

the mid-twentieth century to the present, and refers to an attitude that allows for interpretation—one which puts an artistic element back into science—that draws on the unconscious in order to select intuitive criteria for objectivity. With “trained judgement” a new kind of pedagogy arose, one that would become very successful in forming self-assured experts in the recognition of particular patterns in the representation or rather presentation of phenomena (for example, Magnetic Resonance Imaging).

All in all, *Objectivity* is a thought-provoking, profound and well-crafted book that shows us that what counts as right depiction hinges on the historical period under analysis. Scientists and medical doctors interested in how knowledge is produced in their disciplines will find it a compelling and pleasurable read. Moreover, it is, as Daston and Galison argue, relevant to current discussions about the existence, attainability and even desirability of objectivity.

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Nicholas Coni, *Medicine and warfare: Spain, 1936–1939*, Routledge/Cañada Blanch Studies on Contemporary Spain, New York and London, Routledge, 2007, pp. xxv, 266, £65.00 (hardback 0-415-38597-0).

Nicholas Coni describes *Medicine and warfare: Spain, 1936–1939* as “the only book, . . . even in Spanish or Catalan, that tries to present an impartial and reasonably comprehensive portrait of the medical, surgical, and nursing implications” of the Spanish Civil War (p. xix). In spite of the vast literature covering many aspects of the Spanish hostilities, and the importance of that conflict in shaping European expectations about the medical consequences of modern warfare, this claim is fair. There has been little attempt to account systematically for the medical practices of either Nationalists or

Republicans and the challenges to which they responded. It is the major strength of *Medicine and warfare* to have filled this gap.

Yet, as Coni admits, his task was both “ambitious and daunting”, and his 266-page tome is a slim volume for a bold project. The range of the twelve chapters indicates how slim: ‘Nursing’, ‘Blood transfusion’, ‘International Brigades’ and ‘Famine and disease’, all feature. Their organization into discrete, free-standing units leaves little opportunity for narrative and does not help to impart a sense of how medical knowledge developed under the particular conditions of “Spain, 1936–1939”. Instead, Coni concentrates on names, injuries, dates and places. This happens especially in the chapter on ‘Wound care’, where ‘Types of wound’, ‘Severe facial injuries’, and ‘Other measures in use for casualties’ are listed without additional comment, followed by short commentaries on burns, frostbite, and wounds of the head, abdomen, chest, eyes, ears, and vessels. This style is typical of several chapters in *Medicine and warfare*, and unfortunately makes impossible a sustained analysis of the complex relations between those two terms.

Coni privileges current understandings of medical concepts and practices. In a discussion of the innovative and controversial use of stored blood by the Republican haematologist, Federico Durán Jordá, he paraphrases the received account of the Barcelona Blood Transfusion Service before endorsing the latter-day consensus that opposition to blood storage was little more than “prejudice” (pp. 75–7). Yet it might have been more interesting to consider how the conditions of warfare prompted reliance upon a technology whose status remained suspect in several countries long after the closure of Spanish hostilities in 1939. Elsewhere, Coni defines “shock” in present-day terms, rather than as a concept that evolved and mutated through the novel experiences and innovations of wartime medicine. So it is unsurprising that his central conclusion is a variant on a familiar, but contentious, aphorism: “medical

science flourished during the Spanish Civil War” (p. 1).

But Coni, who makes no large historical claims, has accomplished what he set out to do and described the “medical implications” of the Spanish conflict in a rich compendium of facts. The separate chapter of ‘Biographical notes’ provides especially helpful information on some of the major medical innovators of the period, while the bibliography is a trove of relevant sources. A further advantage is the clarity of Coni’s consistently accessible writing; methodological choices and limits on content are also made clear from the outset. Though readers should not expect the evocative prose and deeply contextualized analyses that characterize the best histories of the Spanish Civil War, this original effort to map uncharted territory will prove invaluable to anyone wishing to continue research in the area.

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Anna Crozier, *Practising colonial medicine: the Colonial Medical Service in British East Africa*, London and New York, I B Tauris, 2007, pp. xiv, 225, £47.50 (hardback 978-1-84511-459-6).

Crozier’s book provides a group portrait of 424 doctors employed in the East African Medical Service (EAMS) before 1939. The book shows how the backgrounds and experiences of EAMS doctors across Kenya, Uganda and Tanzania shaped their identities, suggesting that even when they practised in isolation from each other they had much in common. The EAMS doctors exhibited significant similarities in age at entry (mostly under thirty), gender (mostly male), professional, and ethnic (mostly English and Scottish) backgrounds. The book provides an important insight into how the attractions of joining the Colonial Medical Service were informally promoted through networks of family, friends and colleagues. Positive

representations of the philanthropy, morality, valour, and adventure of colonial medical service were rooted in its close associations in the minds and experiences of its doctors with the work of missionaries, explorers and (increasingly) scientists in the new specialism of tropical medicine. Besides colonial ideologies, EAMS doctors also shared common experiences in East Africa. Like other colonials, they were simultaneously both personally and professionally invested in being (exaggeratedly) British and having first-hand experiences of Africa. Even after leaving the EAMS many of the doctors’ personal and professional lives were shaped by their experiences in the service.

The book is a useful counterpart to works on the Indian Medical Service, on doctors in colonial Africa, and the 2003 collected volume on *Medicine and colonial identity* edited by Molly Sutphen and Bridie Andrews. It is part of a broader trend towards understanding white colonial identities as related to, but distinct from, British identities. In 1997, Shula Marks suggested that this trend towards examining the politics of identity, especially race, gender and ethnicity, in colonial medicine historiography, was problematic because it placed colonial medicine centre stage as a vehicle of colonial discourse and power, rather than concentrating on the broader politics of health or class inequality (‘What is colonial about colonial medicine?’, *Soc. Hist. Med.*, 1997, **10**: 205–19, p. 215). Both these approaches are needed, but it is precisely the strength of Crozier’s book that in examining issues of race and identity it deliberately does not place colonial medicine centre stage as an agent of colonization. It seeks to understand the identities of EAMS doctors as complex and nuanced, informed by their positions as British émigrés, employees of a specific branch of the diverse Colonial Service, and members of the medical profession (especially tropical medicine specialists), as well as employees of the colonial state and members of settler society.

One of the problems of the book, however, is that it does not rise far enough above its