

irrational or unsupported by evidence does not mean that it has always been seen in this way. That there was a substantial body of thought concerning how the heavens related to health and to disease is something which is amply demonstrated by this book. In particular, there were thought to be significant astrological links to how a disease might progress in a specific case and what the best times to administer treatment might be, as several of the papers address. If we want a full understanding of medical theory and practice in the ancient and early modern world, we can no more dismiss astrology from the history of medicine than we can from the history of astronomy.

I have been careful so far to refer to astrologies in the plural, for there were many of them. One of the great strengths of this book is that some of the papers examine the relationship between astrology and medicine in the Babylonian, Arabic, Chinese, Indian and Tibetan cultures as well as dealing with the more familiar Greco-Roman tradition and its manifestations in the medieval and Renaissance west. Here it is interesting to see how ubiquitous astrology was, and how it took variant forms in different cultures. The same can be said for some conceptions of the human body and its health, either in terms of some form of the humoral theory or as a microcosm in some way related to the heavenly macrocosm. It is also interesting to see how theology plays a role here, particularly in respect to how strongly deterministic astrology was taken to be, notably less so in Christian contexts where free choice between good and evil was thought important.

The papers in this volume are very good at explaining not only the nature of astrological belief in various cultures and its relation to medicine; they are also good at placing those beliefs into the social contexts of those societies. Arguments against astrology are considered as they arose in those cultures, which allows a far more interesting insight into

the nature of belief in astro-medicine than a blanket dismissal of such ideas from a modern standpoint. This book also demonstrates an excellent example of co-operation between scholars of different ancient cultures fostered by the Warburg Institute.

This book has been very well produced, and is well illustrated with useful and clearly reproduced figure and tables. If you are just starting out on investigating ancient astrology and its relation to ancient medicine, this is probably not the best place to begin—I would suggest Tamsyn Barton's *Ancient astrology* and the first few chapters of Ptolemy's *Tetrabiblos* for an introduction—but this is an excellent book for anyone wishing to further their knowledge about the relation of ancient astrology and medicine and in particular to broaden it to cultures outside the Greco-Roman tradition.

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Alex McKay, *Their footprints remain: biomedical beginnings across the Indo-Tibetan frontier*, International Institute for Asian Studies series, Amsterdam University Press, 2007, pp. 312, €47.00 (paperback 978-90-5356-518-6).

Alex McKay has written a useful and inspiring text on the arrival and reception of biomedicine in the Indo-Tibetan region—a topic that has no book-length precedent. His focus is not on any and all European medical practices in the region, but specifically on the form of biomedicine emerging primarily in the late nineteenth and early twentieth centuries. His geographic net is also extensive, focusing on the Tibetan regions of the Himalayas, including Tibet, Sikkim, Bhutan, but not exhaustive, excluding Nepal and Ladakh. Using British

source materials, McKay takes us on a wonderful journey into remote clinics filled with missionaries, British trade officers and Tibetan-speaking patients, and into an exploration of the rationale behind the uptake, and rejection, of this new medical repertoire. With sometimes breathtaking examples from accounts of practitioners who seemed to have in some cases kept exacting records of patients, ailments and even ethnographic analysis of their work, we are given an original illustration of a complex medically plural world. It is clear that from the beginning, biomedicine was enmeshed in local debates over not simply what treatments were useful but also over what these practitioners and practices might have meant to people on the verge of dramatic social transformation, especially in Tibet post-Younghusband expedition. The slowness of uptake of biomedicine in most of these regions in the early twentieth century stands in stark contrast to the rapid growth and extensive use of it by the end. Similarly, what appears to be some resistance to integration early on stands in contrast to the integration that flourished later, where lamas enter hospital wards for ritual services in order to accompany surgeries and other inpatient treatments.

The question of what rationale and logic explains local responses to and use of biomedicine runs throughout the book, and is explored comparatively and in a more analytically rigorous way at the end. Here, despite a subtle misreading of governmentality as state-funded health care and an insistence that “power relations” probably played a negligible role in the use patterns of biomedicine, in the penultimate chapter, McKay’s clear coverage of the historical record makes a strong case for a much more complicated analysis. The cases demonstrate that biomedicine was received in the Indo-Tibetan world sometimes as offering what appeared to be “miracle” cures, as in the case of treatments for smallpox, goitre, worms,

injuries, and venereal diseases, and at other times as a practical alternative to ailments that lingered and found no cures through use of indigenous practitioners (but which it is not clear were treated any better with biomedicine). In other instances, McKay’s sleuthing illustrates that biomedicine was clearly also a tool for and even perhaps sometimes a key focus of diplomacy and political expansion for both missionary and imperial interests. The absence of colonial state funding for clinics or training practitioners does not, however, mean that modern state regimes were not involved in clinical decision-making on the part of patients or that they were not indirectly part of an apparatus that would generate new notions of subjectivity among these users. The wealth of materials describing the ways in which biomedicine was viewed as a route to upward social mobility and at other times rejected, by lamas, for example, because it was seen as a competitor for lucrative payment, makes the story of biomedical use patterns much more complicated than simple notions of pragmatism or availability.

