development of a nationalist agenda in colonial North India. Her analysis of the middle-class Hindi women’s magazine, Stri Darpan (founded 1909), shows how health identities were constructed, combining both traditional and Western elements of health advice, to present a uniquely nationalistic and forward-looking colonial health identity for Indian women.

Naturally enough, no single conclusion can be drawn about colonial identities, and the resulting picture is one that reveals mostly diversity and hybridity contingent upon the specificities of context. But the important point is made: the colonial experience profoundly affected not only the way people saw themselves, but the way they practised medicine and the way they related to both their masters and their subordinates.

This is a slim volume that would have benefited from more papers covering a wider geographical range. The fact that half the essays deal specifically with the Antipodean experience presents a rather unbalanced picture—not least given Africa’s huge role in the post-1900 British colonial experience, and that of other important dependencies, such as those in the West Indies, Asia and the Middle East. Furthermore, it is the Anglo-Saxon colonial experience that is mainly considered, with the result that Hilary Marland’s essay on the Dutch experience (although extremely informative and useful in itself) sits a little awkwardly alongside the other five papers that all examine the British empire. It is a pity that there are no essays on Spanish, German, Italian, French, or Portuguese colonialism to complement Marland’s study.

This collection is a promising beginning to the debate on the problem of colonial medical identity, however, and one that is in many ways ground-breaking in its collective approach. Until now colonial medical historians have simply probed the edges of this issue; in this book these crucial cultural perspectives are tackled head on.

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“How could land possess ‘health’? Why did nineteenth-century writers constantly describe places as being healthy or sickly? . . . Descriptions of ‘the health of the country’ belong to a world we have lost” (p. 2). Convery Bolton Valenčius wrestles with these questions to recreate that lost world, crafting in the process a book that spans the fields of environmental history, the history of medicine, and the historiography of the American frontier and borderlands. Her account is specifically about areas that would become the American states of Missouri and Arkansas, spanning the years from the Louisiana Purchase in 1803 to the American Civil War. But the story could have been told about Michigan or Minnesota or Iowa as well. Disease, especially malaria, followed settlers into the American frontier during the first half of the nineteenth century, repeatedly converting a “healthy countryside” into a fevered realm where settlers first had to endure “seasoning” before they settled down into equilibrium with the land and its denizens.

Valenčius recalls a time when people lived so close to the land that the boundaries between body and landscape were much more porous than in today’s America, with its climate controlled environment. Her analysis is deliberately Hippocratic, with chapters three to five named ‘Places’, ‘Airs’, and ‘Waters’. These elements, and the bodies that lived within them, remained in tenuous balance if the country was healthy, or became disturbed, carrying the humans along into disarray and sickness. Cultivation was a particularly hazardous process, for the felling of trees and turning up of soil appeared to bring with it an increase in fevers. “Working the land, like healing the body, was usually neither comfortable or serene. Change in terrain and change in body were difficult, dangerous, and fraught with tension. Both were utterly necessary” (p. 192).
In a chapter on ‘Local knowledge: medical geography and the intellectual hinterland’, Valencˇius explores the production of that most common of nineteenth-century medical treatises, ‘On the medical topography of X’. These articles, which could cover “a seemingly bewildering array of topics” including geological formation, weather patterns, topography, prevailing diseases, and local ethnicity, formed important research products for nineteenth-century American medicine. Particularly when applied to novel locations, such research answered crucial questions about “how people could live, and where” (pp. 160–1).

Many of the settlers who came to Arkansas and Missouri came from areas of the United States that were colder and drier. They viewed their new homes as tropical in comparison, and worried about how the hot, wet climate would transform their bodies. In this process, “racial and individual identity were vulnerable: the changes unleashed in new territory threatened the coherence and clarity of physical differentiation demanded by the racial economy of antebellum America” (p. 230). Whites grew brown under the relentless sun; “black” children often showed signs of white parentage; and mixing with Native Americans provided further confusion. The blurring of racial boundaries created anxieties made worse by the inherent disorder of the frontier.

In this sensitive analysis of antebellum frontier thought, Valencˇius succeeds in recreating a world in which body and land were intimately linked, a world in which metaphors of health and disease, balance and imbalance applied seamlessly to both people and their inhabited landscapes. One might quibble about the insensitivity to chronology here—did these concepts not change at all in the first six decades of the nineteenth century? But the answer may well be: “Not much.” This volume takes the historiography of American medicine in a startling new direction, a remarkable feat for any historian, not to mention for one at the beginning of her career. Having such a blazed path before them, others will follow into this new frontier.  

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For a man who spent much of his life incarcerated in English asylums and French prisons, James Tilly Matthews enjoyed a remarkable and varied career. A sometime tea-merchant, peace activist, secret agent, draughtsman, mesmerized pawn, lunatic and self-styled “Omni-Imperious Arch-Grand-Arch Emperor Supreme”, he is now better remembered as a psychiatric exemplar: joining Freud’s Dora, Judge Schreber, Sally Beauchamp and Mary Barnes in the addled pantheon of representative case histories on which psychiatrists and historians draw in their arguments over the nature of illness and politics of diagnosis. Yet in Matthews’ case, the academic co-option of his troubled life does, for once, seem oddly appropriate. As Mike Jay shows in this brilliant historical account, Matthews’ biography can be characterized as a struggle for self-determination within the competing philosophical schemes and political agendas of Hanoverian England.

Matthews is now remembered as a prototypical schizophrenic. A philosophical radical and follower of the eminent Welsh republican, David Williams, he had devoted his energies to preventing the threatened war between England and revolutionary France. His mission would end in disaster. A self-elected intermediary, he was imprisoned by the Jacobins as an English spy. Freed after three and a half years, he returned to London only to find himself reincarcerated within the walls of Bethlem. Matthews recognized the source of his misfortunes. At each step of his sorry progress, he had been frustrated by the secret machinations of the “Air Loom”: a mesmeric mechanism which could control action and thought. Words would suddenly fail him. Sympathetic audiences would abruptly lose interest. Politicians, who must have known the details of his peace mission, were mysteriously rendered ignorant. His