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Leo van Bergen, *Before My Helpless Sight; Suffering, Dying and Military Medicine on the Western Front, 1914-1918*. trans. Liz Waters. Farnham, UK and Burlington, Vt: Ashgate, 2009. Viii+528 pp. Photographs, notes, bibliography, and index. ISBN 978-0-7546-5853-5.

Review by John E. Talbott, University of California, Santa Barbara.

Early in *War and Peace*, young Andrei Rostov's light-cavalry squadron is poised to go into action against the French. As Tolstoy writes, "Again, as on the Enns bridge, there was no one between the squadron and the enemy, and there lay between them, separating them, that same terrible line of the known and of fear, like the line separating the living from the dead." Leo van Bergen tells what happened when the line was crossed in the war of 1914-1918. On August 1, 1914, the soldiers of the belligerents left the realm of the known. Until November 11, 1918, even the luckiest endured the anteroom of Death, crowded with the sick, the physically and mentally wounded, the dying, and the stretcher-bearers, doctors, and nurses who struggled to help them. In their millions, the dead pervade every chapter.

"Before My Helpless Sight," a fragment of a line from Wilfred Owen's "Dulce et Decorum est," is a fitting title in two senses. First, one of van Bergen's major themes is gas warfare, and Owen's poem describes seeing a comrade, under a gas attack, fail to get his mask on: "Dim, through the misty panes and thick green light,/As under a green sea, I saw him drowning./ In all my dreams, before my helpless sight,/He plunges at me, guttering, choking, drowning." Second, van Bergen the historian, like all historians, is as helpless as Owen the soldier. He can do nothing, if he is to be true to his task, to palliate the suffering he describes.

A book on suffering, especially on the scale the Great War engendered, is not easy to read. Yet if van Bergen does not spare his readers the horror of war, neither does he torment them with it. As countless soldiers wrote home or told friends and family if they happened to survive, life in the trenches was beyond imagining. What actually happened can be told matter-of-factly, with restraint. At this van Bergen excels.

But aren't these matters of fact already well known? Aren't we already familiar with the unprecedented loss of life, the crippling wounds to mind and body, the lasting blows to will and spirit, the war inflicted on participants? Yes and no. Reams of statistics on these matters have been available for decades, although in many cases their accuracy and meaning remain open to dispute and the intentions of the record-keepers uncertain or unknown. The enormous scholarly output on the war is bound to increase as the centennial of its outbreak nears. Many books have been published on each of the discrete subjects to which van Bergen turns. Yet *Before My Helpless Sight* is an original interpretive work of scholarship. Van Bergen brings together in one volume, unified under one penetrating and discerning gaze, aspects of the history of military medicine previously scattered in the many monographs of many authors. In doing so he establishes, for the first time, a holistic understanding of military medicine in the Great War.

Van Bergen eschewed new spadework—insofar as any is possible in this deeply furrowed ground—in favor of an attentive reading of the existing literature. This bold decision subjects him to the charge of merely recapitulating arguments other scholars have made. Perusing his footnotes reveals a parade of

usual suspects: Fussell, Hynes, Sassoon, Holmes, Blunden, Keegan, Remarque, Winter, Gilbert, Ellis, Jünger, and so on—scholars and memoirists known to every military historian of the Great War. It is not a very long parade, either. Van Bergen returns to his favorite sources, perhaps two or three dozen in all, over and over again. From them, however, he mines rich veins of insight.

Van Bergen confines his book to the Western Front, that “ribbon of land” running in a lazy S from the North Sea to the Swiss frontier. From one end of this S to the other, 400 miles distant, conditions were essentially the same. The Eastern Front differed markedly, and the “fronts” in Africa and the Middle East, scarcely fronts at all, differed even more. Lawrence of Arabia and Sassoon in France did not fight the same war.

Van Bergen divides the comparative unity of experience along the Western Front into five long chapters: Battle, Body, Mind, Aid, and Death. Battle, a synthesis of the most recent literature on the war that was expected before Franz-Ferdinand’s assassination at Sarajevo and the war that was actually fought, sets the stage for less well-explored subjects. He puts aside the old notion that the outbreak of war was greeted with a rush of popular fervor in favor of the recent finding that enthusiasm was confined to narrow sectors of society. He has a keen eye for the apposite quotation. On the sudden collapse of the offensive-war delusion in August and September 1914 he cites a participant: “The mannered calm of the officers, who allow themselves to be shot dead standing upright; the bayonets on the rifles of several obstinate platoons; the blowing of bugles calling on men to advance; the wonderful heroic courage of individuals...it is all for nought. In the blink of an eye it becomes clear that no virtue in the world is proof against the fire of the enemy” (pp. 53-54). So confided Second Lieutenant Charles de Gaulle to his diary.

