

advances in immunology and transplant medicine. These expert practices – legitimate and illegitimate – however are set against the backdrop of the ‘cultural work’ required to make tissue exchange possible. Attention to this cultural work might be regarded as the analytical lens Pfeffer’s thinking and research is filtered through. Cultural work – via social actions, feelings and desires – is mobilised in ‘corpse philanthropy’, as much more than the impulse to give or to pledge, but as part of the institutionalisation and governmental processes that give tissue exchange its stability, or at least the appearance of stability. Corpse philanthropy is enmeshed within a wider political economy of health which acts on the moral economy of civil society. Eye banks, for example, financed by ‘big money’ philanthropists, are shaped both by ideology and moral obligation. This can be seen in instances where voluntarism functions as a bulwark against top-down command and control Soviet-style politics – public responsibility without government compulsion – for those who were opponents of socialised medicine in the mid-twentieth century US. This contrasts with the direct discouragement of discretionary philanthropy in the UK in favour of welfare-state arrangements at the same historical point. Cultural work also grounds the provision and procurement of tissues via the utilitarian logics at play through two world wars and an intensification of socio-technical change that yielded no shortage of need for bodily repair and improvement.

Though providing a fascinating read – where the strength of contribution is certainly in the detail – Pfeffer’s book is also simultaneously challenging by virtue of the detail and by the very looseness of comparison across the times, places and bodily fragments she lays claim to. Through the provision of captivating insights into tissue economies, attention to national contexts and their variable institutional sites and settings does not take us beyond general distinctions. The book does somewhat dizzy the reader by the rapid sweeps it takes in its coverage as it moves back and forth between time, place and bodily fragment. Furthermore, it requires much from the reader in order to tease out central arguments and analytics, as these are never foregrounded, and so there is little by way of guidance to help the reader navigate through the detail this book provides. This, however, in no way detracts from the importance of the book, which stands as a significant resource and reference point for those in the fields of history, sociology, anthropology, medical ethics and policy with an interest in tissue economies.

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Rana A. Hogarth, *Medicalizing Blackness: Making Racial Difference in the Atlantic World, 1780–1840* (Chapel Hill: The University of North Carolina Press, 2017), pp. xvii + 268, \$27.95, paperback, ISBN: 9781469632872.

Historians have long been fascinated by enslavement and its impact on identity formation, race relations and structures of control within the Atlantic world. Examining the familiar theme, *Medicalizing Blackness* explores how ‘blackness’ was manipulated, objectified and criminalised within the sphere of medicine to propagate racist ideas and cement white hegemony within and outside of the medical profession. Though not a new area of scholarship, it does offer a refreshing perspective from a scholar whose first book establishes her as a new force in the area of Atlantic medical history.

Medicalizing Blackness is composed of six chapters broken into three sections. The first two sections examine the development of theories and medical literature surrounding two

diseases with black associations, yellow fever and *Cachexia Africana* (or dirt-eating), and the third the growth of medical institutions for persons of African descent from 1780 to 1840. It surveys the Anglophone Caribbean (predominantly Barbados and Jamaica) and the United States, capturing the negotiation of ideas about blackness that occurred during a critical century within this region and among medical professionals.

The book illuminates the suffering of Afro-descended persons (enslaved and otherwise) in the anti-slavery period. Its strength is in its tracing (and debunking) of the period's fallacious yet established connections between the black body and particular diseases. For instance, the concepts of innate black immunity to yellow fever and the nature of the enslaved stimulating dirt-eating were central to the discussion. The work, through an examination of a multiplicity of documentary sources, highlights the avenues of transfer of such beliefs which discredited black suffering across generations and among cohorts of medical professionals and forces a reconceptualisation of medical arguments founded on ethnicity in the era under study and beyond.

Medicalizing Blackness argues that ill-conceived conclusions about black pathologies led to differences in medical diagnoses and treatment. Whether discussing the yellow fever outbreaks in Philadelphia in 1783 or the virus's impact on the British military in Barbados in 1815, the offensive against *Cachexia Africana* in the antebellum South or the establishment of the Hospital and Asylum for Deserted Negroes in Jamaica, Hogarth paints a picture of racism colouring all aspects of medical knowledge and engagement. She reveals that even those who disclaimed such arguments as the innate immunity of Afro-descended people could not abandon the concept of black difference and argued that other attributes encouraged the prevalence of these diseases in this community.

