
**Author biographies**

Carlo Patriarca received his MD at the University of Pavia where he completed his Residency in Anatomic Pathology. He served as a Staff Pathologist in Genova and Milan and now he serves as Director of the Division of Anatomic and Surgical Pathology of St Anna Hospital, Como, Italy.

Carlo Alfredo Clerici, MD has specialized in clinical psychology and psychotherapy. A researcher at the Department of Pathophysiology and Transplantation of University of Milan, Italy, works at the Istituto Nazionale Tumori (National Cancer Institute) there. He has written extensively on psycho-oncology and the prevention of firearms abuse, and on military history.

---

**The music of war: Seven World War I composers and their experience of combat**

Jonathan RT Davidson

**Abstract**
The effect of World War I military service on composers has been neglected in comparison with poets and artists. This article describes the wartime service of Arthur Bliss, Ralph Vaughan Williams, Ivor Gurney, EJ Moeran, Gordon Jacob, Patrick Hadley, and Maurice Ravel. The relationship between experiences of combat and the psychological health of these men is examined, with consideration being given to predisposition and possible causative influences of military service on their later careers, examined from individual and societal perspectives.

**Keywords**
Composers, World War I, combat, trauma, post war music

Composition is self-expression: it is an attempt to record in musical notation...feelings and experiences...passions and prejudices accumulated by the I...The problem is the same as it was when Apollo
admonished from the temple at Delphi “Know Thyself”! Sir Arthur Bliss.1

Introduction

Much has been written about artists and writers who fought in World War 1, but the impact of war service on musicians has received less attention. This article describes the experiences of military service in seven composers, some famous, and others less so. Each composer’s military experience and trauma are first summarized, followed by a more detailed account of their life course, psychological health, and musical output. Composers were selected on the basis of being exposed to danger at the front, rather than for general service in the armed forces, thus excluding individuals like Arnold Bax, Gustav Holst, and Alban Berg, who contributed to the war effort but did not see combat. All subjects in this report therefore experienced trauma of the kind that can give rise to post-traumatic stress disorder (PTSD) or other adverse psychiatric problems such as alcoholism and depression. Finally, music in the context of war is explored in a wider sense.

The stress of combat

Arthur Bliss

Arthur Bliss (1891–1975) was commissioned as Second Lieutenant in the 13th Battalion Royal Fusiliers in 1914, and spent three years on active duty, including at the Battle of the Somme, where he was wounded and lost his younger brother Kennard. At Cambrai in 1918, Bliss inhaled poisonous gas. His exposure to combat was extensive.

Ralph Vaughan Williams

Ralph Vaughan Williams (1872–1958) was 42 when war broke out and, on account of his age, under no obligation to enlist. However, his sense of duty was strong and he volunteered as a Private in the Royal Army Medical Corps, where he served as a stretcher-bearer, which entailed dangerous work removing the dead and wounded from front lines: indeed, it was work of that kind that lead to the death of another musician, Cecil Coles. Not only was the work dangerous, but stretcher-bearers had to remove grotesquely mangled bodies. Vaughan Williams was also deeply affected by the death in battle of his composer friend, George Butterworth (1885–1916). Vaughan Williams’ late life deafness was ascribed to his proximity to 60 lb shells being fired toward enemy lines.

Ivor Gurney

Ivor Gurney (1890–1937) was initially rejected by the army on health grounds, but in 1915 was accepted in the Gloucester Regiment as a Private and assigned to the band. He served at the front, being wounded at Laventie in 1917 then was gassed at Passchendaele later that year for which he was returned home and discharged.

Ernest John (“EJ”) Moeran

EJ Moeran (1894–1950) joined the Norfolk Regiment upon the outbreak of war. In 1917, he was wounded at Bullecourt. As a result of this injury, some shrapnel was embedded in his back and records refer to a small gunshot wound in the side of his neck. Moeran underwent operative treatment to remove the shrapnel and was declared largely recovered by the authorities. He then spent the remainder of the war serving in the relative quiet of Ireland.

