The Culture of the Seven Years' War

Empire, Identity, and the Arts in the Eighteenth-Century Atlantic World

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Contents

Illustrations vii
Acknowledgments ix

Introduction 3
SHAUN REGAN AND FRANS DE BRUYN

I The Experience of Empire in the Seven Years’ War

1 From Vernon to Wolfe: Empire and Identity in the British Atlantic World of the Mid-Eighteenth Century 25
NICHOLAS ROGERS

2 1759 – Year of Decision? 53
FRED ANDERSON

3 Colonial Disease, Translation, and Enlightenment: Franco-British Medicine and the Seven Years’ War 69
ERICA CHARTERS

4 “Under His Majesty’s Protection”: The Meaning of the Conquest for the Aboriginal Peoples of Canada 91
ALAIN BEAULIEU

II Imagining Conflict: Literature and the War

5 Paper Wars: Literature and/as Conflict during the Seven Years’ War 119
THOMAS KEYMER
3 Colonial Disease, Translation, and Enlightenment: Franco-British Medicine and the Seven Years’ War

ERICA CHARTERS

European medicine in the eighteenth century was notable for its focus on the health of the general population. No longer content with the regulation of medical practice, physicians and surgeons turned their attention to improving the health of the entire population, having faith in their ability to reform systems and institutions, and often linking medicine and health to Enlightenment ideals and political reforms. Historians have demonstrated the central role of military medicine in these developments. More particularly, recent historical research has traced how naval and military institutions contributed to the development of modern, clinical medicine. With large groups of men under naval and military command, and with foreign environments encouraging experimentation and empirical techniques, eighteenth-century warfare was central to the changing nature of European medical practice. Because of its unprecedented scope, the Seven Years’ War was particularly instrumental in shaping medicine during this period; the global dimension of the war proved fundamental to the development of colonial medicine, with its category of “hot” or tropical climates contrasting with that of European temperate climates.

The Seven Years’ War also provides an opportunity to demonstrate how eighteenth-century British and French medicine converged. Historians usually emphasize cross-Channel differences, contrasting royal and centralized French structures of knowledge with the informal nature of British science, independent of state control. Yet medicine in the French and British armed forces was strikingly similar. Moreover, medical theories relating to the experience of war and colonial expansion were exchanged, discussed, and shared across national boundaries. Rather than presenting war as a problem that disrupted a pan-European
republic of letters, these circumstances suggest that warfare was an integral part of, even a crucible of, Enlightenment networks of knowledge. Franco-British medicine during the war shows how Enlightenment cosmopolitanism coexisted with military patriotism and national rivalry. In this essay I provide a survey of the impact of the Seven Years' War on French and British medicine. Whereas traditional studies examine medical developments separately in each nation, a detailed analysis of the transmission and reception of military medical texts shows that French and British military medical practitioners shared information and resources. I begin with an overview of French and British medicine in the army and navy during the middle of the eighteenth century before turning to translations of some key medical texts of the Seven Years' War, with a particular focus on the seminal text on colonial medicine, James Lind's An Essay on Diseases Incidental to Europeans in Hot Climates (1768). Such translations demonstrate that war was not an obstacle to the diffusion of Enlightenment knowledge but was an engine of it, stimulating cross-Channel intellectual and scientific exchange. I conclude with some reflections on how the experience of colonial warfare and national rivalries influenced Enlightenment practices and ideas. The war not only shaped the evolution of European medicine, but also contributed to developing notions of European identity and difference.

Medicine and War

For contemporaries, as for historians, the Seven Years' War was notable because of its scope. For the British and the French, the two belligerents who fought each other continuously throughout the war and across all theatres, the war recruited more men than ever before, with many of them serving overseas. With theatres of conflict in such far-flung places as the Caribbean islands, the west coast of Africa, the Indian subcontinent, North America, and continental Europe, the war sent thousands of European troops abroad to such lands as India, where previously only a few hundred had gone. As a result, the Seven Years' War provided Europeans with a novel experience of colonial warfare.

