Though these first two chapters are nevertheless intellectually rewarding, *On Flinching* is at its best in the latter half when the interplay between theatricality and observation moves beyond mere metaphor or post-hoc analysis. Smith’s argument about Henry Head’s pursuit of a kind of conscious unconsciousness is all the stronger for the fact that Head himself made the connection between experimental inattention and theatrical reverie. Meanwhile, her chapter on *War Neuroses* (1918) is a veritable model of cultural analysis: sensitive, intelligent and insightful. In sum, while *On Flinching* may occasionally fall victim to analytical under-determination, it is consistently engaging and intelligent and represents a major contribution to our understanding of the cultures of Victorian and Edwardian scientific practice.

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**Emma Newlands, Civilians Into Soldiers: War, the Body and British Army Recruits, 1939–45**

Ostensibly, this book is about Foucauldian notions of ‘the body’ and state biopower. While this is well-traversed terrain, Newlands offers us fresh perspectives on the body and its relationship with the state through the oral testimonies of conscript soldiers and the bureaucratic records of the army and its medical services. In doing so, she explores a number of themes which are highly relevant to those interested in the post-war British welfare state, especially those engaging with disability and public health.

The book is arranged chronologically according to the route taken by the new recruit. Thus, Chapter 1 discusses the initial examination process for sorting recruits into capacity-related categories; from unfit for service (E) through to the ideal (A1). This system—while ostensibly objective and built on medical science—was bent and reformed in order to suit the needs to the army. The tension between quantity and quality meant that doctors were under pressure to declare more men as ‘fit’, whilst simultaneously needing to ensure that the conscripts were capable of active service. Chapter 2 focuses on training. It is here that Newlands best expresses the tension she notes in her introduction between the material reality of the body and postmodern assertions that the concept is entirely a social construct (pp. 3–7). Bodies and minds were disciplined through drill, daily routines, standard haircuts, even regulated times for using the toilet. Most interesting, however, is the testimony from soldiers who spoke about their bodies ‘failing’ them. Or, in one case, internalising the inability to swing one’s arm properly during a parade as being ‘a naughty boy’ (p. 68). Were some bodies physically incapable of performing these tasks; or was success a matter of practice, discipline and will?

Chapter 3 discusses various forms of experimentation which were performed on soldiers, and challenges whether recruits had freedom of choice. Volunteering for medical trials was a way of avoiding active service or hard training, with perks such as better living conditions or diet a concern for some men. However, experiments could be painful or dangerous, leading men to withdraw halfway through. This chapter asks whether informed consent was genuinely sought and considers the power dynamic between soldiers and the army medical authorities. From these activities in Britain, the focus shifts in Chapter 4 to active service. Here, soldiers’ bodies were moulded to the climates in which they were operating. Vaccinations and preventative measures could reduce the risk of infectious disease (for the individual and for the unit), while forms of ‘acclimatisation’ were designed to guard against the ‘shock’ of moving into new, hostile environments. Propaganda about safe sex and personal
hygiene was also distributed. But the recruits did not always follow such guidelines, and the power relationship between the demands of the army and the will of the soldiers within the context of active service is explored well in this section.

Finally, Chapter 5 examines ‘fear, wounding and death’. A ‘tot of rum’ and decent living conditions could help mitigate against fear, but in the heat of battle the authorities had least control over the behaviour of their soldiers’ bodies. Newlands talks about the ‘failure’ of these bodies—their inability to perform the tasks for which they were trained—either through physical incapacity or acute psychological trauma. The tension between the needs of the state and those of the soldiers is striking here. Medical care was often administered to those deemed capable of recovery, reflecting the army’s concern with production above the individual’s moral right to treatment. The author then ties this to the return of ‘soldiers into civilians’ through the War Pensions scheme. The financial worth of bodies to the state as well as their productive worth to the army serves as an interesting juxtaposition to end the chapter.

The author has brought together a number of threads which have received attention in recent years. Disability studies, for example, has investigated many of the medical categorisation techniques with regard to recent changes to social security benefits, and could learn a great deal from Chapters 1 and 5. It has also been primarily concerned with how ability or incapacity are defined in relation to the capitalist state’s demands, not the innate qualities of the individual body itself (another issue well-explored throughout the text, but especially in Chapter 2). Similarly, medical ethics is central to Chapter 3; while issues of consent, personal responsibility for health and conforming to public health measures, are hinted at throughout Chapter 4. With this many concepts at play, it would be easy for the book to become messy and lack cohesion. But this is not the case, and the author argues her central theses well in an engaging and intelligible style.

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In 1991, when I taught one of the first courses on the history of race, American medicine and public health, the creation of a syllabus proved difficult as historians at the time paid scant attention to the topic. Scholars such as Darlene Clark Hine, Edward Beardsley, David McBride and Todd Savitt who focused on African Americans were among the exceptions. This important book astutely illuminates the evolution of the scholarship in the history of race, medicine and public health in the United States and its Southern border. It demonstrates the growth of arenas for research, signals the development of new historical interpretations and highlights the examination of racial and ethnic groups other than African Americans. It also underscores the centrality of the history of race, medicine and public health to broader issues in American history, including immigration, mass incarceration, citizenship and social welfare policy. The edited volume grew out of a 2008 conference at the University of Texas–Austin on historical approaches to race, medicine and public health. Its twelve (ten original) essays cover a range of topics and time periods including Native health practices at the Texas-Mexico border during an 1833 cholera epidemic, African American physicians during Reconstruction, Spanish-speaking community-based midwives in early twentieth century New Mexico and the sweeping impact of the influence...