The book highlights how mission stations became important arenas, not only for enabling transnational flows of knowledge, but also for cross-cultural exchanges of knowledge between locals and foreign sisters. One would have expected that, throughout the history of Catholic medical missions, missionaries would have worked hard to marginalise indigenous medical practices. But Wall demonstrates that, with time, sisters adjusted their relationships with indigenous healers and were willing to share medical knowledge with them as much as the sisters also learned about the clinical efficacy of indigenous medicine (120). In Tanzania, the work of *Mangangas* was highly appreciated by the Maryknoll sisters (122–4). In Ghana, as part of their efforts in supporting rural health care, HFH introduced the Primary Health for Indigenous Healers Programme. And in Ghana and Uganda, the sisters also trained Traditional Birth Attendants (122–42). Mann argues that such intercultural exchanges of medical knowledge were 'useful as the sisters became more a part of their communities, living and working among contrasting worldviews about religion and medicine' (124).

One would have expected to read more about how African sisters as nurses navigated the Biafran war in the wake of international medical personnel leaving eastern Nigeria. In addition, a sustained analysis of the responses to the changing disease environment as a result of HIV/AIDS would have been fascinating. Nonetheless, *Into Africa* is a good read that complicates narratives on the intersections between healthcare and religion in women's history. It does an excellent job of untangling the often held assumptions that religion and modernity oppose each other by foregrounding the role of Catholic women's adoption of science and technology in their work. This is a must read for everyone interested in the role of missionary women in not only providing health care to Africans, but also for their important role in humanitarian relief and social justice work in the era of decolonisation and independence in Sub-Saharan Africa.

Clement Masakure
International Studies Group,
University of the Free State, South Africa

doi:10.1017/mdh.2016.83

Robert Woods and **Chris Galley**, *Mrs Stone & Dr Smellie: Eighteenth-Century Midwives and their Patients* (Liverpool: University of Liverpool Press, 2014), pp. vii, 544, £80, hardback, ISBN: 978-1-78138-141-0.

Co-written by the late Robert Woods, a Professor of Geography at the University of Liverpool and his one-time student Chris Galley, the book's aim, as explained in the preface, is to use case notes to answer three broad questions: how eighteenth-century midwives practised their craft, how midwifery knowledge was produced and disseminated and how, and if, infant and maternal mortality improved by the beginning of the nineteenth-century. While both authors should be applauded for their meticulous use of sources and wide-ranging investigation of midwifery practice, it must be acknowledged from the start that the book attempts to cover too much terrain and arrives at conclusions that are not carefully substantiated. These include assertions about the 'state of the art' diagnosis and treatment of uterine haemorrhage by Edward Rigby, Thomas Denman's 'discovery of spontaneous evolution', or how the mother's labour pains can reposition the child in the womb and lead to successful deliveries, and the claim that 'a detailed analysis of medical case notes . . . [proves] that positive advances in therapeutic practice were made' from the

late seventeenth to the mid-nineteenth century 'and foetal and maternal survival' rates improved as a result (273, 279, 459–60)'.

The book does contain demographic material focused on estimates of maternal mortality and stillbirth rates (Figures 1.1 and 1.2) as well as two charts devoted to burials, baptisms and foetal and infant deaths in London, taken from the Bills of Mortality, from 1720 to 1820 (Figure 5.5). This demographic material, however, largely stands alone and is not linked to case notes. The other twenty-seven figures include such items as the distributions of midwifery cases associated with individual midwives, maps of the areas where these midwives practised, title pages of midwifery books, illustrations of William Hunter's home and anatomy school and the comparative sizes of Dr Smellie's and Mrs Stone's midwifery texts. In addition to these visual aids are twenty-six tables, three of which focus on infant and maternal morality (Tables 1.1, 1.2, 5.1). Additional tables include such disparate matter as estimates of literacy levels in England, 'use of "loose" and "periodic" sentences in case notes', 'forceps used and craniotomies performed in ten European lying-in hospitals' and 'an example of an early eighteenth-century midwifery case note ordered in themed sections' followed by a similar entry from the nineteenth century (xi–xii). As stated earlier, the primary weakness of this book is its attempt to discuss too many topics and arrive at sweeping conclusions about midwifery practice, the state of midwifery in general and patient outcomes. Moreover, the book utilises selections of case notes whose criteria for study are not always clear, and then arrives at conclusions, both big and small, from these case notes.

