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Liping Bu and Ka-che Yip (eds), *Public Health and National Reconstruction in Post-War Asia: International Influences, Local Transformations* (London and New York: Routledge, 2014), pp. 218, £87.29, hardback, ISBN: 978-0415719056.

In recent scholarship, the process of reconstituting health networks after 1945 has been reflected in a transition in the descriptive terminology, with an older understanding of 'international health' being replaced increasingly by the preferred label of 'global health'. To translate this distinction, the former term generally suggests the effort to create formative networks of health through international bodies such as the League of Nations, sharing epidemiological data and similar concerns across international lines in the decades (1920s–1945) preceding the formation of the WHO (World Health Organization). At the same time, this label tends to imply a smooth, unproblematic transition from colonial health systems to the WHO and related bodies in the post-war era, with very little attention devoted to the politics of decolonisation and the post-colonial era. The introduction of the label 'global health' therefore seeks to incorporate the perspective of local, on-the-ground actors as much as possible, attending to the finer nuances of health as it is practised, rather than simply imposed. Moreover, the global impulse also seeks to incorporate insights from medical sociology and medical anthropology, challenging the top-down assumptions associated with the more traditional history of medicine. If this debate remains very much an ongoing one, it is safe to say that the shift in post-war medicine has provided opportunities for a range of new scholarly perspectives to enter the picture.

The volume under review here takes post-1945 Asia as its subject, and in addition to the concerns mentioned above, the dense nexus of politics deriving from the emerging Cold War explicitly informs these ten chapters/case studies, with international organisations and relief agencies tied to the diverse interests of both the 'Free World' and its Communist interlocutor, placing the health of numerous refugees and citizens at stake. Taking care of health concerns and preventing epidemic disease in the aftermath of August 1945 served to accomplish at least two aims simultaneously: it prevented a major outbreak of disease throughout broader East, South, and South East Asia; and it also attracted the attention of large segments of the populations in migration, a critical development at a time of decolonisation. With repatriation and human migration at a high in the region, the intervention of military and international organisations kept disruptions to a minimum, certainly in contrast to the flu pandemic following the First World War. Moreover, many of the steps (vaccination, quarantine) taken in the interests of post-war contingency helped to establish important precedents for what would later become new national health systems.

Along with its breadth of coverage, the volume favours the larger actors (China, India) in the region, and that is perfectly reasonable, with greater China occupying a full four chapters (Chapters 2 to 5), following an introduction (Chapter 1) designed to locate the major framing issues. With this level of attention, we see everything from Republican China and its reforms introduced in the early twentieth century, to the subsequent effort of the PRC to consolidate its revolution by mobilising new health practices on its behalf. Especially in Bu's Chapter 3, we experience the height of the Korean War, including China's role in it, the contested politics of disease and the accompanying claims of biological warfare (p. 36). Bu, following a path set by Ruth Rogaski and other recent scholarship, acknowledges that there is little evidence for this claim, and instead sees it as providing a context for heightened Chinese disease concerns at a time of warfare and national self-reflection. In this and the following chapter by Xioping Fang (Chapter 4), the response to these conditions lies in a range of overlapping efforts: reliance on

'barefoot doctors', a series of rural health mobilisations, and of course, corresponding measures taken in urban areas, rapidly building up a health network and its accompanying infrastructure.

If China represents an implicit central node for the volume, the remaining chapters contribute much to building the larger picture of reframing health policy in early Cold War Asia in the northeast (Chapters 6 and 7). For the two Koreas (Chapter 6), Shin Dong-Won places the growth of separate systems in dialogue, arguing that North Korea's rapid, unilateral turn to offering some approximation of universal health care forced the hand of a South Korea more interested in boosting its economic and political order following the close of war. The result (1945–60) was a system drawing upon private models initially, but forced to accommodate and to provide some kind of public health insurance in later decades. South and South East Asia offer similar challenges for the period, with India (Chapter 8) witnessing an initial burst of enthusiasm for promoting co-operation with the Rockefeller Foundation (RF) and other international bodies, only to dissipate much of this momentum as circumstances soon began to place the two contesting visions very much at odds. In contrast to the RF's emphasis on promoting the quality of medical training and pedagogy, India sought to train and employ its doctors in quantity, recognising a deficit of care.

This sort of politics of contestation informs other chapters as well, as Indonesia (Chapter 9) and Thailand (Chapter 10) each have their own issues with external forces, and moreover, Vivek Neelakantan's Indonesia has to deal with far-reaching internal politics as well, or what he characterises as the 'fractured nature of Indonesian governance' (169) within the new nation emerging from Dutch colonialism. In short, the West/external funding agency dynamic was by no means the only issue for many of these sites, as various national actors competed to define new regional and national centres, again with disease and health offering one means for ambitious elites to build infrastructure and to appeal to new clients. If the volume as a whole leaves many questions unanswered, as it must, it represents a highly useful text for any survey of the history of medicine seeking to cover the post-war period, especially for Asia, all too often neglected in many courses, perhaps with the exception of China and India. For that matter, with Africa and Latin America increasingly the subject of new scholarship, the comparative possibilities for a course devoted almost entirely to the non-West represents another fascinating prospect. If these collected national stories ultimately stand as distinct entities, the work of talking about the region and the larger question of an emerging order of global health has now been set as the agenda.

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Marius Turda and **Aaron Gillette**, *Latin Eugenics in Comparative Perspective* (London and New York: Bloomsbury, 2014), pp. x, 306, £65, hardback, ISBN: 9781472531407.

This is a valuable contribution to the conceptual and practical history of the international eugenics movement. The reader is taken from the origins of the Latin movement in the nineteenth century, with the evolutionary theories of Lamarck, Alfred Canon's ideas about puericulture, and increasing new concerns about the size and health of populations, to the period after the Second World War, as Latin eugenicists reinvented themselves in order to forge successful careers in the medical and welfare professions.