

of evolutionary thinking in medicine before the 1990s. It may be that they are simply not interested in the history of medicine, although evolutionary biologists as a group are certainly historically astute. It may also be that evolutionary thinking in medicine in the first half of the twentieth century was dominated by eugenic considerations. But no one has much time for the long century between Darwin and Nesse and Williams, save for passing references to the master himself.

What Taylor's book does show is how both medicine as a science and evolutionary medicine have moved on in the past quarter of a century. Nesse and Williams were full of practical advice: does it make sense to reduce the fever in a cold or take tablets to dry out the nasal secretions? Is treating the symptoms of common diseases the right way forward, or should we respect the evolutionary mechanisms of our bodies' response to disease?

These considerations also feature in Taylor's account, but his volume explores other areas of biomedical research and practice with evolutionary implications. He details, but only in passing, the most obvious aspect of evolution in action within medicine: the rise of antibiotic resistance among microorganisms. If ever there were an example of the active interactive of an organism and its environment, this is it. Bacteria, plasmodia, viruses and other disease-causing organisms can sometimes defend themselves against the chemicals that doctors throw at them. Those that can, thrive and become the dominant variant in settings where these threats to their lives are common, above all in hospitals or in settings where courses of drug treatment are not carried out carefully. This phenomenon is the basis for the use of cocktails of drugs against serious infections as well as for advice against the overuse of antibiotics against trivial illnesses. This may be the most important lesson of evolutionary medicine.

Taylor has many other instances of the heightened understanding that the evolutionary perspective offers. His discussion of cancer treatment, which faces many of the same issues as that of antibiotic resistance, is a sober prospect, simply because of the survival of rogue cells ('hopeful monsters') means that therapies that are useful in the first round fail later on. His discussion of the aetiology of arterial disease is also couched in an evolutionary perspective. Here it is as much the causes as the treatments that are his focus. There is also a fine chapter on mother–foetus relationships, in a discussion of spontaneous miscarriage and the problems of infertility.

Taylor's grasp of contemporary medical research is impressive (he is a television producer), and his message is more about understanding than any whizz-bang conclusion that evolution will solve all contemporary ills. His is not a historical monograph, but one that any medical consumer (as we all are) and any doctor or medical researcher will profit from reading.

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Barbra Mann Wall, *Into Africa: A Transnational History of Catholic Medical Missions and Social Change* (New Brunswick, New Jersey, and London: Rutgers Press, 2015), pp. xvii, 230, hardback, \$49.95, ISBN: 978-0-8135-6622-1.

With this book, Barbra Mann Wall has added a new dimension to the histories of medical missions, medical care, public health and global health in Africa in the post Second World War era. Unlike the majority of work on medical missions that focuses on Protestant

missionaries, Wall is concerned with Catholic medical missions and their role in the transformation of public health in Sub-Saharan Africa. She places emphasis on how Catholic nuns – as medical doctors, nurses and pharmacists – mobilised and aligned their institutions and their work to provide healthcare services across national boundaries, and how the very institutions were transformed through daily encounters and negotiations with locals in a period of rapid socio-political and economic change.

Using a range of evidence including diaries, letters, films, archival sources and oral histories of sisters from Nigeria, Ireland and the United States (171), the book takes a transnational approach to illuminating the role played by Catholic medical missions in medical work. The transnational framework enables Wall to examine the impact of the various policy changes in the Catholic Church, including papal encyclicals and the Second Vatican Council, on medical practice by religious women (18–20). At the same time, the transnational approach allows Wall to explore how Catholic medical and nursing history was continuously shaped by missionaries' '... interactions with indigenous people, government agencies, global networks, famines...' (4) as much as it was shaped by the process of decolonisation and independence.

Divided into six chapters, Wall's well-written account also puts under the microscope the globalised nature of personnel working at Catholic missions (153). However, while those who lay the groundwork for medical work were from the global north, with time, indigenous sisters and lay people became central in dispensing medical work in missions. The cases of Nigerian sisters during the Biafran war is emblematic of how indigenous medical and nursing personnel filled the gap left by international medical practitioners in providing medical and nursing care (115–7). Appreciating the significance of locals in providing medical care provides 'an important counterpoint to interpretations of mission history solely as western imposition' (156). Furthermore, *Into Africa* demonstrates how the indigenous people took initiatives in the building of hospitals. For example, in Ghana, the Holy Family Hospital (HFM) was a product of the Ashanti's negotiations for the church to build a hospital in their area (35). Africans helped in the translation of biomedicine to patients and were also involved in decisions concerning diagnosis and care of patients.

