three weeks later in Key West, he began to complain of not being able to sleep. One of the four other survivors [in Key West] said of Schwartz, “Yes, sir, Schwartz is gone, and he knows it. I don’t know what’s the matter with him and he don’t know. But he’s hoisted his Blue Peter and is paying out his line.” After his removal to the Marine Hospital in Brooklyn, doctors said that Schwartz’s nervous system had been completely damaged when he was blown from the deck of the Maine.*

—from press reports in early April 1898, shortly before the United States officially declared War on Spain.

**O**n August 11<sup>th</sup> 1898 at a Central Park lawn party organized by the Women’s Patriotic Relief Association, 6,000 New Yorkers gathered to greet invalided soldiers and sailors returning from Cuba following America’s victory. Despite the men’s infirmities, each gave his autograph to those in attendance. A stirring letter was read from Richmond Hobson, the newly anointed hero of Santiago Bay. Each soldier and sailor received a facsimile lithograph copy of the letter as a souvenir.<sup>1</sup>

Twenty years later, the sight of crippled and psychologically traumatized soldiers returning from France would shake the ideals of Victorian England, and to a lesser degree, the United States. A new medical term was coined—shellshock—to describe the unexpected phenomenon. By 1918 there were over twenty war hospitals for mental patients in the United Kingdom. By the end of the war, eighty thousand cases—ranging from paralysis and contractures to phobias and obsessions—had passed through the army medical facilities.<sup>2</sup> It was not only that shellshock exposed the terrors of modern warfare—which were almost unspeakable—but that the syndrome’s sudden visibility highlighted the fragility of Europe’s collective psyche.

The Spanish-American War of 1898 was, of course, a far cry from World War I. Only 368 American soldiers were killed in Cuba—one quiet afternoon on the Western Front—and there is little official documentation of psychological trauma. While some of the next war's technology was employed, such as modern battleships and machine guns, the battles themselves were marked by thrilling charges and quick victories—more from the pages of Lord Tennyson than Siegfried Sassoon. The majority of casualties occurred after the armistice when malarial fever swept through American camps.

The Cuban Campaign, despite its brevity and relative bloodlessness, became a widely used theme in popular literature. This essay examines representations of American soldiers by Theodore Roosevelt and Richard Harding Davis, and how their texts subtly anticipate the war neuroses so prevalent in World War I. On the surface, Roosevelt's 1899 memoirs, *The Rough Riders*, presents the antithesis of shellshock-syndrome (at the time the term had not yet emerged). His volunteer regiment, whether under assault from Spanish bullets or malarial fever, was seemingly immune from any psychic disturbance, or even such a possibility. It was simply not in the men's constitutions.

However, when *The Rough Riders* is contrasted with Davis's 1899 fiction, "On the Fever Ship"—the story of a wounded Lieutenant whose symptoms include visions, somnambulism, and paranoia—a slightly different subtext emerges. I argue that the story may signal anxieties largely suppressed in Roosevelt's text. In Roosevelt's text, one anxiety is that the emerging technocratic world of the late 1890's—in which modern warfare was one extension—could be the originating cause of male psychic vulnerability.

Specifically, Roosevelt hints at this uneasiness in the latter stages of the campaign. When the malarial epidemic is mishandled by Washington authorities, the men's physical health is undermined, rendering them visibly passive, immobilized, and at the mercy of unseen powers.<sup>3</sup> The promise of re-living the adventures of a vanishing Wild West, so appealing to the Rough Riders and their national audience, ends with administrative mismanagement—a miniature anticipation of the later catastrophic failures of the Western Front. In his story of the return to domestic life, Davis imagines vulnerability—in the body and mind of the hallucinating Lieutenant—in even more prophetic terms. The Fever Ship—with its complex staff of doctors, nurses, and orderlies—becomes metonymically linked with the emerging bureaucratic society, one based on surveillance, specialized knowledge, and one-side control over the individual.