Van Bergen’s sympathies lie with the foot soldiers of the Great War, but in portraying them as victims, he reminds us they were primarily agents: “The shot precedes the wound. Although men caught in gunfire and shelling are central to this book, not dying but killing, sanctioned killing, is the main feature of war....Men were not merely wounded and killed, they wounded and killed in their turn and...not always with a heavy heart” (p. 16). Still, *being* wounded mentally and physically and *being* killed are van Bergen’s main concerns. Soldiers give their bodies to the state and the government disposes of them as it sees fit. What befell these bodies when they were alive and well, subject to countless afflictions, indignities, and dangers, van Bergen explores in great detail. Most emerged intact, escaped as survivors from hell. Sooner or later, however, the bodies and minds of other soldiers—a minority staggering in its total numbers—lost their wholeness. Bodies fell to a range of ailments unlikely to win a ticket home and to physical wounds running from superficial to ghastly. Minds were wounded to an extent unknown and certainly unrecognized in any previous war.

Shell shock, the most enduring term for the mind wounds of the Great War, has in recent years received considerable scholarly attention. Van Bergen offers a first-rate critical overview of the literature on this protean subject. Baffling doctors who saw its first casualties, shell shock remained controversial throughout the war and beyond. Gunshot wounds and badly broken bones were plain to the eye; their causes could easily be inferred. Although van Bergen does not say so, shell shock’s peculiarity was its invisibility, and from this peculiarity endless troubles arose, for casualties, medical officers, armies, families, and governments alike. Casualties, especially enlisted casualties, were often regarded as malingerers to whom no heed need be paid. Among persons in authority, medical and lay, profound disagreement persisted over what shell shock was and what should be done about it. Among psychiatrists, whose specialty military men regarded with suspicion, theories blossomed, treatments proliferated, ethically dubious experiments multiplied. Over shell shock, especially, a physician’s obligation to safeguard his soldier-patients clashed sharply with the pressure, to which most medical officers readily acceded, to return them to the trenches.

In World War I, military necessity trumped everything. In his chapter “Aid,” he traces a wounded soldier’s progress from the trenches to an aid station near the front lines, to a field hospital, to a base hospital, and then, if he was extremely lucky, to treatment near home. At best, especially in the early, improvisational months of the war, it was a hazardous journey. Moving ammunition and reinforcements always took priority over moving the wounded. Triage, meant to carefully sort the walking wounded, with grave but treatable casualties, and the hopeless, was in fact extremely haphazard. Leaving for dead men who might have recovered was common. They died as if from a sentence of inadvertence. In short, “(m)any died who would have lived had it been possible to treat them in time. Gangrene and other complications arose not only because of the filthy soil that entered wounds but as a result of inadequate medical aid, in many cases no aid at all. There were too few doctors, nurses, hospitals, operating theatres, drugs and instruments, and too many sick and wounded” (p. 328).

To “Death” itself van Bergen devotes his last chapter. Death in battle, from artillery shells, machine-gun and rifle fire, or exploding grenades was only one of the ways you could die in the Great War. You could die from disease—most notably from the Spanish influenza. You could be killed by accident—from friendly fire, for example. You could die by execution, as did several hundred British soldiers convicted of cowardice in summary courts-martial. You could die as if you had vanished, leaving insufficient remains to bury, or you could die and be buried in one of the huge military cemeteries that came to supplant the trenches in the years after the Western Front truly became all quiet.

Van Bergen is at his most compelling when he juxtaposes living soldiers with the dead, or, as he puts it, the experience of living amid death: “It was death with a capital D, Death whom men saw wandering the battlefield with a scythe in hand, a constantly present, tangible, visible all-pervasive, stinking, dispiriting Death. Death would permeate the area for all time” (p. 412).

Organizing a historical subject topically entails the risk of repetition. It never hurts to be reminded of things we have already read, but such reminders stretch out an already lengthy book. Eager to view military medicine from every angle, van Bergen sometimes goes too far. For instance, he sees farm boys, strangers to the factory-like conduct of the war, as especially susceptible to shell shock. This is an interesting assertion, but it is an assertion that is evidence-free. Still, such flaws are minor; they stem from van Bergen’s admirably imaginative treatment of his subject. I put this book down with a heavy heart, but I was glad to have read it.

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