

The Medical War: British Military Medicine in the First World War. Mark Harrison. Oxford: Oxford University Press, 2010. ISBN: 9780199575824

Mark Harrison provides insight into the shifts in medical developments and opinions within Britain, which led to the nation's improved military performances during the First World War. He focuses on campaigns in the West and partially covers theatres outside Europe, such as Salonika, East Africa, Egypt, and Palestine. Harrison's sources are varied. He balances official documents with firsthand accounts of those who worked at the front, for instance, doctors, nurses, and orderlies, a class whose participations during the war stays suppressed in most First World War historiography. His objective in writing *The Medical War* stems from his belief that many publications neglect wartime medicine, an aspect which determined results in various theatres, and initiated developments in surgery. He makes a connection between improvements in medicine and advances in warfare, especially in harsh epidemiological circumstances.

From the 1850s, the medical conditions of British troops at home and abroad received significant public criticism. By the outbreak of the First World War, an organized system of medical care for soldiers came into place. The disastrous results of the first battles in France and Flanders led to the construction of a new and more efficient system of casualty disposal. Field Ambulances evacuated wounded soldiers to dressing stations and mobile hospitals. Casualty Clearing Stations (CCS), situated close to firing lines, sprung up. The war created a linkage between health and citizenship as soldiers received instructions on the virtue of hygiene as a form of civic responsibility. Preventive medicine gained popularity and measures emerged to manipulate soldiers' environments and remove conditions favorable to diseases.

In the field of surgery, alternative treatments of injuries, such as the excision of damaged tissues, became widespread. This method stood out because earlier antiseptic treatments of wounds did not work in the war zones' bacteria-ridden soil. Such new advances in surgery reduced the number of deaths from infections and gangrene. Medical problems in other regions such as Gallipoli, Salonika, East Africa, and Mesopotamia turned out differently than in the West due to managerial problems and officers' inexperience. In those regions, success proved elusive due to Malaria, which inflicted the most casualties among tropical garrisons. Nonetheless, medical arrangements in Palestine succeeded because General Edmund Allenby, Commander of the Egyptian Expeditionary Force, paid keen attention to medical and sanitary conditions. Harrison concludes that medical advances in the First World War led to lower mortality rates among soldiers and the return of the wounded to the fronts. The large scale offensives in Somme and Ypres, Harrison argues, would be impractical but for the advanced system of casualty disposal and treatment.

Harrison arranges his detailed work impressively. In each chapter, he lays out his general ideas before going into particulars. He then ends with a recapitulation of his theses. His selection of major zones outside Europe that proved unsuccessful in relation to medical arrangements in the West enables him to create a balanced picture of Britain's war efforts. Harrison does not, however, extend this comparative approach to his account of hospital accommodations for Imperial and Dominion troops in Britain. He limits his statements to Indian soldiers, where one hopes for at least a brief discussion of African and other colonial soldiers' situations. Harrison's work is a vital essay for anyone interested in armed conflict and the role of medical progress in warfare's advancement.

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