

Book Reviews

Aidan Cockburn, Eve Cockburn, and Theodore A Reyman (eds), *Mummies, disease and ancient cultures*, 2nd ed., Cambridge University Press, 1998 (1st ed., 1980), pp. xxii, 402, £70.00 (hardback 0-521-58060-9), £24.95 (paperback 0-521-58954-1).

The first edition of *Mummies, disease and ancient cultures* was reviewed in *Medical History* in 1981 by my colleague Dr Simon Hillson, who called it “a fascinating book”. This second edition is fundamentally revised and enlarged (by 62 pages), and brings in a new co-editor, in the person of the paleopathologist Theodore Reyman, the original joint-editor Aidan Cockburn having died as long ago as 1981.

The book is still divided into its four component parts: ‘Mummies of Egypt’, ‘Mummies of the Americas’, ‘Mummies of the world’, and ‘Mummies and technology’ (previously ‘The study of mummies’).

In Part I (my own speciality) there are few changes, apart from Chapter 3 on dental health in ancient Egypt which has been completely revised. Generally, there are some additions, and the bibliography is brought up-to-date to reflect work in the last twenty years.

Part II sees an entirely new chapter (10) on ‘South American mummies: culture and disease’. In Part III what was originally the last chapter, on miscellaneous mummies, is now divided over two chapters, one devoted to the mummies of the Mediterranean world (Italy, North Africa) and the Canary Islands, and one on bog bodies (actually not mummies!) from cold regions. The latter is entirely new. Other chapters have been enlarged and revised.

The biggest change in the second edition is the new Part IV, consisting of just one chapter (16) by Reyman, *et al.* on new investigative techniques. The old chapters on various aspects of the study of mummies have either disappeared or are integrated into this new one which encompasses aDNA and its application to mummy studies; paleoimaging, particularly computed tomography (CT scanning), by which a better visualization of the body is acquired; and paleonutrition studies: analysis

of burial offerings and of intestinal contents, leading to a reconstruction of the diet. Finally the study of ancient human parasitism is evaluated, which increasingly focuses on mummies. These exciting vistas have all opened up since 1980, the rapid pace of discovery and change reflecting the need for this second revised edition.

Hillson commented that the first edition was “nicely designed and well presented”. Unfortunately, the same cannot be said for the second where I found the photographs most disappointing, being far smaller and darker than when previously printed, which naturally diminishes their clarity and usefulness.

This aside, I can only reiterate Hillson; the second edition of the comprehensive *Mummies, disease and ancient cultures* is indeed as fascinating, if not more so, than the first. It fully justifies the wish of Eve Cockburn, as expressed in the final sentence of her new preface: “Let us hope that this second edition can be as stimulating”. It is again a “must” for the shelves of academic and layperson alike, and is certain to continue to appear on student core reading lists (including my own) for a further two decades, by which time (if not before?) we must eagerly anticipate yet another edition.

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Andrew Cunningham and Bridie Andrews (eds), *Western medicine as contested knowledge*, Studies in Imperialism, Manchester University Press, 1997, pp. ix, 294, illus., £40.00 (0-7190-4673-4).

I read most of the essays in *Western medicine as contested knowledge* on long train journeys to and from a conference on ‘Medical pluralism in colonial and post-colonial societies’. On the outward journey, I began to wonder what made for the “wars” between medical systems promised in Cunningham’s and Andrews’s edited collection, and the

conditions of “peace” that were described in the abstracts of papers for the conference? On the journey home, I was no longer bothered by this question. Further reading and listening had shown that relations between medical systems were infinitely more complex than the alternatives offered by “contested” and “pluralism”. Indeed, most of the impressive range of studies brought together by Cunningham and Andrews are about tensions between systems rather than contests for hegemony. After all, the practitioners and apostles of Western medicine were usually much more powerful than those who opposed them, both in terms of the ways medical power was constructed and through their places in the wider forces of colonialism. The studies in this volume concentrate on the period after 1850, when Western medical practitioners, confident in the new scientific grounding of their subject, became more confrontational with, and dismissive of, other medical systems. It should not be assumed that Western medicine was only contested when first introduced. A longer time scale would show that many earlier practitioners of Western medicine in non-Western cultures were less arrogant, thought they could learn from indigenous practices, and that their work had a very mixed reception. Practices such as surgery, up against undeveloped indigenous traditions, were relatively uncontested, while Western doctors often adopted native herbal remedies, believing them better suited to local illnesses. The important point, which the collection overall demonstrates very well, is that Western medicine was not monolithic, it changed over time, had varying characteristics, and was used in diverse ways. The conflicts and tensions discussed in this volume often emerged from political, social and cultural changes, as well as specific public health or medical developments, such as responses to epidemics or popular resistances to new types of intervention.

