

'Medicine' and 'Lives' are full of highly descriptive narratives that are not always framed using the concepts set out at the start of the book, meaning that those latter sections feel quite disparate from those initial conceptual explanations. It is somewhat unclear, also, why the individuals discussed throughout the book were chosen for this kind of exploration, or if indeed that matters when considering the aims of author. Perhaps, then, the book may have gained from including a distinct introduction and conclusion that, for the reader's benefit, would have better connected these theoretical and narrative strands that ran throughout these three sections.

Sight Correction devotes a significant amount of space to exploring the histories of a few individuals and their specific experiences or medical careers. In doing so, the book loses some broader context that might have better placed these stories within the wider medical and social landscape of eighteenth-century Britain and created a more comprehensive exploration of vision and blindness during this period. However, the author is not, as stated by Mounsey himself, attempting to use these three lives to produce 'A History of the Blind in the Eighteenth Century' (p. 13), or a 'final' account of blindness during this period, but rather aims to show that 'there are only individual lives' (p. 276). In this endeavour, the author is indeed successful.

This very focus on the individual, lived experience, and the arguments for doing so, produce the most thought-provoking passages in *Sight Correction*. Mounsey uses the expectation of 'Variability', that all people are 'the same only different from one another' (p. 4), to navigate the lived experience of blindness during the eighteenth century and to question definitions of what was and is deemed to be 'normal'. The book's use of these concepts offers a fresh approach to historical analysis that puts the unique experiences of the individual at its centre. Furthermore, Mounsey calls into question the need for a unifying historical narrative at all, the argument for which has varying degrees of success, but is an interesting theoretical discussion, nonetheless.

Sight Correction has much to offer to literary scholars, historians of the eighteenth century, and those with an interest in questioning prevailing models of understanding disability and able-bodiedness, both in a historical and contemporary context. Indeed, the book confronts and challenges such binaries as useful categories in examining the lives of individual, variable people. Mounsey also offers a mode of historical analysis that values the uniqueness of the individual over broader accounts of the past. Overall, this study provides much to consider in terms of how the experiences of individuals, particularly of those considered 'impaired', can be flattened, and homogenised in academic scholarship.

Georgia Haire
University of Kent, Canterbury, UK
doi:10.1017/mdh.2020.56

Rohan Deb Roy, *Malarial Subjects: Empire, Medicine and Nonhumans in British India: 1820–1909* (Cambridge: Cambridge University Press, 2017), pp. 346, £78.99, hardback, ISBN: 9781107172364.

What is commendable about *Malarial Subjects: Empire, Medicine and Nonhumans in British India: 1820–1909* is the arc of history (both temporally and spatially) that Rohan Deb Roy has so skilfully mapped. This monograph is an admirable example of transnational histories of medicine, which provide a finely crafted narrative of medical knowledge, practices and other objects as they developed in and through movements across several national boundaries. Deb Roy tracks the coconstituted histories of malaria, quinine, cinchona and mosquitoes in British India by drawing on a treasure trove of archival material. While it is common for historians to study timelines of historical events or processes, what is striking about *Malarial Subjects* is the wide geographical expanse, which the author scans in order to tell a nuanced history of malaria, quinine, cinchona and mosquitoes.

Malarial Subjects studies history as process. The disease, medium and cure are not taken as self-evident categories from the pages of colonial records, medical monographs and/or travel accounts. Rather Deb Roy argues that disease categories like 'malaria' took shape in a symbiotic relationship with

discourses on plants, events, places, drugs and insects. Similarly, with drugs like ‘quinine’ or plants like ‘cinchona’. *Malarial Subjects* is a fine example of what historian Sanjay Subrahmanyam has called ‘connected histories’ of medicine.¹

The book also brings into dialogue a number of scholarly areas, which are seldom in conversation with each other – postcolonial studies, studies of empire, science studies and histories of medicine. To me, the most stimulating aspect of this book is the author’s exploration of the materiality of nonhuman objects (plant, insect, drug) in this work. This is a refreshing and welcome break from the exclusive focus on history of ideas that still dominates most scholarship in history of medicine.

By blurring the distinction between medical knowledge/theory and practice, between ideas and object, or between ‘thin things’ and ‘thick objects’, this book carries forward recent debates in history of science that take in the history of objects/things that constitute crucial building blocks of knowledge itself. Taking the route worked out beautifully by Timothy Mitchell in his book *Rule of Experts: Egypt, Techno-Politics, Modernity*, Deb Roy gives fleshiness to dark green cinchona leaves and bark, to bitter quinine, and to the mighty mosquito.² He argues that a narrative that merely treats these three as raw material (to be subsequently transformed into medical facts or objects or vectors by experts in public health, botany and medicine) would be rather simplistic. He studies the many lives of these (cinchona, quinine and mosquito) as they merged into the very idea of the British Empire and its medicine and markets. In showing how the meanings of malarial fevers and uses of cinchona or quinine changed forms, *Malarial Subjects* is to me a postcolonial study in two significant ways. One, circulation and shifts are central to the author’s analytical framework. Despite focusing on British India, the author destabilizes the latter by mapping ‘intersecting narratives of the past, some of them local and comparative, others cross-cultural, transnational and global’ with regard to cinchona, quinine and malaria.³

This book also unsettles some of the nagging Euro-American focus of science studies by mapping a much more transnational analysis of medicine.

Malarial Subjects can be included as a text for in variety of courses – postcolonial science studies, transnational histories of biomedicine, and animal-insect studies. Some of the chapters in this book I found intellectually fascinating are chapters one, three, four and five.

