

## Book Reviews

**Geoffrey L Hudson** (ed.), *British military and naval medicine, 1600–1830*, Wellcome Series in the History of Medicine, Clio Medica 81, Amsterdam and New York, Rodopi, 2007, pp. 290, €60.00 (hardback 978-90-420-2272-0).

As Geoffrey Hudson demonstrates in his introduction to this volume of nine essays, recent interest in the history of military medicine has not redressed a lack of research on British military and naval medicine of the seventeenth and eighteenth centuries. Despite this, the handful of articles and books discussed by Hudson in his useful summary of the existing historiography is evidence that the work undertaken has produced a set of important hypotheses about the relationship of military medicine to the birth of the clinic and development of hospital medicine; the prevalence of experiment and innovation within the two services; and the operational imperatives which led to a focus on population and preventative approaches to the practice of medicine. The essays which follow this introduction build on those findings and highlight areas for future research.

The only chapter to provide an overview is Patricia Crimmin's piece on the Navy's Sick and Hurt Board from 1700–1800. This chapter is complemented by Margaret Lincoln's thoughtful consideration of the ways in which medical publications affected public perceptions of the Navy. J D Alsop gives an interesting account of the development of 'British imperial medicine 1600–1800', concluding that the Royal Navy's extensive engagement in the wars of this period created an imperial medicine which reflected the needs of the State, aimed at young, fit men, and which gave scant attention to broader themes of commerce, immigration, or population vitality. Within this analysis Alsop raises another theme also discussed in many of the essays in this volume—the effect of manpower crisis as a driver behind developments in military and naval medicine. Paul Kopperman considers the army medical department in North America and the West Indies, 1755–83 and reinforces the findings of

historians of other theatres regarding the importance of sanitation and officer support for the maintenance of troop health. He concludes his essay with an attempt to assess the efficacy of the service. A similar evaluation is attempted by Eric Gruber von Arni in his detailed study of army nursing during the English Civil War. Mark Harrison discusses the emergence of tropical therapeutics in the British East India Company considering both the culture of innovation within military medicine and how military service produced a medicine similar to the "hospital medicine" of the later eighteenth century. Philip Mills also develops these themes in his examination of the treatment of inguinal hernias in military hospitals during the seventeenth century. His analysis of the interplay between medical experiment, military exigencies, and military and political patronage provides insight into how the emerging population medicine of the British Army functioned. Christine Stevenson gives a useful summary of her findings about medical theory and its effects on the architecture of the great military and naval hospitals both in Britain and in the empire during this period. In the final essay, Hudson makes excellent use of the previously unexamined minutes of the Greenwich Council which administered discipline at Greenwich Hospital. Hudson's findings challenge accepted understandings of the purpose and operation of the hospital and also shed fascinating light onto the first-hand experiences of pensioners accommodated there.

It is neither the intention nor effect of the volume to give a comprehensive account of the development of military and naval medicine during the long eighteenth century. Its primary contribution lies in investigating the questions which have previously been raised about military and naval medicine. Hudson claims that the volume "highlights the value of challenging the inherited notion that military medicine was in all respects 'a good thing' for medicine and society" and demonstrates "that medicine and war were, indeed, components of a wider social, economic, cultural, and political framework" (p. 18). The latter of these two claims is well

supported but the former is rarely dealt with directly by the contributors. However, there can be no doubt that readers will find much material here to inform their own conclusions on that question.

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**Leo van Bergen**, *Before my helpless sight: suffering, dying and military medicine on the western front, 1914–1918*, transl. Liz Walters, History of Medicine in Context, Franham, Surrey, and Burlington, VT, Ashgate, 2009, pp. ix, 528, £35.00 (hardback 978-0-7546-8553-5).

*Before my helpless sight* is “a book about soldiers as victims” (p. 215) rather than a military or medical history in any conventional sense. It tells us very little about generals or other senior officers, and the work of the military medical services is tangential to the main story, which is about the soldier as patient and invalid. From an historiographical point of view, this book has, therefore, much in common with a genre of literature on the First World War (primarily the Western Front) that focuses upon the experience of soldiers. This has encompassed studies of wartime literature and painting as well as the day-to-day trials of soldiers in the trenches or during battle, being typified by works such as Paul Fussell’s *The Great War and modern memory* (London, 1975), John Ellis’s *Eye-deep in hell* (London, 1976), and Stéphane Audoin-Rouzeau’s *Men at war, 1914–1918* (Providence, 1992). From a specifically medical point of view, its closest stable-mates are Joanna Bourke’s *Dismembering the male* (Chicago, 1996) and some of the work on “shell shock” which has dwelt on the soldier’s experience of the condition and its treatment: for example, Peter Barham’s *Forgotten lunatics of the Great War* (New Haven, 2004). It shares with these histories great tenderness

and sympathy towards the plight of the men who fought the war and of their civilian victims. As far as possible, it attempts to see the horrors of the Western Front through their own eyes. Readers may not be surprised by much of what they read here but some of the material—especially the book’s unusually graphic depictions of the casualties of war—still has the capacity to shock.

The book is, however, quite distinctive in the stance which the author takes against war of any kind. The conflict on the Western Front—the mud, the seemingly pointless assaults, and the first use of weapons such as gas—often stands as the epitome of senseless slaughter. Millions died for a cause which most of us now fail to understand or have little sympathy with. In this sense, our memory of the war of 1914–18 is very different to our memory of the war of 1939–45, which, despite its many victims, is often remembered as a great patriotic war or at least a cause worth fighting for. Van Bergen’s uncompromising pacifist stance gives this book an edge which other books covering similar subject matter lack. His theme is not so much the horror of the Western Front but of war in general.

*Before my helpless sight* focuses exclusively upon the Western Front but it draws upon a wide range of literature in English, French, Dutch, Flemish and German. In this sense, it has few parallels among works which examine medicine and medically related topics, and is an extremely useful work of reference in consequence. Readers will gain an overview of how the “disposal” of casualties differed in the armies of the various combatant nations, even though it is not the author’s main intention to analyse this from a comparative perspective.

In view of the paucity of general accounts of medicine in the First World War, the advantages of the broad brush-stroke inevitably outweigh its disadvantages in this case. But the author tends to make generalizations on the basis of texts which are not necessarily representative. A certain amount of distortion and lack of nuance is the inevitable result,