

CUETO, Marcos and Steven PALMER, 2015, *Medicine and Public Health in Latin America: A History*, Cambridge, Cambridge University Press. ix + 306 pp.

I have been waiting for a book such as this for a long time. It was clearly needed, given the growth in the field of history of medicine in Latin America, analyzed in articles such as those of Mariola Espinosa or that which I co-authored with Anne-Emanuelle Birn. Cueto and Palmer's work is a masterly synthesis that is useful for newcomers to the field as well as for students and professors looking for a solid text to use as a guide. Considering the diversity of sources the authors have drawn on, one is pleasantly surprised by the chronological coherence in the organization of the book, the authors' judicious choice of specific examples, as well as the elegant manner in which they explain the similarities and differences that existed and continue to exist between neighboring countries in the areas of medicine and health.

Medicine and Public Health in Latin America reaches back to the colonial period of the beginnings of the XVI century to discover how interactions between elements that were native to the region and those brought from Europe and Africa led to a hybrid system that still today frames ideas and practices regarding health, illness, and medicine. Without such an analysis, it is not possible to understand phenomena such as interculturality in public health or the prevalent use of naturalist medicine. The persistence of this *mestizaje* is noteworthy in spite of the indubitable primacy of western medicine in the Latin American formal hierarchy and the efforts of professional criollo elites to subordinate, mock, and attack anything that was not western.

After the overall decline of institutions during the wars of independence, medical communities were consolidated in the second half of the 19th century. Capital cities, in particular, became the focus of professional vitality. New associations successfully challenged the power of civic and religious authorities in the area of health policies and the control of hospitals. At the same time, they organized to obtain better medical statistics, to establish national research agendas, and to interact more effectively with their colleagues abroad. Following the positivist agenda of secularizing and modernizing, doctors also played a central role in stigmatizing and sanctioning types of popular behaviors considered to be primitive or aberrant in the name of disinterested service to the national community. In the mid-20th century, external actors, including foreign governments as well as philanthropic organizations and intergovernmental bodies, began to participate actively in matters of public health and medical education in Latin America, something which continues today. However, this did not lead to a simple subordination of local actors. In fact, Cueto and Palmer present numerous examples in which original and robust research and intervention programs were created and maintained thanks to the initiatives of health

workers and researchers in areas such as physiological and oncological research, eugenics, and family planning.

Negotiation between different actors was key to the origin and maintenance of these national projects. However, Cueto and Palmer have not written a book to uncritically celebrate doctors, politicians, activists, researchers or philanthropists. One of the essential concepts that the book uses is that of the "culture of survival": ideas and practices that emerge given the understanding and partial commitment of health officials in Latin America, on the one hand, and truncated popular efforts to confront the health problems in the region, on the other. Cueto and Palmer blame these disconnects between formal and informal power primarily on the official world of health authorities. Their participation, as in the case of controlling malaria in the 20th century, was characterized by authoritarian, geographically circumscribed campaigns that marginalized the participation and knowledge of the communities affected and were based more on the intensive use of short-term technologies (such as insecticides) than on the promotion of profound and long-lasting social changes, including the distribution of human health resources throughout the countries of the region. This disconnect helps us understand the return of diseases such as tuberculosis, as well as our vulnerability to new epidemics, something that is essential in the era of Zika.

Palmer, a professor at the University of Windsor, Canada, and Cueto, a researcher at the Casa de Oswaldo Cruz in Rio de Janeiro and former director of the Instituto de Estudios Peruanos, have had distinguished careers. Their individual contributions stand out in this cooperative project. Palmer's well-known work on the history of medical pluralism and anquilostomiasis, for example, was very useful for this volume. The same can be said of Cueto's skill in dealing with subjects such as the history of primary health care or agencies such as the Pan American Health Organization, which is also presented in *Medicine and Public Health in Latin America*. Both authors, in addition, have a lively interest in the health philanthropy of institutions such as the Rockefeller Foundation at the beginning of the 20th century.

The second edition of this book should reconsider the impact on regional health of more recent phenomena such as youth obesity or the chronic illnesses of older adults. This would also provide an opportunity to correct minor errors, such as the name of the contraceptive pill sold by G.D. Searle (Enovid, not Envoid; p. 196).

In the meantime, the good news is that *Medicine and Public Health in Latin America* is being translated into Spanish and Portuguese. In themselves, these translations will be an important contribution to our intellectual heritage and I am confident that they will help

move health issues closer to the center of historical debates in Latin America. Nevertheless, a parallel task should be to deliver this excellent book and the lessons it provides into the hands of the health workers themselves and to their allies.

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