

of the humours and of yellow bile in particular, unnatural and harmful and often fatal. What these three forms have in common is that they are defined by the pairing of the cold and dry qualities, as black bile is in ‘Hippocrates’. Stewart calls these three forms ‘ideal natural black bile’, ‘non-ideal natural black bile’ and ‘altered black bile’ respectively (see pp. 92–3). In these terms, Stewart goes on to discuss how harmful black bile arises, how it may be cleansed (with particular reference to the role of the liver and the spleen) and which diseases are attributed to black bile or ‘melancholic humour’ (chapters 5–7). Stewart persuasively argues that Galen needs the above distinction because he wants to dissociate the illness of melancholy from natural black bile. But, as we have noticed, he also argues that Galen does not always apply a strict nomenclature. This may certainly be explained as loose usage for reasons of a strategic kind. In another key passage, *Black Bile* 8, pp. 93.22–28 (quoted by Stewart on p. 78), Galen himself says as much with respect to the expression ‘melancholic humour’, in line with *On Affected Places* III, 9. Even so, a lot is made to depend on the passage from the latter work. Not everything falls into place by applying the trifold distinction drawn there, e.g. quartan fevers seem to be due to both types (2) and (3) (pp. 136–42). Given the importance of context, Stewart notes in the general conclusion, it remains difficult to summarise the analysis of Galen’s account of black bile on the basis of a single comprehensive framework (p. 149). But this makes it all the more useful to have this careful discussion focused on black bile and based on so many relevant passages from Galen’s vast corpus of writings.

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Jim Kristofic, *Medicine Women: The Story of the First Native American Nursing School* (Albuquerque, New Mexico: University of New Mexico Press, 2019), pp. xvi + 396, \$36.95, paperback, ISBN: 9780826360670.

Jim Kristofic opens *Medicine Women* with a hope that his book will ensure that the people in it – the doctors, nurses and patients of the Sage Memorial Hospital – will not be forgotten. In his foreword, he describes seeing the faded nameplates on the burial ground near the hospital, and being filled with ‘a reflex of compassion’ that made him want to tell their stories (p. xiv). The book succeeds in that mission. If a reader is looking for a clear and engaging description of the hospital, nursing school and medical missionaries of the Ganado mission on the Navajo Reservation, this is the right book. However, if the reader is looking for a scholarly analysis of the story of the mission, it might be best to look elsewhere.

The book presents a clear, readable narrative that is layered with detail. Overall, the story is told with engaging, fiction-like prose, and bolstered by extensive research in both primary and secondary sources as well as oral history interviews conducted by the author. The many photos that accompany the text are fascinating documents in and of themselves, and add significantly to the narrative.

While the title suggests that the book focuses on the nursing school, the story begins almost one hundred years before the school opened in its doors, with the arrival of the first Presbyterian missionary on Navajo land shortly after the end of the Civil War. Kristofic describes the complex history of the mission and the fraught relationships among the Navajo, the missionaries and the United States government, a story filled with mistrust and

violence. For instance, Kristofic describes the deep reluctance of Navajo parents to send their children to mission schools. For their part, the missionaries were complicit with the US government policy of using schools to assimilate indigenous children and undermine their ties to their culture.

Such mistrust extended beyond education and affected the medical mission as well. There were many obstacles and cultural miscommunications that made Anglo medical practice difficult. For instance, Navajo believe that the evil part of a person's soul remains on Earth after death, and can haunt the building where the person died. Thus, hospitals are feared as haunted buildings filled with the spirits of those who died there. The Anglo founders of the mission hospital struggled to accommodate this belief with the precepts of Western medical practice.

The nursing school is only one small part of the story of the Ganado medical mission. The school was founded in 1930 as a way of staffing the mission hospital and, its founder hoped, of attracting more Navajo to Christianity and to Anglo medical care. It was one of the first nursing schools to admit indigenous women, and one of its mission goals was proving that 'red' women could be as skillful in nursing as white. Its first class comprised two Navajo women, Ruth Henderson and Charlotte Adele Slivers. While the original goal was to train Navajo nurses, the classes soon expanded to include indigenous women from other tribes, as well as white, African-American and Latina women.

Despite its initial success, the school was never on a sound financial footing, and the Presbyterian Church was unable to fund it fully. The financial situation made it impossible to attract high quality teaching staff. In addition, the training available at the mission hospital did not cover all the fields necessary to twentieth-century nursing, such as obstetrics and psychiatry. There was a brief attempt to change the programme from one that trained registered nurses to one that trained licenced practical nurses, but it never got off the ground. In the end, the school was no longer viable and it closed in 1951.

All of this is a story well worth telling. However, the book feels like a missed opportunity. While it is well-researched and well-written, there is no argument or scholarly interpretation, making *Medicine Women* a somewhat frustrating read. There are many points made by the author that seem to cry out for more analysis. To mention just one: Dr Clarence Salsbury, founder of the nursing school, decided that Navajo women would be a better target for Anglo medical training than men, since Navajo society was 'matriarchal' and women would naturally have more authority and respect. Further analysis of the role of gender in traditional Navajo medical practice, and the ways that role played out in the history of the nursing school would be welcome, but the point is dropped. In addition, the wealth of detail sometimes slows the narrative to a crawl.

As this example suggests, *Medicine Women* might be best used as a starting point for other projects in this area. The work succeeds admirably as a narrative description of the mission and the nursing school. However, given the inherent interest of the topic, one can hope that others will take this book as an inspiration for more analytical and interpretive works.

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