

1793 by the angina pectoris he first identified, or 'Heart' Latham and the failing heart of his patient Harriet Martineau.

The history of the heart is one of rivalry with the brain as primary organ and location of selfhood. In part, Alberti's story relates the decline of the heart from being the centre and site of emotion in Galenic humoralism, to its modern identity as merely 'an organ of the body, mechanized, predictable, subject to decay and the barometer (rather than the instrument) of emotional experiences' (p. 17). But, despite its demotion, the heart's symbolic centrality to cultural discourses of selfhood, gender, and religion persists and, as Alberti demonstrates in nicely selective detail, powerfully affects the course of cardiology as a scientific discipline. Though eighteenth-century anatomists aspired to objectivity and were able to view the heart in mechanistic and chemical terms, the emotions remained problematic, providing potential evidence for the existence of the soul (which could not be disproved in scientific terms) and of its function as a vital force. Only with the development of the new instruments of the nineteenth century, which allowed physicians to refine their traditional subjective skills of auscultation and percussion and to focus on the quality of the heartbeat, could the heart, the emotions, and the question of the soul begin to be functionally separated. Only when the heart's action was firmly located in electrical impulses could it be separated from the influence of the soul. But traditional thinking about the mind-body relation and the spiritual weight given to the emotional life continued to influence medical practice and the experience of patients. Thus, the Romantic association between heart disease and the heightened sensibility of the creative person allowed the philosopher and political activist Harriet Martineau to discuss her invalidism publicly and, says Alberti, 'to rewrite her symptoms as a mark of superiority rather than debility' (p. 138).

The cultural history of heart disease as over-determined by emotional, temperamental, and environmental factors begins to change

over the course of the nineteenth century and the emergence, in both scientific and cultural circles, of what Alberti identifies as craniocentrism: 'the brain has become the organ *par excellence* of modern conceptions of interiority and selfhood' (p. 155). Yet, the rise of neurochemical explanations of the emotions and the action of hormones on the heart offer the possibility of returning to an holistic view of mind-body relations functionally, if empirically far superior to, seventeenth-century humoralism.

My brief survey of the contents and argument of this short book hardly does justice to the nuanced detail with which Alberti grounds sweeping generalisations like the one above. She fully acknowledges the ambitious scope of her narrative, yet manages, with great judiciousness and authority, to select case histories and technological developments that produce effective local readings to support her argument. It cannot be denied that the heart retains meanings that science has rendered anachronistic, but the great virtue of Faye Bound Alberti's monograph is to explain how and why in terms that both literary and medical historians can applaud.

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**Mark Harrison,** *Medicine in an Age of Commerce and Empire: Britain and its Tropical Colonies, 1660–1830* (Oxford: Oxford University Press, 2010), pp. x + 353, £65.00, hardback, ISBN: 978-0-19-957773-6.

One of the explicit goals historians of colonial medicine often profess to having, is the desire to demonstrate the ways in which the colonies constituted medical knowledge and practice in Britain. However, histories that reveal the full extent of exchanges between Britain and its colonies have been few and far between. Mark Harrison's latest book, *Medicine in an Age of Commerce and Empire: Britain and its Tropical Colonies, 1660–1830*, achieves this

difficult task through a meticulous reading of over three hundred medical tracts and pamphlets penned by European and British practitioners.

The book spans the period of Britain's Atlantic empire to the rise of the second empire and 'swing to the east'. The primary motivation propelling Britain's imperial endeavours throughout this period – perhaps with the exception of the American colonies – was the cultivation and protection of lucrative trade networks in the Atlantic and Indian Ocean arenas. Therefore, Harrison appropriately follows the ebb and flow of therapeutic knowledge and practice between Britain, the West Indies and India, through natural historians, surgeons and physicians attached to the Army, Navy and East India Company. While he divides the book into three distinct parts, his argument remains the same throughout: that you cannot understand developments and changes in British and European medical knowledge and practice between 1660–1830 without taking into account the work of practitioners plying their trade in the tropical colonies.

Through what can be described as an impressively descriptive and evidence-packed prosopography, Harrison, in the first two sections especially, convincingly demonstrates the ways in which tropical practitioners impacted therapeutic practices in Britain and Europe. Given the degree of professional freedom and autonomy they possessed in the colonies, alongside their often-dissenting backgrounds, these practitioners devised, tested and advanced many novel therapeutic and anatomical practices. In this case, Harrison's scholarship further shifts the historiography away from a bias towards Paris medicine and Europe as the originating point of 'modern' medical practice. While not denying the importance of Paris medicine, *Medicine in an Age of Commerce and Empire* is the first full-length study revealing just how important physicians practising in the colonies, and their distinctive 'tropical'

therapeutics, were to the development of British medicine. Where Harrison particularly shines in this respect is his discussion of morbid anatomy and nervous theories of disease.