Gordon Jacob

Gordon Jacob (1895–1984) enlisted in the Field Artillery in 1914 and served in a battalion whose survival rate was less than 10%. His direct exposure to combat came immediately before being captured in 1917. As prisoner of war Jacob learned that his brother Anstey had been killed in the Battle of the Somme.

Patrick Hadley

Patrick Hadley (1899–1973) was commissioned as Second Lieutenant in the Royal Field Artillery, and escaped injury until the war’s final weeks, when he sustained a wound which required below knee amputation of his right leg. Subsequent to this, Hadley developed severe chronic pain. In addition to his own personal encounters with danger, Hadley lost his elder brother, Peyton, who was wounded in battle and died from pneumonia soon thereafter.

Maurice Ravel

Maurice Ravel (1872–1937) was initially rejected by the French Air Force on health grounds, but was later accepted into a medical unit as a truck driver delivering supplies to the front, often under conditions of danger from German shelling. Poor health intervened, first dysentery, then a hernia for which surgery was required, and after this Ravel took no further part in the war. Besides suffering the loss of numerous musical colleagues, Ravel’s mother died in 1917, which left him with guilt and much distress.
The lives and careers of seven composers

This section describes the impact of war service for each composer and considers their medical history and compositional activities.

Arthur Bliss

In his autobiography, Bliss gives a forthright account of how war service affected him psychologically and musically. He endured a decade of recurrent nightmares, as described in the following passage:

Although the war had been over for more than ten years, I was still troubled by frequent nightmares; they all took the same form. I was still there in the trenches with a few men; we knew the armistice had been signed, but we had been forgotten; so had a section of the Germans opposite. It was as though we were both doomed to fight on till extinction. I used to wake with horror.2

Bliss attempted to work out his war-based fears and losses through composition. He saw his brother Kennard as the more gifted, and bore some degree of guilt or unworthiness about surviving. There is also a suggestion of disproportionate anger outbursts that persisted for most his life,2 and there seems little suggestion of disproportionate anger outbursts that persisted for most his life,2 and there seems little doubt that Bliss either had PTSD, or at the very least, partial (sub-threshold) PTSD, both of which are known to be associated with impairment.3 After unsuccessful efforts to overcome his grief and fearful dreams through two compositions, Battle Variations and Suite for Piano, Bliss was finally able to surmount these problems in his war symphony Morning Heroes, dedicated to his brother and all other comrades killed in battle. The work received its first performance at the Norwich Festival in 1930, with Bliss as conductor.4 The piece is structured in symphonic form with five movements, employing full orchestra, choir and an orator who declaims through the spoken word in the first and last movements. Bliss chose the part of an orator “to achieve a greater dramatic intensity than seemed possible through any other medium” and he noted that the words chosen were unsuitable for singing.5 In Morning Heroes, Bliss begins with text from the Iliad, followed by verses from Walt Whitman, Li-Tin Po, Whitman, and the Iliad again, and then concludes with lines by Wilfred Owen and Robert Nichols (who was a friend of the composer). Only toward the end does the work become personal in its references to the Battle of the Somme, where Kennard was killed.

Quite remarkably, after Morning Heroes had been completed, Bliss was relieved of his nightmares.

He wrote that “I was now decisively to exorcise this fear. If sublimation…can be thought of as a cure, then in my case I have proved its efficacy.”2 One can ask how Morning Heroes proved to be so therapeutic, and one explanation is that expression of the human voice by chorus and orator provided a form that was absent in Bliss’ two previous attempts to expunge his grief and fear.4 However, the answer is unlikely to be found in his musical approach alone. In reviewing Bliss’ life, his well-rounded character (or “good pre-morbid personality”) and overall psychological health stand out. No doubt some of this could be ascribed to his inheritance, but much can be credited to the strong bonds of affection which existed between Arthur and his wife, Trudy, a talented woman in her own right, who was untiringly supportive of her husband,6 and eventually founded the Bliss Trust to keep alive the legacy of her husband’s work. A third consideration is Bliss’ capacity for empathy: in the loss of Kennard, he was as focused on grief felt by his father and other family members as on his own pain.

