

confirms and adds to Cohn's argument that the nature of the relationship between church and state was one of attempted collaboration and cooperation against a 'common enemy'.²

Throughout the book, careful attention is paid to any evidence regarding women and gender. We learn of the gendering of the quarantine restrictions; of the consistently higher death rates for women, the gender differentiation in crimes and the roles played by female medical staff. Henderson also highlights the many references to material culture running through his sources. Textiles are a huge problem in the city: both its main source of employment yet considered a key player in plague transmission and he finds them constantly being illegally removed from locked houses, re-sold, being burnt or confiscated by officials or being procured for or stolen from hospitals.

Henderson's intention was to provide an '*histoire totale*' (p. 14) and he has certainly succeeded. Moreover, Covid-19 has swept through the world since this book was published and it is suddenly painfully relevant: offering us a rare opportunity to reduce the gap between us and the past as we reflect on the ways in which our experiences now resonate a little more closely with experiences of those whose lives he describes.

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Chris Mounsey, *Sight Correction: Vision and Blindness in Eighteenth-Century Britain* (Charlottesville: University of Virginia Press, 2019), pp. vii + 330, \$79.50, hardback, ISBN: 9780813943312.

In *Sight Correction: Vision and Blindness in Eighteenth-Century Britain*, Chris Mounsey explores the mechanics, economics and personal accounts of eye surgery throughout the eighteenth century (p. 38). Throughout this study, Mounsey argues that a historical study of blindness might better begin with the lives of historical people who experienced it, rather than from a medical or cultural model of disability (p. 4). Instead of providing a unifying account of blindness during this period, which, in the author's view, would not be sufficient for us to understand the experience of impairment (p. 41), *Sight Correction* champions the close study of the unique, lived experience.

Sight Correction is split into three sections, titled 'Philosophy', 'Medicine' and 'Lives'. The first section, 'Philosophy', which acts as somewhat of an introduction to the book, discusses blindness in terms of disability theory and considers how blindness and sight were conceptualised during the eighteenth-century. 'Medicine' explores the various figures involved in developing eye surgery during the eighteenth century, both officially and unofficially, as well as the ways in which people with sight problems were understood from a medical perspective (p. 6). Each chapter within this section goes into minute, sometimes arduous, detail about several different occultists and medical practitioners that offered optical treatment during this period. The third section of the book, 'Lives', then moves into discussions about the lives of three blind people living in eighteenth century Britain, deploying literary analysis to further inspect their experiences. The purpose of this section is not establish a dichotomy between 'the doctors' and 'the blind' (p. 199), but to balance those medical discourses with the experiences of those who could not be cured, and were not open to such treatment. In doing so, this section also aims to confront the 'disease-treatment-cure paradigm' and challenge the view that medicalisation in this period offered treatment and cure for all (p. 199).

The structure of book is somewhat disjointed, in that the discussions and theories laid out in the first section of the book, 'Philosophy', do not always extend to the other parts of *Sight Correction*. Both

²S. Cohen, *Cultures of Plague. Medical Thinking at the end of the Renaissance* (Oxford: Oxford University Press, 2010), 283–92.

'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.

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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