

science flourished during the Spanish Civil War” (p. 1).

But Coni, who makes no large historical claims, has accomplished what he set out to do and described the “medical implications” of the Spanish conflict in a rich compendium of facts. The separate chapter of ‘Biographical notes’ provides especially helpful information on some of the major medical innovators of the period, while the bibliography is a trove of relevant sources. A further advantage is the clarity of Coni’s consistently accessible writing; methodological choices and limits on content are also made clear from the outset. Though readers should not expect the evocative prose and deeply contextualized analyses that characterize the best histories of the Spanish Civil War, this original effort to map uncharted territory will prove invaluable to anyone wishing to continue research in the area.

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**Anna Crozier,** *Practising colonial medicine: the Colonial Medical Service in British East Africa*, London and New York, I B Tauris, 2007, pp. xiv, 225, £47.50 (hardback 978-1-84511-459-6).

Crozier’s book provides a group portrait of 424 doctors employed in the East African Medical Service (EAMS) before 1939. The book shows how the backgrounds and experiences of EAMS doctors across Kenya, Uganda and Tanzania shaped their identities, suggesting that even when they practised in isolation from each other they had much in common. The EAMS doctors exhibited significant similarities in age at entry (mostly under thirty), gender (mostly male), professional, and ethnic (mostly English and Scottish) backgrounds. The book provides an important insight into how the attractions of joining the Colonial Medical Service were informally promoted through networks of family, friends and colleagues. Positive

representations of the philanthropy, morality, valour, and adventure of colonial medical service were rooted in its close associations in the minds and experiences of its doctors with the work of missionaries, explorers and (increasingly) scientists in the new specialism of tropical medicine. Besides colonial ideologies, EAMS doctors also shared common experiences in East Africa. Like other colonials, they were simultaneously both personally and professionally invested in being (exaggeratedly) British and having first-hand experiences of Africa. Even after leaving the EAMS many of the doctors’ personal and professional lives were shaped by their experiences in the service.

The book is a useful counterpart to works on the Indian Medical Service, on doctors in colonial Africa, and the 2003 collected volume on *Medicine and colonial identity* edited by Molly Sutphen and Bridie Andrews. It is part of a broader trend towards understanding white colonial identities as related to, but distinct from, British identities. In 1997, Shula Marks suggested that this trend towards examining the politics of identity, especially race, gender and ethnicity, in colonial medicine historiography, was problematic because it placed colonial medicine centre stage as a vehicle of colonial discourse and power, rather than concentrating on the broader politics of health or class inequality (‘What is colonial about colonial medicine?’, *Soc. Hist. Med.*, 1997, **10**: 205–19, p. 215). Both these approaches are needed, but it is precisely the strength of Crozier’s book that in examining issues of race and identity it deliberately does not place colonial medicine centre stage as an agent of colonization. It seeks to understand the identities of EAMS doctors as complex and nuanced, informed by their positions as British émigrés, employees of a specific branch of the diverse Colonial Service, and members of the medical profession (especially tropical medicine specialists), as well as employees of the colonial state and members of settler society.

One of the problems of the book, however, is that it does not rise far enough above its

archive of personal papers and Colonial Office records. In moving away from simply depicting colonialism's faults through a medical lens, Crozier's book laudably tries to balance positive and negative aspects of the EAMS's history. But its non-judgmentalism sometimes limits significant analytical insights that could take us beyond the perspective of the EAMS doctors. The lack of a rapprochement between Foucaultian-style analysis of discourses of modernity and identity, and archivally-based case studies providing historical data on practice and experience is a general problem in colonial medical history (W Ernst, 'Beyond East and West. Reflections on the social history of medicine(s) in South Asia', *Soc. Hist. Med.*, 2007, 20: 505–24, pp. 509–10). African histories of medicine have generally tended towards the stolidly archival end of the spectrum, and this book is no exception. This is a pity, given that it could have further developed Dane Kennedy's work on settler identity that points in exciting new directions.

Thus, while the experiences of EAMS doctors may indeed "provide a cultural-historical template with which to view the colonial experience in general" (p. 2), this book's frame of vision is very narrowly focused. It remains to be seen whether other data fit into the EAMS story like pieces of a puzzle, or whether EAMS doctors' identities are better understood by providing new theoretical insights, or by juxtaposing them with African identities or broader socio-historical patterns. Nevertheless, as it stands, the book is a detailed, well researched and clearly presented account of a much neglected part of the Colonial Service, and will be a useful contribution in the field as a whole.

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**Michelle Renshaw,** *Accommodating the Chinese: the American Hospital in China, 1880–1920*, East Asia: History, Politics, Sociology, Culture series, New York and

London, Routledge, 2005, pp. xxii, 312, illus., £55.00, \$90.00 (hardback 978-0-415-97285-7).

Michelle Renshaw's meticulously researched *Accommodating the Chinese* looks at an important puzzle. When Western medicine was introduced into China by Protestant missionaries, which aspects of the missionary hospitals were adopted from their Western counterparts, and which owed their character to indigenous Chinese institutions, and to what extent? The author gives us a detailed discussion with enormous historical evidence.

*Accommodating the Chinese* addresses a topic generally ignored in the history of Western medicine in China. The book studies the physical and practical aspects of the hospital in that country, giving us an idea of how Western medicine was practised from the late nineteenth to the early twentieth century. Although much research has been done on the history of western medicine in China, there are few studies that focus on hospitals. This book, therefore, fills a gap.

It is divided into three sections. In the first, Renshaw reviews organized medicine in traditional China. There were Chinese charitable organizations in existence when the missionaries arrived and some were similar to the format of medical missionary dispensaries. Importantly, therefore, while Chinese patients in missionary hospitals may have found the medicine strange, the organization and principle of these institutions would have been familiar.

The second section examines the physical aspects of the hospital. Based on painstaking research in historical records, these three chapters provide an examination of the hospital buildings—their location, orientation, architectural style, internal layout, range of facilities, building methods, materials and finishes, and so on. Renshaw also connects the development of the medical mission in China to the progress of modern medicine in the West. For example, the missionaries were aware of the on-going debate in the West linking hospital design and health. But many