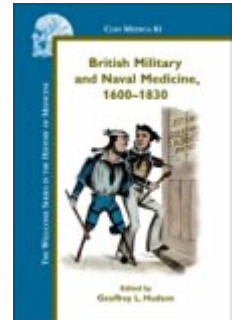


**Geoffrey L. Hudson.** *British Military and Naval Medicine, 1600-1830.* Amsterdam: Rodopi, 2007. 290 pp. \$57.00, cloth, ISBN 978-90-420-2272-0.



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Geoffrey L. Hudson's edited volume collectively examines the development of disease control and therapeutic experimentation in the British military and navy during the "long eighteenth century" (ca. 1660-1830), one of the most crucial periods of British colonial expansion. This period witnessed both a growing interest in the physical needs of an imperial state and the development of large bureaucratic institutions to manage a growing domestic and colonial population (often referred to as the British "fiscal-military state").[1] "British" is a complex term. "Britain" refers to England, Wales, and Scotland, an area controlled by the British government based in London after the Act of Union with Scotland in 1707. In this review, I use the term "British" to refer to the forces controlled by this government. The 1801 Act of Union with Ireland was not complete, especially with respect to the governance of armed forces. I therefore refer to Britain and Ireland separately. All aspects of the British armed forces however recruited heavily in Ireland.

Over the course of the eighteenth century, Britain's armed forces gradually grew to an unprecedented size. The scale of British mobilization in the early 1800s was unrivaled until the onset of conscription in the early twentieth century.[2] British imperial medicine was driven by the manpower needs of the nation-state, as was the provision of benefits to a small proportion of permanently disabled veterans and former servants. This volume also demonstrates how imperial medicine was influenced by the populace's concerns about military service, with most residential hospitals specifically designed to police the actions of soldiers and sailors. The contributors to this volume use macro- and micro-studies to examine the intellectual and institutional world of the army's, navy's, and East India Company's medical establishments in Britain, Ireland, and its distant colonies.[3] These case studies range from detailed investigations into the largest state-sponsored hospitals and therapeutic initiatives to the publications of private individuals who contributed to the international scientific community of

letters. The aim is to understand both the constructs and limitations that governed those who lived within these different services. The collection examines the intellectual and physical environments of eighteenth-century military and naval medicine from its aspirations in brick and mortar to its role in all levels of English-language print culture.

The book is structured thematically rather than chronologically. The first four chapters are introductory overviews of military and naval medicine between 1600 and 1830. Hudson's introduction surveys the existing historical scholarship with discussions of the main general and specialist comparative works on the British and French armies and navies. This scholarship has adopted, extended, and often challenged views of the rapid development of the medical "gaze" during the late eighteenth century. Instead, in this volume, the origins of this form of mass observation and therapeutic empiricism are contextualized in the late seventeenth century. J. D. Alsop's chapter charts the creation of a formal imperial medicine discourse. He examines the authors, contents, and publishing histories of the main English-language books available to interested readers between 1600 and 1800. These books continually envisaged their experienced author-practitioners, patients, and readers as "white, elitist, masculine and state-centred" (p. 24). The authors adapted the general advice given to early modern travelers with their own experiences of ships' medical bays, before gradually expanding into detailed medical topographies of the different British colonies. Most strikingly, British soldiers and sailors were increasingly homogenized into one white "European" grouping, with the internal regional tensions within Britain and Ireland being marginalized into insignificance. Paul Kopperman and Mark Harrison contextualize the experiences of Alsop's authors in their chapters on the medical establishments of the British armies in North America, the West Indies, and India from about 1750 to 1830. Kopperman's study focuses on the

staff and conditions in the mobile hospitals of the British army in North America between 1755 and 1783. He includes a thorough overview of medical hierarchies and appointment systems that governed these institutions, in particular showing the willingness of the War Office and of individual officers to take medical advice on ventilation and diet. His analysis of the outbreak of scurvy in 1775-76 however shows that the continued good health of the army depended on a number of environmental variables. He concludes that there was significant overall improvement in the army's health, attributing the worst mortality years to epidemic yellow fever. Harrison examines the medical hierarchies and establishments of the East India Company by studying their competing aetiologies of tropical fevers, a major drain on their resources. Company surgeons' experience of hot climates and tropical fevers led them to challenge contemporary views of bleeding as a treatment. He further highlights that the morbidity rates of tropical fevers were so great that they encouraged the use of drastic and "heroic" forms of purging alongside the widespread use of mercury, a drug widely avoided by practitioners and patients outside of the Company due to its association with venereal disease (p. 95).