Sung Lee’s study of policy change in the World Health Organisation (WHO) shows how the priorities established in the 1950s and 1960s were challenged by newly independent

states and the Communist bloc superpowers in the 1970s. A coalition formed which argued that the WHO should move away from so-called “vertical programmes”—waging war on diseases—towards “horizontal programmes”—building primary health care services. However, it seems that any conflict was resolved by the WHO pursuing both policies rather than there being an outright winner. In Japan, while Western surgery has been long accepted, there has of late been resistance, as Emiko Ohnuki-Tierney’s study of attitudes to transplantation shows, to specific procedures and their reductionist assumptions about personhood. Richard Waller and Kathy Homewood’s nuanced account of veterinary knowledge and disease control policy in the Masai region of Kenya brings out the different powers and resources of rivals, and shows how contests, rather than being won or lost, can continue in a dynamic fashion. Their conclusion, echoed in many other chapters, is that at the end of the twentieth century experts in Western medicine are no longer as confident as they once were and that many have become more open to alternative, indigenous ideas of stock management. Stephen Kunitz and Jerrold Levy draw out the changing conflicts and accommodations in relations between Western biomedicine and Navajos’ healing traditions evident in the work of the US Indian Health Service. Amongst the most important has been the establishment of pluralist traditions, which have also been anything but static. For example, Indian medical ideas and healing practices were once clearly separated: medical beliefs were regarded as largely spiritual, while practices were neglected as a result of pragmatic judgements that they were less effective than biomedicine. More recently, Indian medical beliefs have been taken up once again and linked with wider cultural critiques of biomedicine from within the dominant culture. Pluralism is the central theme of Helen Lambert’s therapies in modern Rajasthan, where she shows accommodations on both sides, and how both have been changed in their encounters. Lambert brings out well the contrasts between the fate of knowledge and

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practice, and between popular beliefs and those embodied in official state policies. Deepak Kumar's account of the attempts of two Indian doctors to combine Western and indigenous systems after 1860 demonstrates how this was more readily achieved with practices than with knowledge. However, Ayurvedic theory was revived as resistance to Western medicine developed from the 1890s, due to new public health measures, such as vaccination and isolation, and with the development of Indian nationalism. Ilana Löwy's account of the yellow fever control endeavours of Rockefeller Foundation agencies in Brazil exposes the mixed intentions of International Health Board officials, and how popular resistance was aimed more towards the coercive character of their programmes than to Western medicine as such. By contrast, the study of Rockefeller hookworm control programmes in Mexico, by Anne-Emanuelle Birn and Armando Solórzano, reveals that popular reactions could be to quite specific measures, for example, to fears of the effects of particular medicines. They also show that local medical practitioners were unhappy about the competition from Rockefeller-funded doctors, while local state officials welcomed the opportunity the programmes provided to develop the functions of the local state. Molly Sutphen's innovative comparative study of the plague in Hong Kong and Cape Town, uses reports of rumours to reconstruct popular attitudes to public health measures. She explains how these varied at different stages of the crisis, were culturally specific, and reveal a quite sophisticated political understanding of different interventions. Helen Power's fascinating study of malariology in Thailand since 1945 concerns the politics of knowledge. As Western medicine was not imported into Thailand along with foreign domination, there was less resistance to its ideas and practices, and these were slowly accommodated on terms dictated by indigenous healers and rulers. It is paradoxical that two important innovations developed by Western-trained and Western-oriented Thai medical practitioners have been ignored and resisted by Western malariologists, even though they addressed critical and

troubling problems. First, in the 1960s, Tranakchit Harinasuta's identification of chloroquine resistance in malarial parasites was ignored and then denied priority, while in the 1980s, Western doctors were reluctant to accept the idea that a drug, derived from a Chinese herbal remedy, was an effective alternative to chloroquine and its derivatives. While it is well known that Western medicine has had its own hierarchies, with centres and peripheries, Power shows that scientists practising Western medicine in non-Western countries have been at a particular disadvantage and all the more so when they contest medical orthodoxies.

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Änne Bäumer, *Bibliography of the history of biology. Bibliographie zur Geschichte der Biologie*, Frankfurt am Main and New York, Peter Lang, 1997, pp. xi, 307, £40.00 (3-631-32261-5, USA 0-8204-3513-9).

Änne Bäumer is currently in the middle of an ambitious five-volume publishing project which surveys the whole of European biology from Antiquity to the twentieth century. When I last saw the series, she had hit the eighteenth century and I was very impressed by her grasp of the issues, scope and stamina: that kind of project is not for the faint-hearted. The volume here under review is issued simultaneously with the series, serving as the detailed bibliography on which her other tomes rest, and also represents an independent and valuable analysis of secondary material relating to the history of biology. It clearly deserves a place in every scientific reference collection.

The structure reflects the arrangement of Bäumer's previously published text volumes: it is very orderly and divided into four sections. The first covers general history, the second special problems, the third individual disciplines, and the fourth biographical studies. The time span is from Antiquity to the twentieth century, the geographical spread