Ralph Vaughan Williams

Certain parallels can be drawn between Vaughan Williams and Bliss: prolonged exposure to front line combat, loss of a cherished friend or relative, the eventual creation of what the composer described as his “war symphony” (symphony #3, or the “Pastoral” symphony), and an altruistic vein that lead each to proselytize for music-making by others. That Vaughan Williams appears not to have developed clinically significant psychiatric symptoms of any magnitude, beyond a mild degree of survivor’s guilt, can in this writer’s opinion, be put down to his even tempered nature,7 innate resilience, adventurousness, and adaptability. As a musician, for example, he was capable of reinventing himself well into old age. Beidler8 notes the composer’s magnanimous commitment to music and community, likening him to a missionary for music-making imbued with deep desire to teach others. These qualities, along with a strong sense of purpose, must have served him well in coping with wartime stress and loss.

Several of Vaughan Williams compositions evoke wartime experience, the most well known being his Pastoral Symphony, which was initially begun in 1916 while he was on active duty, and completed in 1921. Of this piece, he wrote with a touch of irony

It’s really wartime music, a great deal of it incubated when I used to go up night after night with the ambulance wagon…and there was a wonderful Corot-like landscape in the sunset—it’s not really lambkins frisking as most people take for granted.7
In this piece, the composer makes use of a haunting wordless soprano, as well as a trumpet theme taken from “The Last Post,” which he remembered having been practiced by a bugler.9

Other pieces that reflect Vaughan Williams’ wartime service include Donna Nobis Pacem (1936), Missa Solemnis, Sancta Civitas, and Five Variants on Dives and Lazarus.10 Vaughan Williams never recovered from George Butterworth’s early death, and the special valence that grief held is indicated by his wife’s comment that among her husband’s favorite of Gustav Holst’s works was “The Elegy on a Lady whom Grief for the Death of her Bethrothed Killed. Assemble all ye Maidens,” in which the text was taken from Robert Bridges’ poem of that name.7 Although composing little during the war, Vaughan Williams was productive in other ways, as Musical Director of the Expeditionary Force’s First Army, for whom he established many choirs, an orchestra, and a military band.

**Ivor Gurney**

Ivor Gurney is less well-known and his works are rarely performed, although in recent years, there has been a modest revival of interest in his music. Gurney is best known as a song writer and war poet, who is now commemorated in Poets’ Corner in Westminster Abbey, and in Gloucester Cathedral, where he sang as a choirboy. Gurney had the rare ability to produce songs and poetry under the dire conditions of war service. One of his masterpieces, a setting to music of John Masefield’s “By a Bierside,” was written in a disused trench mortar emplacement. Gurney’s case is instructive in several respects.

Unlike most of the others described here, he came from a troubled family and had manifested signs of mental illness prior to war service, which eventually developed into progressively worsening psychosis, probably paranoid schizophrenia in nature.11 Unlike his colleagues, Gurney found that army service offered a welcome degree of discipline, companionship, and structure in his life, at a time when he was struggling against the disintegration of his sense of identity. Therefore, at least for a while, war duty produced a temporary improvement of Gurney’s mental state, and it has been argued that through his poetry, the memory of war was like an anchor that delayed further deterioration of his psychotic state: “war itself solidified the fragmented and misdirected individual who had struggled to find his place in the pre-war world.”12 In keeping with his pre-morbid personality, Gurney was somewhat of a loner in the trenches, and seemed not to be particularly upset at the loss of colleagues.12

Gurney was wounded in the shoulder in 1917, from which he recovered and returned to duty, even continuing to produce songs for publication. Later in the same year, Gurney was gassed and then hospitalized in Edinburgh. Following a failed romance with a hospital nurse, Gurney was again hospitalized in 1918 and threatened suicide. He made a recovery and was discharged from the Army late in 1918. Despite further deterioration in Gurney’s mental health, he continued to compose until 1922, and write poetry until 1926. Trethowan noted that during this period, Gurney’s music showed loosening of internal structure and loss of cohesion as his illness advanced.