The war soon demonstrated to imperial and military administrators the significant role of disease in war. When British troops arrived in French-held Martinique and Guadeloupe in January 1759, it took only two months for almost half of the five thousand troops — including their commander, General Hopson — to fall ill or die from sickness. Similarly,
it took only three months for the British garrison in Quebec to be decimated by disease during the autumn of 1759. In September, following the famous battle on the Plains of Abraham, the British occupied the city with seven thousand soldiers; by December, only four thousand soldiers were fit for duty, the remaining three thousand sick or dead from scurvy. In India, during the rainy season, European regiments – French and British alike – regularly suffered sickness rates reaching 50 to 60 per cent. Until the twentieth century, disease always killed and immobilized far more men than did combat. This was long recognized by military leaders; as the French military officer the marquis de Bussy recorded in India, the climate and the unhealthy season were “the biggest enemy that we have to fight.”

High rates of disease were a physical demonstration of logistical and disciplinary weaknesses. They were not only a common cause of military failure and surrender but also had long-term repercussions, such as troop disaffection on campaign and public relations problems for governments at home. In colonial environments, where officials depended on local cooperation for recruitment, where logistical capabilities were strained, and where new environments gave rise to foreign illnesses, disease was a formidable challenge for military and medical officials. They did not simply accept high rates of morbidity and mortality but worked to prevent and attenuate the consequences of such problems. Keeping European troops healthy was thus a crucial part of military strategy and logistics throughout the war, as well as a vital national concern that engaged both military and civilian authorities.

Britain and France alike maintained extensive medical systems as part of their respective armed forces. Each had surgeons attached to land regiments and naval vessels, along with permanent onshore establishments in the form of hospitals. France’s network of military medicine during the mid-eighteenth century drew upon a sophisticated state bureaucracy of both the armed forces and civilian medicine. Permanent onshore naval medical establishments dated to the seventeenth century, and by the middle of the eighteenth century these were complemented by medical schools. The French army, with large numbers of men maintained throughout the country even during peacetime, had an extensive hospital system in terms of numbers and geographical dispersion. Medicine was also part of French colonial structures: as historians of eighteenth-century French science and medicine have demonstrated, “from the time of Louis XIV, the royal administration created and supported an elaborate scientific and technical
infrastructure that was not merely tapped on occasion to aid colonization, but which quickly became integral to the process. The French state thus employed an extensive medical bureaucracy that was central to colonial and military operations.

In contrast to the French, British military medical structures during this period have been characterized as ad hoc. Yet despite their smaller bureaucracy, British military and naval medical services were comparable with French services in terms of efficiency and range. The Royal Navy was notable in that it supported an extensive medical administration, similar in scope to the French. The naval medical board (called the Sick and Hurt Board) became permanent in the course of the Seven Years' War, and it was during this period that large-scale naval hospitals, such as Royal Haslar near Portsmouth, which held one thousand beds initially, were built. Moreover, medical service in the British Army and the Royal Navy was a desirable career route for ambitious and educated – albeit poor and unconnected – men, and British colonial expansion provided additional and lucrative opportunities for gaining medical experience and advancement. In Britain, military medical practitioners were also well-respected: the military physician Sir John Pringle, for example, served as president of the Royal Society from 1772 to 1778.

Important as medicine was to colonial and military development in both Britain and France, eighteenth-century European medical practitioners were also increasingly interested in the health of general populations. Indeed, medicine was considered central to Enlightenment ideas of progress, a practical method of achieving widespread social improvement. This is evinced in various eighteenth-century innovations that focused on the health of the general population, such as the establishment of new hospitals, the expansion of existing ones, and their development as secular centres of medicine. It is likewise evident in attempts to quantify and increase the size of populations and make urban environments more salubrious. Moreover, medical theorists became increasingly interested in medicine for common people, as demonstrated in the growth of self-help medical texts and a focus on environmental causes of disease – such as the air and climate – rather than personal characteristics. In turning away from individual patient narratives, concentrating instead on the general characteristics of disease as displayed in a large number of patient cases, eighteenth-century European medicine was developing traits that are associated with modern, clinical medicine.

"The birth of the clinic" (in Michel Foucault's famous phrase) is traditionally tied to late eighteenth- and early nineteenth-century France and is characterized by a new emphasis on the examination of medical phenomena, particularly those related to the body's interior, and a shift away from the treatment of individual patients to the study of larger populations. This was accompanied by the development of new medical institutions, such as hospitals and clinics, which were designed to treat a wide range of diseases and conditions.