Moreover, Hogarth highlights the consequences of such dogmas for black persons who were forced to act as nurses, caretakers and undertakers during epidemics or forced into the military and deployed in areas too unhealthy for white troops. In her discussion of yellow fever in Philadelphia, she only fleetingly touches on the reticence of some black people to question the idea of black immunity in the face of abolitionists who supported the theory. The work, however, clearly illuminates the voices of those blacks like Absalom Jones and Richard Allen who were in opposition to the idea. Furthermore, it successfully registers that the treatment of black persons influenced the power dynamics of the era; that in advancing beliefs about causation, particularly in the case of *Cachexia Africana*, white practitioners played a significant role in establishing control measures and legislation against enslaved healers and Obeah practitioners.

In a masterful analysis, Hogarth engages heavily the theme of transference. The book reveals the ways in which nineteenth-century physicians relied on the testimony of their eighteenth-century forbears. The deliberate passing down of this information to medical students entrenched the beliefs of the time in the generations of medical practitioners and researchers to come. This theme is examined more exclusively in Chapters Four and Six where the transference of knowledge about persons of African descent to and from European, Caribbean and North American centres, is carefully traced through medical writings about prevalent 'black' diseases such as *Cachexia Africana*. It illuminates how these streams of knowledge that were meant to advance the profession also entrenched and transferred prejudice about the difference of the African. This, Hogarth effectively argues, affected medical writings, the development of medical care and facilities and even the treatment of black bodies in death in the era.

The work attempts to provide a new perspective on the motivations behind the propulsion of western medicine and the efforts of medical professionals in the period of

enslavement. It argues that some medical practitioners were more focused on professional development rather than supporting the plantation society and advancing a pro-slavery platform. However, in societies intrinsically based on the system of enslavement and pervasive racism, any negative connotations surrounding the black body were both as a result of and aimed at supporting enslavement, which would ultimately continue to advance the medical authority and practice of white medical professionals. It may be impossible to separate the two objectives when assessing a society created by and dependent upon the maintenance of such a status quo.

Chapter Five's examination of the establishment of medical facilities for the enslaved could have been used more effectively to advance Hogarth's argument about the selfish motivations of white medical professionals. It focuses squarely on the ways in which treating and confining black persons to hospitals and asylums supported enslavement. However, an examination of experimentation on enslaved persons incarcerated at these hospitals, as was done in Chapter Six for the antebellum South, would have furthered her general argument.

Nevertheless, this is not a work to be ignored as it adds greatly to the reservoir of historical studies of medicine and enslavement. It effectively elucidates that whether beliefs were anti-slavery or pro-slavery, personal or professional, whether they were exhibited in writing or in practice, blackness meant difference and black bodies in life and in death were objectified and misused for the advancement of the white agenda in the Caribbean and North America in the period of enslavement.

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Carolyn A. Day, *Consumptive Chic: A History of Beauty, Fashion, and Disease* (London: Bloomsbury Academic, 2017), pp. xii + 192, \$31.95, paperback, ISBN: 9781350009370.

Through the late eighteenth and early nineteenth centuries, elite British women navigated increasingly complex and contradictory messages on health and beauty. Some critics argued that fashionable pursuits – diaphanous dresses, dancing, tight-lacing, overheated ballrooms – put their delicate health at risk, exposing them to dangerous diseases like consumption. But there were a certain appeal to this particular malady, at least in the eyes of some literary and cultural commentators. For them, consumption bestowed upon its sufferers a desirable beauty – an ethereality – that could not be matched. How did an often terminal disease come to signal elite femininity, and what was the complicated process by which illness became beautiful?

Carolyn Day's fascinating book *Consumptive Chic* addresses these entanglements of disease, fashion and beauty. Day focuses on upper- and middle-class women in the late eighteenth and first half of the nineteenth centuries to study the 'practical application' of 'tubercular rhetoric' and specifically the ways that consumption became both 'idealized and feminized' (p. 2). To do so, Day mobilises strategies from the histories of medicine, the body, fashion and beauty to productive ends, revealing the complex development of a 'tubercular aesthetic'.

Comprising an introduction, eight chapters and an epilogue, the book proceeds in roughly chronological order to chart the emerging link between consumption and feminine beauty. Beginning with a review of anatomic-pathological understandings of the disease,