

Book Reviews

swallowing of foreign bodies, an idea which undermines some of the more complex questions asked: for instance, what does the foreign body suggest to us about the ways in which self-concepts are created and revised?

Thought-provoking, affecting and stimulating by turns, *Swallow* is a highly readable work. Nonetheless, Cappello's eclectic style will take some getting used to for many historians. There is no linear story here: like the objects and cases she investigates, the book is fragmented into ideas, anecdotes, and episodes in Jackson's life. Anyone wanting to use the volume to flick through Jackson's life story, uncovering key dates and episodes, will be sadly frustrated in their search. Yet, *Swallow* raises many pertinent questions, and the reader who perseveres from cover to cover will be well rewarded.

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Mark Harrison, *The Medical War: British Military Medicine in the First World War* (Oxford: Oxford University Press, 2010), pp. xv + 346, £65.00/\$125.00, hardback, ISBN: 978-0-19-957582-4.

Two decades ago, historians of military medicine started asking, 'Is war good for medicine?' Mark Harrison has made important conceptual and methodological contributions towards answering this question. In particular, he has helped develop a Weberian approach, which examines the complex interchange between industrial, military and medical discourses, practices and institutions in the prosecution of modern warfare. *The Medical War* marks the culmination of this project, which has already yielded a monograph on the Second World War and two pioneering collections. Bringing to bear a sociological history on the organisation, development, and role of British military medicine in the First

World War, Harrison shifts concern from war as a vehicle for medical modernisation, to argue that, between 1914–18, modern medicine became crucial to waging modern war. This book redresses the relative lack of historical work on this relationship and, in rich empirical detail, explains how it was forged. Harrison convincingly shows that British military success (and failure) cannot be fully understood without taking into account organisational and technical innovations in military medicine. The book's broad scope, examining the workings of the medical machine in different theatres, represents a major rewriting of the official medical history of the War.

As late as 1914, British military planners resisted the idea that medicine was crucial to the war machine. Harrison attributes this situation to the recalcitrance of Victorian military attitudes, poor professional relations between medical and military officials, and a general lack of foresight about the unique demands of modern warfare. The shock of the Western Front prompted the reconstruction of military medicine based on a highly integrated, hierarchical, and increasingly specialised system of forward medical provision and casualty evacuation. This system became the benchmark for the organisation of medicine in other theatres, and Harrison justly devotes almost half the book to its development, highlighting innovations and changes in surgery, wound treatment, disease prevention, orthopaedics, cardiology, physiology, and psychiatry. Much of this story is well known, but Harrison's synthesis of existing studies should be welcomed. What he also provides is an explanatory framework that traces the roots of the new system to the conditions of trench warfare and changing battlefield tactics; the demands of manpower economy and keeping soldiers fighting fit; and the increasingly important role of medicine in maintaining morale among troops and civilians. This last point is especially important, as it sheds light on how medicine was mobilised as a vital symbolic resource for humanising the War, and also how it became

the target of far-reaching criticisms of the War's management.

Particularly salient is the contrast between the new administrative rationality orchestrated by the War Office and the hard realities of implementing the medical system. Professional tensions between civilian consultants and enlisted practitioners had to be overcome, as did worries over bringing women – primarily as nurses – into the ranks. Harrison's narrative comes alive when he turns from high-level organisational politics to the view from the ground, where administrative decisions both saved and cost lives. His use of medical officers' diaries and personal accounts to reconstruct the challenges of putting the new system into action makes for compelling reading. Stories of ambulance and frontline services struggling to retrieve and attend to thousands of injured, humanise the rational schemes of medical planners. Harrison's discussion of the uniquely British problem of building an effective medical system out of services drawn from across the Empire is especially significant, as it sheds new light on the peculiar difficulties of incorporating Indian soldiers and medics into the war machine.

When Harrison shifts from the Western Front to campaigns in Gallipoli, Mesopotamia, Salonika, and East Africa, the story of medical success also shifts to one of near calamitous failure. By examining these campaigns a comparative perspective is introduced, illuminating the different environments in which the War was waged, and the varied demands they placed on medical organisation. This perspective gives insight into the difficulties of adapting the medical system to other contexts. Much of the analysis in these chapters revises historical accounts of official commissions into mismanagement and failures in medical provision during the first years of the War. Harrison shows how the commissions drew attention to perilous medical conditions in theatres far from home, and how subsequent public and political pressures factored into efforts to improve the system. While Harrison reserves making strong retrospective

judgements, he nonetheless argues that failures to provide effective casualty evacuation, control measures against malaria and other tropical diseases, and adequate supplies of water in these theatres, were rooted in incoherent command structures in which individual generals and senior medical officers lacked accountability.