Despite these differences between France and Britain, both countries saw significant developments in military medicine during the eighteenth century. In France, the establishment of the Sick and Hurt Board and the formation of large-scale naval hospitals marked a significant departure from previous medical practices. In Britain, the growth of military medical services and the development of new medical institutions demonstrated a similar commitment to the health of the armed forces.

These histories of military medicine in France and Britain provide valuable insights into the ways in which medical knowledge and practice were shaped by political and social contexts. They illustrate the complex interplay between military needs, scientific advancement, and the broader goals of society, and highlight the ways in which military medicine has been an important force in the development of modern medicine.
and is characterized by its emphasis on hospitals as places for both research (particularly pathological anatomy) and teaching, and by a concomitant rise in the status of medical practitioners. Yet in their examination of military and colonial medicine during the mid- and late eighteenth century, medical historians have demonstrated that such developments were initiated earlier and along the margins of Europe, products of the unique medical environments of the colonies and the armed forces in the eighteenth century. Colonial and military medical practitioners streamlined patient notes, routinized trials, and implemented experimental practices such as dissection. As historians of science and medicine have long recognized, colonialism was a spur to, and an opportunity for, empirical practices and experimentation more broadly. With colonial environments giving rise to what Europeans considered new diseases and new drugs, medical practitioners experimented with novel medicines and were forced to rely on their own sense experiences in order to evaluate efficacy, rather than traditional textual forms of authority. Medicine in the armed forces was thus both influential and innovative, encouraging developments that reached the general populations of Britain and France in the eighteenth century, and stimulating widespread reforms. Contemporaries were aware of this — a review of a 1760s medical treatise on observations in French military hospitals declared that this was a project that would help to found a great structure, a "national medicine."12

These histories point to underlying similarities between British and French medicine. This is significant, given that historians most often point to the contrasting structure of medicine in each country and emphasize differences. Like medicine in the army and navy, French civilian medicine of the eighteenth and nineteenth centuries has been described as fundamentally formed through the bureaucratic structures of the French state: the enormous Paris hospitals, for example, are considered emblematic of state power and control.13 By contrast, historians have stressed the private — non-state, voluntary, and informal — nature of civilian medicine in eighteenth-century Britain. The work of Roy Porter on the eighteenth-century medical world of England has encouraged scholars to see little of the state in British eighteenth-century medical science. Even historians who challenge and refine Porter's approach tend to focus on the role of the marketplace and charitable hospitals, rather than state institutions, in eighteenth-century British medicine.14 Studies of medicine in the British armed forces, by contrast, highlight the role of the British state in medical developments, allowing historians...
to trace government expenditure and networks that allowed medical science to flourish in eighteenth-century Britain.

Translation and War

Although the history of medicine in the armed forces brings out underlying similarities between Britain and France during this period, these have not been studied as points of convergence. Medical developments in the British Army and the Royal Navy resembling those in French medicine are viewed as competing runners in a race, rather than teammates. Likewise, histories of eighteenth-century Europe as a cosmopolitan republic of letters consider wars as interruptions and obstacles, events that forced scholars to retreat into their national rivalries. As a result, there remains a gulf between military histories of eighteenth-century Europe and intellectual histories of the same period. This interdisciplinary consensus on Europe clashes with a more integrated view of war and scientific exchange beyond Europe’s shores: while much work has been done on knowledge exchange between Europeans and non-Europeans, even in times of war, there are few studies that examine wars as opportunities for intra-European knowledge sharing and learning. A detailed examination of military medicine therefore provides an opportunity to see where military and intellectual history merge during this period and how scientific enquiry and the experience of war influenced each other. The correspondence between French and British military colonial medicine is demonstrated in the translation and reception of key texts of the Seven Years’ War. The translations show that the experience of war provided a point of convergence and was a site for European knowledge exchange among military and medical officers.

