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on influenza epidemiology by Patterson or Cliff, Haggett and Ord makes it now look distinctly dated. As befits a thesis, *Black October* is thickly studded with footnotes, sometimes four or five to a sentence, with a bewildering variety of abbreviations, only seven of which are listed on p. xi. Also irritating for non-South African readers are the untranslated quotations in Afrikaans.

Yet many commendable strengths remain, for readers willing to wade through the footnotes. Phillips appears to have scoured every conceivable archival source, official and private, and every newspaper, periodical, and public report between 1918 and about 1925 in search of even the briefest mention of influenza. In addition to over a hundred interviews with survivors, he has collected several hundred letters giving first-hand accounts of the epidemic. No wonder this thesis was seven years in the making; the depth and diversity of its evidential base is most impressive. Phillips candidly admits his reliance on official statistics, which he says are "probably reasonably accurate" (p. 157) for Whites and Indians, but very incomplete for Blacks. Estimates of total mortality range from 139,471 to 511,726; Phillips plumps for about 300,000 (p. 178), giving a death rate of 43.9 per 1000, one of the half-dozen highest worldwide. This book is likely to remain the definitive work on this pandemic for South Africa. But it also highlights the need for more comparative work and a fresh survey to replace those by Richard Collier and Al Crosby (the latter, published in 1976, has also just been reprinted without revision).

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TERRY COPP and BILL McANDREW, *Battle exhaustion: soldiers and psychiatrists in the Canadian Army, 1939–1945*, Montreal and Kingston, McGill-Queen's University Press, 1990, 8vo, pp. xvi, 249, illus., £28.45.

A preoccupation with weapons, technology and grand strategy, argue Terry Copp and Bill McAndrew, has led historians to ignore the human dimension of battle. Making use of recent research into what has become known as "battleshock", the authors examine the reactions of Canadian Army troops to the circumstances of combat and military life. Their primary concern, however, is to chart military and medical attempts to deal with battle exhaustion and other "psychiatric" problems among conscript soldiers. Copp and McAndrew are critical of military men who emphasized discipline over psychiatric treatment, and of Canadian army psychiatrists who viewed battle exhaustion as a personality disorder rather than a symptom of acute stress to which anyone was liable. They are sympathetic to those psychiatrists in the field who helped develop more humane and appropriate methods of diagnosis and treatment.

Leading Canadian army neuropsychiatrists were confident that most psychiatric cases could be effectively treated with rest, food, and sympathy. These views fitted the needs of the army, which was anxious to maximize its manpower in the event of hostilities. By 1941 there was a severe shortage of skilled manpower, and the army came under increasing pressure to adopt methods of personnel selection, so that the more able recruits could be channeled into technical positions; the less able, as in Britain, into the infantry. The introduction of intelligence and aptitude testing opened an avenue to psychologists, hitherto marginalized in the Royal Canadian Army Medical Corps (RCAMC) and in Canadian academic life: increasingly, the army psychiatric service came under the influence of those who saw themselves as social engineers. Initially opposed to testing, Canadian neuropsychiatrists eventually embraced it as an opportunity to increase their own numbers and status within the RCAMC.

But the experience of combat wrought a change in army psychiatry throughout the Allied camp. The experiences of psychiatrists in the Alamein campaign forced them to come to terms with the reality of nervous exhaustion in battle, although most Allied armies were reluctant to institutionalize the methods of forward treatment developed by psychiatrists in the field. After the invasion of Sicily, Canadian forces saw action for the first time, yet most psychological breakdowns in the Italy campaign were due not to combat stress but to fear of conflict, and lassitude among troops away from the battlefield. Venereal disease, desertion, and

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psychological breakdowns reached almost epidemic proportions. In north-west Europe, where Canadian troops were continually engaged in combat, army psychiatrists had improved upon forward psychiatric treatment developed in Italy, and most cases of battle exhaustion were returned relatively quickly to the front.

In comparison with medicine and surgery the advances made in psychiatry during the Second World War were not spectacular. Diagnostic and treatment procedures implemented in 1914–18 were rediscovered and incrementally developed. What was most significant about psychiatry during the Second World War was its new relationship with military authority: by the end of the war psychiatrists were regarded as useful in conserving manpower and in sustaining morale. But after the cessation of hostilities, the Canadian Army quickly lost interest in psychiatry, and there were few places for psychiatrists in the peacetime army medical service.

Copp and McAndrew have provided a well-written and well-researched account of an important and neglected subject. But, though *Battle exhaustion* is not a long book, its central arguments have a tendency to lose themselves amidst the often fascinating narrative. Too often the subject matter is allowed to speak for itself, without comment or interpretation on the part of the authors. One might also have expected to hear more from the victims of battle exhaustion themselves. That said, the authors have succeeded in their objective of writing a “new kind of military history”, in which the human factor is restored to its proper place.

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GERRIT HOHENDORF and ACHIM MAGULL-SELTENREICH (eds), *Von der Heilkunde zur Massentötung: Medizin im Nationalsozialismus*, Heidelberg, Wunderhorn (Schröderstraße 16, 6900 Heidelberg), 1990, pp. 287, illus., DM 28.00 + p. & p. (3–88423–067–0).

This collection of twelve lectures on German medicine and its atrocities during the Nazi era was organized and edited by medical students presently enrolled at the University of Heidelberg. Shocked by the news, in December 1988, that German pathology departments were continuing to use specimens prepared from viciously-murdered victims of human experiments, they inquired about the situation at their own university. The Rector's totally unsatisfactory, defensive response led them to organize the lecture series, in an attempt to overcome the obfuscation to which they were subjected, to find out the facts, and to understand their elders' reluctance to deal with their shared heritage. The result is impressive. These are well-researched, concise presentations, followed by discussion. The topics range from social Darwinism and its historical importance, through the legalization of forced sterilization, euthanasia, and child psychiatry, to psychological analyses of Nazi propaganda and its effectiveness, and to the questions of how this disaster could come about and how one may live with the aftermath.

It is perhaps of interest that eight of the thirteen contributors were born in the 1940s and one in the '50s, and, of the four born in the '20s, only two are physicians. Real criticism of one's own teachers continues to run counter to a tradition of obedient admiration. Thus we learn that certain archives are not opened for fear of embarrassing “a still living colleague”, in a sentimental concern that is tacitly assumed to be of greater importance than any for the unnamed victims.

Reading this volume is no easy matter, yet this should be required for all of us, especially as historians of medicine or science. Aside from the crying need to include this period in all histories, this volume also explicates the resistance that has developed against this knowledge. Moreover, these events challenge the commonly-held assumption that the laudable progression of modern medicine is assured by an ever improved technology. We now have proof that this presumption must be laid to rest. Whatever other reasons motivated these physicians, their greed for scientific data seems to have been paramount. By putting “science” and “society” above their compassion for individual fellow human beings, they were able to proceed with their deplorable sterilizations and lethal experiments. The chapters dealing with mass and