

Book Reviews

Ben Shephard, *A war of nerves: soldiers and psychiatrists, 1914–1994*, London, Jonathan Cape, 2000 (hardback); London, Pimlico, 2002 (paperback), pp. xxiii, 487, illus., £20.00 (hardback 0-224-06033-3), £12.00 (paperback 0-7126-6783-0).

This is an excellent book, full of careful research lightly worn. It is highly readable, provoking the intellectual and moral, as well as historical, imagination. Soldiers as well as doctors, specialist historians as well as non-academic readers, will surely read it: no mean accomplishment. It is neither military history, nor medical history, nor social history, but all of these. Ben Shephard writes without prejudgement of the great range of ways in which war damages minds, and ways in which people manage as well as fail to manage. That medicine must serve many masters is not news. But here we have a large-scale picture of what this means, often under the most emotive conditions, in the lives of participants of all kinds.

The book describes the presentation of nervous and mental disorders in war, and the medical response to them, under the headings of what at different times have been called “shell-shock”, combat fatigue and post-traumatic stress disorder. The two great world wars—their aftermaths and domestic contexts as much as the actual fighting—dominate the book. All the same, the concluding chapters on the Vietnam War, the Gulf War and even the Falklands War significantly influence the book as a whole. Indeed, the book can be read as a profound reflection on the confusions, the swing from confident assertion to bewilderment, engendered by two decades of contemporary argument about post-traumatic stress disorder. The implication is that only the historical record will enable participants to see antagonistic positions in perspective. The book finds a repeated cycle

of denial, exaggeration, understanding and forgetfulness about war-damaged minds. In part, this reflects the different interests at work, in very emotionally charged circumstances, from the senior officers battling for morale and fighting strength, the psychiatrists concerned for patients and professional ambition, the public wanting fighting but its sons kept whole, and bureaucracies contemplating huge long-term costs. The result, as this book clearly and authoritatively shows, is a kaleidoscope of shifting practice and opinion, conditions in which strong and charismatic individuals can and do make an impact, if only for a time.

Shephard has drawn on a marvellous variety of sources, especially from Britain but also from the United States, with an eye to what was happening elsewhere but without comparable detail. It is this patience and tenacity in conducting research on such a range of material, from studies of prisoners of war to domestic public opinion, from front-line trenches or tanks to innovations in group therapy, from problems of recruitment to problems of pensions, that makes the book stand out. Just how much some parties have had an interest in the story of human collapse not being told is especially pointed in a chapter on the allied bombing campaign over Germany. The half-familiar story of the significance to British psychology of “shell-shock” receives full treatment, and the story reduces the role of psychoanalysis to its proper proportions.

The book brings home the ordinariness of suffering, weakness and collapse when people face not just actual violence but its prospect. It is rich in detail from multiple perspectives: the scathing views of generals on the corrupting influence of medicine; the ambivalence of doctors working for and, in some instances, against the military; the soldiers themselves, expressing guilt for

cowardliness as well as symptoms. But what Shephard hints at but does not fully bring out is the dilemma he faces along with his subjects. On the one hand, he calls for accurate knowledge of past experience and for more facts. He thus implies that, with the full facts, the real nature of combat or post-traumatic stress disorders would become clear. On the other hand, his history repeatedly emphasizes the in-built conflict of military and healing values, a conflict in which, as he explains, “tough” and “tender” schools of opinion constantly reappear. Public opinion, maybe, wants it both ways—a position currently addressed by the fantasy of an air war in which only the enemy suffers. During past wars, doctors learned to serve military goals, and they even sometimes acknowledged that how men manage may have little to do with what doctors, working specifically as doctors, offer. In the most dramatic case, psychiatrists reported a perception that sending a man back to the front, and to likely death, might be better for his “health” than to invalid him out with his symptoms, and loss of self-respect, into an uncertain future. But in peacetime, other values come back to haunt psychiatrists, public opinion and soldiers themselves. Thus, it may be, no amount of empirical knowledge, medical or historical, will solve for us the contradiction of seeking to be humane in war.

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Kenneth J Carpenter, *Beriberi, white rice, and vitamin B: a disease, a cause, and a cure*, Berkeley and London, University of California Press, 2000, pp. xiv, 282, illus., £27.95, US\$40.00 (hardback 0-520-22053).

The value of Carpenter’s work lies in the fact that it challenges the myth-making that

often characterizes the historiography relating to the identification of the cause—and the prevention—of beriberi. Caused by a deficiency of thiamine (Vitamin B), the basis of beriberi had been the subject of much scientific speculation in the late nineteenth and early twentieth centuries. Indeed, many, including Christiaan Eijkman (the Dutch physician assigned to work with a team investigating beriberi in Java in the late 1880s), often wondered whether it was an infection transmitted by a specific germ. A series of experiments by Eijkman, carried out on laboratory animals and selected human subjects, ultimately proved that the condition of beriberi was the result of specific dietary patterns, rather than infectious micro-organisms.

Strikingly, ultimate success in identifying the cause of beriberi, according to Carpenter, is attributable to big doses of luck. A change in the choice of laboratory animals, which was forced by financial difficulties, provided the first major breakthrough. The shift from monkeys and rabbits to chickens proved decisive, as fowl tended to be more predisposed to showing the effects of thiamine deficiency after being kept on a diet of boiled white rice. However, these investigative successes proved extremely troublesome in a situation where experiments were often difficult to replicate, causing doubts amongst the scientific community about their results. Carpenter describes, for instance, how Eijkman struggled to copy his successful Javanese experiments with chickens in Amsterdam. This, in fact, caused him to toy with the infection theory of causation for a while, before he finally decided to plump for the dietary theory in 1912 on the back of the results of new experiments (Eijkman received the Nobel prize for his work in 1929).

In addition to providing a fine description of Eijkman’s research in Java and the Netherlands, Carpenter’s book also describes a series of valuable experiments on