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army's Yellow Fever Board, which subsequently became famous for its work in Cuba, a Typhoid Board, and a Tropical Diseases Board. The Typhoid Board highlighted the need to educate combatant officers in the rudiments of hygiene, concluding that their lax approach to sanitary discipline had been the main reason for the outbreaks afflicting the army during the war. Indeed, many saw sanitation as beneath their dignity. As a result, medical education became part of the training of officers at the military academy at West Point.

Other important reforms took place in the fields of army nursing, allowing the admission of qualified female nurses into the Army Hospital Corps. There were also improvements in rations following scandals over the prevalence of canned or refrigerated, as opposed to fresh, meat.

The one real success of the war, from a medical viewpoint, was surgery. The use of the recently invented X-ray to locate projectiles, together with antiseptic and aseptic surgery, kept wound infection to remarkably low levels. As in the South African War, fought by Britain and the Boer Republics during 1899–1902, these innovations permitted methods of surgery far more conservative than in previous conflicts such as the US Civil War or the Crimean War, which became notorious for the number of amputations. However, there were problems with the use of early X-ray equipment, and some soldiers suffered and died from severe radiation burns.

Cirillo has provided a very good account of this war and its significance for medicine. His book is well researched and considers military operations in the light of public opinion, which turned out to have a significant role in producing reforms of American military medicine. Also welcome is the extended comparison with Britain's experience in the near contemporaneous South African War, where similar scandals over typhoid and the breakdown of medical provisions led to important reforms. Rather more consideration of the public reaction to the losses from yellow fever would have been welcome, as would some more comparative material on the Spanish

forces, but overall this is a very useful volume, and nicely produced.

Mark Harrison,
University of Oxford

Anna Rogers, *While you're away: New Zealand nurses at war 1899–1948*, Auckland University Press, 2003, pp. x, 352, illus., NZ\$39.99 (paperback 1-86940-301-0).

In 1899 Britain's army nursing service had fewer than eighty staff but when the Anglo-Boer War ended in 1902 there were around 1,700 British, Australian and New Zealand nurses in South Africa. New Zealand contributed approximately thirty nurses to this endeavour, a number small enough to permit Anna Rogers to profile each individual. This attention to detail is one of the strengths of *While you're away*.

Following the outbreak of the First World War, the recently constituted Dominion sent six nurses to the former German colony of Samoa as a prelude to the formation of the New Zealand Army Nursing Service. In April 1915 the first dozen nurses sailed for Egypt; others served on hospital ships, at the Western Front and in New Zealand's war hospitals in England. Each of these spheres is allocated a separate chapter, as is the work of the 100 or so New Zealand girls who served the Red Cross or other British and French organizations.

One recurring theme in the sections dealing with conflicts to 1918 is the struggle of the more relaxed and informal New Zealand and Australian nurses to come to terms with British class distinctions, anti-colonial prejudice, and "hide-bound British military tradition" (p. 151). This discomfort also affected the colonial soldier patients, many of whom were delighted to be under the care of their own countrywomen.

Two chapters are devoted to the interwar years. The first explores the problems faced by these military nurses in the aftermath of the the First World War and the second summarizes the efforts of the handful of New Zealanders who nursed in the Spanish Civil War. The last seven chapters are devoted to New Zealand nurses during the Second World War, arranged

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according to the different spheres where New Zealand troops played a significant part—North Africa, Greece and Crete, Italy, the Pacific and Japan. There are also case studies of nursing aboard hospital ships, and of the voluntary aids who complemented the fully trained staff.

'Faraway Places' recounts the experiences of nurses and voluntary aids serving with British units, including some who had the misfortune to become prisoners of war.

One of the strengths of this book is the liberal use of diaries, personal correspondence and interviews conducted by the author and others. These vividly illuminate the hopes and fears of three generations of military nurses, and the arduous conditions under which many of them worked. Some of these vignettes are poignant in the extreme while others reveal a rich vein of humour; I especially liked the account of the shrinking uniforms of the first group of voluntary aids sent overseas in 1941. Rogers is also to be commended for her use of primary sources when retelling relatively familiar events, such as the 1915 sinking of the *Marquette* in which ten New Zealand nurses perished.

One disappointing feature is the failure at times to locate nursing in the wider historical context. Isobel Dodds, for example, who tended International Brigade members during the Spanish Civil War, is described as the daughter of a "politically active pacifist father who was a friend of Peter Fraser and knew Bob Semple and Paddy Webb" (p. 189). We are not told, however, that all three were MPs in New Zealand's first Labour government of 1935–49. By the same token, the text would have been enriched by a fuller explanation of the tantalizing references to the introduction of penicillin (pp. 222, 246, 306).

Overall, however, this is a valuable addition to the story of New Zealand nursing, and to the historiography of the changing relationship between Mother England and its colonial offspring. As Rogers notes in her final paragraph, those New Zealanders who served overseas learned "what it meant not to be British".

Derek A Dow,
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Peter Razzell, *The conquest of smallpox: the impact of inoculation on smallpox mortality in eighteenth century Britain*, London, Caliban Books, 2003, rev. 2nd ed., pp. xxvii, 253, £40.00 (hardback 1-85066-045-X).

For those who follow the work of University of Essex research fellow Peter Razzell, the re-release of his 1977 *The conquest of smallpox* provides only a modest addition to his classic work on population growth in Britain during the eighteenth and nineteenth centuries. The largely unaltered main text is preceded by a brief new introduction that adds some recently compiled data and a more nuanced thesis concerning the ultimate impact of inoculation and vaccination on overall mortality in the period. In the new introduction Razzell reviews novel modes of analysing mortality based on parish data sets and the larger debates in the field of population demography. However, these are better treated in his numerous articles published on the subject. While this re-release intends to inform current debates in demography, this is still an important work for any medical historian interested in smallpox inoculation or vaccination. Historians new to the field should be encouraged to read this oft-cited text in full.

As in the original publication, Razzell concludes by stating that without inoculation and vaccination between one quarter and one third of the population would have died from smallpox in the post-civil registration period. Additionally, survivors of smallpox would be more at risk for opportunistic infections and impaired fertility. "It is not exaggeration to say that inoculation and vaccination prevented the decimation of the population of the kind that Europe suffered in the fourteenth century onwards, and instead of the rapidly expanding economy of the nineteenth century which we label the Industrial Revolution, there would have been a very prolonged period of decline and stagnation" (p. 210).

However, in the new introduction, Razzell admits that the major fall in infant, child, and adult mortality began before the implementation of inoculation. Thus, while not the single cause of the decline in mortality, Razzell continues to argue that inoculation and vaccination, "made a