

# H-Net Reviews

in the Humanities & Social Sciences

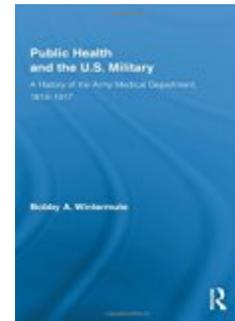


**Bobby A. Wintermute.** *Public Health and the U.S. Military: A History of the Army Medical Department, 1818-1917.* Routledge Advances in American History Series. New York: Routledge, 2011. 283 pp. \$95.00 (cloth), ISBN 978-0-415-88170-8.

Reviewed by Justin Barr (University of Virginia)

Published on H-War (April, 2012)

Commissioned by Margaret Sankey



Moving far beyond Stanhope Bayne-Jones's classic 1968 monograph on preventive medicine in the U.S. Army (*The Evolution of Preventive Medicine in the United States Army, 1607-1939*), Bobby A. Wintermute's new book consciously eschews battlefield medicine to demonstrate how military physicians used the field of public health to attain and maintain professional status in their separate—and sometimes competing—realms. In so doing, he has created a valuable resource for military and medical historians alike.

The first two chapters primarily describe how army physicians achieved status as officers within the military. Throughout much of the nineteenth century, doctors in the army did not hold rank, received unequal pay, and were not treated as military officers. The latter half of the century saw repeated efforts to ameliorate the situation, with a series of congressional resolutions granting medical officers rank and, more important, authority. Uniformed physicians worked diligently to professionalize themselves. They established rigorous entrance requirements in 1832 that eliminated poorly trained allopathic and all non-allopathic practitioners, they founded the Association of Military Surgeons of the United States in 1891 and its journal in 1901, and they established an Army Medical School in 1893. Treating the medical profession as a monolithic entity in the era is not quite accurate, and more attention to the sectarian struggles would have strengthened these chapters. However, Wintermute does an excellent job relating the professionalization of medical officers to that of line officers, who at the same time created the schools, institutions, and intellectual foundation for a profession of arms.

Chapter 3 covers the familiar territory of the horrific conditions at Chickamauga and the other volunteer camps during the Spanish American War. While the information on Camp Alger in Falls Church and the 7th Corps in Miami is relatively new, much of the material on the Dodge Commission and the Typhoid Board reiterates other sources.[1] The strength of this chapter lies in highlighting how these events elevated preventive medicine and sanitation within the Army Medical Department (AMEDD) and American society at large. Chapter 4, as the author mentions, extends the scholarship of Warwick Anderson (*Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* [2006]) and other colonial historians to the Caribbean. Invoking his neologism “tropicality,” Wintermute describes how military physicians controlled both the physical environment and lives of natives in their efforts to eradicate disease (p. 123). He also engages the medical debate over how white soldiers would respond physically and mentally to living in a tropical environment, a discussion that could have gained insight from Margaret Humphreys's recent work, *Intensely Human: The Health of the Black Soldier in the American Civil War* (2008). The chapter concludes by recounting the accomplishments of Colonel William Crawford Gorgas and First Lieutenant Bailey K. Ashford controlling disease in Panama and Puerto Rico, respectively. Wintermute uses these successes as a springboard for his next chapter, which outlines how preventive medicine and sanitation surpassed treatment to become the most essential aspect of a medical officer's duty. Moreover, the AMEDD used its reputation in public health to improve its status both within the army and American society. In the concluding chapter, Wintermute outlines the early

twentieth century campaign against venereal disease and alcohol in the army. In the latter case, he shows how the AMEDD had achieved sufficient authority to recommend temperance in the face of fierce line opposition to the policy, a stark contrast from their decidedly subordinate position in the previous century.

If the book has one overarching weakness, it results from its relative lack of engagement with the medical history literature. The apparent absence of any medical, much less military medical, historian advisors to his dissertation-turned-book presumably contributed to this lapse. Some factual errors resulted: for example, Walter Reed's experimental subjects did not receive "casual use" (p. 3);[2] almost all operations in the Civil War employed anesthesia (p. 32);[3] the inability to see a pathogen did not inhibit vaccine production (p. 133);[4] and the Russo-Japanese War was not the first conflict where battle deaths outnumbered deaths from disease (p. 162)—the Franco-Prussian War was.[5] The overreliance on primary sources also left comparative opportunities untaken. For example, it is unfortunate that chapter 3 does not engage with Mariola Espinosa's thesis that public health provided the main reason for invading and reinvading Cuba (*Epidemic Invasions: Yellow Fever and the Limits of Cuban Independence, 1878-1930* [2009]). Concerns about the quality of milk soldiers drank, for example, would dovetail perfectly with the swill milk controversy extending throughout the nineteenth century.[6] Chapter 6 does an excellent job of tying the army's temperance movement into the larger societal campaign against alcohol, but then treats venereal disease as if it existed only in the military rather than placing it in the context of the national campaign against syphilis.[7]

