

parties to a complex and long-running therapeutic process that largely happened inside the brain, how could efficacy ever be proven? Various arguments emerged against applying to psychopharmacology the ascendant standard of the controlled, double-blind study meant to nullify, among other complications, the psychological effects of drugs. In short, with the passage of the Drug Amendments of 1962, those studying LSD were ‘the first researchers required to provide proof of efficacy for a form of psychotherapy, and at a time when there was no consensus on an accurate method to do so’ (p. 108).

One group of these researchers set out in 1963 to design studies that would conform to the emerging standard and establish the efficacy of the psychedelic form of LSD therapy. This pedigreed group of insiders, experienced in psychopharmacology and interested in the promise of LSD suggested by earlier studies, coalesced around Spring Grove State Hospital in Baltimore, MD for a series of rigorous clinical trials that spanned a decade. They earnestly hoped to make progress in curing alcoholism, the stubborn ailment suffered by a large portion of the state’s wards; but they would also use psychedelic therapy to treat patients for anxiety from terminal cancer, for narcotic addiction, and for various neuroses.

With some of these studies under way in 1966, an explosion of negative publicity surrounding recreational use of LSD cast a shadow, yet the FDA worked with the Spring Grove group to continue and expand their work. They gained new team members, moved into enlarged research facilities, and planned to expand LSD treatment for alcoholism to another hospital in Maryland’s system. Spring Grove’s study results looked promising, if not spectacularly so. But by the early 1970s, the anticipated scientific consensus on effective LSD therapy still failed to emerge. Oram attributes this outcome to many factors, including negative controlled-study results produced by a handful of other LSD researchers and design problems related to control groups, dosing, and bias. Oram succinctly describes perhaps a dozen of these fascinating studies and the problems researchers encountered as they sought, and ultimately failed, to prove how LSD could work to the satisfaction of the regulators.

Oram is aware of the emerging law-enforcement framework for drug control in the 1960s and the political backlash against the counterculture’s embrace of mind-expanding drugs. He points out, for example, how the FDA fielded its own enforcement that included undercover investigations by agents with sidearms; and how Timothy Leary’s drug evangelism helped to sour public opinion at an inopportune moment. But he downplays these factors and concludes that the primary reason for the ‘slow and quiet death’ of LSD studies by 1976 was essentially procedural (p. 203). If this explanation seems mundane, the book certainly is not, as it introduces many key figures in LSD research and provides convincing new analysis of studies that are fascinating in themselves. Now that psychedelic therapy is again drawing interest, it is worth fully exploring why research faltered the first time around.

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**Suman Seth**, *Difference and Disease: Medicine, Race, and the Eighteenth-Century British Empire* (Cambridge: Cambridge University Press, 2018), pp. 336, £29.99, hardback, ISBN: 9781108418300.

*Difference and Disease* is a very interesting intervention in the history of medicine which has a great temporal as well as spatial coverage. Seth demonstrates his careful, detailed

scholarship in a lucid exposition of the varied medical literature produced in different times and places. The book critically compares writings on the diseases to the way that diseases were perceived in the colonies and in the metropole. Imperial ventures in the colonies, through naval fleets, or armies, or trading companies, exposed a large number of Europeans not only to a variety of flora and fauna but also to a number of climates and seasons as well as to various pathogens. The sources for such initial interactions, however, are largely European, and often infected with an imperial bias. The author has acknowledged his academic debt to historians like Mark Harrison, whose analytical structure has shown the importance of the colonies in the shaping of the medical ideas and concepts. In an attempt to explore the intellectual underpinnings of unheard or obscure voices, Seth has relied on the writing of practitioners in the colonies who received the majority of their training in the metropole. An exploration rooted in the works and reports of local practitioners – those who were natives of the colonies – would have given a broader perspective on the various responses to imperial constructions of disease and difference. An attempt in this direction is found, for example, in Poonam Bala's edited collection *Medicine and Colonialism* (London: Routledge, 2015). The book focuses on the West Indies (with sporadic references to the Pacific Islands). It explores how the islands, with their peculiarities in terms of flora and fauna, attracted a lot of medical attention. The location of these islands in the tropical zone increased the interest of the 'new comers', who not only observed the similarity of climates and seasons between the islands and some parts of Europe but also the different kinds of diseases that were endemic there. Initial debates about the nature of diseases – whether or not they were different from those of England – were later replaced by the debates over their etiology. Medical practitioners in the West Indies, often trained at elite institutions in the metropole, wrote volumes about the origin of these diseases – whether they were indigenous, introduced from other tropical regions, or caused by local conditions. Recurrent episodes of yellow fever and plague kept medical practitioners engaged in tackling real instances of these diseases as well as theorising over their origin.

