

## THE CRIMEAN DOCTORS

**Irvine Loudon**

John Shepherd, *The Crimean Doctors. A history of the British Medical Services in the Crimean War*, 2 Vols. (Liverpool University Press, 1991), pp. XVIII and 662, with illustrations. Liverpool Historical Studies, No. 7. ISBN (Vol. 1):0-85323 107-9: (Vol. 2): 0-85323-167-2; ISBN (Set): ISBN 0-85323-177 X.

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As a small boy, the author of this work was taken by his father to the Chapel in Chelsea Barracks where he saw a pensioner wearing the Crimean medals. Although he could scarcely have realised it at the time, it was an event which implanted a lifelong interest in the Crimean war. Having qualified as a surgeon, the author served in the navy during the Second World War. Having qualified as a surgeon, the author served in the navy during the second world war, became surgical tutor at the Radcliffe Infirmary in Oxford, and was then appointed senior lecturer in surgery in the University of Liverpool, a post he held until his retirement. He has written many papers on the history of surgery and a notable book on Simpson and Syme. Meanwhile his interest in the Crimea remained in hibernation from the formative experience in the Chelsea Chapel until his retirement some sixty or so years later when he set out to write this massive work on the medical services in the Crimean war. The result is this excellent and comprehensive two-volume study, which is, and will long remain, the definitive history on the subject.

In his book, *Problems of Social Policy* (London, HMSO and Longman, Green and Co., 1950), R.H. Titmuss wrote (p. 54):

The direct and indirect consequences of war have, in the past, profoundly influenced the development of the nation's medical services. War in general, not just one particular war, has provided clinical and surgical material for experimentation on a grand scale, and has imbued society upon each outbreak with a fresh interest in health.

Titmuss illustrated his thesis by reference to Florence Nightingale. It is an obvious example, but the trouble has been that Florence Nightingale has almost totally eclipsed all other aspects of the history of medicine in the Crimea. I well remember a brilliant seminar by Anne Summers (mis-spelt as Ann Saunders, I think, in the acknowledgements, a fate shared by Irvine Lowden in the same sentence) in which she described the Nightingale 'industry' and showed that since the early years of this century new biographies of the lady with the lamp had become an annual event. It is a tribute to the author that his chapter VIII devoted to Florence Nightingale and the Scutari Hospitals, while acknowledging the major biographies, is written with a delightful degree of freshness and perception.

But the author's main concern, of course, is with the doctors, who have largely been ignored by historians except when they impinged on Nightingale and her work. If we leave Nightingale on one side, how much does Titmuss' thesis apply to the army and navy medical services? 'Many factors' says John Shepherd, 'such as the public exposure of the appalling conditions of the campaign and the findings of numerous commissions, led to a more humane attitude to the common soldier' (p. 620). That was one positive outcome, but here again much credit goes to Nightingale. 'As far as the medical services were concerned' he continues, 'despite the strong recommendations of the Royal Commission reform was slow... even up to the two World Wars, some of the old errors were repeated'. A great deal was learnt during the war about the treatment of wounds which benefited civilian practice. But the belief that the Crimean war led - as it should have done in view of the appalling revelations of muddle and incompetence - to the radical reform of the army medical services, is not supported. The best the author can say is that 'the high traditions of service doctors in more recent times owe something to the devotion and dedication of their predecessors... during the Crimean war'.

As one progresses through this book with its grim and grisly accounts of wounds and sickness, of muddle and incompetence, of shortage of essential medical supplies or supplies sent to the wrong place, and of capital surgery under primitive conditions performed by medical officers with little experience, the over-riding impression of the medical services is that of an extraordinarily mixed bag. There were devoted, selfless and courageous surgeons, skilful by the standards of their time. But there were also medical officers who were stupid,

pompous, inexperienced, hamstrung by custom and tradition, ambitious for promotion, and fearful of being replaced, or demoted, or criticised by their superiors if they acted without orders; and there were certainly those who were much concerned with their own comfort but indifferent to the sufferings of the common soldier.

Munro, an able and experienced surgeon, had a poor opinion of the Principal Medical Officers 'who had never seen a gun-shot wound before the battle of the Alma'. In a passage which echoes Henry IV, part II, he complained with reason, while operating in the heat of battle up to his elbows in blood, of being 'Occasionally interrupted by an officer of administrative rank who came amongst us without authority in spotless frock coat, and well kept cocked hat, and sword tucked under his arm - strolled about with pompous and conceited air from one scene of operation to another... expressing his opinion... He stood over me while amputating a leg and as I finished patted me patronisingly on the back saying 'Well behaved, Sir, very well behaved'.

The muddle and incompetence was known. It was reported in newspapers and medical journals and appeared in the evidence to a variety of inquiries and commissions. When peace returned, however, many of the most able medical officers who would have been capable of spearheading reform left the service to return to civilian practice. Amongst the remainder the heavy weight of conservatism and complacency combined with parsimony, meant that lessons of the war were not learnt and reform of the medical services was slow.

The author ranges widely, setting the medical services in the context of the war and the time. As one would expect, the clinical detail is faultlessly presented, but the author has chosen to place passages of clinical description in smaller type, believing such matters may have a limited appeal. By doing so he may have felt more free to use medical terminology, but I think the decision was a mistake. It perpetuates a sort of unnecessary apartheid between clinical history on the one hand and social, military and political history on the other. But it is a small criticism in a work of great and lasting scholarship.

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