



Medicine in First World War Europe: Soldiers, Medics, Pacifists by Fiona Reid.

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The centennial of the First World War (1914–18) has spurred interest in its medical aspects. To a growing body of literature, historian Fiona Reid¹ (Univ. of South Wales) has now added a well written, deliberately anecdotal or “bottom-up” account of medicine during the war.

The instructions for medical officers, the plans for sanitation trenches and aid posts and the diagrams of triage systems all have their uses, but paying exclusive attention to them can risk creating a Potemkin village out of medical history. The official systems should have indicated how real men were treated, but often they did not, as soldiers’ ramshackle journeys towards clearing stations and hospitals indicated.... [B]ut it remains vital to question the way in which ordinary soldiers experienced pain, illness and medication.... [I]t is in the daily “making do” of men and medics that we can best see how they responded to the demands of total war. (195)

Chapter 1, “War is Good for Medicine,” describes wartime medicine and how soldiers perceived it. It conserved manpower for the military while demonstrating the state’s commitment to its soldiers. Contemporary histories² detailed successes in the treatment of both wounds and diseases, but the war did not particularly accelerate the advance of medical science. Surgeons’ heavy work loads left little time to make or compare notes, and wartime improvisations were of little benefit in the peacetime practice of medicine. That said, the war appeared to be better for medicine than for men. However, Reid is most focused on ascertaining individual soldiers’ experiences of medical care. Relations between medical and military personnel were complex. Surgeons were bound by wartime bureaucratic procedures, and soldiers sometimes tried to fool medical personnel to evade unpleasant tasks.

Chapter 2, “From the Trench to the Hospital,” examines the statistics of wartime casualties. Reid notes that it was impossible to arrive at accurate numbers: for example, half of all French troops were wounded twice and 300,000 of them three or more times. Although the numbers of sick and wounded were unprecedented, most men did not die or suffer permanent incapacitation. However, many sick and wounded troops required the services of organized healthcare systems—the author compares those of Britain, France, and Germany. But her descriptions lack sufficiently clear explanations of doctrine to contrast what was supposed to happen with actual conditions and outcomes. Reid determines that the Germans were the best prepared, since they had integrated medicine into military training programs long before the other powers; and their surgeons spent six months in the infantry before serving as medical officers, thus strengthening their ties with the rank and file. The chapter concludes with a review of the dangers soldiers faced at the front: besides artillery fire, gas, and bullets, they included accidents, infectious diseases, filthy weather, and ubiquitous mud.

1. Her earlier work includes *Broken Men: Shell Shock, Treatment and Recovery in Britain 1914-30* (NY: Continuum, 2010).

2. E.g., *The Times History and Encyclopedia of the War* (London: The Times, 1914–18) and Émile Galtier-Boissière, *Larousse Médical Illustré de Guerre* (Paris: Larousse, 1917)—www.miwsr.com/rd/1802.htm.

Chapter 3, “Iconic Wounds: Gas, Shell Shock, Facial Injury,” begins with a vivid account of the effects of chemical agents, particularly chlorine, phosgene, and mustard gases. Protective masks evolved from urine-soaked cloths into more sophisticated protective devices. Reid documents that soldiers sometimes discarded their masks because they doubted their efficacy or simply found them too uncomfortable. Was this fatalism? Why protect oneself from gas only to die in an artillery barrage? Was it a form of malingering? Since gas casualties were allowed time in a hospital or even sent home, why risk death or dismemberment at the front? Can we know whether soldiers feared chemical agents more than high explosives? Such questions are left unanswered here, though Reid does indicate that 70 percent of chemical agent casualties recovered quickly, 93 percent returned to duty, and only 3 percent died.

Reid is stronger on the ill-defined cluster of psychological symptoms known as “shell shock.” Under the strain of repeated barrages and mourning and burying dead comrades, some soldiers suffered mental breakdowns. Reid discusses the notion that such breakdowns occurred only in inferior soldiers, who lacked sufficient masculinity. In the British Army, class distinctions, not symptoms, determined diagnoses. However, shell shock did significantly affect morale, regardless of social class. At first, psychiatric casualties in the British and German armies were sent to the rear. The French, who lacked much of a rear area and so treated their cases closer to the front, discovered that afflicted men recovered and rejoined their units sooner. The British Army adopted the practice by 1916.

