

Latin (Payne Smith)⁵ and especially Greek (Kühn's editions of Galen⁶ and Dioscorides).⁷ As these are invariably accompanied by a citation of the original text, it may have been more helpful to readers who do not command these languages (particularly Greek), to have translated long quotations (e.g., note 131 on page 197).

Spot checking the translation against the Arabic text I found it generally good. This reader, however, has a few quibbles about the choices Kahl made in his translations of plant names. For example, Kahl translates *shahdanāj* (*Cannabis sativa*) as marijuana. This is a stylistic matter, and one of personal preference at that, but I would have preferred to translate *shahdanāj* as cannabis. This particular choice of a popular name stands out against the translations of *kākanj* (*Physalis alkekengi*) as alkekengi rather than winter cherry and of *taranjubīn* (*Alhagi maurorum*) as alhagi rather than manna or camelthorn. Given the excellent glossaries of names from English to Arabic, English to Latin, and Latin to English, readers will be able to solve perplexities with ease. Indeed, the glossary of technical terms that forms the final part of the book is most thorough, and Kahl appears here to have heeded criticisms of previous works in which the glossaries were not as full as they are here. The glossaries are keyed to the numbers of the recipes, rather than page numbers, thus affording easy transition between the Arabic text and the English translation.

Sābūr ibn Sahl's Dispensary in the Recension of the 'Aḍudī Hospital depicts an important stage in the development of pharmacopoeias in the Muslim East. In the absence of actual prescriptions, such as may be found in the Cairo Genizah, it could be considered a source for the practice of medicine in post-classical Baghdad. Indeed, as fragments of Sābūr's dispensary have been found in the Genizah,⁸ a comparison of the *materia medica* and compound recipes used by the Genizah people with that of the 'Aḍudī hospital (as exhibited by this text and the dispensary of Ibn al-Tilmīdh which replaced it) may be an important stage in the writing of the history of pharmacology in the Islamic world.

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ALLENBY'S MILITARY MEDICINE: LIFE AND DEATH IN WORLD WAR I PALESTINE. By ERAN DOLEV. (International Library of Colonial History 6.) pp. 208. London, I.B. Tauris, 2007.
doi:10.1017/S1356186309990113

In *Allenby's Military Medicine*, Eran Dolev has missed an opportunity to fuse military history with medical history. With an overwhelming, though not exclusive, reliance on published sources, the former Surgeon-General of the Israeli Defence Forces has tried too hard to position the medical history of the Egyptian Expeditionary Force's (EEF) campaign in Palestine under General Edmund Allenby within its military context. The result is an account of the campaign that claims to incorporate its medical dimension but in reality touches on it too briefly. At 208 pages, *Allenby's Military Medicine*

⁵R. Payne Smith, *Thesaurus Syriacus*, 2 vols. (Oxford, 1879–1901).

⁶C.G. Kühn (ed.), *Medicorum Graecorum Opera Quae Extant: Continens Claudii Galeni*, vols. 1–20 (Leipzig, 1821–1833).

⁷C.G. Kühn (ed.), *Medicorum Graecorum Opera Quae Extant: Continens Pedanium Dioscoridem Anazarbeum*, vols. 25–26 (Leipzig, 1829–1830).

⁸See Leigh Chipman and Efraim Lev, "A Fragment of a Judaeo-Arabic Manuscript of Sābūr Ibn Sahl's *al-Aqrābādīn al-ṣaghīr* Found in the Taylor-Schechter Cairo Genizah Collection", *Medieval Encounters* 13 (2007), pp. 347–362; also Efraim Lev and Leigh Chipman, "Take a lame and decrepit female hyena... : A Genizah study of two additional fragments of manuscripts of Sābūr b. Sahl's *al-Aqrābādīn al-ṣaghīr*", *Early Science and Medicine* 13 (2008), pp. 361–383.

is easily 100 pages too short to achieve its goals. This conciseness frustrates the reader throughout, culminating in an epilogue (there is no separate 'conclusion') that is barely two and a half pages long (even here, half of one page is a direct quote from memoirs). This is all the more disappointing as the topic is clearly an interesting one that has received too little attention thus far. Notwithstanding the above, the book does contain some noteworthy insights, even if these tend to come towards the end of the narrative. The discussion of the attacking force's anti-malarial operations in Palestine during the final phases of the campaign, for example, clearly stands out.

After a poorly edited foreword by Major General Louis Lillywhite, Dolev sets the scene with an arresting statistic: "from the beginning of the War until the Armistice, the British forces suffered 554,828 casualties during operations in Egypt and Palestine", the vast majority needing to be evacuated for treatment of diverse diseases. Dolev then claims that the battles in the Dardanelles and Mesopotamia were decided by disease and points out that the medical aspects of these two related theatres have been described and discussed in detail. Where? The non-expert reader will not know because this claim is not referenced and there is no bibliography. On p. 21, we learn that during August and September 1915, up to 78 per cent of troops fighting in the Gallipoli Peninsula suffered from dysentery or other intestinal diseases. Again, how do we know this? Comparing and contrasting the medical contribution of the Palestine campaign with that of the other fronts would have been an excellent hook on which to hang this work, but this area is touched on very lightly, perhaps because of space constraints.