To be fair, one strength of the book is its meticulous and extensive use of archival sources. The forty-three case notes that make up Sarah Stone's *A Complete Practice of Midwifery* (1737) appear in their entirety in Chapter 4, while twenty-two case notes from William Smellie's London practice make up the book's sixth chapter. In addition, Chapter 8 includes selections of case notes from practitioners as varied as Paul Portal, Hendrik can Deventer, Guillaume Mauquest de La Motte, the little discussed Robert Barret, William Giffard, Edmund Chapman, William Clark, Benjamin Pugh, Elizabeh Nihell and William and John Hunter.

The chapters interspersed between these chapters discuss broader topics. Chapter 1 is, in part, an introduction to the remaining chapters. It discusses debates about medical progress: the role of birth attendants in medical history; patient outcomes; maternal, foetal and infant mortality in England; the use of case notes; the case notes of the eighteenth-century Lincolnshire midwife Matthew Flinders; and case notes in American midwifery texts, such as those of Walter Channing. Chapter 2 discusses how to read case notes followed by the linguistic, thematic and organisational structures of case notes. There are two introductory chapters to the case note chapters on Sarah Stone and William Smellie (Chapters 3 and 5). The most problematic chapter, in my estimation, is Chapter 7, which places Stone and Smellie's case notes 'into a wider context by describing and illustrating the ways in which midwifery practice changed in England and Scotland between the last decades of the seventeenth century and the middle of the nineteenth' (234). While the arguments of this chapter are either unclear or unconvincing, the extensive footnotes scattered throughout this chapter, and elsewhere in the book, are useful and interesting. Clearly both Woods and Galley did their research.

Additional supplementary material following the book's final chapter will prove useful to readers not well versed in the history of obstetrics. Appendix one lists 'important British midwifery and anatomical textbooks, and books of case notes, arranged alphabetically by author'; Appendix two lists similar material, although the arrangement is now by

date of publication and extends from the mid-seventeenth to the mid-nineteenth century (467). Appendix three is a six-page discussion of midwifery printing and design, a topic tangentially touched on in Chapter 2. Six case notes from François Mauriceau, with alternating French and English translations, make up Appendix four – a curious inclusion, since an English translation of these notes could easily have appeared in Chapter 6 with the smattering of other case notes from British and continental writers. Admittedly, the book's preface, written by Galley, claims that readers do not have to read the book sequentially and, since 'each chapter is intended to be self-contained', content of the chapters does overlap (4). Intentional repetition of content, however, does not explain some choices of content organisation such as the one just described concerning Mauriceau. Moreover, if one does not read the book from cover to cover, important information can be overlooked. Appendix five, for instance, consists of 'notes on eighteenth-century prescriptions' but some of the case notes in Chapter 8 also discuss prescriptions given to women in labour (489). After the six appendices, there is a glossary of terms associated with eighteenth-century obstetrical practice. The book ends with yet another bibliography; this one combines primary and secondary sources and includes some of the same sources found in Appendices one and two.

All told, *Mrs Stone & Dr Smellie* overreaches in its aim, but patient readers who take the time to understand how the book is organised and where targeted bits and pieces of information can be found, will be well rewarded for the effort.

Pam Lieske
Kent State University at Trumbull, USA

doi:10.1017/mdh.2016.84

Michael Zeheter, *Epidemics, Empire, and Environments: Cholera in Madras and Quebec City, 1818–1910* (Pittsburgh: University of Pittsburgh Press, 2015), pp. Ix + 325, Maps, index.

Michael Zeheter, of the University of Trier, has written an engrossing tale of two cities, Madras and Quebec, which, like many other cities, were confronted the ravages of cholera in the nineteenth century. Cholera is an intestinal disease caused by a bacterium (*Vibrio cholerae*) that, in serious cases, leads to diarrhoea, dehydration, and electrolyte imbalance. If untreated, cholera brings coma and death in roughly half of sufferers. Its course is swift: from first symptoms to death can take only hours. It is typically transmitted from person to person via food and water contaminated by human faeces, and thus depends on poor sanitation for its survival. Although the bacterium is found in other creatures, only humans suffer from it.

Before 1817, cholera rarely, if ever, escaped its native haunts, the area around the Bay of Bengal. Since 1817, it has erupted into more or less global pandemics at least seven times. It is a classic disease of globalisation: because it disables and kills people so quickly, to spread far, it needs efficient transportation networks of the sort that came into existence only with steamships and railways.

In the course of the nineteenth century, one of the obstacles to the consolidation of British power was cholera. It haunted port cities and flourished in the unsanitary conditions of military life. With the widespread outbreaks after 1817, British authorities concluded that they needed to do something about it. Just what to do was unclear, because no one knew what caused cholera. Zeheter explores the measures, at first fruitless but eventually effective, taken in two cities of the British Empire.