

Book Reviews

The Hospital Committee was more adventurous in those days than now would be considered proper; they appointed Maudsley when he was only twenty-four, and his successor George Mould, when he was twenty-seven. In both instances the governors' courage was justified by the flourishing state of the hospital under the guidance of these two able men. In the present generation the medical direction has similarly been in capable hands. The prominence now given to occupation in the treatment of the patients had been part of an energetic and far-sighted therapeutic programme.

A regrettable change of policy occurred in 1923. The Committee of Cheadle Royal in that year gave notice to the University that they could no longer provide facilities for medical students to attend for clinical teaching; this terminated an arrangement which derived from the original association with the Royal Infirmary.

AUBREY LEWIS

Physical Standards in World War II, ed. by ROBERT S. ANDERSON and CHARLES M. WILTSE, Washington D.C., Office of the Surgeon General, Department of the Army, 1967, pp. xxi, 356, illus., \$3.00.

In the wars of this century the medical profession has played an increasingly important part in conserving manpower by enabling a larger proportion of the sick and wounded to return to active duty. Another valuable but not so spectacular duty they have performed has been the examination of recruits and the estimation of their suitability for various posts; for this purpose certain physical standards had to be set up, and this volume deals with the physical standards adopted by the medical department of the United States Army in the World War of 1939–1945. The first 127 pages contain a general account of the principles adopted and regulations issued during that war; this is followed by more than 200 pages giving the text of the regulations accompanying mobilization, and the Army orders sent out at intervals during the war. The book concludes with a tabulated summary of physical standards and a useful index.

More than a year before the entry of the United States into the war, Congress authorized the Selective Service System which had the function of choosing those men who were physically fit and able to be spared from their civilian employment. For the medical examinations a total of 6,443 medical boards, each containing eleven medical officers and one dentist, were formed throughout the States. When the U.S.A. entered the war greater urgency for a time required each board to examine 200 candidates each working day of eight hours—rather too quick for thorough examination. Available men were examined again at the Army stations before being inducted, and at a later date the chief medical examination took place at the Army station.

Altogether 18 million men were examined of whom just under 6½ million were rejected. Common causes for rejection were defective teeth, poor vision, deafness, hernia and neuropsychiatric affection. At first venereal disease was a cause for rejection but later this was altered by a new regulation. As the war progressed all physical standards were lowered and considerable confusion was caused by the calling-up of many who had been rejected or even discharged from the Army at an earlier date. Moreover many men who had been registered for limited service were graded up for active service overseas.

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Before the war the only women in the United States Army were the nurses, who were given relative commissioned rank, which later was also given to dietitians and physical therapists. Later they were given full commissions. (Though it is not specifically mentioned, we presume that women physicians and surgeons were also given commissions.) In 1942 the Women's Army Auxiliary Corps was formed (the WAAC) but the following year this was absorbed and succeeded by the Women's Army Corps (WAC) whose numbers were not to exceed 150,000. The physical standards of the members of the WAC were to be judged by a board of at least two medical officers. After applicants had been passed medically they were interviewed by the recruiting officer who was authorized to reject any unsuitable person including any 'trouble-makers'.

During the last two years of the war an attempt was made to improve the classification of both officers and enlisted men by the adoption of a modification of the Canadian system of PULHEMS, but the conclusion reached of its efficacy was that 'because it came rather late in the war it must be viewed as being only a limited success'.

There were many serious and difficult problems connected with discharge or retirement from the Army, or during demobilization. It is stated that the most costly problems were caused by 'the fluctuating policies on the utilization of limited service personnel, the failure to establish effective psychiatric standards and treatment for mental defects and problems until late in the war, and the constant vacillation in retirement procedures and "line-of-duty" policies, and physical standards in general'.

It will be seen that there are many lessons to be learnt from this volume, but no doubt any new conflict would bring with it many new problems needing to be solved.

ZACHARY COPE

The Chemical Dream of the Renaissance, by ALLEN G. DEBUS (Churchill College Overseas Fellowship Lecture No. 3), Cambridge, Heffer, 1968, pp. 40, 6s.

The scientific revolution of the seventeenth century is usually described as the triumphant march that led from Copernicus to Tycho, to Kepler and Galileo and then on to Newton. It is thus seen in terms of a development in straight lines in the history of physics and astronomy—based as it was on the quest for new experimental methods and orientations and associated with a rejection of the ancients, notably of Aristotle, the logician and systematizer. As the author shows in the brilliant essay under notice, the situation was in fact much more complex: the very quest for new observationalism and experimentalism was raised in quarters where it is least expected and mentioned in our conventional history books. It was prominently and vociferously expressed by the devotees to *magia naturalis*, the Paracelsians, notably such men as Fludd, the Rosicrucian mystic and J. B. Van Helmont, the religious reformer of medicine, who discovered *Gas*. Significantly it was the appeal to study Chemistry and thereby to arrive at a better knowledge of the Creator—the genuine Paracelsian approach—which was instrumental and played its own considerable part in the scientific revolution of the century. How this was reflected in the scientific, utopian and polemical literature and in the motivations current at the time is briefly and fascinatingly demonstrated