When Roosevelt composed *The Rough Riders*, more than thirty years had

passed since the nation's previous war. Thus, Roosevelt's rhetoric served to demonstrate to his domestic audience, and the world, that the current American soldier was still as formidable as Lee and Sherman's heroes. At the same time, Roosevelt—while praising the bodily vigor of his men—emphasizes their mental invulnerability. This rhetorical imperative seemed more pronounced in 1898 than in 1865.

The decades following the Civil War, marked by the accelerating processes of industrial civilization, altered popular thinking about masculine psychology—most notably in George Beard's 1881 *American Nervousness*. To a degree, neurasthenia—or at least a preoccupation with psychic health—became an acceptable component of the male constitution, well before the terrifying reality of large-scale war neuroses.<sup>4</sup> As I have suggested, WWI shellshock was not just a situational response to the perils of unprecedented total and protracted warfare but one highly-crystallized sign of the crises associated with twentieth-century modernization. In a sense, Roosevelt's narrative is a textual attempt to reverse the tide of American nervousness, even as the idealized memoirs contain the faint traces of the impossibility of such a reversal. Davis's story—viewing his fiction as a sensitive register of larger social tensions not as factual evidence of unrecorded war-induced trauma—offers little such hope.

I begin my analysis of *The Rough Riders* with Roosevelt's account of early July after American forces had landed at Daiquiri and before the first encounters with the Spanish.<sup>5</sup> Here, Roosevelt notes the external physical brilliance of the men.

[A]s we stood around the flickering blaze that night I caught myself admiring the splendid bodily vigor of Capron and Fish—the captain and the sergeant. Their frame seemed of steel, to withstand all fatigue; they were flushed with health; in their eyes shone high resolve and fiery desire. (79)

It is, however, the soldier's internal self-control that will be most dazzling—their supreme silence once under fire. Initially, some censoring is necessary; “when the firing opened some of the men began to curse. ‘Don't swear—shoot!’ growled Wood” (94).<sup>6</sup> Otherwise, Roosevelt describes their perfect stoicism.

Gradually, however, they [the Spanish] began to get the range

and occasionally one of our men would crumple up. In no case did the man make any outcry when hit, seeming to take it as a matter of course; at the outside, making only such a remark as, "Well, I got it that time." (89)

Roosevelt insists on the inarticulateness of male mortality. Clark, a fellow Harvard man, "was shot first in the leg and then through the body. He made not the slightest murmur" (131). Heffner's descent is equally laconic, "he fell without uttering a sound . . . he then again began shooting, and continued leading and firing until the line moved forward, and we left him, dying in the gloomy shade" (91)—to the end obeying Wood's imperative, speaking with his gun. Moreover, often the men endure without complaint not one wound but several. For instance, Thomas Bisbell, a half Cherokee, was hit seven times.

The first wound was received by him two minutes after he had fired his first shot, the bullet going through his neck. The second hit him in the left thumb. The third struck near his right hip, passing entirely through the body. The fourth bullet (which was apparently from a Remington and not from a Mauser) went into his neck and lodged against the bone, being afterward cut out. The fifth bullet again hit the left hand. The sixth scraped his head and the seventh his neck. He did not receive all of the wounds at the same time, over half an hour elapsing between the first and last. Up to receiving the last wound he had declined to leave the firing-line, but by the same he had lost so much blood that he had to be sent to the rear. (105)

Roosevelt offers a rationale for the soldiers' endurance. Shellshock or war neuroses—which perplexed the medical doctors and Freudian psychiatrists of the next war—were variously ascribed to either too much or too little repression. Instead, Roosevelt implies that the soldiers had nothing to suppress, as "most of the men had simple souls. They could relate facts, but they said very little about what they dimly felt" (68). Roosevelt equates their psychic invulnerability with their psychic simplicity when he remarks, "I did not see any sign among the fighting men, whether wounded or unwounded, of the very complicated emotions assigned to their kind by some of the realistic modern novelists who have written about them" (106).

One soldier is exempted from mental shallowness, Captain Bucky O'Neil, the famed but doomed Arizona sheriff. On the surface, O'Neil is "the iron-nerved, iron-willed fighter from Arizona" and the "gambler who with unmoved face would stake and lose every dollar" (68). It is O'Neil's psychic exceptionalism, however, that interests Roosevelt.