By examining Africans in various mission stations, Mann convincingly shows how African workers also controlled the work process and the terms under which they worked. This was done through strikes and walkouts. Interestingly, when such events took place, it was other Africans who eased the problem. In 1979, for example, Ghana experienced a nationwide strike by nurses and midwives and it was traditional birthing attendants who took shifts at HFM to work in maternity wards and who conducted all normal deliveries (137). As Mann summarises, these developments show the significance of lay authorities in decision making (157).

In this book, Wall underscores how the working environment enabled medical and nursing personnel to obscure professional boundaries in the provision of medical services to Africans. At administration level, secular physicians had limited control over mission hospitals. Thus, at HFH, Sister Camillus, a midwife and not a physician, had control over the running of the hospital to the extent that physicians deferred to her (37). The blurring of professional boundaries also took place at the medical level. During the Biafran war, even priests helped in the provision of medical services. As Mann notes, 'during this period of stress, the existing mission hierarchy seemed to have blurred: sister doctors, without biomedical education, taught priests to be their assistants (103). Furthermore, due to shortages of doctors, 'Sister Pauline had to perform an unfamiliar surgical procedure, and she had to read from the textbook as she operated' (104).

The book highlights how mission stations became important arenas, not only for enabling transnational flows of knowledge, but also for cross-cultural exchanges of knowledge between locals and foreign sisters. One would have expected that, throughout the history of Catholic medical missions, missionaries would have worked hard to marginalise indigenous medical practices. But Wall demonstrates that, with time, sisters adjusted their relationships with indigenous healers and were willing to share medical knowledge with them as much as the sisters also learned about the clinical efficacy of indigenous medicine (120). In Tanzania, the work of *Mangangas* was highly appreciated by the Maryknoll sisters (122–4). In Ghana, as part of their efforts in supporting rural health care, HFH introduced the Primary Health for Indigenous Healers Programme. And in Ghana and Uganda, the sisters also trained Traditional Birth Attendants (122–42). Mann argues that such intercultural exchanges of medical knowledge were ‘useful as the sisters became more a part of their communities, living and working among contrasting worldviews about religion and medicine’ (124).

One would have expected to read more about how African sisters as nurses navigated the Biafran war in the wake of international medical personnel leaving eastern Nigeria. In addition, a sustained analysis of the responses to the changing disease environment as a result of HIV/AIDS would have been fascinating. Nonetheless, *Into Africa* is a good read that complicates narratives on the intersections between healthcare and religion in women’s history. It does an excellent job of untangling the often held assumptions that religion and modernity oppose each other by foregrounding the role of Catholic women’s adoption of science and technology in their work. This is a must read for everyone interested in the role of missionary women in not only providing health care to Africans, but also for their important role in humanitarian relief and social justice work in the era of decolonisation and independence in Sub-Saharan Africa.

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Robert Woods and **Chris Galley**, *Mrs Stone & Dr Smellie: Eighteenth-Century Midwives and their Patients* (Liverpool: University of Liverpool Press, 2014), pp. vii, 544, £80, hardback, ISBN: 978-1-78138-141-0.

Co-written by the late Robert Woods, a Professor of Geography at the University of Liverpool and his one-time student Chris Galley, the book’s aim, as explained in the preface, is to use case notes to answer three broad questions: how eighteenth-century midwives practised their craft, how midwifery knowledge was produced and disseminated and how, and if, infant and maternal mortality improved by the beginning of the nineteenth-century. While both authors should be applauded for their meticulous use of sources and wide-ranging investigation of midwifery practice, it must be acknowledged from the start that the book attempts to cover too much terrain and arrives at conclusions that are not carefully substantiated. These include assertions about the ‘state of the art’ diagnosis and treatment of uterine haemorrhage by Edward Rigby, Thomas Denman’s ‘discovery of spontaneous evolution’, or how the mother’s labour pains can reposition the child in the womb and lead to successful deliveries, and the claim that ‘a detailed analysis of medical case notes . . . [proves] that positive advances in therapeutic practice were made’ from the