*Secret Cures of Slaves: People, Plants, and Medicine in the Eighteenth-Century Atlantic World*. By Londa Schiebinger. Stanford, CA: Stanford University Press, 2017. Figures. Notes. Bibliography. Index. xiii, 234 pp. Paper, $24.95.

The title *Secret Cures of Slaves* is somewhat ambiguous: Is the book dealing with cures that slaves themselves practiced, or with the treatments that were applied to them?**{Au: Chicago Style prefers introducing gramatically complete direct questions with a colon (CMOS 6.65), and I revised to emphasize the two elements and to clarify the antecedent, though let me know if youy disagree with either.}** In fact it is dealing with both, though the emphasis is clearly on the latter, focusing on scientific experiments conducted by French and British physicians in the West Indies in the late eighteenth century.**{Au: I suggested these revisions for clearer continuity from the previous sentence and antecedent ambiguity; just let me know if you disagree.}** Londa Schiebinger is well known for her scholarly publications in this field, and a number of the chapters draw on these. Four of the book’s five chapters discuss the particular experiments that were conducted and address the questions about the origins of remedies, how human subjects were chosen, and how bodies were differentiated in terms of race, gender, and age.**{Au: I suggested this for clearer clause connection; just let me know if this distorts the meaning.}** Schiebinger acknowledges that experimentation was not new but argues that the practices that developed in Europe in the eighteenth century were procedurally different.**{Au: I suggested this as a clearer verb, though let me know if this distorts the meaning.}** This helps to define the focus of the book but might be challenged by some as Eurocentric, especially by those working on other periods and regions.

*Secret Cures of Slaves* challenges a number of preconceived ideas about the treatments applied to slaves. Schiebinger argues that despite the absence of regulated research ethics at the time, medical practitioners generally adhered to the Hippocratic oath of “To help, or at least do no harm.”**{Au: This is how I generally found the oath (including Schiebinger); just let me know if incorrect.}** In Europe experiments were generally conducted on soldiers, sailors, prisoners, orphans, or those in charitable institutions. Plantations in the New World housed similar captive and subordinate populations and might thus be deemed suitable for conducting tests. However, as Schiebinger argues, the unbridled employment of slaves in experiments was constrained because slaves were regarded by plantation owners as valuable property.**{Au: I suggested this revision to avoid any initial antecedent ambiguity; just let me know if you prefer the original.}** Nevertheless, she acknowledges that some physicians did undertake experiments that were driven by science and showed little care for patients’ lives.**{Au: I suggested this as slightly clearer, though let me know if you prefer the original.}** Such were John Quier’s experiments with smallpox inoculation on plantation slaves, which included pregnant and nursing women, and James Thomson’s inoculation of slave children for yaws.**{Au: This is how I found the figure’s name in Schiebinger; just let me know if incorrect. The other revisions were suggested for enhanced clarity; just let me know if you prefer the original.}**

It is important to note that experiments were conducted not only on slaves but also on sailors and soldiers, who also suffered high mortality.**{Au: I revised for parallel and clearer clause connection.}** Since the aim of physicians at the time was to find universal remedies, human bodies were regarded as interchangeable; racial distinctions were not made, and experiments, whether on sailors or slaves, were seen as equally valuable in assessing the general applicability of treatments. As Schiebinger argues in chapter 1, James Thomson investigated the physiological basis of black skin, and Colin Chisholm analyzed differences in body temperature, but their concern was not with race per se, as was the case in the nineteenth century, but rather with climatic and geographical influences that could affect the adaptation of slaves to the plantation environment.**{Au: I am following the text on the name spellings; just let me know if incorrect.}** Slaves were worthy of study not because they were racially different but because they were essential to the colonial economy; Amerindians, who were small in number and marginal as a workforce, were not included in experiments.**{Au: I revised for tense consistency.}**

Despite the focus on European physicians, Schiebinger exposes the high level of circulation of medical knowledge in the Caribbean that drew on several traditions—African, Amerindian, and European. In chapter 2, she shows how A. J. Alexander experimented with a cure for yaws developed by an African living on one of his estates in Grenada but suggests that this cure may have been adopted first by the French from Amerindians and subsequently diffused to slave doctors.**{Au: I suggested this to avoid any possible antecedent ambiguity; just let me know if you prefer the original.}** Yet, as she rightly points out, there were obstacles to the transfer of knowledge: the decimation of the Amerindian population, the diversity of cultural-linguistic groups from which slaves were drawn, and fear and prejudice of practices, such as Obeah, that remained secret to Africans all limited the potential contribution of non-European groups to medical knowledge.**{Au: I suggested these revisions to avoid repetition.}** Several authors have begun to reveal this, notably Pablo Gómez in his excellent and effectively complementary monograph *The Experiential Caribbean: Creating Knowledge and Healing in the Early Modern Atlantic* (2017).

*Secret Cures of Slaves* is a scholarly, well-illustrated monograph that draws on archival as well as printed sources. It makes a valuable contribution to knowledge of the history of medicine in the British and French West Indies and reveals its links across the Atlantic. It will be of particular interest to scholars of the history of science and medicine, colonialism, and slavery, though it will probably be appreciated best by those with some knowledge of the changing character of science and medicine at the time, a fuller discussion of which would have helped those less versed in the field. The book makes some interesting comparisons between medical practices in the British and French West Indies, but given that the Caribbean was fringed by Spanish possessions, it is curious that medicine in Spain and Spanish America is absent from the discussion, both in terms of the circulation of knowledge and the nature of experimentation. What knowledge, for example, did medical practitioners in the Caribbean have of the science that underpinned the three-year (1803–6) inoculation program conducted by Francisco Javier de Balmis in Spanish America and the Philippines? The book raises some interesting questions and avenues for future research, all of which argue for placing medical practice in the Caribbean in a broader cultural and geographical context.

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