He alone among his comrade was a visionary, an articulate emotionalist. He was very quiet about it; never talking unless he was sure of his listener; but at night, when we leaned on the railing [during the voyage from Tampa to Cuba] to look at the Southern Cross, he was less apt to tell tales of his hard and stormy past than he was to speak of the mysteries which lie behind courage and fear and love, behind animal hatred, and animal lust for the pleasure that have tangible shape . . . But he was as far as possible from being a mere dreamer of dreams. (68)

O'Neil evades any criticism for sensitive confessional because of perfect control over his body. Thusly, O'Neil's superhuman nerves frame Roosevelt's vignette of death. And O'Neil's uprightness is reinforced; he dies standing and silent.

As O'Neil moved to and fro, his men begged him to lie down, and one of the sergeants said, "Captain, a bullet is sure to hit you." O'Neil took his cigarette out of his mouth, and blowing out a cloud of smoke laughed and said, "Sergeant, the Spanish bullet isn't made that will kill me." A little later he discussed for a moment with one of the regular officers the direction from which the Spanish fire was coming. As he turned on his heel a bullet struck him in the mouth and came out the back of his head; so that even before he fell his wild and gallant soul had gone into the darkness. (122)

O'Neil's masculine performance is flawless; even as his bluff is called, one imagines the earlier unmoved poker face. Nonetheless, the articulate emotionalist's passion for words makes the circumstances of his death ironic, not unlike the oral fixation of his unhealthy cigarette addiction. For O'Neil spoke too much and too soon. Perhaps the text needs O'Neil to be removed instan-

taneously. Otherwise, there remains the possibility that his nerves could flinch, or worse, he could live to tell his tale. An invalid—or shell-shocked—O’Neil, one rambling in his hospital bed, “a mere dreamer of dreams,” is unimaginable. His entirely mute death provides Roosevelt’s audience with a comforting resolution—one that, as we shall see, is far less clear in Davis’s “On the Fever Ship.”

As mentioned earlier, it is only when exposure to malarial fever begins to take its toll that the men show any marked infirmities. Roosevelt describes the weakened and nearly crippled but never protesting troops.

For a few days the man would be very sick indeed; then he would partially recover, and be able to go back to work; but after a little time he would be again struck down . . . The lithe college athletes had lost their spring; the tall, gaunt hunters and cow-punchers lounged listlessly in their dog-tents, which were steaming morasses during the torrential rains, and then ovens when the sun blazed down; but there were no complaints. (197)

The sight of withering if stoic manhood—much like the poignant bravery of the invalided autograph-signers in Central Park—is disturbing to Roosevelt. In frustration, he targets his anger at the War Department which he said confused the infectious, yet rare, Yellow Fever with the common non-infectious malarial fever, and initially decided to quarantine the army for the summer in Cuba. (In actuality, both yellow fever and malaria are transmitted by mosquitoes.)

Roosevelt says of the Yellow Fever,

It never became epidemic, but it caused a perfect panic among some of our doctors, and especially in the minds of one or two generals and of the home authorities . . . I doubt if there ever were more than a dozen genuine cases of yellow fever in the whole cavalry division; but the authorities at Washington, misled by the reports they received from one or two of the military and medical advisers at the front, became panic-struck, and under the influence of their fears hesitated to bring the army home. (199)

And, the treatment—reducing the disease’s spread by continually moving camp—had the counter-effect; “whenever we shifted camp the exertion among the half-sick caused our sick-roll to double the next morning . . . in the weak condition the labor of pitching camp was severe and told heavily on them (200). These passages hint at what would become predominant themes twenty years later—a seemingly omnipotent military organization producing powerless victims. The only time Roosevelt’s men display any mental strain is when the War Department’s misguided directives immobilize them.

