

Godly sorrow and despair were spiritual rather than corporeal and could only be overcome through God's grace. Here the author looks to devotional literature and spiritual autobiographies, including much welcomed writing by women. Protestant theologians characterised godly sorrow as a positive, even joyous, experience. The physical body, particularly the broken, softened heart, provided a language for articulating expressions of godly sorrow – a very different affective state than the more literal disordered bodies discussed in the first half of the book. Believers could mistake godly sorrow for despair, even though one indicated salvation and the other reprobation. Differentiating between the two required wilful interpretation, in this instance, through self-scrutiny and autobiography. Sullivan examines popular accounts of despair from the period, such as that of Francis Spira, as well as accounts of overcoming it. She shows, for example, how the autobiography of Robert Greene reinterpreted days of debauchery as a life of divine mercies.

This book is significant for complicating our understanding of sadness to encompass not only the corporeal and medical but also the religious, philosophical and immaterial. Histories of the emotions have examined how affect was understood and enacted in varying ways in the past. Sullivan builds on that work by exposing how individuals reworked and redefined existing norms and discourses to fit particular contexts. Perhaps most valuable is Sullivan's ability to bridge history and literary studies. The book most closely resembles intellectual history. Its central concern is ideas about the nature of sadness rather than the circulation or application of those ideas or of experiences, practices and perceptions of sorrow. Yet the book's richest discussions are literary rather than historical in the form of careful analyses of plays, poetry and autobiographies. Literary scholars may not fully appreciate what is so special here, as they have long studied topics under the purview of the history of medicine, namely, the body and the emotions. Moreover the book's central theme – the ways that texts cultivated self-knowledge – has been central to literary scholarship on early modern England. But historians of medicine may find inspiration in the book's combination of trenchant literary analysis and in-depth discussions of medical, philosophical and religious texts. *Beyond Melancholy* shows the value of literary texts and methods to the history of emotions and to the history of medicine more broadly.

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Jeremy Taylor, *Body by Darwin: How Evolution Shapes our Health and Transforms Medicine* (University of Chicago Press, 2015). Cloth and E-Book, \$30.00 and \$18.00, pp. 304, ISBN: 978022605988.

The field of evolutionary medicine, in its modern guise, can be said to have emerged in 1995, with the publication of *Evolution and Healing* by the psychiatrist Randolph Nesse and the anthropologist George Williams. Their book's American title, in 1994, was *Why We Get Sick*. Only the title was changed for the British edition, evolution being then (and now) an emotive word in the United States.

Since Nesse and Williams, a number of authors have developed the subject, of which Jeremy Taylor's fine volume is the latest example. Taylor pays due attention to Nesse and Williams (and Nesse provides a puff for this book). There is one curious feature of all the many volumes in this genre: none of these authors takes seriously the impact

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