In 1922, Gurney was committed by his brother to the City of London mental hospital, where he lived out the remaining 15 years of his life, before dying from tuberculosis in 1937. The exact nature of Gurney’s illness has been subject to debate. The term neurasthenia was used in the early stages, and shell shock was diagnosed on admission to hospital in 1922. Neurosyphilis has been considered in retrospect and ruled out.13 A stronger case has been made for bipolar disorder, supported perhaps by Gurney’s Ministry of Pensions record, which diagnosed him as having manic depressive psychosis at the time of discharge, aggravated by, but not due to, wartime service. In this author’s opinion, the diagnosis of paranoid schizophrenia by Trethowan (a psychiatrist) is more convincing, based on the presence of poor social skills and odd behaviors from childhood, a family history of schizoid personality in Gurney’s mother, and the bizarre nature of Gurney’s delusions. However, seasonal exacerbations and grandiosity indicate that Gurney’s psychosis contained elements of both schizophrenic and affective features. Either way, there is no doubt that he suffered from a psychotic disorder that pre-dated war and developed into a chronic and incapacitating state. Further complicating the picture is that Gurney may have been sexually abused as a teenager and displayed persistent confusion as to his sexual orientation for many years.13 Gurney’s family was probably correct in their assertion that war service was not primarily responsible for his mental illness.14

**EJ Moeran**

EJ Moeran is known for his interest in English folk music and, later, for a close and destructive friendship with fellow composer Philip Heseltine (Peter Warlock), lasting from 1925 to 1929 and accompanied by a general lack of musical productivity. Moeran claimed that war injuries of a serious nature required insertion of a plate in his head and lead to the development of shell shock, both of which, as signature injuries from combat, would be expected to suggest a degree of authenticity to his injuries from war. He also stated that he received a disability pension, and the official biography of
Moeran’s life accepts this story. However, recent scholarship by Maxwell, based on additional source material, reaches different conclusions. Maxwell concludes that alcohol use problems were indisputable, but that no support existed for shell shock, serious head injury, implantation of a metal plate, or the award of a pension. He attributes promulgation of this myth to Moeran and Heseltine. Moeran’s alcohol problems may have commenced as an attempt to control war injury induced pain, and were fueled further by his sybaritic lifestyle with Heseltine, who was himself a heavy drinker. Moeran’s drinking problems were severe and resulted in a number of inpatient stays over the next 25 years, as well as causing at least five traffic-related drinking offences. On one occasion, he was picked up drunk in the gutter by the police. He also suffered from increasing depression and generally poor health. By the time of Moeran’s death from drowning in 1950, he had not composed for several years as his marital relationship deteriorated. Even though Moeran was prone to depression, it is thought that this fatal event was caused by a cerebral hemorrhage, rather than suicide or alcohol.

Moeran’s Symphony in G minor has been acclaimed as his “war requiem” with its incorporation of themes related to death. It was commissioned by Hamilton Harty in 1924 for performance by the Hallé Orchestra, but it took the composer 13 years to complete, due to the inability to meet deadlines and heavy drinking. In 1934, Benjamin Britten referred to Moeran as “a near-invalid, broken by the 1914-18 war [who] struggled manfully with his problems and produced music of personality and beauty.” It therefore appears that Moeran was affected by war service. He created his own life story of a serious head injury which left permanent damage, and embellished or fabricated other details. He clearly developed alcohol abuse. In light of Benjamin Britten’s remarks, it is of interest to consider if, today, Moeran might be seen as suffering from mild traumatic brain injury (mTBI) with some partial symptoms of PTSD, even though Maxwell emphatically denies the latter. His post-war musical output was limited due to alcohol and depression problems, and dried up altogether in the last years of his short life. Perhaps Moeran’s war experiences found a voice in his one completed and long-delayed symphony.