We did everything possible to keep up the spirits of the men, but it was exceedingly difficult because there was nothing for them to do. They were weak and languid, so that it was not possible for them to indulge in sports and pastimes. (202)

Roosevelt liked to think that his rugged men won the war *despite* the bureaucratic decisions emanating from Washington. Interestingly, Roosevelt projects the language of mental dysfunction onto the Washington authorities—“hysteria” and “perfect-panic”—perhaps subtle foreshadows of the next war’s epidemic of shellshock-related disorders.

In the Cuban summer of 1898 malarial fever was the cause; however, the Rough Rider’s secondary symptoms—passivity, chronic fatigue, even ennui—were themselves characteristic of those produced in the Great War, in the seemingly pointless but bloody trench warfare overseen by faraway governments.

Richard Harding Davis’s “On the Fever Ship” is a useful contrast to *The Rough Riders* for several reasons. Davis wrote extensively on the Spanish-American War and his *The Cuban and Porto Rican Campaigns* rivaled Roosevelt’s memoirs in popularity. And, in many ways, the story picks up where Roosevelt ended—the return from Cuba back to New York. As a fictional piece about a soldier’s psychological state, “On the Fever Ship” provides glimpses into those mental regions only dimly felt by the Rough Riders.<sup>7</sup> Furthermore, the Lieutenant suffers from fever but his symptoms—muteness, nausea, dizziness, tremblings, spasmodic weeping, disorientation, and hallucinations—eerily resemble those associated with shellshock. As I argued earlier, shellshock itself—its presence or absence—is not entirely the issue, but rather the Lieutenant’s overwhelming sense of misuse by an elaborate military-medical establishment to which his distress may have been a response.

The plot of “On the Fever Ship” is deceptively simple: an unnamed

Lieutenant awakes from an apparent eight-day coma, finding himself confined in bed on a military fever ship. The Lieutenant, wounded at San Juan Hill and then stricken with fever, suffers from temporary amnesia. He is frustrated and bewildered by his condition and the diagnosis that he must remain in bed.

One of the Lieutenant's most frenzied concerns is the whereabouts of his New York fiancée. In his overwrought imagination the Lieutenant expects her imminent arrival on board the ship. At the height of his terror, he mistakes (and embraces) one of the ship's nurses for his fiancée. The nurse is offended; the ship's Doctor, however, concludes that perpetuating the illusion is essential for the patient's survival and sanity. The nurse enacts the masquerade; the Lieutenant is kept alive long enough to disembark in New York and re-unite with his fiancée, although his condition is still feeble.

Despite the surface happy ending, the story is far from a romance. The Lieutenant's anxious confessional may be that averted nightmare—Bucky O'Neil weeping on a Red Cross hospital ship. As with George Schwartz and his damaged nervous system, there is clearly something the matter with the Lieutenant. Literally, the Lieutenant is being treated for a wound and the fever. But the narrative minutely focuses on his internal psycho-traumas, and raises the possibility that his faulty mind—the “very complicated emotions” dismissed by Roosevelt—is partially responsible.

As mentioned earlier, figuratively, the ship stands for an emerging technocratic society that often renders individuals helpless. The story begins with explicit images of confinement. To the feverish Lieutenant the ship's rails, viewed from his window, are prison bars and his small room a cell. The ship is a penitentiary; “the iron bars around her sides rose and sank and divided the landscape with parallel lines.” (72) The sense of suffocation is linked to his visual impairment for he cannot judge whether the ship or the distant island is moving.

[H]e felt a distinct sense of ill use, of having been wronged by someone. There was no other reason for submitting to this existence save these tricks upon the wearisome, glaring landscape; and now, whoever it was who was working them did not seem to be making this effort to entertain him with any hardiness. (73)

His observations have lost their certainty (the male gaze is dazed); instead

the world is playing games and victimizing him. His foremost antagonist is young male Red Cross volunteer whose responsibility is to keep him quiet.

The Lieutenant opened his lips to ask another question; but his own body answered that one, and for a moment he lay silent. . . . The soldier moved uneasily, and the nurse in him [the volunteer] became uppermost. "I guess the Lieutenant hadn't better talk any more," he said. It was his voice now which held authority. (84)

The only recourse against the de-authorization is the language of pain—"his own body answered that one." For a moment the Lieutenant contemplates diving overboard, but his infirmity prevents the escape.

