

BOOK REVIEW

A Time to Die and a Time to Live: Disaster to Triumph: Groundbreaking developments in care of the wounded on the Western Front 1914-18 *by Tom Scotland*

Paperback, 256 pages
Helion & Company
April 2019

Tom Scotland has written and lectured on military surgery in relation to the First World War. In this, his most recent book, he describes advances in treatment of the wounded by British and Australian medical services on the Western Front. He focuses on acute care, resuscitation, blood transfusion, anaesthesia and emergency surgery, leaving psychiatric care, reconstructive surgery and rehabilitation for others to consider.

In the introductory chapter, the author reviews military medical practice in the wars of the nineteenth century, the lessons learnt and those overlooked. The approach to battle injuries in 1914 was based on the experience of predominately bullet wounds in the dry conditions of South Africa during the Boer War. This approach was dangerously inappropriate in the wet, muddy and contaminated conditions of the Western Front where wounds were caused by shells and shrapnel.

The book moves chronologically from 1914 to the immediate post-war years, considering how the medical service adapted clinical practice in light of experience. In particular, Scotland highlights appropriate wound excision, debridement and serial approach with dressings, and immediate fractured femur immobilisation with the Thomas splint. Associated with improved anaesthesia and resuscitation, and rapid assessment, evacuation and treatment, improved survival rates followed. He describes the challenge of surgical innovation in the face of strongly held traditional views on wound management and post-operative care. Improved surgical and anaesthetic training allied to evidence-based critiques of various treatment methods informed the improvement in patient care.

The penultimate chapter shows how clinical advances were refined along with logistics of care by the Australian Field Ambulance Resuscitation Teams in the campaign of May 1918. The last chapter describes how in post-war Britain, unlike the USA, development of surgical specialisation, e.g. orthopaedics, was delayed by the political domination of generalists in the medical establishment.

The book is a useful introduction for those interested in First World War military surgery, treating the key topics in a concise, readily digestible fashion. It is well referenced and illustrated and includes overviews of the military events in which the health care was delivered.

While recommending the book, I feel it would have benefited from a greater consideration of how the medical services of other combatant nations dealt with the same challenges. The author limits his comments to the Western Front; it would be instructive to consider how more fluid battle-lines and different conditions were met with on other fronts, e.g. the Middle East and Eastern Europe. The descriptions of procedures and wounds reveal the author's clinical background and, while medical terms are often explained, a glossary would have helped non-clinical readers.

Mike Davidson
October 2019

Published online at www.bshh.org.uk.