

of disease accompanied by a new clinical gaze towards the human body that, in post-Revolution Paris, became particularly significant. While the 1832 cholera epidemic in Paris still showed physicians to be powerless over disease, the reaction of French physicians also demonstrated professional unity. Gradually, a new epitome – the ‘glorious’ scientific physician appeared, in large part due to the influence of both positivism and governments that sought imperial or republican heroes. Nevertheless, French physicians remained a diversified professional body during the nineteenth century, depending upon factors such as urban or rural practice, or one’s status as a learned physician or ‘health officer’. To develop a monopoly, they denounced so-called quacks and tried to medicalise the nation, from dirty cities to distant villages, at home and in colonies. Thus, at the beginning of twentieth century, the physician emerged as a ‘health strategist’ (*tacticien de la santé*), as well as a ‘reformer of a healthy and pure city’ (p. 333). The ideals of medical science and public health, however, were co-opted by military powers, dictators and some immoral scientists, so that the contemporary physician was confronted with dilemmas regarding her or his goals and ethics. In the second half of the century, social and economic issues arose in medicine that called into question physicians’ power and exclusive monopoly over health and illness. By its end, the physician had become a ‘service provider’ (*prestataire de services*) (p. 387), desacralised in the face of diminished legitimacy, legal trials and the new expectations of patients. Paradoxically, the more health emerged as a central concern for society and individuals, the more physicians have been criticised. The epitome of ‘the physician’ continues to erode. This leads Perez to contemplate whether ‘this healing scientist, this artist of the suffering body’ might not be disappearing altogether (p. 387).

In less than 400 pages, Perez draws a clear, erudite, nuanced and well-written portrait of the Western and, particularly, French physician. Avoiding simplifications and drawing on well-documented individual cases as well as recent historical research, he presents a very living history of ‘the physician’ since antiquity. The references to colonial medicine and to critiques of medicine made by philosophers and sociologists during the 1960s and 1970s give this portrait a depth that scholars working in several fields have awaited. We might regret that Perez says little about the very real transformations of medical and scientific knowledge in the twentieth century, but overall this synthetic history of 2500 years of physicians is useful and engaging – a book of reference that will interest physicians, health professionals, general readers and historians of medicine.

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Linda Ratschiller and **Siegfried Weichlein** (eds), *Der schwarze Körper als Missionsgebiet: Medizin, Ethnologie, Theologie in Afrika und Europa 1880–1960* (Cologne, Weimar, Vienna: Böhlau, 2016), pp. 189, c. \$35.00, paperback, ISBN: 978-3-412-50166-2.

This collection of essays spans the years between 1880 and 1960 and is mainly based on sources left by German-speaking missionaries from different parts of Africa. The book consists of five empirical chapters that are ordered chronologically and thus convey a sense of change. Additionally, there is a preface, and introductory and concluding essays. In the latter, Anna-Katharina Höpflinger, a scholar of religion and hence the only non-historian among the authors, determines two basic assumptions behind all the chapters: (1) bodies and religion are interdependent; (2) bodies are connected to their social conceptions and representations. This essay might have well served as an introduction. Instead, the book

starts with a preface in English by Patrick Harries, who skilfully sketches out the vast historical and anthropological literature on missions, a place where those connections between religion and the body become especially visible. Among other things, Harries draws our attention to missionaries' ambiguous conceptions of the body. This is one of two major issues raised by all the authors. The second recurrent axis of analysis focuses on the body as a site of negotiation in the creation of knowledge or an embodiment thereof. This approach reveals the manifold connections between religion and knowledge and recognises the hybridity and interactivity of knowledge.

In their introduction the editors briefly outline the key concepts: reading against the grain, orientalism and the metaphor of registering that comes from literary studies (*German: Sich-Einschreiben*). Strengths and weaknesses of each approach are carefully presented, and good examples from the missionary context provided. Echoing Harries, they point out that missionary engagement led to the disenchantment (*Entzauberung*) as well as the rationalisation of the body. In order to convert, missionaries had to alter African bodies, or more precisely bodily practices (*Körperpraktiken*). The authors claim that this aspect is under-researched, because theological, cultural and political issues enjoy higher priority. They define bodily practices rather broadly, which at the same time runs the risk both of incorporating these social issues and underplaying them. Nevertheless, the focus is valuable, especially concerning the production of knowledge.

In her chapter on the Basle Mission in the Gold Coast 1885–1914, Linda Ratschiller demonstrates how the missionaries' aims and their practices in achieving them were interwoven with their notion of biomedicine. Its attention on the individual body enabled them to transfer guilt to the individual. Rather old-fashioned explanations for disease-causation, climatic and physiological, additionally allowed them to pack moral statements into treatment and prevention. Ratschiller fruitfully uses photographs to reconstruct the fact that missionary knowledge on the African body was remarkably interactive and mobile. The captions, which significantly changed on their way from the Gold Coast to Swiss magazines, are further proof of the balanced production of missionary knowledge.