But as he balanced for the leap, a swift weakness and nausea swept over him, a weight seized upon his body and limbs. He could not lift the lower foot from the iron rail, and he swayed dizzily and trembled. He trembled. He who had raced his men and beaten them up the hot hill to the trenches of San Juan. But now he was a baby in the hands of a giant, who caught him by the wrist and with an iron arm clasped him around his waist and pulled him down, and shouted, brutally, "Help, some of youse, quick! He's at it again. I can't hold him." More giants grasped him by the arms and by the legs" (75)

Not only is he infantilized and silenced but also his body has mutinied. The return to his cot is marked by feminization, as "he found it so good to be back again that for a long time he wept quite happily, until the fiery pillow was moist and cool" (75). Later, he sheds more tears, not from physical pain but psychic frustration:

Then the prisoner wept again. It was so disappointing. Life was robbed of everything now. He remembered that in a previous existence soldiers who cried were laughed at and mocked. But that was so far away and it was such an absurd superstition . . . at least one is strong enough to cry. (78)

These opening scenes—marked by the Lieutenant's sense of injustice, misdi-

agnosis, waste, and powerlessness—evoke a manic similarity to Roosevelt's frustration when his college athletes' and cow-punchers' vitality is depleted. Unlike Roosevelt's troopers, the Lieutenant feels compelled to talk about his trauma—an emotional but inarticulate version of Bucky O'Neil. The Lieutenant's disorientation is exacerbated by a pressing physical need, hunger. To the Lieutenant the medically prescribed light-diet is a form of starvation. Initially he tries to flee his bed for more provisions. When stymied, his mind instead resorts to fantasies of food.

These excursions afield were always predatory; he went forth always to seek food. With all the beautiful world from which to select and choose, he sought only those places where eating was studied and elevated to an art . . . But his adventure never passed that point [awakening from the dream], for he was captured again and once more bound to his cot with a close burning sheet (79).

The Lieutenant is trapped in an oscillating world between dream and actuality—his nocturnal flights convey the aura of somnambulism. The Lieutenant's descent into madness is forestalled with the ambiguous arrival of his "cure" and the intervention of the Doctor and his assigned nurse.

Miss Bergen halted beside the cot of the Lieutenant and asked, "Is this the fever case you spoke about, Doctor—the one you want moved to the officer's ward?"

. . . The Lieutenant raised his head and stared up at the white figure beside his cot. His eyes opened and then shut quickly, with a startled look, in which doubt struggled with wonderful happiness. His hand stole out fearfully and warily until it touched her apron, and then, finding it was real, he clutched it desperately, and twisting his face and body toward her, pulling her down, clasping her hands in both of his, and pressing them close to his face and eyes and lips. He put them from him for an instant, and looked at her through his tears. "Sweetheart," he whispered, "sweetheart, I knew you'd come." (89)

At first the Nurse is angered by the Lieutenant's groping. The Doctor quickly analyzes the disturbing episode.

“Good God!” cried the young Doctor, savagely. “Do you want to kill him?”

When she spoke, the patient had thrown his arms heavily against his face, and had fallen back, lying rigid on the pillow.  
(92)

To prevent further relapses, the Doctor convinces Miss Bergen to temporarily play the role of the absent fiancée. These key passages resemble Roosevelt's men forced to summer in Cuba—at the mercy of an unresponsive military/medical bureaucracy whose diagnoses can determine their physical and mental fates.

The scene presents a series of problems if we read beneath the literal surface. The straightforward interpretation is that the Lieutenant's fever-induced hallucination is entirely ingenuous and proves his devotion to his fiancée. The reader is left to speculate on the unbreakable power of true love.

