

Leo van Bergen, Eric Vermetten (ed.), *The First World War and Health. Rethinking Resilience*, Leiden, Boston (Brill Academic Publishers) 2020, XVI-522 p., 52 b/w, 33 col. fig. (History of Warfare, 130), ISBN 978-90-04-42417-3, EUR 149,00.

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Since the recent centennial marking the end of the First World War in 1918, historians, social scientists and even filmmakers have begun to offer a reassessment of different aspects of the war. Competing against a long historiographical tradition, it would be easy to assume that the history of the First World War is now a closed book. However, WWI scholars and researchers who contributed to this volume have revisited one specific term: resilience. In doing so, they seek to show the overlooked connection between resilience and health.

This book, a collection of twenty-two articles and an introductory chapter, offers a reevaluation of this topic. In the introduction, both editors (Leo van Bergen and Eric Vermetten) present a new conceptualization of resilience focusing the definition in a more »de-individualized« direction. They argue that resilience is a multi-faceted domain and propose four new categories for further study: military resilience, medical resilience, personal resilience and societal resilience. By incorporating these four categories, Bergen and Vermetten achieve a highly complex and relational categorization of the term.

The twenty-two articles serve to broaden and illustrate each of these four categories, often displaying how personal resilience during the First World War interacted and, at times, challenged long-standing cultural norms in the military, medical and societal plains. The list of authors includes prominent curators, historians and psychiatrists like Ana Carden-Coyne, Christine E. Hallet, Heather R. Perry, Alexander McFarlane and many more. It also features works by a new generation of established WWI scholars such as Dominiek Dendooven, Christine van Everbroeck, Daniel Flecknoe, Harold Kudler, Johan Meire, Stephen Snelders, Hanneke Takken and Pieter Trogh. The authors discuss various aspects of military, medical, personal and societal resilience from the early 20th century to the interwar memorialization of the First World War. These topics include intoxicants on the Western Front, trauma, orthopedics, veteran therapy, self-inflicted wounds, and the role of military chaplains.

The work incorporates a transnational approach best seen in the article of Dominiek Dendooven. Dendooven approaches the First World War through a colonial lens and analyzes the experiences of Chinese and Indian laborers who aided the British



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on the Western Front. He displays how the Western Front was a highly multi-national, multi-ethnic, and multi-cultural space with societal resilience and resistance bubbling under the surface. This transnational approach demonstrates how the colonial spheres of France and England were also called upon to fight on the frontline. Chinese and Indian soldiers experienced an impactful alienation on the front and saw the ills of the colonial system while serving abroad. Dendooven argues that this alienation only strengthened Chinese and Indian veterans' inclination towards decolonization when they returned home following the conflict. For further reading on this topic, I recommend Dendooven's latest work »Asia in Flanders Field: Indians and Chinese on the Western Front, 1914-1920« (Barnsley, 2021).

The volume also offers a nuanced perspective of medical resilience, arguing that treatment of soldiers' wounds did not necessarily benefit their health and well-being. The term medical resilience hints at the possibility of physicians and nurses making mistakes on the frontline out of sheer exhaustion. This is a phenomenon we contemporaries can easily relate to as a result of the COVID-19 pandemic. A physician's exhaustion had the potential to lead to tragic outcomes for soldiers as best seen in Pieter Trogh's article on self-inflicted wounds. Trogh investigates the court-martialing of a soldier named Michel Seguin who sought treatment for a hand injury and dutifully returned to the front following the dressing of his wounds. The physician who treated Seguin's injuries reported the wound as self-inflicted. Seguin was inevitably court-martialed but always maintained his innocence. He faced a tragic end and was shot dead on December 8, 1914. Trogh's investigation reveals that the medical unit that treated Seguin »faced self-mutilation cases on a daily basis« leading up to Seguin's consultation. He argues that exhaustion brought on by medical and societal resilience in the face of the war effort likely lead to wrong verdicts on whether or not wounds were real or self-inflicted. Trogh hopes that greater analysis on this topic will look more deeply into the statistics of self-inflicted wounds and court-martial cases.

By rethinking resilience and examining how soldiers, physicians and nurses coped with the war's hardships on a wider societal plain, the volume achieves its objective. In doing so, it asks that further research on the First World War direct the historiography in a de-individualized fashion with a larger focus on the connection between war, health, soldier, physician, and nurse. Through this trajectory, both Bergen and Vermetten hope that future studies will show the complexity of developing healthcare solutions in conflict zones across historical periods.



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