

fact left the imprints for a path that is very large and very paved today.

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A P Jenkins (ed.), *The journal and official correspondence of Bernard Jean Bettelheim, 1845–54, Part I: 1845–51*, Okinawa Prefectural History Series, No. 21, subseries, 2, also on CD-ROM, Okinawa, Okinawa Prefectural Government Board of Education, 2005, pp. xxx, 640, yen 4,000 (orders to: Okinawa Prefectural Archives, Arakawa, 148-3, Haeburu, Okinawa 901–1105, Japan).

Anyone who suspects medical missionaries of being cultural imperialists will find plenty of grist for their mill in these writings of a missionary to the Ryukyu (or Liuqiu in Chinese) Islands in the period between the First Opium War (1839–40) and the “opening of Japan”. Bernard Jean Bettelheim (1811–70) was born a Jew in what is now Hungary, studied languages with the original intent of becoming a rabbi, earned a medical degree from Padua, Italy in 1836, and practised naval and military medicine until his conversion to Christianity in 1840. Denied ordination, Bettelheim joined the new “Loochoo [Liuqiu] Naval Mission” as a lay preacher and medical missionary, and continued in Ryukyu until 1854. The writings reproduced here represent the first half of what remains of the Bettelheim archive transcribed into print with helpful explanatory footnotes by Anthony P Jenkins. It makes fascinating reading.

Bettelheim, his wife and two infant children went first to Hong Kong, where they consulted with other missionaries, notably Rev. Karl Gützlaff, a colourful and controversial early Protestant missionary, and Dr Peter Parker, first

medical missionary to China. There are interesting accounts of vaccination failures, including the contamination of one batch of vaccine with live smallpox (pp. 15, 68). In May 1846, the Bettelheims landed at Naha, the Ryukyuan capital, where local officials made the first of many attempts to get them to leave. They refused, and the official temple where they had been allowed temporary shelter became their permanent home. Bettelheim spent his time studying Chinese and the local language, and preaching at every public gathering he could find. His intercourse with the locals was supervised and increasingly obstructed, so that accounts of medical practice mostly concern his family and minders. For instance, he requested leeches to treat his daughter, and lectured officials on the importance of venesection in “paralysis, apoplexy, and other acute inflammatory diseases” (pp. 218–19). Sometimes his treatments were homoeopathic, sometimes heroic, as in the use of calomel and julep as purging therapy, or blistering and mustard plasters (“synapism”) on the shaved head for fever. Mrs Bettelheim suffered frequent headaches, for which she refused to allow him to bleed her, preferring purgatives instead.

Everywhere the Bettelheims went, guards ran ahead ordering all doors locked. So they took to entering homes through the back alleys, and delivering their evangelistic lectures to whomever they could find. Occasionally Bettelheim experienced evangelistic success—in one case, a young guard who began to confess belief in Jesus was declared mad by his family and kept shackled at home. Occasionally these same guards asked for treatments, as when Bettelheim sent one who had “anarsarca” (generalized oedema) a drastic purgative with calomel together with “a homeopathic sprinkle of cantharid [probably *Cantharis*, Spanish fly]” to good effect. But these requests were usually made with pleas for secrecy. On the other hand, one of the

interpreters, Ichirazichi, who was also an interpreter to the ruling regent of the Ryukyus and later a minister, asked for “an ointment for the itch”, which cleared his skin, and then complained that the native doctors had treated a malignant boil with moxa to no avail, so Bettelheim provided him with *emplastrum vesicantia* [blistering plaster]. This proved so effective that the patient asked for instruction in western *materia medica*.

In 1849 Bettelheim received a new supply of vaccine matter, and offered to vaccinate the Ryukyans. This was refused, but during an 1851 smallpox epidemic, officials imported smallpox scabs from China to use in variolation, the deliberate inoculation of smallpox matter into healthy children. Bettelheim advised Ichirazichi in how to inoculate into the skin using a lancet—preferably with a drop of human milk!—instead of blowing the smallpox matter into the nose, and reported that the unusually mild course of the disease that year was attributed to the new methods he had taught.

This book gives rare insight into the methods and mindset of early Protestants in East Asia. Bettelheim was haughty and intolerant, but his attitude was far from atypical among missionaries, and he was unusually active in producing translations, dictionaries, and accounts of everything he saw. The book gives rare light on the day-to-day management of remarkably frequent diplomatic encounters in the years before Perry’s 1853–4 mission to Japan, and the next volume—if funded—will contain accounts of Bettelheim’s involvement in that mission. Anthony P Jenkins, as editor, has done a great service to historians in bringing this volume into print, and it is to be hoped that the project will be supported to completion.

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Elizabeth Reis, *Bodies in doubt: an American history of intersex.* Baltimore, Johns Hopkins University Press, 2009, pp. xix, 216, £28.50, \$55.00 (hardback 978-0-8018-9155-7).

“To be human is to be physically sexed and culturally gendered” (p. ix), writes Elizabeth Reis in *Bodies in doubt*, a much needed comprehensive history of intersex in the United States from the colonial period to the present. Reis’s long-term perspective allows her to show changing medical, legal and lay interventions around humans who do not fit this description. In colonial America, hermaphrodites were often considered examples of “monstrous births”. By the nineteenth century, physicians had replaced the older conception of hermaphrodites as monsters with a “newer emphasis on personhood” (p. 28) that combined anatomy and moral evaluations of a person’s life. Hermaphrodites were considered suspicious, and closely related to the other newly emerged figure, the “homosexual”—sometimes conceptualized as “mental hermaphrodite”. Nineteenth-century middle-class fears of deceit, fraud, and racial instability also structured the unease in dealing with ambiguously sexed persons. Medical experts claimed the expertise to find a person’s true sex in his or her gonads, though in practice uncertainty persisted. In the twentieth century, concepts of hormonal, chromosomal, and psychological sex were added to the mix. In the 1950s, the Hopkins protocol consolidated the diverse medical approaches under a new treatment regime: they recommended assigning sex early and operating on genitals to make them fit the chosen sex.

Reis’s long-term perspective allows her to make a set of claims regarding the periodization of American intersex. She shows that—contrary to Europe—in the US hermaphroditism was proclaimed to be “impossible” (p. 54) long before the late nineteenth century. But as in Europe, in America gonads ruled as the ultimate