The chapters, focusing on medical debates that spanned from the sixteenth century to the eighteenth, have been carefully crafted to show the evolution of medical ideas, both in diagnosis as well as in therapeutics. Seth has also shown how the Europeans worked in the colonies and created categories of difference with their metropolitan training and local exposure and how in the process they downplayed the contribution of their non-European counterparts. The book has been divided into three parts: 'Locality', 'Empire', and 'Race'. The first two chapters identify the 'social standing' of medical practitioners in terms of the location of their practice and experience and how this standing developed into a significant category of professional 'difference' and hierarchy. In the first chapter, noting the influence on Hippocratic ideas and neo-Hippocratic positions on the writings of fifteenth- and sixteenth-century writers, Seth examines the nuanced debate about the relation between locality, climate, and disease. Emphasising the importance of the fluidity of science and medicine, he problematises the categories of 'difference', which, he argues, arose between boundaries (often binaries) such as 'tropical' and 'temperate', and 'zone of familiarity' and 'zone of strangeness'. He considers how earlier debates on diseases focused on these categories of difference: whether diseases were peculiar to torrid or temperate zones; whether they were generated in similar climatic conditions; whether they afflicted newcomers and natives alike. Later, in the context of diseases like scurvy and cholera, discussion focused on the difference between 'land' and 'sea', as well as between 'hot' and 'wet' areas. Citing the example of practitioners like Jamaican doctor Thomas

Trapham, Seth examines understandings of how local conditions affected ideas about the manifestations of diseases as well as their cure.

The second part – ‘Empire’ – explores these issues further, addressing how concepts of ‘seasoning’ and the ‘putrefactive paradigm’ shaped the discourse on disease in terms of both diagnosis and cure. Ship diaries are the major source for understandings of the ‘putrefactive paradigm’, revealing ideas about how confinement and effluvious air acted as determining factors for the health of the travellers as well as native populations. The contagiousness of effluvium and putrid bodily humours were examined and analysed both as causes and effects of ‘fevers’ and other related diseases. The categories of similarity and difference were reiterated in the context of natives and strangers to new climates and new lands in the discussion on ‘seasoning’. Getting acquainted to the new lands and to their diseases – which affected the constitutions of the body – was one of the main medical discourse in the sixteenth and seventeenth century. It is in this context that Seth weaves in discussion of the slave trade, examining how slaves could be portrayed both as disease carriers and as the subjects of seasoning. African slaves, exposed to new climates and new form of disease in the New World were central to observations on ‘seasoning’ and discussed in terms of the difference, if any, of their experience of disease with that of the European population.

In the third part – ‘Race’ – Seth explores how the concept developed as one of the categories of difference. Beginning with the distinction of skin colour, it came to include perceived anatomical and later anthropological differences between people. Seth also examines the binary category of gender and how procreation processes (generally associated with females) were seen to vary with climate. The relation between gender and race, a complex one, has been explored in the context of the venereal diseases and prostitution (with widespread colonial perceptions of African women as prostitutes). In a very interesting way, this work uncovers ideas coming out of European Reformation and Enlightenment thought, which impacted the formulation of ‘difference’ as a significant category. Especially in the chapters on race, Seth illuminates how European ideas about practices of monogenism and polygenism, and about Afro-Caribbean women’s experiences of childbirth, were linked to underlying assumptions about the effect of climate and the ‘degeneration’ of certain groups. Debates continued concerning sexual diseases: whether they naturally developed in certain categories of people, or whether they were caused in certain people because of the places they lived. All theories were simultaneously justified by reference to religious arguments.

Seth has been able to sift through a large number of documents and bring about a nuanced and layered account of the trajectory of ideas that were reshaped and reformulated over the centuries. The book makes a contribution to the intellectual history of medicine. This leaves scope for future exploration of the realm of policies and their relation to these emergent ideas – in the metropole as well as in the colonies – to arrive at a holistic understanding of medical discourse in the age of imperialism. The geographical fluidity of the book could have been better complemented by a few cartographic illustrations. The intellectual history of disease in the context of British imperialism has been well studied in regions such as India and Africa, but the West Indian and East Pacific islands have been less trodden terrain. Seth’s intervention may be truly applauded for opening a new vista in the understanding of British imperialism, especially through the lens of ‘difference’ in this (almost) academically uncharted area.

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