

led him to investigate a wide variety of topics with an analytical and practical focus, and to publish his results. In Spanish he published a dozen studies about different aspects of the storage of blood, and in 1937 he published in English in the *The Lancet* the method he had developed in Barcelona. This interest never diminished throughout his life. Indeed, his last study was published in the *Nature* in June 1957, three months after his death. His achievements are particularly impressive given the rather inconspicuous Spanish contribution to science in the first half of the twentieth century.

But in Dr Palfreeman's book other important contributors to blood transfusion in Spain during the Civil War are recognised. One of them was the Canadian surgeon Norman Bethune. After his arrival in Spain in November 1936 he visited the Barcelona Blood Transfusion Service and there he knew the method developed by Duran Jordà and decided to create a similar organisation in Madrid. His work in Spain was very well known in English-speaking countries thanks to his very active presence in the media supported by the Spanish Government that had already identified the importance of propaganda in getting the support of the international community. Norman Bethune was in Spain until the end of May 1937 but in just those six months, according to Dr Palfreeman, he made a 'contribution of monumental proportions' to the Republican Blood Transfusion Service.

Another important contributor to blood transfusion during the Spanish Civil War is deservedly recognised in the book, Dr Carlos Elósegui Sarasola. He was the creator of the Blood Transfusion Service in the Francoist army and after the Civil War he continued as a director of the Haematology and Haemotherapy Institute, the first civil haemotherapy organisation created in Europe to meet the blood transfusion needs of an entire nation.

In summary, the book provides an informed, thorough and informative review of the development of battlefield blood transfusion during the Spanish Civil War. The writing is clear and readable and will meet the expectations of scholars in their research as well as those of general readers interested in blood transfusion or Spanish Civil War history.

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Lee K. Pennington, *Casualties of History: Wounded Japanese Servicemen and the Second World War* (Ithaca, NY: Cornell University Press, 2015), pp. iix, 282, \$39.95, hardback, ISBN: 978-0-8014-5257-4.

In this pioneering book, Lee Pennington adds to the growing literature that places the history of the body squarely within the narrative of modern Japan and the history of the Asia-Pacific War. *Casualties of History* examines wounded servicemen, who, despite prominence as symbols of righteous sacrifice during World War II, became forgotten relics of a painful military debacle. These men, 'casualties of history', were forgotten twice. First, post-war popular memory solidified around 'failed kamikaze pilots, bereaved families, and atomic-bombing survivors'. (2) Secondly, the story of wounded and disabled military personnel has largely been written out of Western historiography concerning the Asia-Pacific War. Occupation-era observers noted that Japanese society cast aside disabled veterans, who were often seen begging alms on the street. As Pennington argues, however, the historical record reveals that during the war the recuperation of these men played a central role in the military's home-front mobilisation campaign.

Japan's wars of empire on the continent produced disabled veterans and financially compromised families. Between 1904 and 1906, the Imperial Diet passed orders such as

the NCO and Soldier's Families Assistance Order and the Crippled Soldiers Institute Bill in recognition of the fact that military service brought economic hardships on imperial subjects. In 1917, the Diet passed the Military Relief Law to give preferential treatment to wounded veterans, to establish rehabilitation and vocational training, and to make visible the state's (ie., Emperor's) benevolent treatment of those who sacrificed themselves for the empire.

According to Pennington, previous scholarship, as represented by Ruth Benedict and Ienaga Saburō, argued that soldiers were expendable and when wounded they were abandoned or killed. The historical record suggests, however, that until the total breakdown of communication and supply late in the war, the institutions of military medicine took good care of the wounded. Pennington uses the story of several soldiers who lost limbs fighting in China to illustrate the complex system of military medicine and continued support of wounded servicemen. The Imperial Japanese Army (IJA) military medicine system kept medics at the front to administer on-the-spot assessment and general first aid as well as carry those in need of treatment back to behind-the-lines hospitals. Upon returning to Japan, wounded soldiers received further treatment at military hospitals and were then transferred to rehabilitation centres (RCs) that worked with patients through physical therapy, exercise, military drill and occupational training. Rehabilitation centres also provided amputee veterans with 'functional prostheses' and taught them how to use their new limbs in both work and play. Much of the vocational training focused on outdoor practice with farming tools and indoor routines like writing, accounting (abacus), typing, carpentry and sewing, among others, to prepare the men to re-enter the workforce.