As historians of intellectual culture during the eighteenth century have long recognized, European men of letters worked within structures that were national, yet also transcended such national boundaries. The two central scientific societies in Britain and France during the eighteenth century, the Royal Society in London and the Académie royale des sciences in Paris, had various foreign members, and the official publications of each society circulated beyond domestic circles, even undergoing translation for wider dissemination. Moreover, individual members corresponded beyond their homelands and, particularly in the case of British gentlemen, travelled to the Continent as part of their education. Beyond the official publications of the two national science societies, which featured notices and reports by practitioners across the Channel, provinces also generated their own knowledge exchange. British and French learned societies, such as the Royal Society and the French Academy of Sciences, created networks that facilitated the exchange of ideas and information. These societies were not only a means of disseminating knowledge but also a forum for the exchange of personal contacts and information. As a result, the history of medicine in the armed forces during the Seven Years’ War provides a valuable case study of the role of translation and exchange in the development of scientific understanding.
across the Channel, a burgeoning number of medical periodicals in the provinces also included notices and reviews of texts published by both British and French practitioners. In the seventeenth century there were only six medical periodicals in England and France, but over the next century their number grew to twenty-six in Britain and fifty in France.¹⁹

Among learned British men knowledge of French could be assumed, as French was at the top of the hierarchy of vernacular languages in Europe during the eighteenth century, often replacing Latin as the lingua franca among the educated elite. In the Royal Society’s Philosophical Transactions, therefore, reports were often published in their original French.¹⁹ Moreover, untranslated French texts were common in the libraries of British gentlemen throughout the eighteenth century: a key eighteenth-century French text on medicine in the army, Dezon’s Lettres sur les principales maladies qui ont régné dans les hôpitaux de l’armée (never translated into English), appears in the private libraries of at least three British clergymen. It was cited by Donald Monro, physician to the British military hospitals in Germany, during the Seven Years’ War.²⁰

French medical practitioners also demonstrated their knowledge of English-only texts: Richard Brocklesby, for example, who wrote an influential medical treatise gleaned from his experience with the army during the Seven Years’ War, never had his work translated into French. This book was nevertheless listed in French review periodicals and cited by various French medical practitioners, one French physician even listing Brocklesby among a number of known medical writers before citing “numerous others, whose names are less familiar.”²¹ Yet overall – and more so than in the case of the transmission of French texts – English works reached readers in France through their translation into French, following the course of Enlightenment texts in general.

The key authors of British military medicine during the period of the Seven Years’ War, apart from Richard Brocklesby, were translated into French. The naval surgeon and physician James Lind’s Treatise on the Scurvy (1753) appeared in French in 1756, and his Essay on the Health of Seamen (1757) appeared in French in 1758 – both within three years of their initial publication in English. Lind’s papers on fever and infection were also translated into French and published in 1780, and his An Essay on Diseases Incidental to Europeans in Hot Climates (1768) was published in French in 1785. The military physician Donald Monro’s Account of the Diseases Which Are the Most Frequent in the British Military Hospitals in Germany (1764), based on his experience of the Seven Years’ War, appeared in French as Médecine d’armée in 1769. Similarly, John
Pringle’s *Observations on the Diseases of the Army* (1752) was published in French right at the opening of the Seven Years’ War and was followed by a second French edition in 1771.

Although little is known in general about eighteenth-century translators and their motivations, it is notable that the translators of these works were scholars in similar fields. Achille Guillaume de Bégue de Presle, who translated Monro’s work, also translated other English medical texts and published his own writings on health for the general population with a focus on environmentalism. Bégue de Presle was no lowly practitioner but a prominent and influential expert in his field, serving as Royal Censor and physician of the Paris medical faculty. The Abbé G. Mazéas, who translated Lind’s treatise on the health of seamen, also translated other English medical works and was a frequent contributor to the *Philosophical Transactions* on a variety of scientific matters. The translators of Lind’s treatise on scurvy were both part of France’s military and naval medical community: Jacques Savary was a naval surgeon stationed at Brest, and Thomas Carrère was physician to the military and royal hospital in Perpignan. Similarly, C.-E. Thion de la Chaume, who translated Lind’s *An Essay on Diseases Incidental to Europeans in Hot Climates*, had served as physician in the French army at stations abroad, albeit in less foreign (and less humid, though still hot) locations such as Corsica and Monaco. The one exception is the translator of Pringle’s *Observations on the Diseases of the Army*, Pierre-Henry Larcher, who was better known for his French translation of Herodotus: he translated Pringle during a period of productive Anglicophilia, during which he also translated many of Alexander Pope’s writings. Larcher’s case demonstrates the role that translation played in professional prestige: unlike the medical practitioner translators, Larcher’s translations remained anonymous, with his name not appearing on the first or subsequent French-language editions of Pringle.