Harrison also demonstrates that as they developed their own unique branch of medicine, practitioners in the tropical colonies did not simply alter metropolitan medical practices by introducing therapies pioneered in the colonies or reinvigorating therapeutic agendas in Britain: it was often the case that therapies developed in the colonies did not take hold or further entrenched existing ones. Either way, however, tropical practitioners were transforming metropolitan medical practice. While Harrison could have provided greater analysis of the relationship between commerce, empire, dissenting ideology, and the dizzying number of practitioners the reader is confronted with, the outcome is nonetheless a testament to a long and devoted engagement with the writings of these individuals.

In this case, an easily placed criticism of the book is its lack of engagement with local practitioners and other agents who possibly influenced the many European and British practitioners whose writings Harrison so ably dissects. Harrison notes C.A. Bayly's observation, that as British rule intensified in India, the British sought to disengage from an information order that was largely mediated by Indian agents; and that this applied equally to British practitioners and medical knowledge. However, as Bayly goes on to argue, despite British desires to become self-reliant in the process of ruling India – and arguably in the creation of medical knowledge – they were never able to do so in practice.

However, dwelling too much on the lack of local agency would be to miss the point of Harrison's scholarship. There is only so much a single study can accomplish. While this history can never be complete until local agency is assessed in a similarly detailed manner, Harrison has provided a vital new dimension that will undoubtedly change the

way historians approach the history of Western science and medicine. In this case, demonstrating how European and British tropical practitioners were pivotal to the development of 'modern' British medicine is perhaps enough of an achievement for the time being.

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**John S. Haller Jr.**, *Swedenborg, Mesmer, and the Mind/Body Connection: The Roots of Complementary Medicine*, Swedenborg Studies, No. 19 (West Chester, PA: Swedenborg Foundation, 2010), pp. xxi + 321, \$29.95, hardback, ISBN: 978-0-87785-331-2.

In his search for the intellectual foundations of America's contemporary New Age and alternative medicine movements, John S. Haller Jr. concentrates on the Swedish polymath Emmanuel Swedenborg (1688–1772) and the German physician Franz Anton Mesmer (1734–1815), whose meditative and non-mechanistic worldviews were, the author maintains, deeply implicated in the phrenology, spiritualism, mind cure, Christian Science, and homeopathy movements of the nineteenth century, as well as the osteopathy, anthroposophy, holistic health, and New Age healing practices of the twentieth century (p. xv). Haller attempts to elucidate these connections by examining the thought and healing systems that Swedenborg and Mesmer offered their contemporaries before tracing the uptake and evolution of these philosophies between the late eighteenth century and the present day. In the course of the book, Haller makes clear his conviction that the epistemic space occupied by contemporary complementary medicine in America was first made available by Swedenborg and Mesmer, who fought during the eighteenth century to rescue a vitalist view of mind and body from annihilation at the

hands of Enlightenment rationalism and materialism.

The first two chapters of the book provide an intellectual biography of Swedenborg, detailing the family background and early years of a man who came to demonstrate genius in areas as diverse as engineering, geology, physics, metallurgy, philosophy, and physiology. Haller shows how Swedenborg's eclectic interests led him slowly towards a vitalistic worldview, and how a spiritual crisis on a trip to London in 1745 saw him eventually evolve from philosopher to theologian, and finally to mystic (p. 33).

The third chapter concentrates on the healing system introduced by Mesmer, arguing for a strong affinity between the spirit-infused universe of Swedenborg, and that of the Swabian physician, who believed that magnetic tides coursed through both the universe and the human body dictating illness and health. Haller argues that both men affirmed the existence of an unseen dimension to the Universe (p. 68) and that although Mesmer's theory was naturalistic, it was ambiguous enough that, like the writings of Swedenborg, it too could be interpreted as offering access to the spirit realm (p. 69). Looking at the manner in which animal magnetism was spread and filtered by various other practitioners, Haller shows how both its mystical and medicinal aspects evolved through the related practices of phrenology and phreno-mesmerism during the late eighteenth and early nineteenth centuries.

Turning from Europe to America, Chapters Four and Five attempt to trace Swedenborg's and Mesmer's legacy in socialism, Owenism, Fourierism, and various communal experiments (Chapter Four), as well as the emergence, from the mid-nineteenth century, of movements such as spiritualism, theosophy, anthroposophy, and psychical research (Chapter Five). Chapter Six deals with the mind-cure or mental science movement, which manifested in Christian Science and the Emmanuel movement, while Chapter Seven looks at biomedicine's kindred spirits such as homeopathy, Kentianism, osteopathy, and