

broached is justified and backed up with citations to recent *New York Times* articles, among other references. Harry Paul writes with great knowledge, insight and palpable enthusiasm for French social and cultural history. He presents less and more than a customary biography – less of the personal life and no psychologising – but more, enormously more, contextualisation situating a neglected figure in French medical and scientific culture.

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**Peter McCandless**, *Slavery, Disease, and Suffering in the Southern Lowcountry*, Series: Cambridge Studies on the American South (Cambridge: Cambridge University Press, 2011), pp. 328, £55, hardback, ISBN: 978-1-1070-0415-3.

In *Slavery, Disease, and Suffering in the Southern Lowcountry*, Peter McCandless offers a well-researched account of the ways in which the wholesale adoption of African slavery and European settlement earned the southern lowcountry a reputation as one of the wealthiest and deadliest regions in North America. McCandless fixes his historical gaze on the impact of malaria, yellow fever and smallpox – ‘epidemiological consequences’ that shaped the social and cultural destiny of the region from the seventeenth century to the antebellum period. Adding to scholarship that addresses slavery, the Atlantic World, and the Old South, McCandless assiduously employs sources from planters, religious missionaries, physicians, colonial elites and foreign visitors to the region, to reveal the diversity in perspectives on disease and suffering as they shaped settlement patterns, medical practice, race relations and economic prosperity in the southern lowcountry.

In Part I, ‘Talk About Suffering’, McCandless presents a compelling case against colonial proprietors who deceptively painted the lowcountry as a paradise to lure white settlers. Only after their arrival were settlers confronted with the realities of the Carolina climate, topography and disease environment. Southern American colonies, as well as the West Indies, earned reputations as places that brought wealth and early death to those who settled there, and as McCandless demonstrates, the Carolinas were no exception. While persuasive in his contention that colonial boosterism led many to an early death (p. 30), he misses the opportunity to link patterns of settlement across British colonial holdings in the West Indies that might have shed further light on the cultural, demographic and epidemiological ties between the whites who settled both regions. The West Indies had already garnered a reputation as a ‘white man’s grave’ and the omission seems odd given that McCandless himself refers to the Carolinas as the ‘northern rim of the Caribbean’ (p. 7).

In Part II, ‘Combating Pestilence’, McCandless excels at presenting the mechanisms employed by physicians and other healers to counteract the increasingly unhealthy environment of the southern lowcountry. He explores the development of Charleston’s medical community and the various ways in which the public grew to understand disease, by drawing attention to the influx of Scottish-trained physicians to the region, professional squabbles over medical treatments waged in South Carolina’s newspapers, and public attitudes towards medical therapies in the face of epidemics. Equally impressive is his discussion of the relationships between white practitioners and enslaved healers and the ways in which residents coped with epidemics – through flight, prayer, ambivalence and resolve. McCandless is persuasive in demonstrating the wide scope of suffering from fevers by situating their effects on white merchants, slave traders, soldiers, Native

Americans, missionaries and enslaved Africans. He notes that, though different in their social destinies, few were immune to the ravages of disease.

The strength of this work is its source material. However, there are a few moments interspersed with presentist evaluations of the eighteenth- and nineteenth-century medical armamentarium and standards of care. McCandless's engagement with the evolution of medical ideas about black and white disease susceptibility is surprisingly limited, considering the vast array of medical sources he uses in his narrative. He argues that whites were convinced of innate constitutional differences between the races, and such beliefs were bolstered by observations of the differential mortality between blacks and whites. However, he does not go any further in exploring the complex ways physicians read constitution, climate and race as factors that interacted with each other in cases of sickness (p. 133). Drawing tighter links between climate and disease environment would have sharpened his discussion of the ways in which the alleged ability of blacks to withstand the climate of the southern lowcountry transformed from a physiological advantage to a medical justification for slavery. While he utilises commentary from sources that noted blacks' predisposition to 'pleurisies and peripneumonies' (p. 126) he does not place those observations within the existing medical framework of the nineteenth century – particularly the belief that blacks were more susceptible to lung diseases than whites. Finally, a critical engagement with the broader nineteenth-century southern medical context and white commentaries on black suffering would have strengthened his claims that racial dynamics mediated perceptions of sickness and health (pp. 128–129). These criticisms aside, McCandless provides an accessible, well-crafted, and much needed perspective on how disease shaped the development of the southern lowcountry's social landscape.

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**Volker Roelcke, Paul J. Weindling and Louise Westwood** (eds), *International Relations in Psychiatry: Britain, Germany, and the United States to World War II* (Rochester: University of Rochester Press, 2010), pp. vi + 254, £50.00/\$85.00, hardback, ISBN: 978-1-58046-339-3

Over the last decade, the international dimensions of medicine and science have become topics of great interest among a wide community of historians, geographers, sociologists and anthropologists. From studies of the cultural and economic transmission of drugs, information, and *materia medica* through to more general inquiries into the similarities and differences between Chinese and Western medicine, scholars have increasingly sought and crafted narratives that explained and compared the ways that movements, circulations, exchanges, networks, and transfers between locales, regions, nations and systems encouraged the creation, proliferation and hegemony of some cultures (or civilisations) over others. Others, no less ambitious in their aims, became concerned to show through the same methods and analytical devices the ways that different languages, practices and power, even within relatively homogeneous cultures, could reinforce prevailing attitudes about progress or offer examples for alternative paths to shared problems. And it is in this latter category that we can locate *International Relations in Psychiatry: Britain, Germany, and the United States to World War II*, an extremely well-edited, coherent and informative collection of essays by renowned authors.