
It is not untypical for reviews of edited volumes to lament the somewhat uneven nature of the book, the solid quality of some contributions, the not-so-solid ones of others, and the perhaps well-intended, but not entirely successful effort of the editors in weaving it all together. The volume under review here would qualify for this kind of treatment, and perhaps not too surprisingly so for a book carrying two such notoriously difficult words in its name: ‘neurology’ and ‘modernity’. Subtitled A Cultural History of Nervous Systems, 1800–1950, it brings together thirteen brief essays that trace the complex of scientific and cultural upheavals signalled by the book’s title, and, as editors Salisbury and Shail write, how ‘neurology became modernity’s representative science of the body’ (p. 33). While the latter proposition is certainly open to a great deal more problematisation than what Salisbury and Shail’s otherwise useful introduction would seem to suggest (such perceptions testify, one is inclined to think, not least to our own fascination with all things ‘neuro’), it has the definite virtue of focusing the volume firmly on a history of the (nervous) body. Individual chapters thus deal with topics ranging from the neurology of menstruation and nervous dyspepsia, to mechanic vibrations, (as deployed for therapeutic purposes) to the ‘peristaltic subject’—all topics, though arguably neurological and modern in some way or another, one is very unlikely to encounter in the increasingly popular, brain-centric and not infrequently heroic writings that come labelled today as histories of neuroscience.

The plural in the subtitle—a history of nervous systems—is, however, a theme that is less programmatically and consistently pursued in these essays than it perhaps might have been. This is a missed opportunity of sorts, not least because the disparity between today’s brain-and-mind-centred constructions of neuroscience and the manifold, bodily manifestations of the nervous system in the past is an irony that tends to escape that growing army of scholars who presently champion the former, in the name of, oddly enough, the body. Likewise, though ostensibly engaging with modernity with a small ‘M’—not ‘with the supposedly more important business of aesthetic production’ but the ‘uncontrollable cultural life’ of the neurological (p. 8, p. 34)—the mode of cultural history that is being practised here does not necessarily help to advance the cause of such a history of nervous systems. Those versed in the complexities and vagaries of nineteenth-century medical specialisation will find the very liberal usage of terms such as ‘neurology’ troubling; others will find questionable the actual surplus-value of the generous use of certain theorists that is being made, beyond perhaps that of sensitising our historical sensibilities for the bodily. The likes of Deleuze, Latour, Kittler, Massumi, and Heidegger re-occur consistently, at times at the expense of the historical material; and many of the essays do deal in sufficiently aesthetic figures, and their textual products, after all: Gall, Freud, Schreber, Beard, Wharton, and so on. The modernity that is being invoked tends to be of a particular, cultural brand accordingly (rather than one informed by, say, social and economic history): while not altogether aesthetic, it is very much an imagery of
trains, telegraphs, flaneurs, literary doctors, occult séances, and the shocks and distractions of urban life—far less so one of factories, wars, workers, machines, fascism or what else may have played, with less glamour, into the history of modern nervous systems.

Despite an intriguing over-all concept then, the volume as a whole falls short of generating profoundly new insights into either neurology and/or modernity. Much of this mutuality, of course, treads familiar terrains. From Wolfgang Schivelbusch to Joachim Radkau, from Elaine Showalter to Ben Shepherd, from Roger Cooter to Andreas Killen—much of the very best writing on the history of the nervous system implicitly or explicitly has dealt with ‘modernity’. Anyone interested in these entanglements will ultimately be better served by turning to these historically more substantial treatments. It is nevertheless an important thing trying to bring and think these various strands together, and here one could do worse than taking a closer look at Modernity and Neurology. Indeed, Salisbury and Shail’s book is a timely reminder of just how varied the practices and discourses surrounding the nervous were; and second, how as such they were a matter of bodies (not merely brains), co-produced by the invisible wounds inflicted by modern society.

doi:10.1093/shm/hkr104
Advance Access published 4 August 2011
Max Stadler
ETH Zentrum RAC, Zurich
max.stadler@wiss.gess.ethz.ch


In the Crimean War (1853–56), the ratio of sick to wounded among British casualties was 5:1. In the South African War (1899–1902) it stood at 1.8:1. Although bloodier and costlier than these earlier conflicts, the proportional decline of deaths from disease continued throughout the First World War. By the time the Armistice was signed, the disease-fatality to battlefield-injury ratio among British and Dominion armies was 0.68:1. Between 1914 and 1918, military medicine attempted to care for millions of men (mostly volunteers or conscripts rather than hardened professional soldiers) in a variety of different theatres, all of which posed different environmental dangers and logistical difficulties. The army medical services, inexperienced and under-resourced in 1914, underwent a steep learning curve over the next four-and-a-half years, and by 1918 could claim something close to triumph in some theatres, and not inconsiderable successes in others. By keeping as many men as possible in the field at fighting fitness, military medicine played an enormously important part in winning a war which increasingly relied on manpower and morale.

Mark Harrison’s new book is partly a history of medicine as a military and managerial resource. He examines in detail the various challenges posed by warfare on the Western Front, Turkey, Mesopotamia, Salonika and East Africa, and how effectively they were met in each area. Some of these challenges, such as adequate transportation, sanitation and relations with the military top brass, were found in all theatres, although they took different forms in each. Others were characteristic of particular locales. The rich farming soil of France and Belgium sheltered lethal microbes which caused tetanus, gas-gangrene and septicaemia. The successful methods military surgeons had developed for treating wounds in the sterile conditions of South Africa were suddenly rendered useless and the development of new methods of treating wounds became a necessity. In Salonika, East Africa and the Middle East, on the other hand, the insect vector rivalled and sometimes outstripped the human enemy as a threat to manpower and military efficiency. The different rates of success in dealing with malaria in these areas highlights the interrelation