

Climates, Contagion, and Comparison: American Medicine between Colonial Warfare and the New Public Health, 1898 – c. 1925

Julia's dissertation project examines the repercussions of American tropical medicine in domestic public health reforms—the so-called 'new public health'—during the Progressive Era. More specifically, she focuses on the ways in which public health campaigns directed at the U.S.-American South in the first decades of the twentieth century drew upon the knowledge gathered after the Spanish-American War of 1898 by American physicians in Cuba, Puerto Rico, the Philippines, and Panama about the problems that 'tropical climates' posed to public health. Comparative practices, thus the working hypothesis, were at the core of this translocal discourse, because they allowed the actors in question to justify their claims for public health reform in the Southern states on the grounds of their perceived similarity to the tropical colonies.

After the end of the Civil War (1861-65), public health in the United States underwent a phase of rapid institutionalization and professionalization. This period coincided with the emergence of laboratory bacteriology in Europe, whose new insights into the etiology of infectious diseases were eagerly taken up by medical professionals and sanitarians in the United States. Following its victory in the Spanish-American War of 1898, American physicians, sanitary officers, and medical researchers used the new tropical colonies as testing grounds for the new bacteriological paradigm. On the other hand, older climatological notions of contagion and general concerns regarding tropical climates—along with the preventive practices which had been developed from them and proved to be relatively effective in the past—did not simply vanish with the rise of laboratory medicine. In fact, as this project demonstrates, climatic and environmental arguments lingered in American (tropical as well as domestic) medicine well into the twentieth century and, thereby, contributed to developments within domestic public health discourse and practices.