Conversely, a strength of the work lies in chapters 1, 2, and 5, where Wintermute positions the experience of medical officers as both part of and distinct from the professionalization efforts of the larger officer corps. Drawing on his training in military history, the author discusses the growth of the AMEDD "as a transformational experience similar to that undergone by the U.S. Army" (p. 5). Yet his simultaneous discursions on the specific struggles faced by physicians in establishing their authority isolate a heretofore under-discussed subject bearing tremendous influence on the health of the troops. Furthermore, the emphasis on how military medicine set a standard for the civilian world underscores the cross-fertilization between these spheres. And while his distinction between researchers and sanitarians comes across as a bit forced, Wintermute nonetheless effec-

tively impresses on the reader the heightened role and increased importance of public health, both to the individual practitioners and for the reputation of the service as a whole. In his introduction, Wintermute writes that the current volume is but the first in a series, with a second monograph discussing World War I forthcoming. This reviewer looks forward to its arrival.

#### Notes

[1]. See, for example, Vincent J. Cirillo, *Bullets and Bacilli: The Spanish American War and Military Medicine* (New Brunswick: Rutgers University Press, 2004), chaps. 4 and 5; Stanhope Bayne-Jones, *The Evolution of Preventive Medicine in the United States Army* (Washington DC: Office of the Surgeon General, 1968), 125-128; and Mary C. Gillet, *The Army Medical Department, 1865-1917* (Washington DC: Center of Military History, 1995), chap. 7.

[2]. As Susan E. Lederer has demonstrated, Reed took great care of his experimental subjects and instituted the first-known example of informed, written consent, an ethical precept that did not become standard until the late twentieth century. See Susan E. Lederer, *Subjected to Science: Human Experimentation in America before the Second World War* (Baltimore: The Johns Hopkins University Press, 1995), chap. 6.

[3]. Alfred Jay Bollet, *Civil War Medicine: Challenges and Triumphs* (Tucson: Galen Press, 2002), 1, 76-81.

[4]. In fact, the first two vaccines developed, smallpox and rabies, protected against viruses that remained invisible for almost one hundred years after the creation of the vaccine.

[5]. The myth that the battle deaths exceeded deaths from disease for the first time in the Russo-Japanese War has inexplicably rebounded around military and medical texts for the last one hundred years. By 1913, statistical evidence definitively demonstrated that the Prussians, in the Franco-Prussian War, had achieved this mark almost a half century earlier. While many scholars have used this ratio to vaunt the role of military medicine, its utility here is questionable. Its denominator of battle deaths means that a particularly violent war, like the Russo-Japanese War, may appear to show a greater effect of military medicine than what actually existed. See Louis C. Duncan, "The Comparative Mortality of Disease and Battle Casualties in the Historic Wars of the World," *Journal of the Military Service Institution of the United States* 54, no. 188 (March-April 1914): 141-176. For the stan-

ard statistical account of military medicine, see M. R. Smallman-Raynor and A. D. Cliff, *War Epidemics: An Historical Geography of Infectious Diseases in Military Conflict and Civil Strife, 1850-2000* (Oxford: Oxford University Press, 2004).

[6]. See, for example, P. J. Atkins, "White Poison? The Social Consequences of Milk Consumption, 1850-1930," *Social History of Medicine* 5, no. 2 (1992): 207-

227; and Norman Shaftel, "A History of the Purification of Milk in New York; or 'How Now Brown Cow,'" *NY State Medical Journal* 58, no. 6 (March 15, 1958): 911-928.

[7]. The book would have benefited immensely by incorporating Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880*, exp. ed. (New York: Oxford University Press, 1987).

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**Citation:** Justin Barr. Review of Wintermute, Bobby A., *Public Health and the U.S. Military: A History of the Army Medical Department, 1818-1917*. H-War, H-Net Reviews. April, 2012.

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