*Book Reviews*

fact, such is the quality of Wallace’s writing and the intrinsic interest of the passages reproduced in this book, that it is almost as compulsively readable as a biography.

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**Eric Gruber von Arni, Justice to the maimed soldier: nursing, medical care and welfare for sick and wounded soldiers and their families during the English civil wars and Interregnum, 1642–1660, The History of Medicine in Context, Aldershot, Ashgate, 2001, pp. xv, 283, £40.00 (hardback 0-7546-0476-4).**

Eric Gruber von Arni, a career army nursing officer and previous Director of Studies for Queen Alexandra’s Royal Army Nursing Corps, has deftly used his professional background to shape his historical pursuits in hitherto untapped areas of his profession’s heritage. In particular, von Arni has succeeded in righting the incorrect stereotypic view that medical nursing did not exist before the contributions of Florence Nightingale. Indeed, we find that significant medical nursing efforts were used in caring for the numerous sick and wounded soldiers between the outbreak of England’s civil war in 1642 and the restoration of the monarchy in 1660. This war is of special medical significance for several reasons. It was the first period of fighting following Henry VIII’s dissolution of the monasteries and their affiliated hospital-based health care. Thus, the care of the sick and wounded had been relegated to secularized sections of society. Additionally, the English civil wars ultimately created what the author claims to be a “more pronounced and significant” (p. 1) impact upon the nation than any other conflict in British history, either before or since. Regarding health care, people from all classes came to appreciate “the task of caring for the needy as a patriotic duty” (p. 197).

In a work whose title, *Justice to the maimed soldier*, is taken from the inscription on the seal of the Parliament’s Committee for Sick and Maimed Soldiers, von Arni divides his theme into chapters devoted to descriptions of both the King’s and Parliament’s armies, their respective administration of casualty care, comparisons between the care and treatments delivered at permanent military hospitals and the temporary establishments in civil war campaigns in the Celtic nations, the Caribbean and West Indies, and in Flanders. One chapter is also devoted to a comparative biographical sketch between three civil war nurses, the surgeon’s widow, Margaret Blague, the Parliamentary informer, Elizabeth Alkin, and the Royalist noblewoman, Anne Murray.

Von Arni’s historical contribution is remarkable for several reasons. Above all, he provides convincing documentation that medical nursing efforts were firmly established centuries before the standard historical accounts. This task was particularly difficult as, unlike many medical history pursuits, the author had no ready repository from which he could shape his narrative. Nursing efforts, somewhat like those delivered at the hands of that other traditional female field of health care, midwifery, were hardly ever recorded in the ways that physicians and surgeons had long recorded their successes (or otherwise) in case histories. Thus, to secure documentation about this under-researched level of health care, the author has meticulously culled data from a number of scattered county, national, military, and medical sources. From these efforts, we have a much clearer view of the concerns that were foremost in the minds of the nursing staff. Among these concerns were the safe transportation of the wounded both to and within hospitals, the warehousing and re-supply of the most commonly used medical supplies, the control of air within the wards of permanent military hospitals, as well as the inability of port cities to accommodate, feed, and keep clean and warm the many incoming casualty patients who had been wounded in naval conflicts.

Although slightly biased due to the relative greater abundance of records about Parliamentary forces, von Arni’s research has aimed to build parallel views of each side. From this we learn that despite the Parliamentarians’ initial advantage over the Royalists—due to
Book Reviews

the former’s access to London hospitals, the compliance of the College of Physicians and the Barber-Surgeons’ Company, the administrative acumen of London’s liveried companies, and the financial tax support of London merchants—both sides faced considerable uphill struggles in their attempts to meet the increasing costs of casualty care. These costs, in terms of both finances and military mortality, were noticed particularly when armies were sent abroad. Von Arni helpfully compares the English difficulties in organizing field hospital care with the contemporary successes seen in Sweden, the United Provinces, the Spanish Netherlands, and France.

In sum, von Arni awakens us to medical pursuits in a critical period of England’s history that have previously gone unnoticed. Not only does this add a new dimension to the history of military medicine, it adds an important and hitherto unwritten chapter to the history of nursing in Britain.

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Joan Druett, Rough medicine: surgeons at sea in the age of sail, New York, Routledge, 2000, pp. x, 270, £16.99 (hardback 0-415-92451-0).

In this book, Joan Druett uses material from nine English and two American manuscript diaries (most of which are unpublished) and a host of other documents, to chart the day-to-day activity of surgeons on South Seas whalers in the early nineteenth century. Druett clearly intended to produce popular, accessible history, unencumbered by prolific referencing, which, nevertheless, has a basis in historical documents. But this is more history for enjoyment than for the rigorous scholar. The book is peppered with amusing anecdotes from the diaries, such as John Coulter’s visit to the natives of the island of Hivaoa, who contrived to keep the surgeon with them when they discovered his excellent marksmanship with the gun. Coulter was obliged to submit to the full body-tattooing of a tribal warrior before eventually escaping back to his ship some days later.

It was important for whaling ships to carry surgeons because of the rough nature of the seamen’s work and the opportunities that presented for trauma, cuts, sores and bruises, and because whalers carried more men than cargo-carrying merchant-men of a similar size (p. 2). Indeed, it had been a legal requirement in England for whalers to have surgeons since 1733 (though American whalers were not so required). To be eligible for appointment, an English surgeon had to have a diploma from the Royal College of Surgeons or from the Society of Apothecaries. However, one of the diarists, Dr John B King, an American surgeon who sailed from Edgartown, Martha’s Vineyard, was extremely well qualified, having graduated from the New York College of Physicians and Surgeons as a Doctor of Medicine and Surgery. For their services, surgeons received a share of the profits (rather than salaries), but were expected to be pretty flexible. If a seaman was incapacitated and a surgeon failed to cure him, for instance, some captains expected the surgeon to stand in temporarily for him, however menial the job.

The book begins with a chapter on that pioneering text of maritime medicine, John Woodall’s, The Surgeons Mate (1617), which attempts to put the sea surgeon’s role into a medico-historical context. However, it is doubtful whether a book essentially on early nineteenth-century whaling surgeons can, even as an introductory gambit, justify a whole chapter on this one anachronistic text. The chapter might, more profitably, have surveyed the whole gamut of maritime medical and surgical literature published before the nineteenth century. Nor, to home in on a smaller point, would Woodall’s understanding of the emotional anguish of the patient about to undergo surgery have been as rare as Druett anticipates (p. 18). Any surgeon operating on a regular basis without anaesthesia could not but have been aware of it.

Druett’s discussion of the treatment of syphilis with mercury is similarly deficient for the medical historian, because she highlights all the