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Review of *Frontier Medicine: From the Atlantic to the Pacific, 1492-1941* by David Dary

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This survey of medicine in the U.S. from European contact to World War II rambles from generalities to anecdotes in a manner much like the cowboy Dary describes in his preface, who “started up one canyon and came out another.” While the premise of the book might seem self-evident (that the practice of “frontier medicine” began long before the Oregon Trail), it offers little insight into the idea of the frontier, omitting Turner’s Frontier Thesis entirely, and relies more on chronology than context for its narrative. For these reasons, Frontier Medicine will be more useful to casual readers than to scholars as an accessible summary of U.S. medical history with some major gaps. The author has accurately characterized it as a “broad outline.”

Among the episodic vignettes are salient connections between westward expansion and military hospitals, which were established at forts in the Plains territories and treated immigrants passing through on the Oregon Trail. This context for the influence of military medicine on civilian life fades when Dary turns to medical travails in sod dugouts and cowtowns in chapters 8 and 9. Allusions to the curandero figure in the Southwest and to Chinese medicine in San Francisco, as well as the opening chapter on Indigenous herbalism, show attempts at inclusiveness. But nuances of tribal differences are often absent, as is evident in Dary’s opening to chapter 11: “The scene is an American Indian camp somewhere on the southern plains in the nineteenth century. An Indian woman in labor is about to deliver her child. Tribal members have built an enclosure of bushes near a stream at some distance from their lodges.” A historical survey of this sort needs a broad brush at times, but Dary’s tendency to generalize places, times, and regions often creates foggy impressions and sets up jarring transitions to primary materials, which seem whimsically chosen, especially in light of what is omitted. For instance, two chapters are devoted to patent medicines and quacks, but no mention is made of the 1918 influenza, though the pandemic had a severe impact on military camps in Kansas. Dary’s claim in chapter 11 that medicine in the early twentieth century was “becoming more scientific and less humanistic” contradicts both his earlier examination of scientific advances in Army medicine and his later discussion of pseudoscience as a threat to public health. By the final chapter, which includes otherwise engaging accounts of Dr. Samuel Crumbine and Dr. Arthur Hertzler
(both Kansas physicians with national reputations), distinctions between rural medicine and frontier medicine have vanished. It is not ultimately clear what the frontier represents for Dary, though it functions in this book more as a backdrop for medicine than as a catalyst for its evolution.

Despite these vagaries, scholars of the Great Plains may find *Frontier Medicine* useful as a historical sketch of ideas worth further investigation.

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