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Following a historiographical trend in new imperial history that seeks to understand the ways in which the “tropics” were domesticated, Kristin D. Hussey turns that analytical frame on medicine and disease. While the development of tropical medicine as an explicitly imperial medical specialization has received considerable historical scrutiny, Hussey makes a convincing case for paying more attention to tropical diseases “at home.” She brings something new and productive to the story by eschewing the traditional parasitical and infectious diseases; instead, “tropical liver” and “sunstroke insanity” are the key case studies of the first half of the book. The second half considers practices rather than specific conditions, starting with the mobility of cataract surgery, and this is where Patrick Manson, malaria, and sleeping sickness appear, but here the diseases are secondary to considering the movement of bodies, technologies, and blood samples across London and the empire. This is a very successful domestication of empire, as barring a few correspondents and a brief detour to parts of the British Raj to see how cataract surgery was developed and exported, the focus is not just on the UK, but specifically only London—shown to be a city bustling with travelers, temporary residents, and repatriated citizens, all of whom sought a diverse range of medical treatments for their ailments.

Of all these historical actors two groups particularly stand out: the returning colonial and the non-European visitor. Unlike emigrants to the white settler countries of North America, Australia, New Zealand, and South Africa, British citizens in Asia, Africa, and to a lesser extent, South America, were expected eventually to return “home.” This is not least because of the persistent fears of tropical degeneration, the idea that nontemperate climates offered a real biological and psychological threat to the bodies of white occupiers and explorers. While these ideas of environmental threat have been considered by other historians, Hussey makes the point that the struggle for reacclimatization has been ignored—what happened to these bodies on the return home? It is apparent that tropically acclimatized bodies, even
if they were white, did not reintegrate to damp, cold, gloomy London without a struggle. The liver is centered in this discussion, as the “tropical liver” delivered a range of problematic symptoms, spreading out into the digestive system and even showing on the skin of returning Brits. Hussey’s point here is that the assumption that white British people naturally thrived in the temperate UK climate was belied by these patients who needed “tropical hygiene” regimes to manage their bodies just as much in London as in Bangalore. Diseases acquired in the tropics could be mental as well as physical, and Hussey also explores sunstroke insanity, especially as it was used as a defense in criminal cases—a condition that was heavily gendered and racialized. Sunstroke was an excuse for the white man but not considered a possibility for non-Europeans, and far less likely to be diagnosed in women. Figured as a form of manly suffering, it also protected vulnerable masculinities when they were seen to “fail” through mental breakdown or violence.

Non-European bodies are the second focus for Hussey’s work—the transiting colonial subjects, lascars passing through the docks on longer journeys, and sick passengers offloaded to die in London’s hospitals. These are often poignant stories based on scraps: the skull of a “lascar sailor” with no biographical information, collected in London, and now in the holdings of the Royal College of Surgeons; an unnamed Chinese patient, with limited or no English, who spent more than a year in Charing Cross Hospital suffering with Elephantitis, before committing suicide with cyanide and promptly becoming an autopsy specimen for Manson. As such depersonalized medical “material” these people are part of a complex circulation of ideas and objects explored in the second half of the book. Here Hussey discusses the practice of a form of cataract surgery known as couching, and specifically the prosecution of four “Indian eye doctors” for this work. She shows that the Indian origin of this technique was both a selling point to desperate working-class customers and a point of criticism for some British-trained practitioners, many of whom framed it as a primitive technique, unsuitable for temperate regions (but, perhaps, acceptable in the colonies, or on Indians who “did not require the same high-quality eyesight as Europeans,” pp. 129-130). The final chapter turns to Manson and his search for infected blood which, like live mosquitoes, could be a challenging material to successfully import, hence his hunt for “exotic” bodies in London, turning the city into a space of investigation and experiment.

This is a book of two disjointed parts, reacclimatization and circulation, and that could be a criticism; I would happily have read four chapters just on returners’ diseases and their impacts on environmental medical theories, or four on the more traditional history-of-science topics of circulation, material culture, and technologies. But the episodic nature of the book is actually an advantage, as it is eminently excerptable for teaching. I will be domesticating my sessions on tropical medicine by including this story of Patrick Manson “at home.” I can see livers, sunstroke, and couching as prompts to both undergraduate and graduate students to seek out their own case studies of everyday, understudied diseases that show, as Hussey convincingly argues over the course of the whole book “the human cost of British imperialism at home” (p. 181), as well as the ways in which medicine on British soil was just as much imperial medicine as that practiced in Calcutta or Nairobi.
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