

The Birth of Imperial Race Medicine

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Seth, Suman. *Difference and Disease: Medicine, Race, and the Eighteenth-Century British Empire*. Cambridge: CUP, 2018. 324 pages. ISBN 978-1-108-41830-0. Pbk. £29.99.

Suman Seth's monograph on the medical history of eighteenth-century "race science" will be definitely quoted extensively by scholars working in the fields of cultural studies, the medical humanities, postcolonial studies, and gender studies, for *Difference and Disease* is a uniquely revealing work both in terms of the careful philological research behind it and the complexity of its cultural analysis. The volume's central theme is the interconnection of races, climes, and genders in the medical narratives of an imperial age (of reason). Seth's work "is built around an exploration of the role played by science and medicine in the emergence of three categories fundamental to colonialism: race, particularly in the form of racialized pathologies; the division of the world into 'tropical' and 'temperate' disease zones; and the medical mapping of empire and, in particular, of zones of familiarity and strangeness according to whether newcomers to a location had to undergo a 'seasoning sickness'" (11).

Difference and Disease was published as part of the both chronologically and spatially expansive book series entitled Global Health Histories by Cambridge University Press, a promising collection of works in the field of the medical humanities on subjects such as the history of the World Health Organization, health and (de)colonization in Indonesia and Vietnam, and Polio in Hungary (the latter written by Dóra Varga). In terms of structure, the author, who is an associate professor at the Department of Science and Technology Studies, Cornell University, seems to follow the approach of his first and similarly much-acclaimed volume, *Crafting the Quantum: Arnold Sommerfeld and the Practice of Theory, 1890-1926* (2010). *Difference and Disease* is organized into three larger parts: the succinct Introduction being followed by a focus on Locality (in two chapters), Empire (again, two chapters), and finally, Race (in three chapters), completed by a Conclusion and an impressive bibliography of twenty-seven pages, clearly showing Seth's confident use of post-structuralist cultural theory (from Edward Said to Michel Foucault) as well as the precise consultation of eighteenth-century medical publications and their respective cultural-historical contexts. Thus, the volume can be an invaluable source for any academic planning to pursue further research in the

fields addressed in the book, which, in terms of methodology, is also helped by the chapters using only footnotes instead of endnotes, making these paratextual elements easier to incorporate into one's reading experience.

Among the keywords of Seth's research, the notion of space is the most pronounced one as it connects the discourses of medicine and race, and the author starts out from Edward Said's notion of "imaginative geography" when approaching the health crises of the warm climates essentially as "diseases of place" (5). By setting out to explore "the postcolonial history of colonial medicine" (9), Seth outlines how the very notion of tropical medicine was born in the eighteenth century, and how, somewhat surprisingly, "Physicians at the 'peripheries,' then, were ahead of those at the so-called centre" (7). When historicizing the practices of knowledge production within imperial medicine, it soon becomes obvious that most of them owed a great deal to the neo-Hippocratic tradition based on the Greek philosopher's work *Airs, Waters, and Places*, a seminal treatise that was well-known in the Islamic Middle Ages, not in Europe, though, up until the early sixteenth century (39). The author also emphasizes the role of Newtonian explanations, according to which the fluids and fibers of the body respond to the changing of the seasons, as, for instance, warm and dry seasons cause inflammation (72) while moist warm air relaxes the body's fibers (74). By quoting several examples of the medical meteorology of the era from various doctors' weather diaries, one of the most important questions of the first half of the eighteenth century seems to be whether the disease environments of the so-called "torrid zone" produce maladies that are different from European diseases in degree or kind.

Climate is thus closely caught up with locality and disease, and Seth uses the notion of "seasoning" to elaborate on the issue of tropical medicine. Seasoning refers to the acquiring of a kind of immunity, hence being "seasoned" to the given climate implies going through "an illness that helped habituate the sufferer to a foreign clime" (92). Etymologically, the word itself comes from the Old French *saisonner*, meaning to ripen or "to render (a fruit) palatable by the influence of the seasons" (5). Even though early modern sailors believed that all men suffer from being removed from the solid land, and following a long sea journey any land can be useful for recovery (36), with the arrival of the eighteenth century, the experience of various forms of Otherness increasingly became the problem, as "[s]easoning was a distemper that plagued English bodies out of place: it made up a discourse of anti-nativity" (93). This "seasoning sickness" thus seems to be an essential part in the epistemological creation of a clear-cut difference between Europe and its colonial possessions. Still, the author also points out that by the end of the

century more and more doctors started to question if West Indies diseases are really so different from European ones, and so the fixed images of “uniform East and changeable West” (39) became increasingly unstable. Thus, Africa as the “White Man’s Grave” gradually gave way to the idea of the West Indies being imagined as “the summer version of England” (56). These often contradictory cultural narratives of the somatic experience of colonial difference clearly show the identity crisis and “collective agoraphobia” (111) the British Empire went through in the course of the eighteenth century, as from a relatively small and homogeneous entity it transformed itself to the vast pink patch on world maps where the sun never sets.