When Emperor Hirohito visited the Tokyo Number Three rehabilitation centre in 1939, wounded soldiers performed bayonet-practice with wooden training rifles to showcase their physical and spiritual strength. RCs such as Tokyo Number Three had a wide variety of visitors (from the Emperor down to schoolchildren) come and spend time with the wounded servicemen. The public's interaction with war wounded, Pennington argues, carved out a place in society to venerate soldiers and their sacrifices for the state. The RCs showcased how physical rehabilitation strengthened the bodies but also the spirits of these men. This was important, because implicit in the state's message was that the national duty of wounded servicemen was not over: physical and vocational training allowed veterans to re-enter the workforce, support themselves and their families, and, most importantly, the ongoing war effort.

After the China Incident in July 1937 and the rapid escalation of the Second Sino-Japanese War (1937–45), the Welfare Ministry strengthened the nation for total war by improving health, hygiene and welfare services for imperial subjects. In April 1938, the wartime government established the Wounded Soldiers Protection Agency to oversee the preferential treatment of injured/disabled servicemen. At the same time, the government also promulgated the National General Mobilisation Law to enrol the entire nation into the total war effort. Pennington shows that government institutions dedicated to supporting wounded veterans were a product of total war and national mobilisation. By July 1939, the Welfare Ministry had bundled veteran services into the Military Protection Agency, creating a 'national network of sanatoria, vocational rehabilitation centres, counselling centres, and education facilities'. (pp. 160–1) These welfare services were not couched in terms of entitled veteran rights but rather presented as benevolence emanating from the Emperor.

The wartime media portrayed wounded servicemen who lost faculties and/or limbs for Emperor and empire as 'flowers of our nation'. Dressed in white convalescent robes, these

men became part of the iconography of total war culture. While physically damaged, they were spiritually strong and embodied the message that the rest of the nation needed to preserve through wartime hardships. Magazines showcasing photographs of wounded servicemen rehabilitated into factory and/or professional work drove home the message that all imperial subjects had a duty to contribute to the national war effort.

After surrender in August 1945, Occupation authorities quickly dismantled state and military institutions that supported military personnel and veterans. Demilitarisation was one of the two pillars of the Occupation (the other being democratisation), and military hospitals were returned to the public in late 1945. Preferential treatment of military personnel ended, as did special pensions for wounded veterans and war widows when SCAP made the Japanese government distribute welfare and aid in an unbiased manner. In late 1946, the Japanese government passed the Livelihood Protection Law, however, monies that wounded veterans received from this program could not cover treatment or rehabilitation at public hospitals that were charging everyone equally.

Part of the demilitarisation of Japan was passing the 1949 Law for the Welfare of Physically Disabled Persons, which extended financial and institutional support for treatment and rehabilitation, stripping wounded servicemen of any special claim to preferential treatment from the state. While laws were passed to support the disabled, the most lucrative enterprise for wounded veterans, dressed in their telltale white robes, was begging on the street, in railway stations and even on trains. Ironically, after the outbreak of the Korean War, popular Japanese sentiment and support focused on US servicemen, much to the chagrin no doubt of former white-robed heroes who were forced to beg on the street to survive.