Gordon Jacob

Gordon Jacob’s life illustrates the successful overcoming of one challenge after another. He was born with a cleft palate and sustained a hand injury in childhood, both of which restricted his ability to play musical instruments and then, in World War I, he fought in a battalion that lost over 90% of its men. He was taken captive, initially expecting to be killed by his captors. This was not to be and in captivity Jacob was resourceful enough to form a small orchestra. After the war, Jacob entered the Royal College of Music, where Gurney, Hadley, and Moeran were among his classmates, and Vaughan Williams a composition teacher. Jacob is regarded as a versatile, adaptable, composer, whose output included books, two symphonies, multiple concerti, chamber music, band compositions, choral works as well as film music and lighter music for BBC radio shows. Apart from a period of grief after the death of his first wife, Jacob continued to compose music unabated until the end of his long life. The influence of war service is most evident in his two symphonies. The first, written in 1928 and dedicated to his deceased brother Anstey, has been seen as the expression of survivor’s guilt. Symphony #2, written in 1943 during World War 2, was described by Jacob as “a meditation on war, suffering and victory.” Although Jacob escaped serious wartime injury, and when interviewed by Liddle he downplayed the extent of direct combat exposure, he must have been in danger given the loss of so many colleagues. Toward the end of his life, in 1979, he wrote to his niece that he had been in good health all his life and that his miraculous survival of the war lead him to always feel “that I’ve had to try to justify the fact that [my life was spared], by doing my creative work as well as my limited talents permit.”

Patrick Hadley

Patrick Hadley’s confidence was affected by the amputation that occurred following his wartime leg injury. Arising from this, as well as from chronic pain, he developed alcohol problems. By an unfortunate coincidence of timing, Hadley’s amputation took place in the same month as his older brother, Peyton, died from the complications of war injuries. Peyton was their father’s favorite and generally seen as the more gifted of the two. Patrick not only had to deal with paternal regret over his survival but also opposition at his choice of a musical career. According to Kennedy, Patrick turned to drink and to composition as an escape, and his works assumed a wistful and melancholic character, at times reflective of self-loathing.

Hadley found composing to be exhausting, and his output was therefore limited. Most of his works were choral and he devoted energy to championing the music of Frederick Delius and other composers. Parallels exist between Hadley and EJ Moeran in that both manifested alcohol-related problems brought on by injury and chronic pain. In both cases, drinking interfered with productivity.
Maurice Ravel

The neurological history of Maurice Ravel has been comprehensively analyzed by Henson and Amaducci et al., who concur that by the age of 52, Ravel exhibited signs of cerebral degeneration from primary progressive aphasia or corticobasal degeneration. Death came 10 years later from subdural hematoma following craniotomy. While Ravel’s creative output suffered greatly from this late-life disorder, other influences of a psychiatric nature had affected his activity as a composer long before he reached his sixth decade. Ravel was a private, enigmatic character, very enmeshed with his mother, and he remained unmarried all of his life; he displayed marked obsessive and compulsive features, and such perfectionism tended to limit his compositional output. There is evidence of a nervous breakdown before the war, as indicated by a 1912 letter to his pupil and friend, Ralph Vaughan Williams, in which he explained how the composition of Daphnis and Chloe left him “in a pitiful state...of neurasthenia,” for which a one year rest cure in the country was prescribed. During the war, Ravel lost the ability to compose and regained it only with effort by 1919, as is evident in another letter to Vaughan Williams in which he wrote

“It is now my morale that must be cared for, and I don’t know how to do it....I was going to England next season, but I think it would be preferable to work, if I am still capable of it.”