This analysis will be of interest to military historians. But it is rather traditional, largely concentrating on rewriting official history. More generally, *The Medical War* is not especially innovative historiographically. It makes sparing use of a large body of gender and cultural history of the War. Cultural questions about military medicine as an institution are taken up in terms of the familiar problem of citizenship, and framed around examples such as hygiene duties to ward off venereal diseases.

In this respect, *The Medical War* reveals a key limitation with the sociological history of military medicine that Harrison has helped to pioneer. For although this approach provides a powerful tool for reconstructing the organisational rationality underpinning war medicine, it offers correspondingly little insight into its subjects – the sick, the wounded, or the dying soldier. Harrison's narrative recapitulates the brutal logic of the manpower economy that military medicine served to maintain. But rarely does one encounter the suffering body to which medical officers, surgeons, nurses, and stretcher-bearers had to tend, and around which medicine was organised. Harrison acknowledges this limitation, but there remains a significant gap in the story of how medicine became essential to the making and success of the British war machine. For surely soldiers' experience of medicine had a crucial bearing on their perceptions and performance, and is thus central to understanding the relationship between military medicine and the prosecution of the War.

So while *The Medical War* is essential reading for military and medical historians of the First World War, and most certainly will become a standard teaching text, the soldier's

experience in military medicine still needs to be written into the story.

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Juanita de Barros, Steven Palmer and **David Wright** (eds), *Health and Medicine in the Circum-Caribbean, 1800–1968*, Routledge Studies in the Social History of Medicine, No. 33 (New York: Routledge, 2009), pp xi + 309, \$125.00, hardback, ISBN: 978-0-415-96290-2.

This addition to the literature is especially welcome, since, compared to most of Latin America and sub-Saharan Africa, the Caribbean and circum-Caribbean is a region that is understudied by historians of healthcare and medicine. This audacious set of consistently high-quality essays aims to introduce readers to a wide diversity of issues with regard not only to the Spanish-, English-, French-, Danish- and Dutch-speaking Caribbean, but also the Yucatán peninsula in Mexico. The themes broached by the volume range from the control of midwifery and obstetrics, to environmental and occupational health in the mining sector, and from debates over control and repression of prostitution to the evolution of infant welfare.

The editors are only too aware of the risk that the book would be as fragmented as the region. They confront this problem head-on by writing an invaluable introduction that synthesises the state of the subject most effectively, and which places the evolution of the Caribbean historiography of health and medicine within a global framework, that places a special emphasis upon Latin America and sub-Saharan Africa. The bulk of the book consists of essays that examine problems in specific islands and territories, apart from one chapter that looks at the French Antilles in general. A focus on gender is one continuous theme of the book: the history of women and children in the region is approached through

such topics as the evolution of health services for women in Trinidad and Tobago, and of infant welfare in British Guiana; but men are not overlooked, with one chapter addressing the production of Cuban medicine during the nineteenth century, and another inquiring into the impact of the First World War in the French Antilles and looking especially at military medicine. A second theme that is fruitfully explored throughout the book is interactions between the islands and territories of the circum-Caribbean and the dominant powers in the region. This reader found especially rewarding the accounts of tensions between local medical elites and US occupying forces in the Dominican Republic between 1916 and 1924 over the handling of prostitution, and the analysis of conflicts involving local physicians and the US colonial government over the conceptualisation and formulation of policies of professionalisation after the occupation of 1898. Fascinating, too, is an essay investigating the impact of anti-hookworm campaigns led by the Rockefeller Foundation in the Dutch colony of Suriname in the early twentieth century. It seems that the Rockefeller Foundation could count on more consistent and reliable co-operation from independent governments in Mexico and Colombia than a European colonial administration in Suriname. One underlying theme that recurs throughout the book is poverty and lack of resources. The Danes in St Croix stigmatised enslaved midwives and blamed them when deaths occurred, but failed to fund the training of either the slaves or of other women. The regional government in Yucatán went to considerable pains in 1933 to impose more legal requirements than before on titled physicians, but lacked the resources and political will to rein in the operations of ‘charlatans’ without titles who served a large part of the population. The evolution of infant welfare services in British Guiana after the abolition of slavery was so gradual as to be close to imperceptible for want of resources both material and human.

This new work is so successful that a sequel looking more closely at the period since the