In the post-war era, families of soldiers killed in action 'came to command the national narrative of military sacrifice'. (196–7) War widows quickly realised that collective action was the most effective and efficient use of their efforts to gain support from the government. They founded the Federation of Bereaved War Victims and crafted an image of 'victims of war' to solicit more support from the state. The Federation successfully lobbied politicians in the Diet, making their cause a part of the national politics of rebuilding Japan. Pennington argues that 'To this day, war-bereaved families play an important political role in perpetuating a conservative, honourable interpretation of Japanese military fatalities of the Second World War – a depiction that shapes national dialogues about both the history and memory of the war.' (pp. 210–11) Wounded veterans, however, were written out of this narrative as fallen warriors in a failed war that brought pain and suffering on the people of Japan.

Pennington also notes that in the early 2000s, after a long time of historical obscurity, the Japanese Disabled Veteran Association opened the Shōkeikan (Historical Materials Hall for Wounded and Sick Retired Soldiers), a museum and archive dedicated to disabled veterans of World War II. The larger aim of the Association and museum was to 'reinsert Japanese wounded servicemen of the 1930s and 1940s back into the national narrative of modern Japan'. (16) With the publication of *Casualties of History*, this process, at least in Western historiography, has begun.

Pennington informs his study of wounded servicemen with the work of disability studies luminaries such as Rosemarie Garland-Thomas and David A. Gerber. One is left wondering, however, how *Casualties of History* fits into the larger history of disability in Japan. Another missed opportunity is the chance to make the case for including the history of Japan in the field of disability studies in general. How is the study of Japan or Asia indispensable for understanding the global trends and experiences of the disabled

and their treatment? Despite these minor critiques, *Casualties of History* is an innovative study that draws upon hitherto unexplored sources, including a variety of visual materials that are reproduced as colour plates in the mid-section of the book, and adds to a richer understanding of Japanese culture during the Asia-Pacific War.

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Anna Shepherd, *Institutionalizing the Insane in Nineteenth-Century England*, (London: Pickering & Chatto Limited, 2014), pp. x, 228, £95.00, hardback, ISBN: 978-1-84893-431-3. Studies for the Society for the Social History of Medicine, No.20.

In this book in the Studies for the Society for the Social History of Medicine series, Anna Shepherd compares and contrasts Brookwood Asylum and Holloway Sanatorium between approximately 1860 and 1900. The former institution was a county pauper lunatic asylum and the latter a middle-class sanatorium offering both charitable and private accommodation. Shepherd's text makes a direct comparison between the two regimes, a rare approach which challenges some of the assumptions historians have previously made about the asylum system by showing unexpected similarities between institutions, despite their different clientele and circumstances.

The author's main aim is to provide a detailed account of daily life in both institutions, including treatment, patient admissions and discharges, occupation and entertainments, and the recruitment and duties of staff, in particular, the aims of the respective superintendents. While similar work has been carried out on individual institutions (such as Ticehurst House Hospital, the York Retreat, and Buckinghamshire County Asylum), Shepherd's comparative approach is unusual and offers a more nuanced picture of nineteenth-century British asylum psychiatry.

Throughout the text, Shepherd challenges a number of existing assumptions. In particular, she claims that socio-economic status was a much more important factor than gender in the admission, treatment, and discharge of patients in Victorian asylums. While a number of other historians have certainly challenged the conclusions made by Elaine Showalter and others in the 1980s, what is new here is the detailed way in which Shepherd explores social class as a major feature of Victorian life. Surprisingly, while rigid class distinctions informed some elements of asylum experience (in particular through the distinction between the work-based employment demanded of patients at Brookwood compared to the recreational activities at Holloway), this was not always the case – entertainments, for example, were common to both institutions. Shepherd also shows that there was more crossover than we might imagine between the inhabitants of the two institutions: pauper did not necessarily mean destitute as it did within the workhouse system, and the charitable status of Holloway Sanatorium meant that some poorer patients were admitted, albeit comparatively rarely.

In addition, Shepherd argues that in both Brookwood and Holloway many patients would have experienced better conditions than at home – at Brookwood, in particular, the effects of poverty on the physical health of many patients was starkly evident on admission. Unlike some earlier writers in the history of psychiatry, Shepherd thus considers the asylum within the context of alternative care options (such as the workhouse) as well as the