John Rankin. *Healing the African Body: British Medicine in West Africa, 1800–1860*. Columbia: University of Missouri Press, 2015. Pp. 244. $65.00 (cloth).
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In *Healing the African Body*, John Rankin has provided important insights into the ways that Britons perceived and interacted with West Africans in the period between the end of the transatlantic slave trade and the scramble for Africa. Although it is unlikely that Rankin's book will change the broader narrative about British-African relations that extends into the colonial period, his work successfully outlines shifts in the way that Britons viewed Africans and their health and healing in an overlooked period. More importantly, by exploring British ideas and practices that evolved on the ground in West Africa, his book adds more weight to the literature emphasizing exchange rather than domination in the interaction between European and African medical systems.

Rankin's main purpose is to explore how Britons "perceived, created, and understood Africans and their health" in the early nineteenth century in the Sierra Leone, Gambia, and Gold Coast colonies (1). Rankin starts with an examination of different British conceptions of race, ethnicity, and medicine. He then includes three chapters that focus on contexts wherein these ideas developed: British-managed health care sites, Christian missions, and the Royal Navy. Throughout, he demonstrates the complexities in the ways that the British—both those in the metropole and those working in West Africa—understood Africans and details the influence that Africans had on these various conceptions.

An important implication of the book is that the development of a dominant "racialized" Western medicine was not a foregone conclusion in the early nineteenth century. In chapter 1, Rankin describes the "flexibility and fluidity" that characterized British approaches to race and medicine during the time (17). Because British medicine was not clearly superior, other sciences, religious views, and deductive reasoning had greater influence on ways of understanding Africans and race than did medicine itself. Rankin further argues that ethnicity was constructed in more ways than a white-black binary, especially by the British stationed in West Africa.

Diversity of thought and practice is then manifested in the way British health practitioners, missionaries, and the navy interacted with Africans. Chapter 2 presents valuable evidence of African reactions to European medicine, particularly the aversion to hospitals and vaccinations by Africans liberated from enslavement and brought to Sierra Leone. The British hoped to use medicine as a tool for establishing their imperial presence, but, Rankin argues, medicine was not very effective in doing so at this time because of the lack of resources, the ineffectiveness of the system, and the actions of Africans who either rejected or altered European medicine. The system that emerged was defined by "compromise and shortages" (94), and the evidence that Europeans explored African therapeutics employed as palliatives (but not those based on supernatural beliefs) further shows how colonial rule was not a straightforward case of domination.

In chapters 3 and 4, Rankin offers deeper understanding of the specific views and experiences of Christian missionaries and the British navy. Both groups of people had to grapple with the difficulties the African environment posed to European health and ended up relying on certain Africans to advance their work. Christian missionaries were not interested in using medicine as a proselytizing tool at this time, but they necessarily involved themselves in African health issues, and they faced major health challenges themselves. They eventually accepted that diseases would continue to inhibit European missionaries and began to rely more on African missionaries. Similarly, the navy relied more on Kroomen (people from what is today Eastern Liberia, who actively sought employment on European ships), in large part because of their healthy resilience compared to that of Europeans, liberated Africans, and other seamen. All chapters include valuable information on the specific types of diseases, therapeutics, and theories people dealt with, but the chapter on the navy presents particularly

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convincing statistics to illustrate how Africans and Europeans differed in their morbidity rates but not in their recovery rates. Having this information helps Rankin make a strong case that some naval physicians employed a form of racialized medicine on the ships when they treated Africans differently.

Rankin is very interested in addressing the question of whether or not what he has described can be defined as "colonial medicine"—medicine that sought to reorganize subjects' lives in a way that affirmed the colonizer's superiority (5). Rankin argues that although British medicine was not superior or uniformly applied and accepted, British medical practitioners still viewed it as superior. Because of this, British medicine could be considered "colonial medicine" even though it did not in fact attain its goals. It is enlightening to see the evolution of British racial thought and medicine at a time when British medicine was not clearly better than African medicine. Rather than focusing on classifying it as *colonial*, however, Rankin might have emphasized more how the dynamics between European and African medicine at this time led to exchange and compromise. This would have strengthened his argument that his book adds to the work of scholars understanding empire as including "cultural sharing, melding, and interaction" rather than a unidirectional process of European domination (6). This relates to what historians of health and healing in Africa have been exploring more recently. See, for example, Karen E. Flint, *Healing Traditions: African Medicine, Cultural Exchange, and Competition in South Africa, 1820–1948* (2008); Anne Digby, *Diversity and Division in Medicine: Health Care in South Africa from the 1800s* (2006); and David Baranov, *The African Transformation of Western Medicine and the Dynamics of Global Cultural Exchange* (2008). Rankin should have engaged these works (rather than some of the much older studies he cites) to bring them into dialogue with British studies. Rankin's book is, however, an important addition to the history of health and healing in Africa, as well as to British studies, though for perhaps different reasons than intended.

Leslie Anne Hadfield
Brigham Young University
leslie_hadfield@byu.edu

DAVID STEVENSON. *1917: War, Peace, and Revolution*. Oxford: Oxford University Press, 2017. Pp. 480. $39.95 (cloth).
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The president of France's Third Republic, Raymond Poincaré, epitomized 1917 as the "troubled" year. It was troubled diplomatically (by peace offers both overt and secret), strategically (how to break the war's seeming impasse), politically (by increasing Socialist influence), militarily (with disasters in France at the Chemin des Dames, in Italy at Caporetto, and in Flanders), and socially (strikes, mutiny, and even revolution).

The great merit of David Stevenson's most recent volume, *1917: War, Peace, and Revolution,* is that he synthesizes the events of this troubled year with his usual clarity, analyzing them not only individually but also in their interactions. Stevenson's overarching theme is the "association" of the United States with the Entente powers in April 1917 and the two Russian revolutions that ended Russia's role as one of those Entente powers. This thematic approach means that occasionally chronology has to be abandoned, although not entirely, as America's entrance in April 1917 pre-dates Russia's exit after the October Revolution. He organizes the book into three parts: the first concerns the Atlantic Ocean, with chapters on German submarines, America's declaration of war, and the British adoption of convoy; the second returns to land, to the European continent and the battles fought there despite (or because of) the various offers of

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