

response to calls for expanded primary healthcare, the introduction of neoliberalism and structural adjustment, the emergence of HIV/AIDS, the return of cholera, the rise of new global health institutions and leaders in medical philanthropy, and the development of alternative models for addressing health inequities. Cueto's and Palmer's explanation of how neoliberalism transformed approaches to the provision of medicine in Latin America is excellent, especially when juxtaposed with their discussion of the alternative path Cuba has taken. Of particular note, however, are their overviews of the HIV/AIDS and cholera epidemics, which serve to illustrate the pitfalls of neoliberal approaches to managing, and ultimately trimming and privatising, state-administered healthcare. The chapter thus provides a comprehensive picture of current healthcare challenges in Latin America, the persistence of old problems and inequities inadequately addressed, and the innovative ways in which Latin American medical and public health experts, as heirs to a tradition influenced by medical pluralism, have pursued solutions.

Some of the concepts that are central to the book's argument will be familiar to those already acquainted with Cueto's and Palmer's scholarship. Of particular note, the concepts 'culture of survival' and 'health in adversity', which figure prominently in the later chapters, have appeared elsewhere in Cueto's publications. Several of Palmer's works, moreover, have explored extensively the theme of medical pluralism. These ideas, however, prove indispensable for conveying some of the more important points about the history, implementation, and practice of medicine and public health in the region. In particular, they succinctly describe how populations and health practitioners have overcome structural challenges and obstacles to the attainment of health and provision of care, creating in the process new forms of medical and public health practice that reflect their ingenuity and tenacity.

This authoritative monograph is so well organised that it is difficult to find quibbles with its content and form. Although some readers may wish there were greater coverage of medicine during the three centuries of Spanish and Portuguese rule, the decision to address the colonial period in a single chapter is reasonable given the relative paucity of scholarship in comparison to the nineteenth and twentieth centuries. Others may wish certain works were cited more extensively in the book's chapters and its useful list of suggested readings. None of these concerns, however, detract from what the work achieves. Indeed, its greatest impact may be in demonstrating to a non-Latin Americanist audience the region's importance in shaping the broader history of medicine and public health.

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**Matthew Heaton**, *Black Skin, White Coats: Nigerian Psychiatrists, Decolonization, and the Globalization of Psychiatry* (Ohio: Ohio University Press, 2013), pp. 288, \$32.95, paperback, ISBN: 978-0-8214-2070-6.

Matthew Heaton's *Black Skin, White Coats* represents the first full-length monograph to examine psychiatry in early post-colonial Africa. Focusing on the period of decolonisation in Nigeria (1950s–1980s), Heaton shows how Nigeria's indigenous-born psychiatrists became more open to collaborations with traditional healers and attempted to free their discipline from the weight of colonial racism. In doing so, Heaton contends, Nigeria's psychiatrists were not only concerned with reinventing psychiatry within their own

country, but actively sought to influence cross-cultural, transnational and international debates. Specifically, they aimed to reshape 'Western' psychiatry in ways that would allow it to claim universality.

The book is broadly thematic in its organisation. It starts with a chapter setting out the ideas and practices of psychiatry under colonial rule. This is followed by a discussion of the ways that Nigeria's first indigenous-born psychiatrists started to unpick the more racist assumptions of colonial psychiatry and embarked on cross-cultural research projects. The Aro Village Scheme, which allowed for patients to be treated within a 'traditional' village setting, is considered in detail here. Chapter 3 follows by looking at ideas about mental illness and migration among Nigerian students in the United Kingdom. Based on Heaton's doctoral research, it provides a rare glimpse of those suffering from mental distress, voices that are otherwise obscured in this book. The subsequent chapters consider the research of Nigeria's psychiatrists into the relationship between race, culture and mental illness, the attitudes of Nigeria's psychiatrists towards traditional healers, and research into psychoactive drugs.

Heaton's monograph is certainly a much-needed addition to the literature on psychiatry in Africa, which to date has focused overwhelmingly on the colonial period and on questions of power, governance and social control. Within the literature on psychiatry in West Africa it joins work by Alice Bullard and Kate Kilroy-Marac, who have traced the ways that psychiatry was transformed in early post-colonial Senegal. Heaton's study also complements Jonathan Sadowsky's *Imperial Bedlam* by examining the ways that Nigerian psychiatry continued to develop after Independence. While Sadowsky was concerned with the operation of institutions of madness, however, Heaton focuses primarily on the intellectual lives of Nigeria's psychiatrists outside the mental hospital.