Historians of publishing have likened eighteenth-century translation to piracy. They point out that few original authors would have known about translations of their treatises, let alone given prior approval or received financial reward. As historian Avi S. Litschitz remarks, in continental Europe during this period “piracy was the rule rather than the exception – especially considering translations. In most cases there was no contact whatsoever between authors and their translators.” Yet this was not the case for military medicine, which suggests that these French and British practitioners worked within a networked community. In the translator’s preface to Pringle’s second French edition of *Observations on
the Diseases of the Army, Larcher notes that he gained access to the original English text directly from Pringle himself, as Pringle sent him pages as soon as they were printed. Even more extraordinarily, this 1771 French edition was based on the seventh English edition of Pringle’s work, which was not published in England until 1774: a French audience thus gained access to Pringle’s revisions three years before English readers did. Although written in order to help win wars, military medical writings were enthusiastically shared across the Channel.

Historians of Enlightenment translation generally focus on the transmission of literature and emphasize the creative nature of translation. Rather than a focus on the original text, which characterizes present-day translation, eighteenth-century translations were concerned with the audience of the text, changing the source text during translation and transforming it into something new to aid its dissemination among its new readership. Indeed, the literary scholar Mary Helen McMurran describes eighteenth-century translation between English and French as more akin to “domestication” than translation, and scholars have noted that French translations were characterized by an aesthetic of “les belles infidèles,” beautiful but unfaithful to the text. In its review of the French translation of Monro’s Account of the Diseases, the periodical Journal des Sçavans praised it for having “better achieved its objective” as the translator had added extensive notes to Monro’s original text.

In general, however, works on medicine in the army and navy did not conform to this trend. The French translation of one of the key texts from the Seven Years’ War, Lind’s An Essay on Diseases Incidental to Europeans in Hot Climates, is characterized by careful fidelity to the English original. Thion de la Chaume makes no alterations to Lind’s text, confining himself to the occasional footnote that either further explains points made by Lind or reinforces them with examples from his own experience during military campaigns. This suggests two things. First, the text was a practical work and therefore accuracy of translation was paramount over a creative transformation into a new version. Second, French medicine was so similar to British medicine that a direct translation would be widely understood. Indeed, the translator’s preface reiterates Lind’s point that his Essay was a practical text for those sent out to overseas colonies and, as such, particularly useful, since few practitioners had experience of medical practice in these foreign environments – a situation strikingly similar to that in British medical circles. Thion de la Chaume praises Lind much as he was lauded in Britain, for writing clearly and comprehensively on foreign diseases and for
basing his conclusions on observations and experience, and not simply on an abstract, theoretical system. Thion de la Chaume's approval of Lind's approach was reinforced by the registrar of the French Royal Society of Medicine, who cited Lind's work as highly enlightened, instructive, and practical.27

As his practical advice reveals, Lind is optimistic about the ability of Europeans to adapt to new, hotter climates. Throughout this foundational text of colonial medicine, based on observations made during the Seven Years' War, Lind points out that it is within the power of officials — medical, military, and political — to make decisions that will ensure the health of men under their command. Key among these is the location of settlements, with a preference for dry, healthy environments that could be found even in such places as Guinea, which most observers considered mortal for Europeans. Lind stresses that these environments are in many ways simply extreme versions of what can be found in Europe, but he also notes that overseas environments could be different in kind. As a result, practitioners needed to be aware of the difference in localities, and thus have experience of these new climates: simply applying what eminent physicians, such as Thomas Sydenham, had adduced from their experience in London, for example, would do more harm than good.28

