GENERAL EDITOR'S INTRODUCTION

It has long been recognised that it is no longer possible to treat the development of so-called western medicine in some purely progressivist manner. Medical knowledge and the search for new botanical therapeutics were closely bound up with aspects of imperial and colonial history from the seventeenth century onwards. It therefore becomes impossible to separate medical 'discoveries' from the fundamental characteristics of the power relations of Europe and the rest of the world in the centuries that constitute the emergence of the modern world and the march of globalisation. Commerce and trading relations (with their attendant shipping interests), military and naval power, the establishment of administrative authority and the social and economic characteristics of imperial urbanisation (notably in port cities), the emergence of missionary activity and the spread of western-style education, exploration and intellectual activity, surveying, mapping and the provision of infrastructures were ultimately dependent on the health of both Europeans and indigenous peoples involved in all of these. And as Pratik Chakrabarti shows, medical ideas and treatments were no 'add-on' luxury. They constituted the very basis of the pursuit of power and wealth, for the survival of individuals saved money, reduced fiscal burdens, and ensured continuity in the establishment of authority.

This is neatly illustrated in the trading ships, the East Indiamen of the East India Company, that constituted the sinews of commerce and therefore of wealth and power in the relationship between Britain and India in the seventeenth and eighteenth centuries. This fleet grew dramatically, particularly in the latter century, with 87 ships in the fleet by 1771. Each ship carried a surgeon and a surgeon's mate. They were clearly charged with maintaining the health of the crew and the passengers, the 'writers' and more senior figures heading for Company service in the East, the military despatched to protect them, not to mention those who supervised the valuable cargoes of both exports and imports. But these surgeons were also permitted to trade. They were unable to make the great fortunes that the commanders of the vessels could acquire, even at the end of one successful voyage, but still they could considerably enhance their incomes by this method. Thus, they personally profited from the 'health' of the vessel, in all its aspects, and its trade.

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There are other relevant connections. Many of these surgeons came from, or were educated in, Scotland. The Scottish medical schools were heavily dependent on that of Leiden in the Netherlands and their training was strongly based on botanical approaches. This reflects the extent to which these phenomena were international as much as national, as well as the manner in which materials and materialism were indeed inter-connected. Moreover, as Chakrabarti demonstrates, many Company surgeons, whether in the shipping interest or in the 'factories' and 'stations' in India, were intrigued by and willing to learn from indigenous knowledge. While these effects were particularly apparent in the Indian case, they were equally a significant factor in European trading relationships with the Americas, with the Caribbean and, later, with other parts of the world. There was, in other words, a long 'back story' to the celebrated development of quinine as a malaria prophylactic, not to mention its cultivation of the South American cinchona tree from which it was derived in the Nilgiri hills of India in the nineteenth century. The examination of local pharmacopeias continued as a central aspect of the imperial search for health that would facilitate cultivation, trade, and wealth formation.

Pratik Chakrabarti has brought out all these connections – using examples drawn from both India and the Caribbean – more clearly than in any previous work. In doing so, he has exposed significant characteristics of imperial extension and dispossession in its commercial phase. He shows that European medical practitioners of the time were not operating in the context of societies either bereft of knowledge in these fields or lacking the vitality to operate their own therapeutic methods. 'Western' medicine was heavily influenced by these inter-cultural exchanges. He has also demonstrated the manner in which the origins of globalisation, as reflected in the integration of medicine into all other aspects of imperial power across the world, lie further back than the era where they are often identified.

John M. MacKenzie