

as IVF from the 1980s. While Gameiro and Boivon emphasise the role of psychologists in supporting patients through the process of pursuing ARTs, both Davis's chapter on AID, and Duncan Wilson's chapter on IVF and discourses on the 'right to a child' in 1970s and 1980s Britain underscore how psychology could be used to delegitimise certain individuals' ambition to pursue ARTs.

Wilson's chapter is more about who has a theoretical or legal right to infertility treatment, than who has a social right to such treatment. However, in countries with socialised medicine, or other forms of communal health insurance, the question of rights is as much about the practical rights to access-funded treatment as about theoretical rights to care. Sara MacBride Stewart and Rachel Simon-Kumar approach this issue from a comparative perspective in their review of feminist contributions to the debate on infertility treatment in the global north and south. Picking up on Tracey Loughran's discussion of second-wave feminists and cultural representations of infertility, the two public health scholars note that feminist debate in the global north had initially been preoccupied with providing a gendered critique of the medical discourses of assisted reproductive technology which posited the infertile female body as diseased and in need of treatment, and implicitly placed motherhood at the centre of women's life experience. Feminists in the global south, in contrast, were more concerned to encourage the state to protect women's bodily autonomy and their right to procreate, in the face of widespread state-sponsored campaigns of forced sterilisation. In this context, women from the global south were not averse to ARTs, but most saw them as peripheral to their concerns, not least because of the high costs of such procedures. The sociologist Rene Almeling picks up on the economic angle through her exploration of the cultural economy of sperm and oocyte 'donation'; and Fabrice Cahen traces how religious and political obstacles derailed attempts to bring infertility treatment under the umbrella of state social security in France in the early twentieth century. Yet, these two articles notwithstanding, the economics of infertility treatment are largely absent from the volume.

This engrossing and wide-ranging volume is an invaluable resource for those interested in the comparative study of infertility across time and borders, and it would be churlish to harp on what is excluded. That said, the authors begin by illuminating the range of stories that have remained hidden from history, including 'secondary infertility', or the inability to give birth to a second child. The 'problem' of secondary sterility or sub-fertility was frequently highlighted by medical practitioners in the late nineteenth and early twentieth centuries. Yet, excepting in Angela Davis's chapter drawn from oral interviews with a group of post-war Oxfordshire mothers, secondary infertility receives only glancing attention. Its omission only underscores the volume of work still to be done on the history of infertility in Britain and beyond.

Laura Beers

University of Birmingham, UK

doi:10.1017/mdh.2018.33

Jennifer Tappan, *The Riddle of Malnutrition: The Long Arc of Biomedical and Public Health Interventions in Uganda* (Athens, OH: Ohio University Press, 2017), pp. xx + 218, £26.99, paperback, ISBN: 9780821422465.

The striking image of the half-naked pot bellied African child that adorns the cover of Jennifer Tappan's new book is one that carries with it a multitude of uncomfortable associations. Images such as this one became particularly common within western mass

media from the 1980s, eliciting outpourings of public sympathy and raising awareness of the dire situations in which many human populations lived. These pictures unwittingly deepened existing associations of a generic Africa in crisis, filled with equally generalised 'Africans' desperately in need of Western public health intervention. The complex role colonialism had played in the creation of these cases of childhood malnutrition – displayed via these characteristic images of naked, swollen children – was rarely discussed: until new criticisms of the role of western medical colonialism came to centre stage from the late 1990s and early 2000s.

The Riddle of Malnutrition unravels this complicated and little-known history of nutritional health, focusing the site of its enquiry on Uganda, the country where much early research into malnutrition was conducted. Uganda was home to Africa's first nutrition rehabilitation program, Mwanamugimu, at Mulago Hospital – a fact that has hitherto been overlooked outside the country. Tappan's story is of one of the unintentional extension of a problem. Malnutrition was little understood, not least because initial biomedical investigations wrongly considered it more as a disease, requiring hospital-based therapies, than a condition that could be remedied through longer-term food programmes. It took the research conducted via Mwanamugimu to tackle the problem effectively, especially that of its most fatal form – kwashiorkor. The Mwanamugimu programme confronted malnutrition through developing a programme that gave agency to local people, particularly women, and was culturally sensitive to an African worldview. The programme's success is even more amazing when it is presented against the unremitting backdrop of violence and upheaval perpetrated by Amin and Obote.

