

Harrison, Mark: *Medicine in an Age of Commerce and Empire. Britain and Its Tropical Colonies 1660-1830*. Oxford: Oxford University Press 2010. ISBN: 978-0-19-957773-6; 353 S.

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Harrison's recent publication on the role of medicine in the commercial expansion of the British Empire explores an under-researched area of the transmission of ideas and practices throughout the empire from the mid-seventeenth century to the early nineteenth century. Concentrating chiefly on developments in the West Indies and India, Harrison considers how medical practice in the colonies transformed British medical tradition at the height of imperial expansion. Divided into three parts, the book investigates the medical perception of climate and disease; colonial therapeutic practice; and the re-migration of colonial practitioners and 'tropical invalids' in the early 19th century.

Part I successfully examines the theories surrounding the origins and etiology of disease from the seventeenth to the nineteenth centuries, which largely drew on evolving race and climate theories. But as he suggests, colonial medical practitioners had a reformist agenda that questioned metropolitan practice and its dissimilar results in treating diseases in warm climates. The notion that diseases of warm climates were peculiar and especially the idea that they affected the races inhabiting these spaces differently were at the core of colonial medical practice.

Although it was understood that complete acclimatization of the European body in the tropics could never occur, it was understood that with some changes in lifestyle (diet or dress) it could adapt. The development of some underlying medical theories in the shared empire was also changing how diseases were seen across the tropics, yielding some insight into their unity. Harrison writes „A geographical map of disease now seemed possible for the first time“ (p. 114). The emphasis seemed to be removed from only the etiology of disease, but also how the human body reacted to changes in environmental stimuli. Essentially any change environment could change

how the body responds to it and this process could even have an impact on Britons who were also experiencing a changing economic climate at home.

In Part 2, Harrison looks at the roles of hospitals founded for the East India Company and those established for the use of the British military in the West Indies. He also looks at the development of therapeutic practice on the West Indian plantations. By the mid-eighteenth century, colonial physicians had abandoned bleeding and other antiphlogistic regimens in favor of mercury-based preparations, marking a key divergence between colonial and metropolitan practice. The tropical environment was perceived as weakening European constitutions.

Harrison traces the fluctuating trends of colonial medicine as it not only diverged from and converged with metropolitan medicine, but also transformed it. He concludes that colonial medical practice evolved systems of understanding disease that resonated throughout Empire. But the rationale for their acceptance in metropolitan circles by the end of the eighteenth century was the fact that they were based on empirical observation and scientific trial, unlike existing theories as traditionally understood in the metropole. In Part 2, Harrison evolves the relationship between colonial and metropolitan medical practice by demonstrating the significant contributions that colonial medical practitioners made to medical knowledge.

In Part 3, Harrison notes that colonial medical practitioners did not spend the entirety of their professional lives in the colonies, and once they established metropolitan careers, they continued to use their colonial experience to treat both 'tropical' or temperate diseases. With their experience in the torrid and unfamiliar disease environments of the tropics, they felt that they were more equipped to handle the changing nature of industrializing Britain in the nineteenth century.

Upon their return to Britain, they applied their knowledge of fevers and epidemic disease in the treatment of the sick poor and returned „invalids“ who lived and worked in the tropics. Harrison concludes that, although, the diseases of the tropics were perceived as different to those found in temperate clima-

tes, there could be uniformity in treatment regimens, since the effect could be the same – healing large numbers of bodies through empirical practice. The obvious conclusion one would draw from Harrison's account is that colonial medical practitioners were merely re-colonizing British medical practice. After exerting medical authority over the colonial body, colonial physicians were better prepared to control the British body as it also fell victim to industrialization and imperial expansion by the nineteenth century.

The complex relationship between imperial and colonial medicine has not been adequately addressed by many historians of medicine. Harrison begins to challenge perceptions that the colonies were merely on the periphery of medical knowledge and practice in Empire. Using the vast amount of medical literature produced during this time, Harrison demonstrates that colonial medical practitioners were in a position to „reject or revise metropolitan orthodoxy“ (p. 10). Although he develops this theme convincingly throughout the book, there are questions that arise from his exploration of the transfer of medical knowledge between the colonies of empire and the metropolitan medical space. For example, what was different about colonial medical practice that made practitioners diverge from conventional European practice?

Harrison provides little investigation of the role of colonial subjects and their social, political and economic contexts that could explain the different approaches taken by European medical practitioners in the colonies. Moreover, there is an absence of critical analysis of the power dynamics of race, class and gender that may have shaped colonial medical practice and experience. Additionally, colonial medical practitioners would have been heavily invested in the colonial project and were integrated into and facilitated the social and economic reproduction of slavery and colonization, but these ideas are not explored although they also likely influenced colonial medical practice and knowledge its transferal to the metropole.

In his Introduction, Harrison mentions that „cadavers were plentiful“ in the tropical colonies and that „tropical practitioners prided themselves on their independence and

cared little for traditional sources of professional authority“ (p. 4). Knowledge and independent practice and experience were not gained in a vacuum, but were shaped by the colonial medical landscape consisting of its 'patients' who were usually colonized peoples and its practitioners and local competitors to European medical practice (4). Overall, the silenced encounter between European colonial-metropolitan medicine and indigenous or „creolized“ medicine, speaks to an historic supposition that 'other' traditions of health and healing were automatically subjugated without explanation of the processes that adapted, borrowed, discarded or mediated the medical knowledge of subordinate groups.

Harrison's research on the intellectual and practical application of colonial experience in medicine is a long-awaited examination of the relationship between colonial and metropolitan medicine from the seventeenth to the nineteenth centuries. It provides a methodology for unraveling the complex origins of Western medical thought and practice in the age of Empire. It is clear, however, that more research must be undertaken to investigate the encounter between European medicine and indigenous or creole medicine and its role (if any) in transforming/ reforming metropolitan medical practice.

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