

Reviews

To conclude, let me emphasize that Picchi's book reminds us of the value of long-term fieldwork and theoretically informed ethnographies. Though I have highlighted some minor limitations in the text, I still consider it very rich and useful as it will introduce its readers to key debates in contemporary anthropology.

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Climates and Constitutions: Health, Race, Environment and British Imperialism in India, 1600-1850 by Mark Harrison, New Delhi: Oxford University Press (1999), xiv, 263 pp.

Reviewed by Warwick Anderson, University of California – San Francisco and Berkeley

Well into the nineteenth century, colonial physicians speculated on the impact of changed circumstances on European bodily constitutions. Would re-location to an environment so different from the race's proper place cause degeneration in type? What was the most healthy way of living – the most sustaining diet, clothing and work pattern – for European emissaries in trying tropical conditions? Drawing principally on European medical texts and government archives, Mark Harrison explains how colonial physicians understood the relations of race and environment in India, and the means by which they hoped to ensure British acclimatization, or seasoning. He follows the story to the middle of the nineteenth century, the point at which his earlier book, *Public Health in British India*, takes over. One of the leading historians of colonial medicine in India, Harrison has given us a clear, well-written account of European theories of race, environment and disease in the eighteenth and nineteenth centuries, and the most extensive study of colonial "constitutional medicine" yet undertaken.

Initially, the Indian climate did not seem especially perilous. Guarded optimism about the British capacity to adjust – without in the process losing British distinctiveness in physique and character – seemed to prevail until the early nineteenth century. To a surprising degree, physicians enjoined displaced Britons to take up many of the customs and habits of the already adjusted local inhabitants, to follow their style of diet and clothing. Medical advisers also tended to disaggregate geographical conditions, to describe variations in the salubrity of India, and to suggest that white sojourners stick to the safer, more benign, locales. But in the 1830s, fears of European degeneration in a generally depleting foreign climate began to dominate. Certainly, some parts of India, especially the hills, still seemed more supportive of the European bodily constitution than others, but on the whole the outcome looked grim for anyone long resident on the sub-continent. Indianization was still expected, but now it was to be dreaded, not welcomed. Rather than exemplars, Indians increasingly were represented as object lessons, degenerate, diseased, and disease-dealing. Opposition came to replace analogy. Acclimatization, if it were possible, would imply

Reviews

pigmentation and degeneration. There would be little hope for European settlement now.

Harrison makes a strong claim for the substitution of social causes of disease for environmental etiologies in the 1830s, suggesting a parallel with the sanitary reform movement in Britain. Cholera, and other emerging diseases, seemed more a product of filth and overcrowding than of any atmospheric disorder. The customs and habits of Indians, once extolled in medical texts, now appeared the root causes of the diseases that threatened Europeans. Although few thought at the time that Indians were themselves carriers of disease agents, their fixed insanitary ways were allegedly generating and distributing filth and other noxious conditions that would give rise to epidemics. But even as Harrison provides extensive support for his arguments, I came to wonder if his emphasis on the understanding of epidemics, more than endemic disease, perhaps distorts the picture here. I suspect that one might, in connection with more routine diseases, find that climate and geography still appeared to exert considerable influence: indeed, in the conclusion, Harrison mentions that into the 1870s, Indian physicians were derided in Britain for their persistent environmental preoccupations. It is not surprising that by this time the ordinary British climate was not thought especially pathogenic for the British, but the extraordinary Indian climate would surely have continued to excite medical concern until the end of the century, or later. Erwin Ackerknecht once remarked that even the microbial “tropical medicine” that developed in the 1890s still implied a notional geography of disease, and it would be interesting to explore more carefully the persistence in the colonial world of environmental pathologies, long after their disappearance in Europe.

In the conclusion, Harrison tells us that this book is about “the ‘making’ of race and the growing alienation of Europeans from the Indian environment” (p. 215). It is odd how few historians of colonial medicine have paid much attention to the construction of race and environment in medical texts before now. Harrison’s focus on race is perhaps the most novel aspect of this excellent study, and those interested in the framing of human difference in colonialism will have to engage with his rather provocative thesis. Anyone who has tried to understand nineteenth-century racial thought knows just how complex and slippery it was, and how easy it is to give a partial or distorted account. There are too many different opinions – sometimes held by the same person – and too much context for them. But racial thought must not be ignored, or passed over. Harrison argues that in the eighteenth century, physicians assumed that human types were dynamic and plastic, responding rapidly to environmental changes, and therefore readily acclimatized. Accordingly, it seems to him “inappropriate to project the concept of race back onto the seventeenth or eighteenth centuries” (p. 12). He describes, however, a “hardening of racial boundaries” (p. 19, and see p. 104) in the early nineteenth centuries, a “new hereditarian bias in theories of human difference” (p. 106). The supposed hardening of physical properties underlay the increasing pessimism toward acclimatization during this period (p. 136). But Harrison seems here to amplify the influence of Cuvier, Owen and Knox, all of them opposed to theories of human transmutation, and to mute the continuing appeal of Lamarck and his argument for the inheritance of characteristics acquired during the life of one’s parents.

There is an alternative, and I think more plausible, explanation of shifts in the understanding of race and environment in the nineteenth century. Most colonial physicians still believed in the dynamism of racial type, still expected acclimatization, through the remainder of the century, but their increasing pessimism derived in fact from their lower valuation of the outcome, not from any doubt about its feasibility. Acclimatization came to mean not so much a minor adjustment as degeneration. As Nancy Stepan and others have shown, it is not really until the end of the nineteenth century that scientists and medicos generally come to agree on the fixity, or at least the greater robustness, of racial categories. Harrison’s grasp of nineteenth century racial thought thus seems particularly weak. He invokes a definition of race that would make sense only at the end of the century, failing to see that the distinction he makes between “innate” and “acquired,” between “heredity” and “environment,” is anachronistic at its beginning. This strange effort to project early twentieth-century views of the fixity of race, its alienation from circumstances, onto the early nineteenth century greatly damages what is otherwise an illuminating study of colonial medical theory.

Given his narrow and anachronistic conception of race, no wonder Harrison finds it “exceedingly difficult to unravel” (p. 220) the relationship between “racialistic” and “reformist” impulses in colonial India. But his pioneering work will no doubt inspire others, who may be less hampered by a mismatched conceptual framework, to do so.