Lind recommends careful seasoning (the gradual acclimatization of one's body to the new environment, including regime, climate, and diet) and advocates the abandonment of old notions, such as bleeding Europeans so that their blood could be replaced by fluid more in tune with the new environment. Such seasoning would allow Europeans to maintain their health and adapt to colonial environments. As Lind explains in one of his most famous passages, "Men who thus exchange their native for a distant Climate, may be considered as affected in a manner somewhat analogous to plants removed into a foreign soil; where the utmost care and attention are required, to keep them in health, and to inure them to their new situation; since, thus transplanted, some change must happen in the constitutions of both."29

The key French texts on colonial medicine parallel Lind's view of disease and medicine. In the mid-eighteenth century, Antoine Poissonnier-Derperières's writings on the French colony of Saint-Domingue were most widely known. Poissonnier-Derperières had been the royal physician at Saint-Domingue from 1748 to 1751, thereafter becoming the deputy administrator for medicine in the navy and the colonies. His older brother was Pierre-Isaac Poissonnier, a foreign member of the London
Royal Society and, from 1763, inspector of French naval hospitals and director general of medicine, pharmacy, and botany in the colonies; James McClellan describes the two brothers as a powerful “diurnvirate” responsible for French naval and colonial medicine. Poissonnier-Desperrières’s *Traité des fièvres de l’île de S. Domingue* was published first in 1763 and again in 1766 and 1780. His work demonstrates the French physician’s awareness of British medical writings, as well as the underlying convergence of British and French medicine. Poissonnier-Desperrières refers liberally to British military medical texts in his published treatises, particularly those of Lind and Pringle, while Lind repaid the favour, citing Poissonnier-Desperrières’s treatise on fevers in the West Indies. In *Traité des fièvres de l’île de S. Domingue*, Poissonnier-Desperrières notes that “man is a flexible animal, who can adapt himself to all climates” as long as he follows a careful regime, and he even explicitly likens the body of man to a kind of plant. Poissonnier-Desperrières also shared with Lind the view that diseases among Europeans in hot climates were to be understood by means of a theory of putrefaction. Thus, he recommends the same remedies as the British naval physician: a firm regime of moderation and self-discipline, as well as vinegar, vegetables, and acidic fruits (which Lind termed “antiseptics”).

Throughout the Essay, Lind cites reports, letters, and unpublished or soon-to-be-published information from military and medical military men stationed throughout the global theatres of Franco-British war, which demonstrates that his treatise was based on a wide network of medical observers. This was an informal network in that most of the information was unpublished, but it was also formal in that it was embedded within the British Army and the Royal Navy. Lind even notes cases in which his recommendations had been tested among the forces, and he cites officers’ letters in support of his views. Thion de la Chaume, in his role as translator, provides supplemental evidence from the French army stationed abroad, adding to the weight of Lind’s authority through footnotes carefully marked “F” for translator. Significantly, Thion de la Chaume also adds in further details from British sources, including published texts on medicine in the English East India Company and the work of an English physician stationed in India. This is not entirely surprising; the context of colonial war would have given numerous opportunities for each side to share information informally. When the British official Byam Crump found his surgeons inexperienced in the climate of Guadeloupe during the war, he promptly hired a local French physician to direct his British military surgeons.
Unfortunately for historians, such exchanges were not often recorded. But it is clear that information was shared in various ways across national rivalries and was applicable in both national contexts. Yet these authors were aware that their texts were produced in differing national contexts. The translator of Lind’s Essay on Diseases Incidental to Europeans identified an English gift for observation and insight that had enabled Britain to surpass other nations in its writings on foreign diseases.\(^5\) He was not alone in this view. In the 1790 volume of the Encyclopédie méthodique on medicine, published under the direction of Vicq d’Azyne, the entry on military hospitals and medicine cites works by British authors as having established the field, particularly those by Pringle, Monro, and Brocklesby; and in the area of naval medicine, again, the authors of the encyclopedia note that “English physicians had extensively researched diseases of seamen ... Most are written in English, and those who do not know this language are lacking the precious information contained therein.” The encyclopedia accordingly recommends the various French translations available at the time.\(^6\) The eminent French physician Jean Colombier reiterated this view in his influential military medical treatise Code de médecine militaire, stating that the English had begun the study of military medicine with Pringle’s publications and that they had continued since then with various English practitioners such as Monro.\(^7\)

