‘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.
A clear theme throughout is that Latin eugenicists were diametrically opposed to negative eugenics, practised mostly in the ‘Anglo-Saxon’ or ‘Nordic’ countries. In the chapter ‘Early Latin Eugenics’ we are introduced to the French eugenicist, Adolphe Pinard’s ‘humane’, neo-Lamarckian alternative to Galtonian eugenics and German racial hygiene, presented in 1912 at the First International Eugenics Conference in London. For Pinard and others, like Corrado Gini in Italy, this meant improving the seemingly ‘degenerate’ environments around pre- and post-natal mothers, in recently industrialised, crowded cities. The book highlights contrasting approaches in different nations. For example, while French and Belgian eugenicists were generally more concerned with improving quality of life, the Italian and Spanish movements mostly emphasised the need for demographic growth.

The authors document well the impact of the First World War on the conceptual evolution of eugenics, particularly in Italy and France. While the former saw the emergence of Mussolini and the Fascist party, celebrating Italy as the leader of the Latin world, the latter was recovering from mass environmental destruction and the widespread rape and impregnation of French women by German soldiers. After the war, the eugenicists’ concerns (low birth rate, infant mortality, reproductive health and physical fitness) were greatly heightened, particularly in the Latin nations.

‘Latin Eugenics in Interwar Europe’ describes the creation of national health institutions framed within the narrative of post-war regeneration, demographic growth, the containment of contagious venereal diseases, and maternal and child health care. According to Turda and Gillette, Latin eugenicists believed that the rejuvenation of each country could only be achieved with the education of the population and centralised health authority guidance. The importance of Neo-Lamarckism to Latin eugenics is evident in both Romania and Spain, in which eugenicists tended to praise the racial strength of even the nation’s poorest people while blaming the destructive environments in which they lived for slowly degenerating their respective populations.

Latin eugenic opinions on sterilisation and euthanasia of the hereditarily ‘defective’ were generally negative. However, as the authors reveal, the same was not the case for pre-marital medical examinations. Schreiber, for instance, argued that these examinations would reduce the number of ‘innocent victims’ born with hereditary disease, and improve future generations. Elsewhere, with Mussolini’s blessing (a neo-Lamarckian himself) the new Fascist – and heavily pro-natalist – government introduced a series of eugenic measures, from adult physical education to health insurance. Although the majority of early Latin eugenicists were influenced mostly by French ideologues, by the 1930s Italy had taken over as the leader of Latin eugenics, and according to propaganda, the Latin people.

‘Latin Eugenics, Sterilization and Catholicism’ examines the variations in the influence of state religion. In Orthodox Romania, for example rather than restricting their reproduction, eugenicists saw the rural poor as untapped racial potential, who happened to be living in biologically unstimulating environments. In Spain and Portugal where Catholicism reigned supreme, the Vatican’s 1930 rejection of sterilisation – and birth control for that matter – was echoed by many eugenicists, particularly after the introduction of compulsory sterilisation in Germany in 1933. However, in Belgium, Sand admitted that the practice could reduce the number of ‘social wasters’, but doubted it would improve the heredity of the population. Likewise, the French Eugenics Society warned that not enough was known about the mechanisms of heredity to apply sterilisation to
society. Moreover, it could not protect against the degenerative influence of environmental influences, like alcohol and venereal disease; only by improving living conditions could human evolution progress.

‘Eugenics in Interwar Latin America’ reveals how this area of the world was influenced by European theories of racial improvement. In turn, Turda and Gillette provide an excellent account of the importance of a multi-ethnic population (eg. in Brazil and Mexico) on the development of eugenics, particularly attitudes to ‘miscegenation’ and immigration. Curiously, while eugenicists in Argentina were influenced by French theories on puericulture, Cuba’s leading eugenicist, Domingo Ramos, supported the American sterilisation programme. Despite Ramos’ wish to create a ‘pure’ Cuban white race, eugenicists in Latin America were divided over whether immigration and miscegenation were eugenic or dysgenic, something made clear at the 1929 Congress on Eugenics in Brazil. Later, the authors explore the impact of Nazi eugenics and scientific racism on the eugenic movements in Latin America convincingly. While these eugenicists saw their viewpoint as racially tolerant, the concept of race – and the existence of inferior and superior races – was firmly established in all Latin nations.

The authors emphasise the importance of ‘The Latin Eugenics Federation’ as an international alternative to Mendelian-based eugenics. However, with its short existence (led mostly by Italy, France and Romania) during the late 1930s, with its divisions over race, and its dissolution during the war, one may view its importance to the history of Latin eugenics more in terms of symbolism than practical impact. It may have been beneficial for the authors to spend more time discussing specific transnational collaborations, rather than general areas of agreement. However, the conceptual links drawn between the different Latin countries are remarkable, most notably the organised opposition to eugenic sterilisation and the humanistic nature of Latin eugenics. As Gini put it, the main object of their research was ‘not flies, or rabbits, or cows, but men; individuals, that is, who have a personality and rights’ (p. 175).

The conclusion summarises the importance of the Latin focus on preventive medicine, social hygiene, demographic studies and public health, rather than genetic engineering, racial selection and compulsory sterilisation. In turn, the epilogue reveals how this more ‘humane’ nature of Latin eugenicists gave them more opportunities for employment after the war, as new health institutions and welfare states were created. This suggests the need for further work on Latin eugenics after 1945 and its legacy today. In short, Marius Turda and Aaron Gillette should be commended for providing a rich transnational history that avoids ‘glossing over’ the specific national contexts, in Europe and the Americas.

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