Still, the story is more nuanced than that. The story's crisis occurs when the Lieutenant almost discovers his hallucinatory error. Whether a delusion or not, the Lieutenant appears to have experienced sexual desire for the body of another woman. The prevailing sexual codes required a denial of erotic motives and the Lieutenant's absolute physical loyalty to his betrothed. His desire would seem to represent a sexual dysfunction—a symptom of his psychic distress.

The Lieutenant's descent has reached new depths. His bodily control has eroded, his libido is either perversely released or entirely ruled by fantasy, and he may have lost his mind. And, he may have lost his mind to another man—the well intentioned but omnipotent Doctor.

Howard Chandler Christy's accompanying illustration depicts the Lieutenant's hallucination and the Doctor's penetrating gaze. In the illustration, the Lieutenant imagines that he sees his fiancée. The Doctor, like the reader, knows differently. As the sketch is rendered—the Doctor looks through the Lieutenant's mirage, casting his diagnostic scrutiny directly at the patient. In doing so, the illustration registers the Lieutenant's feminization. The bed-ridden and partially exposed Lieutenant—medicine or absinthe at his side—is contrasted with the standing and fully clothed Doctor, the sword hung at his side.

Also—as a suggestion rather than assertion—it seems possible that above the image of the virginal fiancée is the faint outline of a nude female torso, arms twisted and hair strewn. Earlier, I argued that the Lieutenant appeared

to experience sexual desire for Nurse Bergen. However, in the illustration, Christy has effaced Nurse Bergen and perhaps substitutes the eroticized torso.



At this point, the story—and the illustration—allows us to ask the questions: do the Lieutenant’s hallucinations and impulsive actions arise solely from the Fever or do they originate in his dysfunctional mind? Or, were they caused by the very shock of his charge up San Juan Hill? The doctor’s intervention—especially in the use of a hypnotic or mental cure—highlights the plasticity of the Lieutenant’s psyche; he is now subject to clinical manipulation. The doctor’s deception transforms him into a specimen, another potential case history written up for the Society for Psychological Research.<sup>8</sup>

As homeopathic treatment, the nurse’s masquerade reduces the Lieutenant’s delirium to manageable levels. While still hallucinating, he becomes docile enough to forgo a twenty-four hour watch, and survives until disembarkment in New York. The story zooms to a climax with the entrance of the “real” fiancée. Initially her sympathetic tears wound his masculine pride by drawing public attention to his wrecked state: “Of course it is not

real, of course it is not She," he assured himself. "Because She would not do such a thing. Before all these people She would not do it" (100). Then, in a moment of painful lucidity, to verify his perceptions the Lieutenant interrogates the steward and the Doctor.

"Is this the same young lady who was on the transport—the one you [the steward] used to drive away?"

In his embarrassment, the hospital steward blushed under his tan, and stammered.

"Of course it's the same young lady," the Doctor answered briskly. "And I won't let them drive her away." He turned to her, smiling gravely. "I think his condition has ceased to be dangerous, madam." (100)

The cure is complete. It is the fiancée who drives the Lieutenant away—"the carriage moved forward, and She put her arm about him and his head fell on her shoulder and neither of them spoke" (100).

The sentimental ending apparently corroborates the Doctor's methods.

"Do you think," he [the Lieutenant] begged again, trembling, "that it is going to last much longer?"

She smiled, and bending her head slowly, kissed him. "It is going to last—always," she said. (101)

An alternative reading yields instead a tortured convalescence. His fiancée has assured him *not* that her love is eternal but that his emasculated, self-doubting condition is irreversible. It may be the Lieutenant who is no longer dangerous—at disembarkment he is clothed in his old uniform, now several sizes too large following his emaciation.

But the real looming figure of despair may be the seemingly innocuous naval physician, one agent in the soldiers' ordeal. The Lieutenant has been funneled through the military-medical complex and transformed into a shrunken test case.