The French recognized openly that the British were more advanced in naval-related medicine; inhabiting a damp and cold island had its benefits. In their publications on naval medicine during the middle of the eighteenth century, French physicians were at pains to offer insights beyond what the British had already provided. Moreover, French publications after the Seven Years’ War, when the Royal Navy had effectively curbed French naval power, were explicit about the need to emulate British practices. In his treatise on the health of seamen, Poissonnier-Desperrières uses the superior model of the British to spur on French advances: he urges the French to copy the English example of sobriety and discipline on board ship, and he praises the British model of naval medical training, repeatedly noting the impressive achievements of British medical practitioners in the Royal Navy. However, he is eager to point out that his motive is not simply admiration for the Royal Navy; it is “as a [French] patriot, as much as a physician, that I have detailed the diverse problems I found, and the methods with which to remedy them.”\(^8\) As a 1767 review noted, Poissonnier-Desperrières’s treatise was a very useful one and particularly so at that time. What the English physicians had given their country, he wished to give to France: “preventing surely a useful work, and an expert, the science and knowledge of the context of a medical text for

Conclusion

Returning to Climates, it is clear that this text is, on material complete with a practicable example of the way that derived from accessible to a practical text for

Though it also occasionally discriminates India, Africa, and the East and a damental need for moderation and serving over the Living Straits, they will see Climate also published in the Indies, but national use a medical

Britons Wh...
"preventing the destruction of the numerous men working at sea is surely a useful labour for one's nation [Patrie]." For these medical experts, the study and dissemination of medicine in the army and navy was a patriotic act, undertaken in the context of national rivalry, even if the science itself was based on the accomplishments of national rivals. Knowledge was thus shared across the Channel, to be applied within the context of a deep-seated and heated national enmity.

Conclusion

Returning to Lind's An Essay on Diseases Incidental to Europeans in Hot Climates, it is striking how devoid of national identities and rivalries this text is, even in its original English version. Lind relied extensively on material gathered during the Seven Years' War, and the text is replete with examples of troop rates of sickness and health, as well as practicable advice gleaned from the experience gained in the field. Lind often cites names of informants and stations where his information was recorded to support his method of deductive reasoning. Yet for a work that derives from the British experience of war, Lind's treatise was accessible to all European nations: as the title makes clear, this was a medical text for Europeans, not just for the British.

Though the main focus in Lind's work is on Europeans, whites are also occasionally contrasted with blacks and mulattoes, terms used indiscriminately to specify non-Europeans and their descendants in India, Africa, or the West Indies. In medical texts of the early eighteenth century, by contrast, specific medicines for British patients - as opposed to those of the French, for example - were often suggested, and relocation to other European countries was described as dangerous to Britons' health in the same terms as Lind uses to describe the foreign climates of the East and West Indies. One's native locality, indeed, was judged fundamental to health. The military physician John Folus Lecaen advised moderation and careful attention to healthy air and diet for British men serving overseas, anticipating Lind in his declaration that "This way of Living Strangers should observe, especially in the beginning, by which they will season themselves to the Country, and be able to bear the Climate almost as well as the Natives." Lecaen, whose treatise was published in 1708, writes here about adapting not to the East or West Indies, but to the climate and diet of Spain and Portugal. Such narrowly national understandings of medicine - as reflected, for example, in a medical treatise entitled The British Physician ... for the Benefit of all Britons Who Desire Health (1716) - often impeded translation.
It is noteworthy, then, that military medical observations and theories, which had distinguished in the early eighteenth century among Europeans according to locality, evolved by the middle of the eighteenth century to consider European bodies as similar to one another but differing from populations beyond Europe’s shores. These medical theories were not inherently racial, but they were influenced by contexts that were increasingly defined through imperial and military categories of European and non-European bodies. With the largest number of European bodies yet sent beyond Europe, the physical experience of the Seven Years’ War shaped European views and practices, including the definition of what was European and what was not.

