

Hormoz Ebrahimnejad (ed.), *The development of modern medicine in non-western countries: historical perspectives*, Royal Asiatic Society Books, London and New York, Routledge, 2009, pp. xiv, 241, £80.00 (hardback 978-0-415-44742-3).

Hormoz Ebrahimnejad states his intellectual aspirations clearly in the introduction to this bright new collection of essays. Rather than see a stark gulf between “western” medicine and “non-western” medicine as essentially conflictual traditions, this book endeavours to explore the various ways western medicine was manipulated and appropriated in non-western contexts. In so doing, the volume investigates the non-western acceptance and adaptation of western medicine as part of constant redefinitions of medical pluralism, and also as part of broader programmes towards social and political modernization more generally. Furthermore, what “modern” medicine came to mean in different contexts is stressed by Ebrahimnejad as having an internal dynamism of its own, one which relied as much (or more) on complex local forces as it did on the perceived ascendancy of the western medical model *per se*. This rethinking moves away from diffusionist models of western thought, transplanted in its entirety from the centre to the periphery, and instead highlights the importance of embracing hybrid models on their own terms in their own (vigorously adaptive) contexts.

Despite Ebrahimnejad’s insightful introduction, one is left after reading the collection with the nagging concern that local medical systems are never fully celebrated for their incorporation of the “western”. Several of the chapters (Feza Günergun and Seref Etker, Margaret Jones, and Laurence Monnais) suitably show the way that local communities, individuals and governments reinterpreted and diversified imported medical practices, but ultimately local appropriation never seems *fêted* for its multiplicity and ingenuity—rather it is mostly described in relative, reactive, essentially lesser, terms than the hegemonic

system it appropriates. Indeed, one might argue that referring to western medicine as hegemonic itself contributes to the maintenance of this position. The ideal symmetry would be, surely, to acknowledge that both “western” and “local” medicines (pre- and post-contact with each other) are historically heterogeneous, multi-originated and dynamic. This problem is particularly highlighted in Margaret Jones’s engaging essay on the reconfiguration of Ayurveda in Ceylon, which implicitly laments the influences of western medicine (which is treated as largely homogeneous and fully formed), and which therefore seems to minimize the value of the initiative of local medical systems to borrow and remould as they see fit. To understand this process, a model of cultural interactions (deriving from, say, Marshall Sahlins) is necessary.

In general, however, the collection hangs together well and the geographical remit covered is satisfyingly diverse, with case studies from Japan, Iran and Turkey as well as India and Africa. Particular highlights include the studies presented by Mark Harrison and Anne-Marie Moulin, both of whom show how conventional dichotomies of “centre” and “periphery” can be constructively fragmented. In Harrison’s case we have a peculiar story of the way the India-based research of the little-known Dr Helenus Scott—on nitric acid as a remedy to syphilis—came to influence, through a series of unexpected informal networks, research in the same vein back in the UK. Moulin presents another case of the subversion of expected norms, where it was the Pasha, Muhammad ‘Ali, who publicly espoused the more progressive public health approaches in the modernization of Egypt. In contrast, the French colonial medical advisor, and ostensible symbol of progress, Antoine Clot maintained a more cautious approach to “modern” western models of controlling plague.

Finally, the chapters by John Manton and Akihito Suzuki and Mika Suzuki offer important broader interpretations of the impact of western medical discourses in non-western

contexts. The Suzukis provide an engaging piece on the endurance of older treatments and theories of cholera after the (mythical) medical modernization of Japan in 1872. The continued existence of older emphases on dietary regimen in the treatment and prevention of cholera alongside newly imported modern western theories were, the Suzukis argue, directly related to wider politics of consumerism in Japan. Similarly, John Manton's chapter, although based upon an extremely specific study of the Roman Catholic Leprosy Mission at Ogoja in Nigeria, makes an interesting larger interpretative point about the role of medical modernizing dialogues on the reconfiguration of other (fiscal, political, social, religious, ethnic) policies within Nigeria. Both chapters clearly show the power of medicine beyond the medical in configuring the wider local landscape and as such are important contributions to the field.

This is a thought-provoking and timely collection that provides an opportunity to reevaluate our western-dominated assumptions. While I did not feel that all the chapters completely embraced a post-colonial vision of non-western interaction with western medicine, such as Ebrahimnejad presents in his introduction, many of the case studies still say something fresh and interesting about the temporal and geographic heterogeneity of moving medical knowledge.

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Margaret Marsh and Wanda Ronner, *The fertility doctor: John Rock and the reproductive revolution*, Baltimore, Johns Hopkins University Press, 2008, pp. 374, £16.00, \$29.95 (hardback 978-0-8018-9001-7).

Today reproductive medicine has become an important component of health care in the developed world. Whether it be an infertile woman desperate to have a baby or a woman looking for a means to prevent conception,

reproductive medicine has the potential to help whether it be in the form of *in vitro* fertilization or an oral contraceptive pill. The power of medicine to aid these women, however, is relatively recent. As this engaging and methodically researched biographical book by Marsh and Ronner points out, many of the reproductive tools available today stem from the work of one individual: John Rock. Rock's work was not confined to women. He had a deep interest in male infertility, setting up one of the earliest separate infertility clinics for men in 1949, and was one of the first to explore the possibilities of developing a male contraceptive pill.

Using the previously unavailable personal papers of John Rock, Marsh and Ronner provide a goldmine of information about a man whose life and work not only touched the lives of thousands of people but helped to transform social, political and religious attitudes to fertility and contraception. Starting at a time when reproductive medicine was barely recognized as a specialism, this biography provides an important reminder of the personal challenges pioneers face in developing new medical fields. While inundated with patients, Rock struggled to raise money and recognition for his work and his clinics, and was frequently penniless himself.

The son of second-generation Catholic Irish American parents, Rock started his working life as a timekeeper on a banana plantation for the United Fruit Company in Guatemala. Sent originally to the country by his businessman father, Rock's experiences there had a profound impact on his future career. Moved by the awful conditions which he witnessed among the fruit cutters, and miserable about his overall inability to change their dire circumstances, Rock realized his true vocation lay not in business, as his father had hoped, but in medicine. His interest in medicine was sparked by the friendship he had begun in Guatemala with Neil McPhail, a medical expert in tropical diseases.

What stands out in this biography is the profound empathy Rock showed for the plight