Reid cogently traces how the theory of shell shock developed from the prewar categorization of psychological effects of industrial accidents into anxiety states and functional neuroses. In describing the various methods of treating shell shock—heliotherapy (sunbathing), electrotherapy, hypnosis, etc.—she observes that

methods which sounded like “soft” therapy could easily become more punitive. Balneotherapy or spa therapy had long been popular, especially in France and Germany, and it was the Romans who first developed spas to help wounded soldiers recuperate. The “sleep baths” for shell-shocked soldiers were clearly part of this tradition and they sound gentle and inviting. Yet enforced and prolonged bathing was deeply unpleasant and could be seen as a punishment rather than a cure. Oskar Graf, who was hospitalized in 1916, was perceived as a very provocative patient, and he insisted that he was being bathed simply because the hospital attendants wanted vengeance and because they wanted to make him compliant. (93)

Men who suffered maxillofacial wounds were the most poignant medical cases of the war. Besides enduring multiple, painful procedures (and “mincemeat” diets), they feared the reactions of their loved ones, especially their children, and the effects of their disfigurement as they sought to find their place in the peacetime world. One patient committed suicide after his young son rejected him. A wife who was particularly affectionate with her husband took a lover to help her cope with the stress of living with a mutilated spouse. Another veteran found he could not eat any of the food served at the welcome-home party thrown in his honor. Caring for disfigured patients also affected nurses, who had to desensitize themselves in order to carry out their duties and comfort family members who could no longer recognize their loved ones.

Chapter 4, “Ordinary Soldiers and Ordinary Pain,” offers a perceptive discussion of how soldiers talked about being wounded. The common phrase, “I stopped a bullet,” for instance, implied a resilience that somehow thwarted the bullet’s purpose. Reid also describes soldiers’ use of alcohol and drugs to relieve the stress of life in the trenches. In the age of the Temperance movement, alcohol was forbidden, sort of: the French Army characteristically banned alcoholic drinks except *vin ordinaire*; the British reinstated a rum ration; and the Germans, who equated alcohol with

food, issued beer rations. At the front, alcohol increased aggression of the troops before an attack. In the hospital, it was medicine. Harder drugs like cocaine and opium were available in the form of snuff and patent medicines. The chapter concludes with a fascinating description of social constructs of wounds: the heroic wound, the self-inflicted wound, and the “blighty” (equivalent to the American “million-dollar” wound).

In chapter 5, “‘We Did Not Fight’: Medical Pacifism and War,” Reid shifts her gaze to a select group of healthcare providers—pacifists. While she briefly describes the role of national and international Red Cross organizations, most of the chapter concerns the uneasy wartime role of the Religious Society of Friends. Primarily a British denomination, the Quakers sought to prove their patriotism by providing medical support. The author astutely observes that this was not an easy needle to thread: how could one serve *with* the military without becoming *of* the military?

The concluding chapter, “Lessons and Legacies: ‘Blood Swept Lands and Seas of Blood,’” treats the role of the wounded and of medical communities in the postwar context of the pacifist movement. Soldiers with facial wounds became living symbols of the ravages of war. Wounded French soldiers stood vigil as the German delegation walked into the Versailles Peace conference. And photographs of wounded soldiers featured in an antiwar art exhibit. The author concentrates more on wartime medicine’s effect on the international peace movement than on the soldiers themselves who survived the war.

In a book whose subject is ordinary soldiers’ experience of pain, illness, and medication, it is strange that its final chapter, apart from a statement that soldiers aged prematurely, contains so little on their chronic illnesses, mortality rates, marriage rates, employment, alcoholism, or incidence of suicides. Nor does the author comment on the addictiveness of war for men who, after devoting years to military service, were in November 1918 suddenly left with no organizing principle for their peacetime existence. Many fell into lives of crime, became mercenaries, or joined the mass political movements of the era: communism, fascism, or socialism.

Fiona Reid’s anecdotal approach to her topic has yielded an engaging study that certainly avoids “creating a Potemkin village out of medical history.” But it could have been enriched with information culled from official accounts of the war and the relevant medical literature. Moreover, despite her promise to look at the medical practices of all three major belligerent nations, she is chiefly preoccupied with the British experience. As a result, *Medicine in First World War Europe* may not be the one indispensable study of military medicine in the Great War, but it definitely merits careful reading and reflection.