

anti-Semitism. The temptation is to see Rudolf Virchow in a-historical terms as a “progressive”. McNeely in his succinct and carefully presented account wisely cautions against this. He depicts Virchow as a liberal social scientist, and explores the medical reform movement, the issue of canalization of Berlin, and Virchow as a parliamentarian. We see Virchow intent on emancipating medicine from an increasingly complex state, although here an important issue is how academics and medically qualified professionals found a niche within the state. This is a pithy and lucidly written account, and the author has made a serious effort to interpret the political significance of the medical reform movement.

What we have is a useful updating of Ackerknecht’s 1953 biography (the transition from the author of the 1932 paper to the Cold War imprinted biography would itself merit a full-scale biography). Yet there are some darker sides meriting analysis, which detract from Virchow’s progressivism. Robert Remak (not mentioned in the index, but appearing on page 22) merits significance in terms of his scientific rivalry with Virchow, and neither Remak’s champion Bruno Kisch nor Hans-Peter Schmiedebach figure. Nor is an effort made to explore the political implications of Virchow’s anthropology. Here, I recommend Constantin Goschler’s definitive biography of Virchow. McNeely reaches the somewhat paradoxical conclusion that Virchow was elitist but anti-authoritarian.

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Charles M Good, *The steamer parish: the rise and fall of missionary medicine on an African frontier*, University of Chicago Press, 2004, pp. xx, 487, illus., \$30.00, £21.00 (paperback 0-226-30282-2)

The portrait offered by Charles Good of the fates of the *S.S. Chauncy Maples* and the *S.S. Charles Janson*, wood-burning steamers upon which were built the fortunes of the Universities Mission to Central Africa (UMCA) in the Diocese of Nyasaland, exemplifies many

of the contradictions of European colonialism in nineteenth- and twentieth-century Africa.

Focusing on the socio-spatial ramifications of a novel transport technology, Good’s elegant presentation unearths the tatters and the self-proclaimed glories of empire from the service history of a now-dilapidated hulk. Generously embracing both the poignancy of an ill-starred enterprise, and the blinkered obstinacy contributing to its eventual obsolescence, Good elaborates a thematic agenda no historian of medical mission can well ignore.

At first glance, it may seem strange that a work devoting so much space and energy to the vicissitudes of mission transportation on Lake Malawi could purport to be a history of missionary medicine. However, in rapidly asserting that the history of medical mission is not primarily “about” medicine, and in contextualizing his presentation by means of a carefully reasoned depiction of missionary penetration with regard to local political economies, lacustrine ecology, and African philosophies of health and illness, Good obviates the need to ground his enquiries with respect to an epidemiological “baseline”. Though he covers such material extensively as his argument develops, it is the attuned sensitivity to place which gives this work its distinctive character.

In considering the effects of social, economic, political and technical processes on populations and communities across Africa, historians have tended to assume that such processes act more or less equally across a given territory or selected area of analysis. The salience of these disciplinary habits emerge more clearly when contrasted with the concerns of geographers.

Good makes explicit the links between the cost of maintaining a steamer and its drain on a poorly-resourced mission, the resulting need to use such a technological resource efficiently and effectively, the impact of local provisioning, site security (in the context of ongoing slave-raiding), and mooring on the development of the mission field, and the ramifications of technology for the politics of race, employment, education and medicine. Consequently, the exigencies driving medical mission, and the practicalities relegating it among the overall concerns of evangelists

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and traders, are detailed in all their manifold interactions.

For the historian of medical mission, this represents a fundamental shift in sensibility, the subtleties of which are perhaps best exemplified in Good's commentary on Terence Ranger's 1981 essay on UMCA medical mission in Tanzania. Demonstrating how an aetiology recognizing human agency as a prime cause of illness could supplement, and persist alongside, biomedical models of disease causation in the social contexts of colonial and post-colonial Africa, even given the constraints placed on UMCA medical mission by financial and personnel difficulties, its insistence on celibacy among European staff, and an intentional policy of overextension of its mission surrounding Lake Malawi, Good challenges and complements Ranger's arguments, suggesting that issues internal to mission culture, contributing to its spatial extension and character, might well shape medical pluralism in Africa as much as a purported "passive resistance to 'biomedicalisation'" (p. 309).

Some issues with the presentation of the volume detract from its otherwise exemplary nature. Curiously, for instance, no distinction is made among illustrations between maps, photographs, and plans, all listed under the heading "figures": a more comprehensive and clearer map of place names might also have facilitated the reading of a text which so carefully alternates thematic and chronological narrative. Arguments regarding climate, lakeshore levels, and topographical isolation of stations would have benefited from relevant maps; among these, the lack of a relief map is perhaps the most significant oversight. From the perspective of a non-geographer, if only to underline the distinctiveness of a geographic approach to the history of mission, it might help to indicate the intellectual heritage of terms such as "landscape" and "topology" with the care expended on explicating the use of the term "frontier". These minor quibbles do not detract from an otherwise precise, sympathetic, detailed, and original depiction of the internal contradictions implied in the workings of an evangelical mission involved in medical

provision in societies suffering the rapacities of political instability and unfettered imperial capitalism.

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Kavita Philip, *Civilising natures: race, resources and modernity in colonial South India*, New Perspectives in South Asian History, Hyderabad, Orient Longman, c.2003, pp. xi, 305, US\$ 38.30 (hardback 81-250-2586-3).

It is only fair to the readers of *Medical History* to begin this review by saying that this book touches lightly upon the field of medical history. What it does, however, is to address a number of issues with relevance to the history of colonial medicine. *Civilising natures* investigates the role of science in colonial India, with particular focus on the scientific management of forests and the tribal people living there. It includes chapters on forestry, plantation management, ethnography and—although not scientific in the usual sense of the word—missionary activities. A chapter on medicine would have fitted easily into the account. The analyses are limited to South India and the Nilgiri Hills in particular, but one of the strengths of the book is that the broader colonial framework is constantly present in the analyses. Another strength is that the author insists that discourses must be analysed in connection with specific social practices and generally succeeds in doing so.

Drawing on a wealth of different material, primarily little known printed reports dug up from the Tamil Nadu State Archives, *Civilising natures* offers a number of interesting insights. It shows, for instance, how the natives are sometimes seen as part of nature and sometimes as a threat to the proper management of nature. It also shows how local knowledge is appropriated and transformed by colonial science, a theme well known from the history of colonial medicine. Particularly fruitful is the concept of "mixed modernity", which refers to the fact that "modern" scientific management of forests and plantations required the