

Chapter 2 conducts a micro-historical investigation of the Bower manuscript, arguing that its medical texts and ‘dice divination texts’ blur the boundaries between magic and medicine. Yoeli-Tlalim builds the idea that this text was a ‘conceptual contact zone’ through which we can unlock other stories about commerce, politics, language and religion. Chapters 3 and 4 more specifically look at the proliferation of elixirs and therapies. Chapter 3 explores the popularity of myrobalan, a panacea the recipe for which was found in manuscripts from China to Cairo. Chapter 4 charts the history of moxibustion, a therapeutic practice.

Chapter 5 rehabilitates the legacy of the Mongol Empire. Yoeli-Tlalim charts cosmopolitan influences on the travelling Islamic physician Rashid al-Din. She builds on recent revisionism by emphasizing that Mongol conquest knitted together some incredibly far-flung cultures, facilitating corridors of knowledge and exchange such as that which flourished between the Italian maritime city states and the Mongol Ilkhanate.

Duygu Yildirim argued that *ReOrienting Histories of Medicine* lacks a fully fledged coherent argument about Eurasian transmissions of medical knowledge. However, Yoeli-Tlalim sets out a humble disclaimer that she makes ‘no pretence to provide a Eurasian history of medicine here’, but rather to ‘bring to the fore a few vignettes of Eurasian encounters’ in order to stimulate micro- and macro-historical debates and explorations (p. 24). She admits that there is still a ‘vast ocean of entangled histories, waiting to be explored’, and her book represents a fantastic archive through which other historians and an English-language readership can build fruitful frameworks that inject ever greater nuance and scale into histories of the Silk Road.

In the aftermath of the worst of the COVID-19 pandemic, the ways in which states and organizations both facilitate and obstruct flows of medical techniques and technologies makes such work as relevant as ever. China’s Health Silk Road used logistics infrastructure from the Belt and Road Initiative to provide medical supplies and assistance to some of those same regions and cities that the author explores as ancient Eurasian hubs of medical exchange.

doi:10.1017/S0007087423000651

Jennifer Lisa Koslow, *Exhibiting Health: Public Health Displays in the Progressive Era*

New Brunswick, NJ: Rutgers University Press, 2020. Pp. 160. ISBN 978-1-9788-0326-8. \$33.95 (paperback).

Suzanne Fischer

Exhibit Coach, Lansing, MI

In 1906, two girls were wandering through an exhibit organized in their neighbourhood by the Committee on the Prevention of Tuberculosis of the Charity Organization Society of New York. They stood in front of an example of one of the public-health exhibit movement’s favourite interpretive strategies, a ‘contrast room’ – a vignette presenting a dirty, unhygienic room where tuberculosis might flourish, and a bright clean space where it would not. A correspondent for the journal of Progressive reformers, *Charities and the*

Commons (later *Survey*) reported that ‘after looking at the “bad” room for a time, [they] inquired seriously, “what’s the matter with it?”’ (p. 16). According to the correspondent, the fault was not with the exhibit; although visual presentations were seen as effective for educating the public about contagious disease, visitors, especially children, needed additional interpretation like guided tours, lectures or pamphlets to understand how to improve their health.

Jennifer Lisa Koslow’s *Exhibiting Health* presents a detailed examination of the early twentieth-century American stream of social reform that believed so strongly in the benefits of exhibitions for public-health education and social betterment that state public-health departments bought rail cars for mobile displays; public charities hired artists to sculpt foot-long mosquitos; and hundreds of thousands of Americans visited exhibits in their town about parasites, child welfare and urban planning. Throughout the book, Koslow explores the actual efficacy of exhibitions in hitting reformers’ lofty public-health targets.

Although Koslow does not explore the genealogy of public-health exhibits in depth, the genesis of this exhibiting practice does not seem to be museums per se, but a common ancestor, the World’s Fair. The International Health Commission (successor to the Rockefeller Sanitation Commission for the Eradication of Hookworm Disease) developed an exhibit for the Panama-Pacific International Exposition of 1915 in San Francisco. They hired Philipp Rauer, a German wax artist, ‘to prepare several arms, a foot, a section of skin, and wax reliefs of hookworm cases before and after treatment’ (p. 34). The exhibit became one of the most popular health exhibits at that World’s Fair. Koslow also profiles Mica Heidemann, who sculpted insects for the 1904 St Louis World’s Fair and made cattle ticks, mosquitos and a rat flea for Florida’s chief health officer in 1918 for what would be over £9,000 today.