The overarching theme for the latter half of the book is the long-term medical experiences of sailors and soldiers, including the small percentage who were allowed to access the facilities of the purpose-built hospitals of Greenwich, Kilmainham (Dublin, Ireland), and Chelsea after their discharge from official service. Eric Gruber von Arni explores nursing as a profession during the English Civil War and Interregnum period (1642-60). Von Arni examines the work of the Commissioners for Sick and Maimed Soldiers at parliamentary hospitals of Ely House and the Savoy (London). His research uncovers a wealth of information on the daily life of their wards, suggesting that the level of care provided by the nurses, the "help nurses" (temporary staff), and the male medical establishment was far higher

than previously assumed. This chapter also contains detailed comparisons between these temporary military hospitals and their well-established charitable counterparts of St. Bartholomew's and St. Thomas's. The Savoy and Ely House also provided continued assistance to their former patients through supplying bandages and helping with prosthetic limbs. The patients expected a high level of continued care, and von Arni demonstrates that both the commissioners and the hospitals took their complaints about poor treatment seriously. The theme of continuing care for the chronically ill and physically disabled servicemen is prominent in the chapter by Philip Mills on the treatment of inguinal hernias. His study is one of the first to exclusively focus on the hierarchical medical establishment of the Royal Hospital of Chelsea, the army's subsidized residential institution for disabled and aging soldiers. Hernias ("rupture" or "broken belly") not only were deemed to be largely incurable, embarrassing, and potentially dangerous, but were also a significant drain on manpower. Chelsea's infirmary wards were used for two trials of rupture cures, alongside those of Greenwich. The elderly Chelsea Pensioners subjected to years of these experimental cures were quite different from the young servicemen pictured in medical texts.

Patricia Kathleen Crimmin and Margarette Lincoln focus exclusively on naval records. Crimmin's longitudinal study of sailors' health uses the detailed records of the Admiralty's Sick and Hurt Board, a supervisory committee that oversaw nearly all aspects of naval health—from hospitals, diet, and equipment, to the relief of permanently disabled men and prisoners of war. Crimmin describes the complex tasks facing naval surgeons given the effectively decentralized structure of the British navy. The health of men was dependent on the views of individual captains despite the navy's authoritarian command structure. Crimmin highlights the willingness of some medical practitioners and interested individuals to offer their own advice on naval health to the board. Lincoln re-

turns to the public nature of this debate by examining how medical discourses influenced, and were influenced by, wider concerns about the role of the navy in British economic success. She surveys the dominant images of the sailor in late eighteenth-century British print. "Jack Tar" was viewed as a valuable commodity whose health had to be preserved at all costs in spite of the dangerous conditions on ships. He was also a potential risk to civilian communities through his exposure to contagious diseases and distasteful habits, and who consequently needed to be carefully supervised by his superiors.

The final chapters by Christine Stevenson and Hudson further examine the British state's relationship with military and naval medicine through the discipline of the hospital. Stevenson's chapter, "From Palace to Hut: The Architecture of Military and Naval Medicine," surveys the navy and army's major hospital building projects between 1690 and 1752. These buildings were designed with both practical and aesthetic motivations, such as ventilation and the different needs of the surgical case, the chronically ill, and the convalescent. This practicality did not limit their alternative function as concrete examples of the benevolence of the British Crown. One of the largest building projects was the Royal Hospital of Greenwich, the naval equivalent of the Royal Hospital of Chelsea. Hudson looks beyond the external façade of Greenwich in order to examine the experiences of its resident disabled and aged. The Royal Hospital was both a reward for long service and a response to public concern about disabled sailors. He compares the eighteenth-century pensioners' experiences of medical confinement and treatment to that of their seventeenth-century predecessors, the county pensioners. He charts the gradual medicalization of this benevolent institution, and the gradual limitation of the pensioners' agency and voice in their encounters with the governing officers of the hospital. In doing so, he questions both the "historiographical arguments and cultural traditions that celebrate

Greenwich (and Chelsea) as both safe havens for the indigent and the incarnation of progress” (p. 266).