National identities and national rivalries did not disappear in these colonial contexts; yet, as the French and British military medical writings demonstrate, national differences were noticed and commented upon, even used as a spur to patriotic advances and reforms. In the broader context of foreign, colonial environments, French and British national identities dissolved into notions of European identity and European bodies. Likewise, texts written to improve the ability of British armed forces to fight against the French, or the French against the British, were easily translated into a general program of Enlightenment progress for Europeans everywhere, especially in Europe itself. Lind’s and Poissonnier-Desperrières’s focus on healthy settlements, advocating drainage and the thorough passage of air, would subsequently be applied in European urban environments, and their advice about cleanliness and discipline as means of maintaining health and order on board ships and in the colonies would also re-emerge in civilian settings closer to home, as hygiene and sanitation came to define European identity and civilization. Reframing European Enlightenment medicine to include colonial warfare reveals that scientific innovations and medical experience from the peripheries fed into metropolitan networks of knowledge and shaped public health reforms and practices. Imperial rivalry and warfare, therefore, supported the development of medical expertise in Europe’s cosmopolitan centres of learning and science.

NOTES

1 Marquis de Bussy to the comte de Lally, 15 July 1758, Service historique de la défense, Vincennes, A1 3541, fo. 24. Unless otherwise noted, all translations from French are the author’s own.
2 This case is made in full in Erica Charters, "The Caring Fiscal-Military State during the Seven Years War, 1756–63," Historical Journal 52, no. 4 (2009): 921–41.


12 *Journal des Sévans*, June 1767, 376; review of Richard de Hautesierck’s Recueil d’observations de médecine des hôpitaux militaires.


20 A Catalogue of the Libraries of the Revid. Mr Luckyn, the Revd. Mr. Boys, and of the Counsellor Boys of Essex ..., vol. 2 (London, 1757), 349; Benjamin and John White, A Catalogue of a Large and Valuable Collection of Books in all Languages ... (London, 1793), 292; John White, A Catalogue of Rare, Splendid, and Valuable Books ... Including the Entire Libraries of the Revd Harvey Spragg ... (London, 1798), 310. See also Medical Essays and Observations, Published by a Society in Edinburgh, vol. 6 (Edinburgh, 1747), 468; Donald Monroe, Observations on the Means of Preserving the Health of Soldiers, 2 vols (London, 1780), 1:183, 2:277, 322.

21 Journal de médecine, chirurgie, pharmacie, &c., vol. 48 (Paris, 1777), 166–7; Daniel Delaroche, Recherches sur la nature et le traitement de la fièvre puerpérale (Paris, 1783), 78; Bègue de Fresle, letter in Journal de médecine, chirurgie, pharmacie, &c., vol. 22 (Paris, 1765), 150.

22 For biographical information, see Archives Biographiques Françaises, series L, 77, 188–90. For his own medical theories, see his Le conservateur de la santé (Paris, 1763).


24 John Pringle, Observations on the maladies des armées, trans. [P-H. Larcher] (Paris, 1771). xi. This is not simply an empty boast on the part of Larcher; the small revisions Pringle made between the 1768 (6th) and 1774 (7th) English editions appear in the French text, such as the change in title of part III, chap. 7, section 6.

26 *Journal des Scavans*, February 1769, 122.


28 Lind, *An Essay on Diseases Incidental to Europeans in Hot Climates*, 3rd ed. (London, 1777), 76–7; *Essai sur les maladies*, vol. 1, 98. As the French translation uses Lind’s third English edition, I have also used this English edition throughout.


30 McClellan, *Colonialism and Science*, 140.


32 Lind, *Essay*, 133. On self-discipline and medicine in the French colonies, see Sean M. Quinlan, *The Great Nation in Decline: Sex, Modernity and Health Crises in Revolutionary France c. 1750–1850* (Aldershot, UK: Ashgate, 2007), chap. 3. Lind, Pringle, and other British medical writers had been advocating a theory of putrefaction for some years, so this is a case not of direct textual influence but, rather, of general similarities between British and French medical theories.


36 *Encyclopédie méthodique: Médecine*, vol. 3 (Paris, 1790), 266, 315.


42 Crignon-De Oliba, *Bibliographie*.
Colonial Disease, Translation, and Enlightenment


41 John Polus Lecaan, Advice to the Gentlemen in the Army of Her Majesty's Forces in Spain and Portugal (London, 1708), 8-9.

42 Crignon-De Oliveira, "Le rôle des périodiques," 140-5.

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