

## Book Reviews

**Shauna Devine**, *Learning from the Wounded: Civil War and the Rise of American Medical Science* (Chapel Hill, NC: The University of North Carolina Press, 2014), pp. x, 372, \$39.95, hardback, ISBN-13: 978-1-469-61155-6.

Books on medical experiences during the Civil War (1861–5) in the United States of America have been successively published in recent years, and have given us opportunities to reconsider how military medicine has developed, how we understand the life and death of both soldiers and civilians, and how to interpret ‘enemies’ bodies’ in the war between different sections in the divided nation. Simple understanding that Civil War physicians had very limited knowledge and skills in terms of military medicine, which led to the belief that the wounded could not avoid amputations and infection, or that sanitary conditions in hospitals and field camps were simply deplorable, are now being scrutinised, refined and reinterpreted. Now here, in addition, is Devine’s *Learning from the Wounded: Civil War and the Rise of American Medical Science*, which argues that medical knowledge and physicians’ skills in the United States, or at least in the Union, were developed and advanced during the Civil War.

In antebellum America, the quality of medical training was actually declining; States severely regulated the autopsy practice in medical education, and medical students were forced to learn only from books. States also repealed medical license laws in the climate of Jacksonian anti-intellectual sentiments. Medical schools lost incentives for a qualified education; therefore aspiring students went to Europe, mainly Paris, to pursue their studies.

Devine persuasively demonstrates that the situation changed drastically when the Civil War broke out. Physicians who were deployed to battlefields had to face the reality that they lacked the skills and knowledge to take care of the wounded. Then Circular Number Two, which ordered the establishment of the Army Medical Museum, issued by Surgeon General William A. Hammond, opened the way to the development not only of military medicine but also of medical knowledge in general. Besides giving treatment, physicians were encouraged to observe, experiment, investigate and send specimens of ‘interesting cases’ to the Museum for further analysis and information sharing. Findings were tested in controlled experiments, distributed by medical journals and pamphlets, and their effectiveness and limitations were debated. ‘The Civil War medical model’ (p. 216), of which the Army Medical Museum, the Surgeon General’s Library, and speciality hospitals were the keystones, developed, shared and distributed medical knowledge, thus altering the conventional understanding of how to train physicians. It also paved the way to the professionalisation of medicine by establishing medical authority and identity.

Devine’s arguments are based on vast archival research. By analysing medical officers’ notes, correspondence, circulars, articles and case histories, she has successfully demonstrated the development of the Civil War medical model, and even an emergence of a professional community of medical journals in the Union. The descriptions are focused and persuasive, from which questions arise around and beyond the focal point.

The Civil War medical model worked properly during the war; thus how much did the experiences affect the post-war development of medical training and the updating of knowledge in the United States? There were more than twelve thousand physicians in the

Union army, and it is not realistic to suppose that all of them participated in the process of information sharing and learning. The Civil War shed light on the fact that not only medical students, but also physicians had to continue to learn in order to keep up with new scientific findings. Did the post-war medical schools properly reflect such development? Did the physicians continuously update their skills and knowledge by referring to medical journals and attending medical conferences? How about the training of the former Confederate physicians? And of African-American and other minority physicians? When we look at the Flexner report of 1910, which revealed there were many unacceptable medical schools in the United States and Canada, some of the Civil War lessons seem to have been ignored in specific social conditions and because of economic competition.

The function of the Civil War medical model deserves further scrutiny. The model proved its effectiveness in the outbreak of cholera from 1866 to 1873, as argued in chapter six. The experience of success, however, is obscured when we look at uneven development – or even, no development in some areas – of public health administrations in rural areas in the last quarter of the nineteenth century. Medical knowledge itself was not the only source to establish and develop medical and public health institutions. For further investigation of the function and limitation of the Civil War medical model, we may need to look at other sources that made the model work.

The United States government in wartime had peculiar power; Devine slightly touches on this in the book but does not examine it in detail. The Museum, the Library, and the order and advice of the Surgeon General were all possible under the power of the federal government during the war. Therefore, when the war ended and the centralised command system was dissolved, medical officials were confronted with how to maintain the system that had been proved to work effectively in helping the wounded. The theme of medicine and statecraft has been broadly discussed in Europe. The Civil War medical model and its post-war transformation could provide another perspective on the modern medical state.

This is an invaluable book for anyone who is interested in military history, medical history and the history of modern statecraft. Readers will acquire tangible evidence of the development of medical knowledge and sources for contemplating the relationship between the mid-nineteenth century state, the military and medicine.

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**S. Benedict and L. Shields** (eds), *Nurses and Midwives in Nazi Germany: The 'Euthanasia Programs'* (New York: Routledge, 2014), pp. 266, ISBN13: 978-0-415-89665-8 (hbk), ISBN13: 978-1-315-83261-6 (ebk).

This is a timely, original and major contribution that will significantly increase understanding of the key role played by nurses and midwives in the Nazi's T4 programme for the elimination of the 'unfit' as it operated within Germany. Two other English language texts have appeared, but both focused upon psychiatric nurses: Icke-McFarlane's<sup>1</sup> groundbreaking study of the role played by nurses in the killing centres

<sup>1</sup> B.R. McFarland-Icke, *Nurses in Nazi Germany: Moral Choice in History* (Princeton, NJ: Princeton University Press, 1999).