

visual cultures and aesthetic concerns are noticeably scarce. This shortcoming is partly due to an inadequate engagement with secondary literature, a problem further compounded by the clumping of citations into single notes at the ends of paragraphs, which frustrates any attempt to attribute references and claims. For a study about ‘*Art and History*’, there is a paucity of art history scholarship. The result is a too-brief critical attention given to visualisation, and particularly the epistemological function of illustrations in pathology. Meli’s Preface includes a short comment about how ‘visualizing’ is used in this book as meaning ‘making visible to the eye through several means, including technical devices’ (p. xii). Not only is this equivocal definition wanting, but so is further comment about such issues as how visual observation relates to medical knowledge and the different kinds of authority assigned to images. The closing pages of the book begins to unpack these issues, but those comments are too slight and too late. As it is, this book leaves the reader wondering what is at stake in this history.

Where Meli’s book truly succeeds is in mapping the development of illustrated pathological treatises in terms of the lives and goals of their authors, their collaborations with artists, the changes in nosology and the technical innovations in printing images. It is a wonderfully illustrated and much-needed study that will be an essential reference for many historians of medicine, and especially those working on pathology, medical illustrations, representations of disease and any of the several historical figures featured among its pages. *Visualizing Disease* will inspire pathologists interested in the history of their discipline and, hopefully, future scholars exploring the history of pathology.

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**Faith C. S. Ho**, *Western Medicine for Chinese: How the Hong Kong College of Medicine Achieved a Breakthrough* (Hong Kong: Hong Kong University Press, 2017), pp. xiii + 230, \$50, hardback, ISBN: 9789888390946.

The Hong Kong College of Medicine for Chinese was founded in 1887 with expansive ambitions: the adoption of western medicine and science by the Chinese population of colonial Hong Kong and China more broadly. By such means, the College’s founders aimed at the ‘modernisation’ of the country and the substitution of science for what was believed to be China’s superstition and backwardness, medical and otherwise. Training overwhelmingly – but not exclusively – Chinese students between 1887 and 1915, the College would have an influence greater than its small size of 128 students would suggest. Among its alumni – as respectively staff and student – would be Patrick Manson, sometimes known as the ‘Father of Tropical Medicine’, and Sun Yat-sen, similarly referred to as ‘the Father of Modern China’.

Faith C. S. Ho, formerly head of the Department of Pathology at the University of Hong Kong, has written a thorough and loving account of the College, which, in 1912, was amalgamated into her own university. Her key purposes in this work are twofold: to provide a prosopographical account of those involved in the College and to assess its achievements against its founding intentions. Working from archival sources in Hong Kong, London, Edinburgh and Aberdeen, and from interviews conducted with relatives of alumni, Ho has recreated the lives and careers of the College’s graduates and staff, with especial attention

to 'unusual and... outstanding personalities'. She has also made a vigorous defence of the College and its successes, arguing that the College's graduates increased the standing of 'western medicine' in Hong Kong, if not mainland China, and helped create Hong Kong as a modern metropolis with a world-class healthcare system. She has also attempted to rebut accusations of 'imperialism', arguing that the College was motivated more by genuine medical humanitarianism, rather than any mercenary desire for colonial domination.

Ho's prosopography provides fascinating reading. To dwell on the College, its staff and its graduates is welcome: the College remains the focus, rather than merely appearing as a cameo in the cosmopolitan lives of Sun or Manson. Ho notes that instead of having been a simple case of colonial exploitation, the College provided an example of how individuals and groups formed identities and asserted their own interests in the interstices of colonial control. She underlines the significant financial support from Hong Kong's Chinese community for the College, the roles of culturally hybrid intermediaries, such as Ho Kai, and transnational figures, such as the Macanese-Portuguese graduate, Filomeno Maria Graça Ozorio. She also describes the ambivalent position of the colonial government towards the College's graduates. While the College had high-level connections within the colony – with, for instance, the Governor chairing the first graduation ceremony in 1892 – its graduates were initially neither permitted to work as registered doctors nor taken into government service to any large degree. This ensured that the governmental medical establishment long remained dominated by white Europeans while the graduates flourished in private practice.