In addition to the trauma of war, Ravel lost his mother in 1917—a loss from which he did not recover. In the ensuing 16 years, he composed only 16 new works, which took longer to complete than in the past. Ravel was plagued by insomnia during war service, a complaint that never appears to have resolved. The impact of loss is seen in Le Tombeau de Couperin, a work for piano (and later orchestra), which commemorates six friends who lost their lives. Le Tombeau was composed between 1914 and 1917, being one of the few pieces that Ravel did produce during this barren period. In designing the work’s frontispiece, Ravel prominently inscribed a funeral urn draped in black cloth, to signify the connotation of mourning. Another war-related composition was the Piano Concerto for the Left Hand—a late work written in 1930, commissioned by the pianist Paul Wittgenstein, who had lost his right arm from war injury.

Music in the larger context

Music was a vital art form through which society expressed itself during and after World War 1. Four different functions can be identified, of which the third is most relevant to this account.

First, at the beginning of the war, music was written to arouse patriotism, and generate public enthusiasm and funds for the war effort. Such music typically was written by established older generation composers with no war experience, e.g. Elgar, who composed the martial works Carillon and Polonia.

The second phase took place during the 1920s, when Armistice Day was an occasion of celebration to recall the camaraderie of war by means of popular songs and a musical genre known as Armistice Jazz. Such occasions came to be seen as unsuitable and tapered away by the end of the 1920s to be replaced with more solemn commemorations of the kind that are now associated with Armistice Day.

A third phase emerged in the late 1920s and early 1930s and consisted of music that grew from personal experience of war, examples of which have already been given. Such music served the dual purpose of personal catharsis for the composer (e.g. Morning Heroes by Bliss), and a collective catharsis and offering of tribute by society to the fallen, as seen in the outpouring of emotion by orchestra and audience at the first performance of Morning Heroes, to pick one of many examples. Kennedy refers to a 10-year lag between the ending of war and creation of many of these works, and suggests that it can take this long for composers and writers to establish sufficient distance from direct engagement with the trauma and to achieve objectivity or “recollec­tion in tranquility,” as in the finale of Morning Heroes. Gurney foresaw this in 1916 when, in the trenches, he wrote “Someday all this experience may be crystallized and glorified in me; and men shall learn by chance fragments in a string quartet or symphony, what thoughts haunted the minds of men who watched the darkness grimly in desolate places.” The experience of Bliss the musician and Vera Brittain, author of The Testament of Youth, is that it may take more than one “trial run” before the intended goal has been reached. Other reasons for this time lag include the difficulty of attempting to speak for the dead and of writing both for oneself and for society. Kennedy believes that commemorating the dead was an onerous obligation that may have been as responsible for Bliss’ nightmares as the actual traumas of combat. Further, as she notes, many World War 1 era composers altered their style of composition in order to give proper expression to what they were trying to communicate. For example, if war could produce such brutal carnage, what was the place of God? Awareness of this question, combined with society’s diminished need for organized religion, lead many composers to write masses and requiems that excluded the deity and incorporated secular text. In the case of Bliss, it called for him to abandon the Romantic style of his
pre-war compositions, which he now found was false in the context of the returning soldier’s disillusionment. *Morning Heroes* represents the modernizing of an established musical form which he structured to give full expression of personal catharsis.

Other World War 1 era composers who did not see combat or actively contribute to the war effort also adapted in similar fashion, such as Frederick Delius (1862–1934), Gerald Finzi (1901–1950), and Herbert Howells (1892–1983). Beyond these new approaches to choral works are compositions by Frank Bridge (1879–1941), a pacifist who “permanently and dramatcally altered the course of his compositions,”4 and who respectively produced a *Lament* for strings to commemorate the victims of the Lusitania sinking and a *Piano Sonata* to honor the life of his composer colleague, Ernest Farrar (1885–1918), who lost his life in battle. Bridge was a highly influential teacher of composition to Benjamin Britten. However, not all composers went with the flow, and many of the old guard, like Parry and Elgar, continued to write music in the traditional manner, while others broke new ground, such as Stravinsky and Schönberg, although not with any particular connection to the theme of war.4