As the economic imperative of keeping the Empire together got more and more pressing, the need for (medical) narratives legitimizing the exploitation of people of color also strengthened. The “scientific” construction of the notion of race and racial pathologies became seemingly objective tools of imperial power, which Seth traces back to two distinct schools or paradigms: polygenism and monogenism. The former approach basically claims that Adam was not the original father of all humankind, and thus there are different races, whereas the often naïve ideology of monogenism is built around the idea that we all come from a single ancestor; however, black skin is the mark of the curse of Cain. Seth also maps out the philosophical underpinnings of these ideas, for instance, in Kant (who notoriously wrote that “all negroes stink” [“Of the Different Human Races” (1777) qtd. in Seth 269]), in Montesquieu’s *Spirit of the Laws* (1748), and in Hume, who is equally scolded today for a footnote he added to the second edition of his essay “National Characters” (1753), namely, that nature made an original distinction between various breeds of men. Seth also quotes Alexander Pope’s memorable lines to demonstrate the ubiquitous power of ontological hierarchy in the Age of Reason: “The general order, since the whole began, / Is kept in nature, and is kept in man. / Order is heaven’s first law; and, this confest, / Some are, and must be, greater than the rest” (“Essay on Man” [1733-34] qtd. in Seth 234).

As the study of racial anatomies and hereditarianism developed, the theory of the black race being related to animals did not lose its ground, even suggesting that they mate with apes: “Indians and Africans produced people-like animals, but they had become animal-like people, and had thus contributed to their own oppression” (190). (Even though Seth does not mention the twentieth-century genesis narratives of AIDS, the myths of the birth of the disease in darkest Africa show staggering parallels.) The

discourses on the very humanity of slaves (fueled by a growing anxiety concerning slave insurrection on the sugar islands) reached a climactic point, however, not through a medical, but a legal case study, the Somerset Case of 1772, in which a British judge ruled against the right of a slave owner to repossess his escaped slave. It got to be viewed as legal precedent that initiated the dismantling of “man-trade” and was welcomed by abolitionists. As the Victorian era approached, the diseases, poor diets, and mass deaths of the black slaves were viewed as “natural” results of their inferior mental and moral states: “‘Race’ in other words did not cause differences in intellect or morality; it was itself an effect of environmental differences. In the nineteenth century, however, race became, as Robert Knox would infamously phrase it, ‘destiny’” (170). Thus, the environmentalist understandings of the human physique also implied a certain racial determinism.

Even though *Difference and Disease* does not have a separate chapter devoted to gender, the problem of sexual difference and the inherent misogyny of the medical narratives of the day permeate all the chapters and it seems worthwhile to emphasize the connection between the white male doctor and the black slave woman in the quoted case studies. First, the volume starts with an anecdote about two English physicians fighting a duel in Kingston, Jamaica in 1750 over a publication about the inferior professional expertise of the elite-trained European physicians who have not spent a substantial amount of time in the tropics. This duel not only shows the vehemence of professional debates about colonial medicine, but also its almost grotesquely patriarchal nature. When it comes to the representation of native women in the medical sources of the era, the book repeatedly points out the persistent power of such stereotypes as the hyper-sexuality of black women, the precocity of black girl children, the lack of agony of parturition (which is Eve’s punishment, so have Negresses not eaten from the Tree of Knowledge then?), and the dangers of the contagious, polluting contact with their bodies in general (black wet nurses can bewitch white babies, or one can get cholera from eating cucumber or sleeping with native women [34]). Naturally, all of these racialized features of black femininity can be easily identified as the self-legitimizing ideologies of white male colonizing violence. In some cases, the absurdity of this sexist logic leads to deeply dehumanizing ideas about white women, too, where it is not race but class that makes them second-rate creations, as the following quote from a West Indian planter shows: “The lower classes of women in England are remarkably fond of the blacks, for reasons too brutal to mention; and they would connect themselves with horses and asses, if the laws permitted them” (216).

Suman Seth's *Difference and Disease: Medicine, Race, and the Eighteenth-Century British Empire* is a well-researched, focused, eloquently phrased, and original work that both academics and students can use for teaching or further writing purposes. With its special geographical focus on the plantation systems of the Caribbean region and the political entanglements of the medical, moral, and economic aspects of the British Empire's slave economy, Seth's study reads like a much-needed prequel, one might say, to the cultural-medical explorations of (neo-)Victorian studies and twentieth- as well as twenty-first-century interrogations of the biopolitical dynamics of the medical establishment in a (just) formally de-colonized global scenario.

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