There are several important themes running throughout the book. Firstly, the volume covers the role of bureaucratic centralization in the separate medical services of the army, navy, and East India Company. All branches of these services began to establish permanent hospitals for their serving dependents and, in the case of the army and navy, for a small number of their non-serving men. These institutions subsequently facilitated the gradual evolution of different ideas about disease, climate, therapeutics, and preventative regimes. These were based on their trials and observation of substantial numbers of servicemen patients who were theoretically unable to have a substantial say in their treatment. These techniques of military-style hospital discipline and mass generalized treatments had far-reaching implications for the treatment of and attitudes toward the poorest individuals with long-term health conditions, in a similar manner to their early twentieth-century counterparts.<sup>[4]</sup> Several contributors highlight the relationship between violent colonial expansion, these medical establishments, and the corresponding growth of medical literature on the health of young servicemen and would-be colonists. These men needed to be disciplined both morally and physically by social superiors and by their built environments. Several contributors highlight the disparity between the anonymous male European patient of practitioners’ formal medical discourse, and the vocal ill-disciplined men (and occasional women and children) who sought out and dictated their own treatments. In doing so, the practitioners became “men of action” (in the words of Harrison); and they legitimized their field, and therefore their own personal reputations, justified through the growing importance of colonial expansion within British society (p. 95). The third central theme of the book is the qualitative and quantitative impact of these medical establishments on the over-

all physical health of British servicemen between 1600 and 1830.

This book is an important contribution to the field of seventeenth- and eighteenth-century medicine. The essays range from general overviews of the medical services and medical texts available to the military, to case studies of individual state-sponsored institutions in Britain, colonial North America, the West Indies, and India. While key figures, such as Sir John Pringle (1707–82), James Lind (1716–94), Thomas Trotter (ca. 1760–1832), and John Hunter (1728–93), are mentioned, the intention is to contextualize their work more as members of an international group rather than as individual practitioners or administrators. There are clear parallels throughout all of the essays, giving a strong cohesion to the book despite the chapters’ different source materials. At times, the book assumes that the reader has some background knowledge of the eighteenth-century British fiscal-military state and of eighteenth-century warfare in general. However, this is countered by the book’s extensive bibliographical endnotes, one of the strongest points of this volume. These allow the book to act as an introductory guide to the complex historiography of eighteenth- and early nineteenth-century British society and its armed forces. All chapters are based on extensive research of complex archival collections, which are presented here in an accessible format. The contributors’ discussion and summaries illustrate the range of recent quantitative projects on British military and naval medicine, its patients, and its personnel. The book also goes on to highlight the range of research still to be done for this area, and the importance of integrating the previously “sequestered” field of military medicine into the history of medicine. As such, this volume would be suitable for undergraduate and postgraduate courses in the history of medicine, and for studies in war and society during the British “long eighteenth century.”

Notes

[1]. On the development of the British imperial state in this period, see John Brewer, *The Sinews of Power: War, Money, and the English State, 1688-1783* (London: Unwin Hyman, 1989; repr., London: Routledge, 1994); and Lawrence Stone, ed., *An Imperial State at War: Britain from 1689 to 1815* (London: Routledge, 1994).

[2]. On British mobilization over the course of the eighteenth century, see Brewer, *Sinews of Power*; and J. E. Cookson, *The British Armed Nation, 1793-1815* (Oxford: Clarendon Press, 1997).

[3]. The army, navy, and East India Company were Britain's main international armed services. The British state used a number of smaller armed forces in particular contexts, including slaves, indentured servants, conscripts, prisoners, volunteer groups, and mercenaries. Most of these groups were under the remit of the War Office, navy, or East India Company's bureaucracies. They were not automatically entitled to the same medical provisions as their enlisted army or navy counterparts.

[4]. See, for example, Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain, and the Great War* (London: Reaktion, 1996); Seth Koven, "Remembering and Dismemberment: Crippled Children, Wounded Soldiers, and the Great War in Great Britain," *American Historical Review* 99, no. 4 (1994): 1167-1202; and Julie Anderson, *War, Disability and Rehabilitation in Britain: Soul of a Nation* (Manchester: Manchester University Press, 2011).

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