A fourth, and less well recognized, imperative of war music is to give expression to what lies ahead.4 Some music composed during the 1930s was seen to warn about impending dissolution of the world order and the likelihood of another war. Vaughan Williams’ Symphony #4, which was completed in 1934, has been viewed in this light, even though the composer denied any such connotation. Another speculative instance of “foreseeing” may be Vaughan Williams’ setting of Walt Whitman’s *Dirge for Two Veterans*, which he wrote in 1908, six years ahead of World War 1, although it was not performed until he incorporated it into *Donna Nobis Pacem* in 1936.

**Conclusion**

All seven composers had direct experience of combat that left enduring effects. In four instances, the trauma produced clinically significant psychiatric morbidity, in two (Vaughan Williams and Jacob) there was little evidence for major illness and in a seventh (Gurney) there were pre-war signs of an emerging psychosis. Most required medical treatment or prescribed rest and full recovery was uncommon. Ravel’s case was complicated by the post-war development of degenerative brain disease, which would be an unlikely explanation for his early symptoms. Persisting post-traumatic stress symptoms of fear and grief spurred cycles of creativity in some cases (Bliss, Jacob), whereas in others (Moeran, Hadley, Gurney, Ravel) psychological difficulties impeded more than they stimulated composition when viewed over the long term, no doubt a reflection of the particular disorder (alcohol-related, psychosis, cerebral degeneration).

Consideration of individual psychopathology (or lack thereof) can shed light on the artist’s personal reactions to war trauma. It can also give clearer understanding of any pre-trauma factors, other stressors and relationship problems that might influence outcome, as was relevant for Gurney and Ravel. It can also illustrate how the personal interfaces with the larger response by society to war. For example, *Morning Heroes* became for some years a “collective sound memorial” performed by orchestra, choir, and ex-servicemen.4 If World War 1 is any guide, this process unfolds over a period of 10–20 years: similarly, Benjamin Britten began work on his “*War Requiem*,” 16 years after the end of World War 2, to mark completion of the new Coventry Cathedral. Whether this 10- to 15-year lag would hold good for other wars, including long-simmering conflicts with less clear beginnings and ends, remains an unanswered question. What might be the role of music in relation to war as it is now fought?

This World War 1 cohort may be unique: all had experienced life at the front and most of the seven eventually came to know one other quite well. They returned home to express suffering in their music, sometimes at high cost to themselves, feeling challenged to find their own pathways to catharsis. At the same time, they were committed to help society process and come to terms with the enormity of war: to pay tribute, to cope with loss, to mourn, to speak for the dead, to assuage guilt.

**Declaration of Conflicting Interests**

The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article. Financial Disclosure for past 12 months: Consulting income from Tonix Pharmaceuticals, Tuing, University of California San Diego (Data Safety & Monitoring Board, INTRuST Consortium). Royalties from Connor-Davidson Resilience Scale, MultiHealth Systems Inc (Davidson Trauma Scale), Social Phobia Inventory (SPIN) and Mini-SPIN.

**Funding**

The author(s) received no financial support for the research, authorship, and/or publication of this article.

**References and notes**


Author biography

Jonathan RT Davidson, trained at University College Hospital, London and the Royal Edinburgh Hospital, Edinburgh. He has been on the faculty at Duke University Medical Center since 1978, where he is currently Emeritus Professor in the Department of Psychiatry and Behavioral Sciences.

Medical response to the declaration of the First World War: The case of Edwin Seaborn

Alexandra C Istl and Vivian C McAlister

London Health Sciences Centre and Western University, Canada

Corresponding author:
Alexandra C Istl, London Health Sciences Centre University Hospital, 339 Windermere Rd, London, ON N6A 5A5, Canada.
Email: aistl@uwo.ca