One fascinating detail about these Progressive Era public-health exhibits is that, rather than being influenced by contemporary museums, they might instead have inspired them. The recently founded American Association of Museums held a meeting at the 1915 San Francisco World’s Fair. Museum professionals were generally not involved in the creation of social-welfare exhibits. However, California museum workers were galvanized by the fair, considered creating a travelling museum reusing certain exhibits, and noted, ‘if our observation of San Francisco’s Exposition revealed nothing else, it would show how large a place subjects of social, civic, and educational interest hold in the public mind and how illuminatingly they can be taught through the exhibit’ (Theodora Pollok, ‘A State Traveling Museum’, *Proceedings of the American Association of Museums* (1915) 9, p. 13).

Exhibits of the past are usually poorly documented, so the exhibitory details Koslow has unearthed are valuable to museum professionals and scholars. Experience as a docent at the Rhode Island State Exhibit at the International Congress on Tuberculosis in 1908 led Gardner Swarts to found the Educational Exhibition Company. Koslow has gleaned from Swarts’s catalogues not only straightforward didactic models of a farmyard well, or even macabre models of a baby graveyard, but also Swarts’s strictures on exhibition design. He called himself ‘originator of the zigzag, or maze system of planning the layout of an exhibit, requiring spectators to view every part of the exhibit in its proper order’ (of course, museum scholars like Tony Bennett place the birth of this forced-march exhibit strategy in early nineteenth-century Britain), saying that it is better because no one could ‘begin at the wrong end of it and work backwards as he may be looking in the usual picture-hung exhibition’ (p. 44). Public-health reformers believed in the value of the visual exhibit experience, but they did not trust visitors to take the right lesson from their exhibits.

Other influential disseminators of exhibit theory were Evert Routzahn and Mary Swain Routzahn, of the Department of Surveys and Exhibits at New York’s Russell Sage Foundation, a major funder of progressive reform. They encouraged potential exhibitors

to focus on the audience and to set clear educational goals. Koslow quotes Evert Routzahn's pragmatic exhibit philosophy: 'the tuberculosis exhibit is in no sense a revolutionary force: it does not overthrow things; it will not bring an immediate reorganization of the universe', but 'it is expected to awaken interest, to impart information, to lead to activity, and to suggest work to be done and plans for doing it' (p. 46). In this period, exhibits were challenging and expensive to conceptualize, develop, tour and maintain, and the Routzahns served as a clearing house for exhibition information, providing practical detail on materials and strategies. Like today's exhibit professionals, 'they argued for less text' (p. 50). Their 1918 book *The ABC of Exhibit Planning* is available free online through the Russell Sage Foundation and is a charming exposition of both the philosophical and the practical sides of public-health exhibit practice.

Knowing one's audience was a key question for public-health exhibit proponents, as Koslow demonstrates with the story of an exhibit destroyed by its subjects. In 1913, the Presbyterian Board of Home Missions commissioned a study on social conditions in Morristown, New Jersey, turning the report's findings into an exhibit at a local school. After a local newspaper published offensive items from the report, Italian parents stormed the exhibit and forcibly deinstalled it. One man, Pellegrino Venecio, destroyed a picture of his own wife and baby captioned 'The foreign born must be taught how to care for their children'. While proponents argued that the exhibit's purpose was to decry that poverty and poor conditions were allowed to persist in Morristown, it is clear that many public-health exhibitions in this period were extremely patronizing to immigrants and the poor and focused on individual rather than systematic solutions to social ills. Nevertheless, wrote the editors of the *Survey* in their response to the Morristown controversy, 'the exhibit is probably the best single medium for presenting the survey findings in attractive and convincing fashion in the community' (p. 87). Although public-health exhibitors believed strongly in the value and efficacy of their medium, the movement slowly subsided through the 1920s and 1930s. Koslow provides an interesting snapshot of this lesser-known episode in public health, social reform and museum practice.

doi:10.1017/S0007087423000742

Kalle Kananoja, *Healing Knowledge in Atlantic Africa: Medical Encounters, 1500–1800*

Cambridge: Cambridge University Press, 2021. Pp. 272. ISBN 978-1-108-49125-9. \$29.99 (paperback).

Tim Lockley

University of Warwick

Kalle Kananoja's new book explores the circulation of medical knowledge across the Atlantic before 1800, with a clear focus on Africa and in particular on Angola. The book has seven chapters. The first four focus in turn on the Portuguese in Angola (two chapters), on the Dutch in the Gold Coast, and on the British in Sierra Leone, highlighting the similarities in how Europeans and Africans understood and treated sickness and diseases. Europeans knew that they were living in a region with different plants, which