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*The Steamer Parish: The Rise and Fall of Missionary Medicine on an African Frontier.* By CHARLES M. GOOD JR. Chicago & London: University of Chicago Press, 2004. Pp. xx + 487. No price given (ISBN 0-226-30282-2)

This is a remarkable study of the medical agenda and activities of the Universities' Mission to Central Africa (UMCA) along the shores of Lake Malawi and its hinterland between the mid-1880s, when the mission's head station on Likoma island first became operational, and 1964, the year of Malawi's independence. Even though the author's stated intention is to offer a counterbalance to the 'often-shrill critiques of medical missions that began to emerge in liberal and critical studies in the 1970s' (p. 2), *The Steamer Parish* is no latter-day panegyric, for the limitations and contradictions of the UMCA's medical project lie at the very centre of the narrative.

The resolve to enter the terrain of public health care was undoubtedly the fruit of Christian compassion and piety. But its gestation was painfully slow and not entirely free from instrumental considerations. In the early years – and certainly until the appointment of Dr. Robert Howard, the first full-time medical officer for the UMCA Diocese of Nyasaland, in 1899 – the provision of medical facilities to Africans was hampered by a 'lingering ambivalence [...] about the relative importance of healing and evangelism.' (p. 128) And well into the twentieth century, most missionaries continued to regard medical work as a mere 'tool for evangelisation' rather than as 'part of [their] mandate'. (p. 8) Moreover, far from being ideologically neutral, missionary biomedicine was imbued with eurocentric assumptions, the fragility of which Good brings out admirably. Contrary to missionary expectations, 'medical pluralism' was almost invariably the outcome of the confrontation between African and western therapeutic systems; it became 'a defining feature of the medico-religious frontier in colonial and postcolonial Africa.' (p. 287) These ideological constraints – coupled with chronic budgetary difficulties – had more than a little to do with the UMCA's persistent inability to train a sufficient number of African medical assistants and dispensers.

What the book lacks in theoretical sophistication is more than made up for by its author's self-confessed empiricism. Enlivened by numerous biographical profiles of individual missionaries – such as the 'Apostle of the Lake', William Percival Johnson, an ascetic maverick who spent the best part of his fifty-two years of active service (1876–1928) aboard the *S.S. Charles Janson* and the *S.S. Chauncy Maples* – and drawing upon a painstaking reading of archival records and missionary journals, *The Steamer Parish* makes an important contribution to our understanding of the origins of the contemporary crisis of public health care systems in Central Africa. The impression of thoroughness conveyed by the book, however, is partly tempered by a series of surprising bibliographical oversights (John McCracken's classic study of Livingstonia mission, in particular, should not have been ignored by the author). The volume is also somewhat overwritten, and this reviewer felt at times that a number of unnecessary repetitions might have been omitted to make room for one or more comparative sections. The Diocese of Nyasaland consisted of a far-flung string of lake-side missions, hospitals and schools served by steamer ships. Was the 'nautical strategy' adopted by the UMCA (and the problematical 'technological dependency' which it brought in its wake) unique among missionary societies in Central Africa? After more than 500 pages readers are left none the wiser.

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