In the Kilimanjaro area 1890–1914, members of the Leipzig Mission required Africans wishing to be baptised, per se a spiritual act, to change their bodily practices, as Karolin Wetjen emphasises. First of all, they had to renounce polygamy. Second, they had to wear Western clothes, take off amulets, and stop dancing. In other words, they had to 'Christianise' their bodies. When debating the acceptance of circumcision, missionaries realised that all cultural practices were interwoven with content that they considered religious. African resistance towards a separation of the religious and the secular was most obviously embodied in the (circumcised) body. This posed considerable challenges to the missionaries' manner of producing ethnological knowledge that depended on a separation and categorisation of secular and religious spheres.

Even though missionaries sought to separate body and soul, they used the (sick) body as a tool to save the soul, as Richard Hölzl shows in his case study of the Catholic leprosy missions in East Africa 1911–45. In the discourse on lepers, negative colonial attributes such as laziness, ingratitude or stupidity were positively transformed into diligence, gratefulness, ability to feel joy, readiness to suffer and subordinate. The lepers' bodies, as well as those of their nurses, were symbols of pious and devoted practice. Hölzl tracks down different conceptualisations of leprosy in Europe and East Africa to sketch out the dividing but also the unifying effects of colonial bodily practices.

Photographs of bodies were used to categorise and hierarchically organise peoples from all over the world, as Katharina Stornig demonstrates in her chapter on the Catholic mission exhibition in the Vatican of 1925. At the same time, missionaries underlined

the potential equality and convertibility of all people. Stornig's analysis of the exposition material reveals that religious and secular knowledge were deeply connected. Catholic academics established their theory on 'cultural circles' (*Kulturkreise*) by merging both types of knowledge. Much of their argumentation was based on pictures of bodies, used to construct differences.

Marcel Dreier underlines how interventions in bodily practices, childbirth and feeding in his case, were often motivated by issues of biopower and public health. Catholic Missionaries in rural Tanzania 1930–60 had an ambiguous position in this respect: they promoted a participative modernity for the whole world, but were then surprised when Africans claimed it. Furthermore, Dreier portrays the colony as a space of specific knowledge production: the protagonist-nurse of his chapter acquired all her expertise on midwifery on the spot, learning from local women.

Some of the chapters raise additional issues, most notably on globalisation (of the body), entanglement (of diseases), or transnational networks for knowledge. However, these strands are not followed as logically as the points outlined above suggest. Generally, this collection of essays is exceptionally coherent in its methodologies, scope, content and quality. Nevertheless, some contributions seem more interesting for medical historians (Dreier, Hölzl), others for historians of Africa (Ratschiller, Wetjen), or for general historians working with photographs (Stornig, Ratschiller). Overall, the historian of colonial medicine receives illuminating insights into the role of missionaries in the production of knowledge on the body and beyond. Equally importantly, the reader gains valuable understanding about the role of biomedicine in the colonialists' complex and shifting relations to and conceptions of African bodies.

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Irmtraut Sahmland and **Hans-Jürgen Schrader** (eds), *Medizin- und kulturgeschichtliche Konnexe des Pietismus: Heilkunst und Ethik, arkane Traditionen, Musik, Literatur und Sprache* (Göttingen and Bristol, CT: Vandenhoeck & Ruprecht, 2016), pp. 428, €90, hardback, €74.99, e-book, ISBN: 978-3-525-55844-7.

The volume being reviewed is a collection of papers from two conferences. This review deals exclusively with the eleven articles from the conference in Frankfurt am Main in 2014 on the nexus of Pietism and medicine.

Irmtraut Sahmland's article deals with Johann Samuel Carl's holistic understanding of the decorum of the medical profession (1723). Since the soul's regeneration takes place in the body, the health of the body is important, and physician has pastoral duties, as he is tending to the dwelling of the patient's soul. Pietist-Christian values form the foundation for the physician's calling and a practical guide for his practice of medicine. Sahmland concludes that Carl's model could only be implemented in an homogenous community of people with the same beliefs, as the religious element was so dominant.

Vera Faßhauer's contribution looks at the copious journals (c. 38 000 pages) of the Frankfurt physician Johann Christian Senckenberg (1707–72). For the first half of his life, Senckenberg was consumed with – typically Pietist – intensely critical introspection. However, Faßhauer sees a break in Senckenberg's biography after 1740, when his journal entries became more balanced and had other things as their subject matter. Faßhauer also relates the importance of Senckenberg's meeting Johann Conrad Dippel (1673–1734), and his enormous influence on Senckenberg's spiritual development.