Davis's Lieutenant ends up where this essay began—at a gathering of curious New York civilians. To the reader of the story—when the screen of malarial fever is set aside—the ironic message is there. "It" will last always, and the worst may yet to be.<sup>9</sup>

Shortly after World War I, E.E. Southard described five hundred and

eighty-nine case histories of shell-shock and related disorders.<sup>10</sup> Case 342 resembles the Lieutenant, and the doctor's seemingly-effective talking cure. Apparently, a patient broke out of the army hospital after being refused permission to leave the grounds. The man was suffering from the intrusion of past memories, but,

when the true state of affairs was shown to the patient, his restlessness at night disappeared. The mental condition of this man in fact became practically normal, and the marked tic of facial muscles and the general tremulousness of the man disappeared. This is an example of hallucinations dispelled by tracing them to their source, and giving the patient a clear insight into their nature. (472)

The “true state of affairs” and their “source” is less reassuring when we learn—it is of note that this man's dreams began with a terrible incident in the trenches and then shifted to sex acts. He woke to find the clothes disturbed—a truly dark variant of the Lieutenant's situation.

As mentioned earlier, there are few if any officially recorded instances of psychological trauma during the Cuban Campaign. However, the personal accounts of Private William Roberts, a nineteen-year old volunteer from Michigan, not published until 1977, provide some insight into the mental strain endured by the Spanish War soldier.<sup>11</sup>

According to Roberts, before the fighting, the men experience angst unseen by Roosevelt.

The first morning [of the voyage from Tampa to Cuba] out we had a good stiff breeze and as the old boat rose and fell, a good many of us laid on our backs as if to sleep while others unconsciously nibbled hardtack. A feeling of goneness had attacked us . . . (80).

During the advance on Santiago, Roberts describes the troop's sufferings in unsettling terms.

Again we started on. The air seemed to vibrate with the intense heat. There wasn't a single muscle in the whole column that didn't ache and not a head that wasn't dizzy from the heat. We staggered blindly on. Now and then a bullet, poorly

aimed, whizzed by. One of our best and strongest men was left laying by the road—overcome by heat and exertion. (84)

Significantly—if we accept his account—Roberts presents a uniformity of psychic dislocation within the regiment. And, unlike Roosevelt's laconic troopers, Roberts reveals a need—one the former might call unhealthy—to speak about his pains.

Later, Roberts narrates his first close encounter of battle.

Talk about being tired! We layed right down in the sun and went to sleep. In a minute we were awakened by the zipping of steel mauser balls. We went back a short distance and laid in the shade of some small bamboo trees. With my head very close to the roots and my body very close to the ground I was soon asleep again. Awake again—I saw a fellow who was standing on his knees about ten feet away, get hit in the neck: the bullet comming [sic] out of his mouth and carrying a piece of his tongue with it. While Captain Wilhelm dressed the wound the bullets sang a fiendish gleeful song around his head. While I was asleep a third time the regiment was ordered to a place of less danger and when I woke up our company had gone. Bullets were clipping twigs from the bushes above my head. The regiment was moving and I must find my company. To do this one had to rise into the atmosphere of bullets. I imagined that to get up there would be like jumping into ice cold water. The company was moving toward San Juan Hill. I hot footed a space and was soon up with them. (85)

In contrast to the stoic Rough Riders, Roberts' exhaustion leaves him in a state of quasi-narcolepsy—a kind of psychosomatic symptom. Roberts sleep disorder nearly makes him a malingerer or, worse, a deserter—the charges frequently leveled against WWI shellshock victims.

After serving in Cuba, Roberts enlisted in the regular army for service in the Philippines. Three years later, Roberts was sent home as an insane invalid. He spent the rest of his life in mental institutions, dying in the early 1940s.

Ultimately, the Cuban Campaign was too short, and perhaps too successful, to transform the nation's psyche. However, viewed from the cataclysms

of Ypres and the Somme, the Splendid Little War of 1898 may contain, if only hidden in some of the narratives it generated, unheeded warnings to that, next, Lost Generation.

