

## Book Reviews

sanitation. New Zealand distinctiveness is too important to the global historiography of colonization for it to be discussed only in the Antipodes.

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**Felix Driver**, *Geography militant: cultures of exploration and empire*, Oxford, Blackwell, 2000, pp. viii, 258, illus., £16.99 (paperback 0-631-20112-2).

The term “geography militant” was used by Joseph Conrad in 1924 to describe what he saw as the second epoch in the history of geographical knowledge; roughly the age of heroic exploration from James Cook to the scramble for Africa. The first epoch was the era of “geography fabulous”; the age of extravagant maps and extraordinary beasts. The third epoch, in which Conrad saw himself to be writing, was that of “geography triumphant”, which ushered in the modern world of well-worn tourist tracks. Although Felix Driver has some doubts about Conrad’s taxonomy (after all Conrad was himself constitutive of it) this splendid book describes the culture of exploration and the making of the discipline of geography in Britain in the “militant” epoch. So many themes and substantive descriptions tumble from these pages that summary is difficult. The central focus of much of the book is the Royal Geographical Society (RGS) founded in London in 1830. The Society gets a chapter to itself but its activities are woven throughout the texture of this volume. Although the aims of the Society were the acquisition and promotion of geographical knowledge, the word diverse is scarcely sufficient to describe the ways in which RGS members considered this should be done. Perhaps the most fundamental division in the Society was between armchair geographers and explorers. It was

not that those who never left England’s shores denied the value of exploration, the rift lay in the fact that they believed the findings of exploration could be synthesized into geographical knowledge only in the Library of the RGS. Many explorers, on the other hand, claimed geographical knowledge could be constituted only in the field. The categories and claimants were, of course, by no means mutually exclusive. The similarities to the history of anthropology are very marked. Other fault lines divided the young discipline: between gentleman and player, collector and theorist, the dilettante traveller and professional explorer, missionary and gold-digger (not always different persons) and, later, amateur observer and full-time scientist. Driver treats all these themes in a theoretically-sophisticated fashion and in engaging prose. He takes in en route the culture of display of artefacts and natural historical specimens (including people) and, in an essay on David Livingstone and a wonderfully funny chapter on Henry Morton Stanley, the self and public creation of the explorer’s identity. He also examines late-nineteenth-century surveys of the London poor and destitute as dimensions of the culture of exploration.

Pertinent here is that it takes little imagination to see the relevance of this study to the history of medicine. This is true on both a factual and a comparative level. Factually it was the case that doctors were deeply involved in the creation of modern geography. They were active both in London societies and, perhaps more important, in the front line as explorers; many were amateur naturalists and map-makers on healing missions. Livingstone is only the most obvious example. More interestingly, the similarities (for which a host of social historical reasons can be given) between geography and medicine are striking. For a start, like Conrad and geography if not using his terms, many doctors writing on the history of medicine in the 1920s saw medical history in terms of

## Book Reviews

a pre-nineteenth-century or fabulous age, a Victorian heroic era and a modern age of triumph. Unlike Conrad who saw “geography triumphant” as cause for melancholy, the doctors perceived modern medicine as a source of celebration. Like geography too, nineteenth-century medicine was riven by arguments about where medical knowledge was to be made: was it in the ward, the museum or the laboratory? Similarly, medicine was torn by debates about expertise and gentility. That collection and display were central to nineteenth-century medicine needs no further comment here. And just as explorers developed paternalist and disciplinary ideologies in the midst of indigenous peoples so did doctors in the hospitals and the slum. The similarities go on and on. It is time someone explored them.

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**Matthew H Kaufman,** *Surgeons at war: medical arrangements for the treatment of the sick and wounded in the British army during the late 18th and 19th centuries*, Contributions in Military Studies, No. 205, Westport, CT, and London, Greenwood Press, 2001, pp. x, 227, illus., £44.95 (hardback 0-313-31665-1).

In this volume, Matthew H Kaufman takes an overview of British military and naval medicine during the late eighteenth and nineteenth centuries. The two longest chapters focus on the Revolutionary and Napoleonic Wars, and the Crimean War, with the remainder of the book serving as a prelude and epilogue to these conflicts. We learn about the recruitment of surgeons to the armed forces, the burdens of disease and the difficulties of evacuating casualties, and about changing methods of treatment (although the book has more to say about

surgery than physic). The book also provides a useful account of the education and training of military and naval surgeons, and some reflections on the status of medical practitioners in both services.

One thing that comes across strongly in the chapters on military campaigns is the importance of close communication between commanding officers and medical men. Throughout this period, there was a social gulf between combatant officers and surgeons: the former of gentle or aristocratic descent, the latter of relatively humble origins. This gulf was bridged only rarely, and seldom by younger officers, who possessed little or no military experience. There were exceptions though, most notably Arthur Wellesley, later the Duke of Wellington, who listened attentively to James (later Sir James) McGrigor, the Principal Medical Officer during the Peninsular War. After reorganizing the regimental hospital system in the peninsula, McGrigor went on to enjoy a long and successful career as head of the military medical department. During the Crimean War, however, such co-operation was sadly lacking, at least in the first phase of the campaign. The then Director-General of the Army Medical Service, Sir Andrew Smith, was poorly informed about the size of the force dispatched to the Crimea and it suffered gravely from a lack of medical equipment. Yet, it is clear from Kaufman's account that a very real effort was made to remedy these deficiencies, and that many subsequent reports of “neglect” in British newspapers were exaggerated.

Between the French and Crimean Wars there were some important developments in military medical education, namely, the two Regius chairs of military surgery established at the universities of Edinburgh (1806–56) and Dublin (1855–60). Although the foundation of the Edinburgh chair has already been discussed in L S Jacyna's monograph *Philosophic Whigs* (1994), Kaufman provides a useful account of the life and work of two incumbents, John