

the regional, national and international aspects of prostitution, Stauter-Halsted shows how the international trade in women, then as now, intersected concerns with health, family and personal safety, alongside poverty, unemployment as well as a hostile social environment and deplorable economic conditions at home. In this context, Stauter-Halsted also provides a much needed correction to the popular imagination that identified those who procured women for paid sex as exclusively Jewish. While many of those involved in human trafficking and prostitution were indeed Jews, as were many of the victims, the magnitude of prostitution in partitioned Poland could not be blamed entirely on this group; it was, as convincingly discussed here, the outcome of a multitude of factors, both internal and external. This is a useful approach to take considering the resilience of popular anti-Semitism in East-Central Europe.

Finally, the book is exemplary in terms of its clear structure and use of historical sources. It deepens not only our knowledge of a number of topics connected to prostitution, but also our appreciation of the many ways of understanding its meaning, from moral and religious judgement to social and medical reform. Historians of Poland, and of East-Central Europe more generally, will certainly welcome it, as will historians of medicine and students interested in social protection, gender, welfare and nationalism.

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**Erin Sullivan**, *Beyond Melancholy: Sadness and Selfhood in Renaissance England* (Oxford: Oxford University Press, 2016), pp. ix-227, \$100, hardback, ISBN: 9780198739654.

*Beyond Melancholy* is an elegant study of sadness in Renaissance England. As its title suggests, the book looks beyond melancholy to show how sorrow was a more complex, malleable and affirmative concept than scholars have realised. Grief was thought to cause illness and, in extreme circumstances, it could even lead to death. Yet, within the frame of Protestant theology, the emotion took on very different meanings. It was considered helpful rather than harmful, a way of perceiving divine grace and seeking salvation. Taken too far, however, such spiritual feelings could sink into the dangerous realm of despair. These categories of sadness – grief over worldly cares, melancholy, godly sorrow and despair – were thought to intersect with one another, which could make differentiating between them difficult. The book's central argument is that interpreting sorrow amongst such ambiguity was an active, wilful process. Sullivan calls it 'emotive improvisation', and she suggests that it was key to the cultivation of selfhood. It is by knowing the nature and implications of sadness that one comes to know oneself.

The four categories of sadness structure the book. Grief afflicted the soul and mind whereas melancholy was a disorder of the body. Both were thought to wreak physical alterations, and so the capacity to control emotion was deemed integral to health. Yet this holistic view of body and mind, Sullivan argues, existed alongside a dualistic one. Using literature from the period, she shows how grief could become an act of defiance that required thought and reason. Involuntary, corporeal grief worked together with this more wilful, immaterial grief. Melancholy was linked to intellectual pursuits and often diagnosed in wealthy men, yet Sullivan finds that medical writers associated the disease with disorders of the gut rather than the imagination. She elaborates on this observation using scatological humour in comedies.

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