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War, Medicine, and Modernity (review)

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Roger Cooter, Mark Harrison, and Steve Sturdy, eds. *War, Medicine, and Modernity*. Phoenix Mill, Gloucestershire, U.K.: Sutton, 1998. vi + 258 pp. Ill. \$82.95; £45.00.

This unusually rich collection of essays seeks to answer the question, "What is the place of medicine in the relationship between war and modernity?" The editors, who understand "modernity" in the Weberian sense of ever-widening administrative rationalization and regulation, claim that medicine was "one of the key means of bringing . . . modernity into being" (p. 17), especially—though not exclusively—because of its heavy involvement in war. Perhaps not surprisingly, six contributors deal with the First World War; of the remainder, three focus on the Second World War, while the Franco-Prussian and Anglo-Boer Wars rate one essay each. The absence of the Spanish-American, Russo-Japanese, and Spanish Civil Wars is particularly regrettable because their importance to the theme of the book is clearly recognized by the editors (p. 9).

Medicine in wartime, it seems, furthers the progress of modernity by blurring the boundaries between military and civilian activity, and by helping the state to mobilize manpower and resources. Medical men were remarkably good at advancing themselves as managers of particular wartime crises. Steve Sturdy demonstrates how the advent of chemical warfare provided British physiologists with an opportunity to make themselves indispensable, while Joel Howell shows how concern over the potential and actual cost of heart disease among soldiers helped to foster the growth of cardiology as a medical specialty. Bertrand Taithe's thoughtful essay on the French Red Cross in 1870 argues that the new medical humanitarianism of the 1860s quickly adapted itself to the goals of nationalism

and militarism; as a result, conservative physicians used the society as a bastion of order from which to fight the socialist anarchy of the Paris Commune. In a very different setting—the United States in the 1940s—Peter Neushul shows that once the army was convinced that penicillin really worked, it moved heaven and earth to ensure that huge quantities would be available in record time, thereby facilitating “the swift transfer of science and technology across a series of boundaries that were seemingly insurmountable in peacetime” (p. 203).

Yet the fit between medicine and modernity is by no means as tight as these examples suggest. Not all boundaries were blurred, as Molly Sutphen points out: faced with the threat of plague, military physicians in Cape Town, anxious to maintain their separate jurisdiction and suspicious of the effects of inoculation, refused to cooperate with the civil authorities. Differences in social status, Mathew Thomson argues, left most mental defectives in a “ghetto of neglect” (p. 157) that contrasts sharply with the fate of their shell-shocked (and better known) social superiors. Gender boundaries were even more impermeable. Kimberley Jensen’s essay on the U.S. Army’s 1917 refusal to commission women physicians, a useful corrective to the familiar claim that female equality is advanced in war, reveals that military and medical prejudice combined to maintain prewar boundaries intact regardless of need. The double standard also flourished: in “Sex, Medicine and Morality during the First World War,” Lutz Sauerteig reminds us that while the British Army was extremely reluctant to combat prostitution at the front, at home soldiers’ wives might be deprived of separation allowances if found guilty of adultery! The state’s mobilization of resources was scarcely assisted by the physicians whom Roger Cooter claims were uncomfortable with the task of detecting malingerers at the daily sick parade. In sum, the material in these essays provides at least as much evidence against Weber’s modernity as for it, and considerable evidence for a less fashionable proposition: namely, that next to defeating the enemy, the main concern of states at war is to keep postwar pension expenditure as low as possible.

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