The book proper starts with an overview of military medicine during the Great War, setting out the origins of modern British military medicine in the Boer War (1899–1902), during which prevention of wound infection rose to prominence. By 1905, the Royal Army Medical Corps (RAMC) had been formed and Field Ambulances, typically equipped with ten horse ambulance wagons, had replaced Bearer Companies and Field Hospitals. Importantly, performing medical operations as near to the front line as possible was by then deemed crucial. Hereafter, *Allenby's Military Medicine* follows the Palestine campaign chronologically, charting the progress from the Suez Canal to Gaza (1915–1917), the onward march to Jerusalem (1917), the notorious raids across the River Jordan (1918), and the Battle of Megiddo, 'the last offensive'. These chapters are interspersed with individual treatments of Allenby and his attitude towards military medicine, and the anti-malaria campaign during the summer of 1918.

The early desert campaign showed how medical tactics needed to be adapted from the Western Front. Fighting in Egypt taught that every unit in the desert needed to be augmented with medical personnel given that immediate evacuation to medical installations was often impossible. Part of the response to the problems caused by the vast distances involved was the use of *cacolets*, specially designed seats hung on both sides of a camel (French medical officers had used the same evacuation technique during Napoleon's campaign in Palestine [1799–1800]). Aeromedical evacuation was also introduced. Unusually, there were some medical benefits to be gained from moving the force away from the urbanised areas of Egypt and into the Sinai Peninsula: there was a marked decline in the incidence of venereal diseases, such as gonorrhoea. Allenby was not appointed as commander-in-chief of the EEF until June 1917, after the second failure at the gates of Gaza. A veteran of the Boer War and the Western Front, Allenby "was deeply involved in the field of preventive medicine, probably more than any other commanding general during the First World War". This interest only became apparent in the desert where medical issues were so different from the fighting in France. Throughout the book, Dolev is guilty of being almost entirely uncritical of Allenby, an example being his search for the source of Allenby's undeniably positive attitude towards military medicine: "Most probably it originated in his natural kindness and general humanistic attitude". Dolev's assertion that Allenby's interest in the campaign's medical aspects cannot be linked to British experiences in the Dardanelles, Mesopotamia or Macedonia because he never mentioned them in his letters does not stand up.

From the point of view of military medical history, the description of the EEF's anti-malaria campaign in the Jordan Valley and on the Sharon Plain during the summer of 1918 is worthy of closest attention. Already during the war, British strategy had been affected by this 'cursed fever': in Macedonia during the spring of 1917, British offensive initiatives had been cancelled owing to huge losses of manpower caused by malaria. Allenby's response to the potentially catastrophic malarial problem was based on swift diagnosis: six Malarial Diagnosis Stations and three military laboratories were formed. Since the use of quinine was disputed, it was preferred to try and control the mosquito's breeding. This meant clearing areas of any standing water, including ponds, marshes, swamps and even shell holes. Reeds and weeds were removed from the fast flowing Jordan River's tributaries. Every brigade had its own malaria officer and there were between six and 13 anti-malarial squads in every regiment, whose job it was to locate potential mosquito breeding grounds. In total, the anti-malaria campaign lasted six months and consumed 222,840 man days (although work groups were reinforced by thousands of Egyptian labourers). Despite these efforts and the introduction of rest stations well away from the front line where troops were sent after four to six weeks service in the Valley, still approximately two per cent of troops had to be evacuated every week suffering from malaria. This figure, however, was deemed a considerable success: most of the new cases were in soldiers who had been engaged in military activity at or near the front line; that is, having been bitten by mosquitoes in un-cleared enemy territory. The incidence of new cases in soldiers in the rear units was far lower. It is also worth noting the regional prevalence of malaria: on taking Jerusalem the previous winter, 27.3 per cent of schoolchildren were diagnosed with the disease.

The final offensive of the EEF meant advancing into territory where no anti-malaria operations had been conducted. The effects of new cases of malaria on the attacking force were severe: the 4th Cavalry Division, for example, became immobilised at Baalbek. To make matters worse, the influenza pandemic reached Damascus on 6 October 1918, just as the advancing troops began to suffer from malaria. During October and November 1918, more than four times the number of Desert Mounted Corps soldiers died from disease than were killed in action since the offensive began. Dolev describes the medical services' conduct at this time as one of their finest hours.

Dolev quotes from the memoirs of Dr James Abraham, a surgeon and member of the EEF, to summarise the medical relevance of the campaign for future operations. Lessons learnt which were then forgotten until World War II, Abraham claims, included the benefit of having Field Ambulances advance with the troops, the use of aeromedical evacuation, the value of having a major surgery capability at the front, and the swift diagnosis of malaria. Dolev meanwhile chooses to conclude *Allenby's Military Medicine* with the following exhortation: "Good military medicine on the battlefield should always be performed in the tradition of the Palestine campaigns, where devotion, dedication, and professional excellence were its hallmarks".

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HEAVEN ON EARTH. THE UNIVERSE OF KERALA'S GURUVAYUR TEMPLE. By PEPITA SETH. pp. 316. New Delhi, Niyogi Books 2009.

doi:10.1017/S1356186309990125

For the non-Hindu visitors to Kerala, temples are strictly off limits: it is only possible to catch a tantalising glimpse of their austere architecture from the outside. In the light of this, it is, indeed, 'a real miracle' to quote her own words (p. 8) that Pepita Seth was not only officially permitted to enter