Chapter One, called, ‘Fairest of Peruvian Maids’, in which the ‘distant’ and ‘delicate’ cinchona becomes desirable as an object of botanical fascination, commerce and medical relief as it circulated between French, Dutch and British colonies.

Chapter Three, ‘A Cinchona Disease: Making Burdwan Fever’ questions the facticity of scientific categories. Deb Roy shows ‘how a series of dispersed and dissimilar debilities could be put together as a single, continuous epidemic of malaria over a considerable period of time’.⁴ The ‘Burdwan Fever’, for example, was the outcome of an active mapping of a place and disease at the intersections of a number of colonial practices, including knowledge gathering about particular geographical locations, medical disorders, flora and fauna. Before being categorized as a mosquito-borne parasitic fever – the term malaria was used to explain a number of physical ailments – from nausea, headache, diarrhoea, secretion of pus or a general bodily malaise.

Chapter Four, ‘Beating about the Bush: Manufacturing Quinine in a Colonial Factory’, traces the unstable history of how quinine became a scientifically stable cure for malaria. The quest for a ‘pure’ drug (quinine) brought in the fore questions about who could produce a ‘pure’ drug, what purity signified, and how such purity was at the end of the day true mark of an empire.

The last chapter, ‘Of Losses Gladly Borne: Feeding Quinine, Warring Mosquitoes’ is a study of the entangled histories of mosquitoes and quinine. As quinine gained more legitimacy in the 1890s and

¹S. Subrahmanyam, ‘Connected histories: Notes towards a reconfiguration of early modern Eurasia’, in *Modern Asian Studies*, Vol. 31, Mo. 3, Special Issue: The Eurasian Context of the Early Modern History of Mainland South East Asia, 1400–1800 (July, 1997), 735–62.

²M. Timothy, *Rule of Experts: Egypt, Techno-Politics, Modernity* (Berkeley: University of California, 2002).

³F. Paula (ed), *Early Modern Things* (New York: Routledge, 2003), 6.

⁴*Malarial Subjects*, 122.

1900s, mosquitoes became both the subject and object of fields of knowledge as disparate as entomology, public health, commerce and vernacular writings.

Malarial Subjects is a significant and highly impressive book. How does the history of British India look like when seen through the lens of a plant, insect and a drug? What kinds of historical personhood can be given to a plant or insect or drug, which thrive in diverse locations and have the capacity to push some of the crucial agendas in the British Empire? Through a study of malaria as a disease and public health problem that was conceptualized through a movement across 'factories, laboratories, plantations and government files' and geopolitical landscapes, Deb Roy disrupts the myths of a stable and autonomous modern science.

Srirupa Prasad

University of Missouri, Columbia, Missouri, USA

doi:10.1017/mdh.2020.53

Leonard D. Smith, *Private Madhouses in England, 1640–1815: Commercialised Care for the Insane* (Gewerbstrasse, Switzerland: Palgrave Macmillan, 2020), pp. xix + 323, £70.00/\$90.00, ebook, ISBN: 9783030416409.

Leonard Smith is a social historian of psychiatry and mental illness in England in the eighteenth and nineteenth centuries. He has regularly produced academic books and research papers based on extensive and detailed investigations as well as solid analyses of these materials. One of his earlier books, *Lunatic Hospitals in Georgian England, 1750–1830* (2007) was an important monograph on the history of English psychiatry, which examined the establishment of the asylum system in the Victorian era through the lens of developments in the long eighteenth century. In this new book, Smith has selected the subject of the private madhouse, revisited the issue of psychiatry and consumer society, and used his own research to build on major important works on the subject by pioneering historians such as William Parry-Jones, Michael MacDonald, Roy Porter and Andrew Scull.

The private madhouse has been the most controversial issue among historians of psychiatry in England. They might be the earliest and largest psychiatric institutions in the world: in 1815, there were more than 70 private madhouses, which provided for more than 70% of confined lunatics. The stereotype of these 'successful' private madhouses was, however, very negative from the early eighteenth century, when Daniel Defoe started to criticise this system. People took the private madhouse as the site of incarceration, neglect, malpractice and wrongful confinement. This controversial issue still exists. As Smith has pointed out at the opening of the book, British entrepreneurs, commercial entities and business corporations are the source of most new and so-called innovative ideas in mental health. Smith looks at the worlds of historical and present-day mental healthcare from the viewpoint of the psychiatric market in the long eighteenth century, paying particular attention to the major contributions made by the Act for Regulating Madhouses in 1774 and the Parliamentary Inquiry into Madhouses in 1815/16.

One of the strengths of this book is its clear and convincing distinction between the private madhouses in London and in the provinces. From the early seventeenth century, London had a large number of providers who answered to the demand for nonpublic places of incarceration for confining insane family members from the middle and higher ranks of society. One of the reasons for this demand was the public nature of the Bethlem Hospital. In the early modern period, relatively wealthy people in London were deterred by the ability of the public to visit Bethlem or 'Bedlam', in order to look at and laugh at the patients, and the cruel depictions of the institution on the theatrical stage. Instead, they asked the physicians of Bethlem for other more private or even secret treatments. In the early seventeenth century, Helkiah Crooke, a learned doctor who worked at Bethlem, started to maintain a private madhouse within Bethlem. Later physicians at Bethlem, such as Thomas Allen in the late seventeenth century, and the physicians from Monro families throughout the eighteenth, developed this prototype to