

## Book Review

**Jim Downs, *Maladies of Empire: How Colonialism, Slavery, and War Transformed Medicine*, Cambridge: Harvard University Press, 2021. Pp. 262. \$29.95 (hardcover)**

There is perhaps no more fitting time to write, read, or review a book about illness. With the current pandemic going on (and the discomfoting reality of it becoming an ongoing endemic), it is no surprise that the past several years have heard a large body of voices express concern over the way COVID-19 disproportionately infects, affects, and is fatal for people of color and other historically marginalized peoples. *Maladies of Empire*, therefore, comes into the bodies of literature on medicine, epidemiology, and critical race theory at an excellent time.

*Maladies of Empire* starts with a gut-wrenching narrative of a man being brought from Ghana to the Americas in the slave trade. The story quickly progresses from his origins to his abduction on a slave ship, then finally to his death. Just as abruptly, we are informed about *how* we today know about this individual's death: because his experience was cited in a British medical journal. His death (but not his name, or any form of acknowledgment or identification) was not even a centering point of the article, but instead an anecdote on how long an individual could survive without food. The case of this unnamed man, lost to history, transitions into a broader example about the *concept* of a case study, and who is presented within them. The case studies articulated by the author show how participant observation, experimentation, and detached observation played a role in the historical collection of medical data for site field work.

A driving purpose of *Maladies of Empire* is to show how the interconnected processes of slavery, colonialism, and war—while treated as separate in many scholarly studies—are indeed inextricably linked. This is particularly the case from a medical professional viewpoint, as each brings with it a rich body of examples and experiences from which to draw forensic medical knowledge. Simultaneously, these fields and bodies of knowledge disproportionately draw from the experiences of historically disadvantaged and oppressed bodies.

The work is built on the author's previous research examining the medical profession's response to the cholera pandemic. Downs draws from black feminist critical theory as a main methodology and theory to challenge the standard ways of examining the past by understanding the subjectivity inherent in historical records and recordings. Through this theoretical and methodological alignment, *Maladies of Empire* is a great introduction for students and early scholars who are learning to separate 'data as objective fact' from 'data as subjective product of its times.' The book is an effort to recover unspoken histories and chart the factors (primarily the unsavory factors we would rather forget) that informed the development of epidemiology practices and epidemiology as a field.

Regarding his scope, Downs uses the 262-page text to cover a broad range of case studies illustrative of those 'left behind' in medical narratives. From the first two chapters' review of scientists who predated urban sanitary reform history (a period often imagined as the start of contemporary medical narrative history), he progresses to presenting an overview of British imperialism's impact on pre-sanitation reform epidemiology. In the second section of *Maladies of Empire*, Down progresses through the Crimean War, the American Civil War, and establishment of the United States' Sanitary Commission to examine the exclusion of racial and gender minorities in medical narratives. Chapter seven represents the deepest articulation of black feminist critique in examining vaccination efforts in the American South, and the final chapter critiques the narratives surrounding the cholera pandemic (1865-1866) and the inflammatory role of physician observers. While each case is an excellent overview, the length limits of individual chapters unfortunately prevent a deep dive into any single study; yet chapters seven and eight stand out as particularly effective critiques.

Downs' ability to narratively seat readers in the context of each chapter is incredibly effective and admirable. The narrativization of history, which is undoubtedly lacked in the sterile primary sources from which the author draws from certainly brings readers closer into the source material and heightens the emotionality of the content, as well as enhances that reader's connection to events long past. This serves the double function of 'desterilizing' old records, as well as making the content more engaging for high school and university readers. The brutal and sometimes shocking descriptions of historical events (for example, the would-be abducted man who determined he would rather commit suicide than be sold into slavery introduced within the first two pages of the text (1-2); or the mass deaths of British soldiers in Calcutta, of whom only 23 of 146 survived (9-11) impress upon the reader that the knowledge we have from medical developments — the 'things we know'— are in fact the result of real lived tragedies and deaths. Readers gain a keen appreciation for the fact that each piece of knowledge comes from a real experience.

Reading and reviewing *Maladies of Empire* during the time of an epidemic was particularly insightful, and potentially more valuable for the reviewer because of the way

its contents prompted tremendous discomfort about contemporary narratives that they (an American in America) heard day after day—progressively more so, as the pandemic continued—in political discourse. These narratives suggested the need to “overcome fear” about the coronavirus, even knowing that a “return to normalcy” would result in deaths (disproportionately so for disabled and BIPOC – Black, indigenous, and other people of color - individuals), but this being considered okay, because those dying are “less alive” (a frightening callback to eugenics language).

In its entirety, *Maladies of Empire* is an impactful and innovative effort by the author to apply techniques used in critical race and ethnicity, colonial history, and black feminist critical theory to re-center historical medical narratives. Down’s argument that the origins of epidemiology can be found earlier than oft-referenced—embedded in British and American imperialism and war—is a thought-prompting foundation that will hopefully stir new conversations in the methodology and theory of medical history and narrative-forming.

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