Heaton's main protagonist is T. Adeoye Lambo. Lambo was educated in the early 1950s at the Maudsley Hospital, London, where he was exposed to the latest theories on outpatient and community care. On his return to Nigeria in 1953, Lambo became an active organiser of pan-African conferences, published in international journals, and played a leading role in cross-cultural research projects. One such venture was the Cornell-Aro Mental Health Research Project, which saw Lambo working closely with Alexander H. Leighton, among others. Initiated in 1961, the project comprised a major comparative study of mental illness in West Africa and North America, and set out a methodology for future investigations. According to Heaton, the comparability of major psychiatric disorders between Yoruba and Canadian communities was particularly important for Lambo because it 'suggested that large-scale comparative experiments in transcultural psychiatry might go a long way toward eradicating persistent ideas of a cultural superiority/inferiority dichotomy between Westerners and Africans' (69).

The analysis of Lambo's research and professional activities, which dominate the book, certainly supports Heaton's contention that Nigerian psychiatrists 'were instrumental in the establishment and maintenance of networks of knowledge production and dissemination' (22). It is less clear, however, how significant Nigerian psychiatry would have been without Lambo's ambition, dynamism and prolific publishing record. Another giant of African psychiatry, Tolani Asuni, barely features in comparison. Certainly, given the nascent status of the discipline in Africa during this period, Heaton is dealing with a very small group of men. It would therefore have been useful to learn more about their social and educational backgrounds, and their reasons for pursuing psychiatry (at the time widely regarded as the 'Cinderella' of medicine), in order to fully contextualise their activities and beliefs, and to have some discussion of the wider African professional scene in which these psychiatrists

operated. Many of the problems Heaton's psychiatrists grappled with were ones discussed at pan-African psychiatric conferences and meetings throughout the 1960s and 1970s, and it is surprising that these networks are largely ignored.

One of Heaton's most interesting and reflective discussions concerns the ways that Nigerian psychiatrists sought to establish themselves as 'gatekeepers of the mind' (Ch. 5). Although Nigeria's psychiatrists were, on the whole, largely ambivalent about the value of traditional healers for the treatment of mental illness, they nevertheless saw themselves as the most appropriate people to mediate the divide between 'western' psychiatry and 'traditional' medicine. In doing so, they reaffirmed their conviction that mental illness, and the human psyche more generally, could be understood in universal terms. Heaton's arguments here could certainly be applied to other post-colonial contexts, including Kenya and Uganda, if, as in Nigeria, attempts to incorporate traditional healers into psychiatry were rare. The notion of 'gatekeepers' may also be relevant to scholars working on the professionalisation of medicine more generally in Africa. Yet Heaton's discussion is ultimately weakened by its one-sidedness – there is no consideration of how traditional healers viewed their relationship with psychiatrists, or of the implications this had for patients. Indeed, beyond a broad outline of the Aro Village Scheme, there is almost no consideration of the realities of patient care.

In its analysis of the international activities of Nigeria's first psychiatrists, *Black Skin, White Coats* offers an extremely well-written and researched account. It has much to commend it to historians of psychiatry, colonial medicine and decolonisation, as well as those working on international and global health. It is essential reading for scholars working on the history of psychiatry in Africa and globally, and will no doubt provoke new interest in the involvement of non-Western actors in transnational and international networks of psychiatry.

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**Katharine Hodgkin** (ed.), *Women, Madness and Sin in Early Modern England: The Autobiographical Writings of Dionys Fitzherbert, The Early Modern Englishwoman, 1500–1750: Contemporary Editions* (Farnham: Ashgate, 2010), pp. x, 290, £95.00, hardback, ISBN: 978-0-7546-3018-0.

An erudite and illuminating introduction to Dionys Fitzherbert's troubled life and autobiographical writings, Katharine Hodgkin's edition is an indispensable guide to any specialist and non-specialist reader interested in Fitzherbert's world, both in terms of her private life and the culture within which she lived and wrote; in how body, mind and spirit were perceived to function and malfunction in the seventeenth century; in the intimate connections between medical and religious approaches to physical, mental and spiritual crisis; in the definition and treatment of madness in early modern England; and in the role that class, gender and notions of selfhood and identity played in the process of autobiographical writing and scribal publishing during the period. Hodgkin begins by mapping out the four main sections of her introduction (pp. 1–4), which are: 'The Life Story: Family Order and Disorder' (pp. 4–34), 'Exemplary Lives: Writing the Self and Protestant Culture' (pp. 34–55), 'Madness, Melancholy, Spiritual Affliction' (pp. 55–73), and 'Writing and Reading, Private and Public' (pp. 73–92). Hodgkin