

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,

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although van Bergen generally tries to be even handed. For instance, the author asserts (p. 286) that “the medical profession was powerless” to do much for the enormous number of casualties that passed through medical units on the Western Front and that “no amount of organization could resolve all the problems that inevitably arose” (p. 288). This was, of course, true and the treatment provided was often inadequate. However, such statements ignore that fact that medical arrangements did not break down, as they did in previous conflicts such as the South African and Crimean Wars, and that specialized centres of treatment became increasingly adept at treating even complex injuries. Death rates in front-line medical units fell in the last two years of the war (despite the comment made to the contrary on p. 327) and an impressive percentage of men were returned to duty of some sort. Van Bergen does not pay sufficient attention to how medical arrangements evolved over the period of the campaign on the Western Front and how they coped, for example, with the resumption of more mobile warfare from the spring of 1918.

Another questionable assertion made in the book is that practising medicine under wartime conditions necessarily rendered doctors “numb” and “insensitive” (p. 291); the reality was often a good deal more complex and one would need to differentiate between doctors working with regiments (where they were “part of the family”, so to speak) and those at units some distance from the front. It is also problematic to write of the “motivation” of doctors (p. 361) for these and other reasons.

Yet, these quibbles ought not to detract from what is, by any standards, a major achievement and a landmark in the medical historiography of the Great War.

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**Harry Oosterhuis and Marijke Gijswijt-Hofstras,** *Verward van geest en ander ongerief: psychiatrie en geestelijke*

*gezondheidszorg in Nederland (1870–2005)*, 3 vols, Houten, Bohn Stafleu van Loghum, Nederlands Tijdschrift voor Geneeskunde, 2008, pp. xxvi, 1522, €135.00 (hardback 978-90-313-5238-8).

This study is the result of a collaborative research project funded by the Dutch Council for Scientific Research (NWO), which started in 1999. As well as this mammoth-size study, the research group published a series of comparative volumes and separate studies on more specific issues, which have brought the historiography of Dutch psychiatry to a level that is unsurpassed by that of other nations. The crowning glory of this work is this general overview of psychiatry in the Netherlands since 1870 by the project leaders, Harry Oosterhuis of the University of Maastricht, and Marijke Gijswijt-Hofstra, professor emeritus of the University of Amsterdam. Considering the strong international focus of the project, it is to be deplored that this final study is written in Dutch, also because an English or American university press might have been able to persuade the authors to write more concisely and more explicitly about the specifics of Dutch psychiatry in comparison with that of other western countries.

The history of Dutch psychiatry Oosterhuis and Gijswijt-Hofstra depict, seems to conform to the general pattern in western countries of a steady growth of patients, psychiatrists and institutions for mental health care. The strongest increase was between 1884 and 1914, when intramural care tripled from 5,000 to 14,000 intramural patients, and from 1.1 to 2.3 per thousand of the general population. The high point was reached in 1939, when 2.9 per thousand of the Dutch population was institutionalized; this number of around 30,000 patients started to decline after the 1960s, until it reached the current level of some 20,000 intramural patients, or 1.3 per thousand. Yet the de-institutionalization was not accompanied by a strong anti-psychiatric wave, since the number of professionals occupied with the mental