Despite these limitations placed on the College, Ho seeks to demonstrate its success and that of its graduates, particularly within Hong Kong itself. That a large proportion of graduates undertook prosperous private careers is taken as evidence of the success of the College's ambitions: it indicated a popular willingness to employ their services and the education the College had provided to them. The role of graduates in the wider medical landscape of Hong Kong is also stressed by Ho, who notes, for instance, their founding of the Hong Kong Chinese Medical Association and the building of the Yeung Wo Nursing Home and the Tsan Yuk Hospital. More generally, the prominent role of College graduates in civil society in Hong Kong is underlined. Graduates were involved, for example, in founding the Chinese Club, an alternative to the racially exclusive Hong Kong Club, and in anti-*mui tsai* activism. The graduates thus helped to form a new Chinese civic elite in Hong Kong, distinct from those who had earned their wealth and status as compradors.

Ho recognises, however, that such successes were not mirrored in China more widely. After all, she notes, mainland China in 1922 had possibly as few as one Western-trained doctor for every 80 000 persons. With the obvious exception of Sun, those graduates, such as Li Shu-fan, who attempted to contribute their skills to the new Republic were hindered by the chaotic political situation. Ho shows that the graduates were, however, often successful within the wider British imperial sphere, particularly within Southeast Asia, where graduates could rise to positions of wealth and prominence.

Ho's work deepens and enriches the history of medicine in Hong Kong and modern Asia. Yet, there are remaining questions which might valuably be transposed into a different key. While rightly noting the complexities of colonial Hong Kong, Ho's defence of the College against the charge of imperialism asserts that its founders were motivated by 'genuine' humanitarianism, rather than any desire to use the College as a 'tool for dominance'. As earlier scholarship has suggested, it might be more useful to pose imperialism less as necessarily blatant exploitation or as a personal vice of avarice and cruelty, but rather as a structural relationship of an unaccountable colonial power

asserting a right to interpret and ‘modernise’ on its own terms a colonised culture deemed passive and inferior. Humanitarian intent was thus not inherently incompatible with imperialist assumptions. Additionally, in light of scholarship on the transformations of science in cross-cultural translation, it could be valuable to investigate what, if any, mutations this medical practice underwent in its adoption by College graduates. Certainly, other medical figures in Hong Kong not only received medical knowledge diffused from the metropole, but also innovated and experimented. Governor H.A. Blake and the government bacteriologist William Hunter, both of whom have mentions here, conducted such experiments. These are questions of further research, however, which will now stand on solid ground thanks to Ho’s thorough and insightful work.

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**Ilana Löwy**, *Imperfect Pregnancies: A History of Birth Defects and Prenatal Diagnosis* (Baltimore: Johns Hopkins University Press, 2017), pp. xv + 277, \$44.95, hardback, ISBN: 9781421423630.

Ilana Löwy’s *Imperfect Pregnancies* is one of the latest additions to the rapidly-expanding literature on the history of reproductive technologies and, specifically, prenatal diagnosis. In this work, Löwy examines how the search for foetal abnormalities has transformed from a diagnostic protocol once reserved for older parturients and women with a family history of birth defects into a routine component of prenatal care. In fact, due to its relative non-invasiveness compared to older techniques, such as chorionic villi sampling (CVS) and amniocentesis, serum testing for Down Syndrome (Trisomy 21) has become so commonplace that many women agree to it unquestioningly, equating it with being a ‘good’ mother. As Löwy underscores, very few think about the reality of pregnancy termination as the end of their prenatal journey, and even fewer contemplate the ways in which their pregnancies are pathologised by an endless technological trajectory that is part of the larger apparatus that medicalises women’s bodies and scrutinises foetuses. Even those women who are able to escape prenatal screening – usually through active rejection – are cornered by another form of surveillance, ultrasound, which in the past couple of decades has become a handmaiden to genetic testing since it can now detect a whole range of physical manifestations associated with genetic foetal abnormalities. For example, an enlarged foetal nuchal fold and elevated nuchal fluid levels are strong anatomical ultrasound markers of Down Syndrome, signalling an increased probability of the disorder long before its confirmation by prenatal testing.

As Löwy suggests, the latest technological turn in prenatal diagnosis – the analysis of free-floating foetal DNA in maternal blood (cell-free or cfDNA) through non-invasive prenatal testing techniques (NIPT) such as a simple blood draw – is even more alarming since it has created new opportunities for the expansion of maternal-foetal genetic screening into ethically murky directions. NIPT has, unsurprisingly, alarmed feminists, bioethicists and disability rights advocates who fear that the simplicity and inevitable widespread accessibility of this technology could lead to a resurrection of the spectre of eugenics – specifically of genocide against imperfect (‘abnormal’) and undesired (female) foetuses. Moreover, its non-invasiveness could also mean that perhaps in the very near future, it will become such a banal procedure that women might be screened without their