Scholars of the region and of Asian medical systems, from history, anthropology, area studies and beyond, will enjoy this compilation of the historical record on this topic. The book’s complement would be in an extensive exploration of the available materials from non-English language sources and contemporary ethnographies, particularly surrounding questions of the local perception of these practices and their utility, or lack thereof, and thus a more thorough reading of how things like blessings from lamas might serve as more than “psychological” therapy for inpatients in biomedical clinics. However, these limitations are well known to the author and they do not undermine or lessen the significance of the materials presented herein. *Their footprints remain* will serve as a useful text for the long run, although one might guess from its content that the footprints do not simply “remain” but in

fact left the imprints for a path that is very large and very paved today.

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A P Jenkins (ed.), *The journal and official correspondence of Bernard Jean Bettelheim, 1845–54, Part I: 1845–51*, Okinawa Prefectural History Series, No. 21, subseries, 2, also on CD-ROM, Okinawa, Okinawa Prefectural Government Board of Education, 2005, pp. xxx, 640, yen 4,000 (orders to: Okinawa Prefectural Archives, Arakawa, 148-3, Haeburu, Okinawa 901–1105, Japan).

Anyone who suspects medical missionaries of being cultural imperialists will find plenty of grist for their mill in these writings of a missionary to the Ryukyu (or Liuqiu in Chinese) Islands in the period between the First Opium War (1839–40) and the “opening of Japan”. Bernard Jean Bettelheim (1811–70) was born a Jew in what is now Hungary, studied languages with the original intent of becoming a rabbi, earned a medical degree from Padua, Italy in 1836, and practised naval and military medicine until his conversion to Christianity in 1840. Denied ordination, Bettelheim joined the new “Loochoo [Liuqiu] Naval Mission” as a lay preacher and medical missionary, and continued in Ryukyu until 1854. The writings reproduced here represent the first half of what remains of the Bettelheim archive transcribed into print with helpful explanatory footnotes by Anthony P Jenkins. It makes fascinating reading.

Bettelheim, his wife and two infant children went first to Hong Kong, where they consulted with other missionaries, notably Rev. Karl Gützlaff, a colourful and controversial early Protestant missionary, and Dr Peter Parker, first

medical missionary to China. There are interesting accounts of vaccination failures, including the contamination of one batch of vaccine with live smallpox (pp. 15, 68). In May 1846, the Bettelheims landed at Naha, the Ryukyuan capital, where local officials made the first of many attempts to get them to leave. They refused, and the official temple where they had been allowed temporary shelter became their permanent home. Bettelheim spent his time studying Chinese and the local language, and preaching at every public gathering he could find. His intercourse with the locals was supervised and increasingly obstructed, so that accounts of medical practice mostly concern his family and minders. For instance, he requested leeches to treat his daughter, and lectured officials on the importance of venesection in “paralysis, apoplexy, and other acute inflammatory diseases” (pp. 218–19). Sometimes his treatments were homoeopathic, sometimes heroic, as in the use of calomel and julep as purging therapy, or blistering and mustard plasters (“synapism”) on the shaved head for fever. Mrs Bettelheim suffered frequent headaches, for which she refused to allow him to bleed her, preferring purgatives instead.

Everywhere the Bettelheims went, guards ran ahead ordering all doors locked. So they took to entering homes through the back alleys, and delivering their evangelistic lectures to whomever they could find. Occasionally Bettelheim experienced evangelistic success—in one case, a young guard who began to confess belief in Jesus was declared mad by his family and kept shackled at home. Occasionally these same guards asked for treatments, as when Bettelheim sent one who had “anarsarca” (generalized oedema) a drastic purgative with calomel together with “a homeopathic sprinkle of cantharid [probably *Cantharis*, Spanish fly]” to good effect. But these requests were usually made with pleas for secrecy. On the other hand, one of the