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ROHAN DEB ROY. *Malarial Subjects: Empire, Medicine and Nonhumans in British India, 1820–1909.*

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Rohan Deb Roy's *Malarial Subjects: Empire, Medicine and Nonhumans in British India, 1820–1909*, is an excellent book that covers the early history of malaria in British India, explaining how quinine became its chief remedy. While many historians of medicine have focused on physicians, pharmacists, and patients, Roy unveils a deeper history of how malaria was framed as a disease culturally, socially, politically, and environmentally. Inspired by the French philosopher Bruno Latour, Roy lays out the ways in which the disease was construed within a network of human and nonhuman agencies. It's a story of how trees, insects, people, physical structures, and land cause malaria to come about. His story covers, roughly, the period from the discovery of quinine in 1820 to the first Imperial Malaria Conference in 1909.

Historians of malaria commonly focus on events leading up to the scientific discovery of the malaria parasite in 1880. The subsequent medical findings in the late 1890s on how mosquitoes transmit these parasites are also widely discussed in the historiography of malaria, including the remedies for malaria and how these were distributed. Roy is telling a different story. He does not undermine the achievements of the scientists or the reality of malaria, but instead he seeks to uncover the processes through which malaria came about as a disease. In doing so, Roy turns to the cultural, political, and environmental ways in which malaria was consolidated as an object of scientific knowledge. Drawing upon constructivist historiography of science, he analyzes how malaria, as a social construction, was produced and maintained by scientists associated with British India.

Central to his argument is quinine. This medical remedy was discovered in 1820, and medical personnel, imperial bureaucrats, as well as laypeople believed it to be a remedy capable of curing much more than malaria. Quinine became a medical wonder. Roy shows how cinchona plants, the quinine drug, mosquitoes, and objects associated with malaria deepened the biopolitical foundation of British India. In telling this history he goes beyond a human- and scientist-centered history by placing nonhuman agency at the core.

The cinchona plant from which quinine is developed became an object of circulation and commoditization. It was construed as a feminine plant, which required careful handling by imperial white men. It was no easy task building plantations for cinchona plants, as they required suitable spots and careful handling, trenching, planting, carrying, shedding, enclosing, discarding, and replacing. Roy argues that the commodification of cinchonas was founded on assertions about their physicality as sensible, delicate, feminine, exotic, and fragile beings. The "othering" of the plant that enabled quinine made the medicine into a wonder capable of physical and social control, a quick fix to complex social problems, and a vehicle of imperial political control. Thus, malaria became not only a diagnostic category but also an object of colonial governance.

In British India, malaria was a fluid category interconnected with places, processes, objects, and careers. "Malaria could be invoked to explain not only a variety of debilities like fevers, impotency or idiocy, but also moral and racial degenerations, ugliness and the general absence of public order," Roy explains (81). Malaria also represented a particular colonial problem—an embarrassing past, which the more civilized England had left behind in its historical trajectory. While malaria was a huge problem in Bengal, England was completely free of it. Malaria thus legitimized different types of government interventions, such as improving the Bengalese landscape, and quinine enabled the collection of revenues from colonial exploitation.

Using quinine as a lens, Roy tells a history of British India. The medicine reinforced the empire. It became an essential component of imperial economic botany, and it was a tool for empowering the empire. It was part of anyone's travel kit, a quick-fix for diagnosis, and also an amorphous powder enabling lust among British men for South Asian women. Roy follows the custodians of quinine and argues that they built their authority on it through medical manufacture, the marketplace, and the political economy of quinine. Quinine was an exclusive drug; its

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This book represents about ten years of work, beginning its life as a doctoral thesis and being subsequently sustained by three separate postdoctoral positions. As a result, it is unusually well researched with more than 1,300 footnotes. The style of writing is somewhat dense, with interesting arguments supported by a mountain of evidence drawn mostly from scientific publications, bureaucratic records, and private papers. The fact that Roy has included Bengali sources in his discussion provides novel perspectives and nuance.

The strength of this book lies in its rich empirical research and in its uncovering of material that few historians have looked at. *Malarial Subjects* will surely be the standard-bearer for historians of early malaria in British India.

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