This is a fascinating story. Tappan uses a range of archival sources, both official and personal, and she also makes extensive use of oral history. The result is an interesting if somewhat predictable, critique, taking us through the rise and fall of biomedical interventions to a more optimistic (although far from perfect) standpoint from which to consider ways to tackle malnutrition in modern Africa. Throughout the book, the broader Ugandan political context is well considered, as are the varying responses to malnutrition as experienced by Ugandans differently over time. As a social and cultural historian, however, I craved more detail on this more personal angle. Particularly, I wished to know more about the environments and preconditions that caused the first colonial doctors to look down the wrong avenues. Similarly, although the book felt very close to the changing landscape of the science of malnutrition, I never felt I was inside the heads of those who championed different theories. Although Ugandan understandings of the condition are given space, I was left still wondering what it was like to be a Ugandan mother looking at medical options for her malnourished child. The overall impression, for me at least, was that this was a very efficient, welcomingly politically potent, but oddly detached book; especially given Tappan's evident affection for the people she interviewed.

The central message is clear, so clear in fact that it dangerously teeters on the edge of repetitive overstatement. Throughout this study Tappan is passionate about the relevance of this history to modern-day policy makers. As she points out, the problem is urgent today, with an estimated ten million children globally identified yearly as suffering from the condition. Contemporary reactions to malnutrition today, argues Tappan, still unwittingly carry with them lingering remnants of its faulty historical conceptualisation.

In the United States, this book has made a modest splash and deserves to have done so. It is conscientiously researched and is earnest and deeply considered in its laudable aim to function beyond being purely a history book for scholars to discuss, remote from the on-the-ground reality, in their privileged ivory towers. Furthermore, this has obviously been a labour of love for a country and a people that are close to Tappan's heart. Its central

findings will influence those working in less developed economies to show, if nothing else, that biomedicine is not the one-stop fix it is all too often optimistically assumed to be. This is a solemn and worthy book, I really wanted to love it, and was left perplexed as to why it ultimately left me a bit cold. For me, at least, this was not a page-turner and was a touch repetitive, but I can simultaneously appreciate the meticulous underlying research that makes this an important scholarly addition to our understanding of public health interventions in Africa.

Anna Greenwood

University of Nottingham, UK

doi:10.1017/mdh.2018.34

Robert Marshall and **Alan Bleakley**, *Rejuvenating Medical Education: Seeking Help from Homer* (Newcastle upon Tyne: Cambridge Scholars Publishing, 2017), pp. 325, £68.99, hardback, ISBN: 9781443895644.

Most clinical training bodies have recognised that there are dimensions of clinical competence which are distinct from factual knowledge and strictly technical skills and that these tend to be rooted in personal characteristics and ‘habits of mind’. Many of these qualities have been associated with humanities learning. The classic paper on the non-technical aspects of clinical competence, ‘Defining and Assessing Professional Competence’ by Epstein and Hundert, (*Journal of the American Medical Association*, 287, 2002), highlights tolerance of ambiguity, the ability to observe one’s own thought processes, wide social awareness, critical curiosity, and the capacity to recognise and respond to cognitive and emotional biases. Until 2013, the role of the humanities in developing these qualities was championed by the British General Medical Council (GMC). But the last two editions of *Tomorrow’s Doctors*, the document setting out the GMC’s standards for teaching, learning and assessment in medicine, have ceased to mention the humanities at all in connection with clinical training. All of the previous editions gave them a central place. Indeed, the establishment of Special Subject Modules in humanities disciplines in UK medical schools might not have happened without the GMC’s original endorsement. The GMC’s guidelines on *Good Medical Practice* (2013) – which have a direct impact on postgraduate training – have also become more muted about the value of the humanities in clinical practice. Instead the emphasis has been on the acquisition of ‘skills’ in communication, empathy, etc., via training days, or self-administered computerised training programmes.

This superb book, by Robert Marshall and Alan Bleakley, is, among other things, a jeremiad against the turning-away from the humanities. Robert Marshall has been a consultant pathologist for thirty years at the Royal Cornwall Hospitals, where he was Director of Postgraduate Medical Education at the University of Exeter Medical School, UK. He trained as a classicist before becoming a doctor. Alan Bleakley was until recently a professor of Medical Education, also at Exeter, and is one of the most important advocates of the humanities in medical training anywhere in the world. He trained as a post-Jungian psychotherapist and wrote a doctorate in that field. The two authors have been discussing Homer together on and off for several years and this book describes their attempts to use Homer’s two great epics, the *Iliad* and the *Odyssey*, to illuminate some of the difficulties of day-to-day clinical work. Marshall and Bleakley are not so naïve as to suggest that Homer’s epics contain ‘solutions’ to any of these difficulties. Rather, the *Iliad* and the *Odyssey* are useful because they help the neophyte to recognise, and work with, complexity, instead of wanting to eliminate it. Each of this book’s thirteen chapters