#### Notes

1. The above entries on George Schwartz and the Central Park lawn party are from Rosenfeld, Harvey. *Diary of a Dirty Little War: The Spanish-American War of 1898*. Westport CT: Greenwood Publishing Group, 200. Rosenfeld makes use of news reports and articles to reconstruct a daily diary of the events of the war.
2. These figures are cited by Elaine Showalter in "Hysteria, Feminism, and Gender" from *Hysteria Beyond Freud*, Berkeley: U California P, 1993. 321.
3. Graham Costas describes conditions: "For the Army, the war ended in sickness, confusion and complaint. Disastrous epidemics drove the Fifth Corp from Santiago in panic flight and ravaged the assembly camps of the Volunteers." Costas. *An Army for Empire: The United States Army in the Spanish-American War*. Columbia: Missouri UP, 1971. 245.
4. Even before the American intervention, Cuba provided a fictive site for recovering neurasthenics. In Davis's *Soldiers of Fortune*, a Manhattan financial mogul vacations in Cuba-like "Ontranto" to recover from enervation. Instead of relaxing, he finds himself embroiled in a thrilling, and restorative, local coup. New York: Charles Scribner's Sons, 1897.  
 In Richard Henry Savage's lesser-known *His Cuban Sweetheart*, Dr. Jim Nixon, a nerve specialist from Yale re-unites with his classmate Lorimer, a successful lawyer who had just toured the world to "restore [his] nerves, broken down by much 'midnight oil'" (6). The novel quickly switches to Lorimer's next therapy prescribed by Nixon, gunrunning and romance in Spanish Havana. New York: A.C. Gunther, 1895.
5. Roosevelt, Theodore. *The Rough Riders*. New York: Charles Scribner's Sons, 1899.
6. Roosevelt is explicit about the verbal reticence of the men when he says, "during our entire time of service, I never heard in the officer's mess a foul story or a foul word; and though there was occasional swearing in moments of emergency, yet even this was the exception." 45.
7. Davis, Richard Harding. "On the Fever Ship." In *The Lion and the Unicorn*. New York: Charles Scribner's Sons, 1899.
8. The 1901 proceedings of the society contain an extended account from 1896 of a French officers suffering from amnesia and spontaneous somnambulism.

On inquiry it appears that this young man of twenty-eight is suffering from the combined effects of typhoid, dysentery, marsh-fever, sunstroke, an unfortunate marriage, and a tendency to absinthe. These troubles have made him hysterical, so that if he receives a shock or stimulus—as a threat of divorce or a glass of brandy—he is apt to become unconscious, and then to act in all sorts of odd ways, till he wakes up again in surprise and with no recollections.

From Myers, F.W.H. "Pseudo-Possession." *Proceedings of the Society for Psychological Research*. London: Kegan and Co. 1901.

Apparently hypnosis was able to cure the officer, as he returned to his regiment and eventu-

ally served with distinction. This “historical episode” differs from Davis’s story in one key respect; the French doctors restored their patient’s memory while our doctor implanted, or at least, sustained the soldier’s hallucinations.

9. Henry Holcomb Bennett’s 1901 story “Invalided Home” also dramatizes a soldier’s homecoming. An unnamed soldier has returned from the Philippines and convalesces in his San Francisco home with his fiancée. He experiences flashbacks that distract him from his fiancée’s romantic talk. At the story’s end, however, we learn his memories apparently are not of the terrors of war but wistful yearnings for the thrill of battle.

The man on the couch moved uneasily. That was life! He thought of his men, and of the wild dash across the open. The girl beside him was saying something; he opened his eyes and looked at her.

“You didn’t hear a word I said. You weren’t even thinking of me! I asked if you were not glad to be home. Are you?”

“Oh, yes,” said the man, a little wearily; “I’m glad.” 575

Unlike Davis’s Lieutenant, the soldier’s symptoms—malaise and disconnection from present reality— do not appear until *after* he is safely home. From Bennett, “Invalided Home,” *Munsey’s Magazine*, XXIV, 1901.

10. From Southard, E.E. *Shell-Shock and other Neuropsychiatric Problems from the War Literature, 1914-1918* New York: Arno Press, 1973.

11. Excerpts from Roberts’s manuscript “Sketches of My Army Life,” appeared under the title “Under Fire in Cuba.” *American Heritage*, December 1977. 78-91

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