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Salud, tecnología y saber medico (review)

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José Lluís Barona Vilar. *Salud, tecnología y saber médico*. Madrid: Editorial universitaria Ramón Areces, 2004. 267 pp. €14.00 (paperbound, 84-8004-665-1).

Professor Barona Vilar is a distinguished medical historian who has made significant contributions in Spanish. This book aims to provide a global overview of the relationship between public health, medical technology, and academic medicine during the twentieth century. Accordingly, the main chapters are called "Health and Society," "Technological Innovations and Health Industries," and "The Evolution of Medical Knowledge." There is also a sound chapter on the ethical challenges posed by new technologies. The organization is thematic rather than chronological and underlines the interaction between medicine and politics. As the readers of this review can imagine, writing such a book demands great skill. What makes this one a legitimate enterprise is the lack of a comparable study in Spanish and the author's command of contemporary European and U.S. works on the history of medicine. It should also be noted that the book deals not only with Spain but also with other Western European countries and the United States, and that medical events and leaders are better described than are their public health counterparts.

The first section of the book contains a summary of the debates on the role played by medicine and public health in the epidemiologic transition of Western Europe. Professor Barona Vilar and other Spanish historians, such as Josep Bernabeu Mestre, have argued convincingly that education and aggressive public health interventions have played a positive role in the improvement of living conditions in Spain. This book also examines the emergence of welfare states in Western European countries and the United States at the turn of the twentieth century. The author underscores the relationship between John M. Keynes's economic ideas concerning the need for government-sponsored programs, and public health reorganizations that took place in the wake of World War II.

In the second section, the descriptions of how pharmaceutical industries achieved prominence, of how new techniques were adapted to hospital life, and of the motivations of medical specialists to create their own field of expertise are remarkable. The author also examines the policies of the 1980s that tried to dismantle the "inefficient" and "unproductive" health system. "Globalization"—a term used frequently in the book—is taken for granted: it is a natural reality produced by the exponential growth of the international economy, new demographic challenges, the dissemination of rapid information technologies, and emergent infectious diseases. Barona Vilar makes a brave and articulated critique of neoliberal attempts to untangle the social security systems and national health services of Europe, and reinforces the idea that health is a right of individuals.

I have three criticisms of this book. First, there is little that reflects the rich historiography on colonial and postcolonial medicine that has emerged in the past few years. The use of the terms "Third World" and "Primary Health Care" for events of the early twentieth century is anachronistic: the first emerged with the Cold War of the 1950s, and many today consider it outdated or a gross simplification; the second term emerged in the late 1970s with the Alma Ata Conference

organized by the World Health Organization and UNICEF. Second, the discussion of the international health agencies that existed after and before World War II is confusing, provides little insight into crucial programs such as the World Health Organization's global malaria eradication program, and ignores the Pan American Sanitary Bureau. And third, the references and bibliography needed more copyediting.

This book should be of use to a Spanish-speaking general audience interested in medicine's recent past. Historians specializing in Spanish history will find sound descriptions of the contributions of national medical leaders such as Santiago Ramón y Cajal, Augusto Pi Sunyer, and Gustavo Pittaluga.

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Jean M. Langford. *Fluent Bodies: Ayurvedic Remedies for Postcolonial Imbalance*. Body, Commodity, Text: Studies of Objectifying Practice. Durham, N.C.: Duke University Press, 2002. x + 311 pp. Ill. \$59.95 (cloth, 0-8223-2948-4), \$19.95 (paperbound, 0-8223-2931-X).

For a long time the dominant framing of the problem of tradition versus modernity was that of imagining an untouched tradition as a site of purity and authenticity, and then either showing how it was transformed or documenting the sites on which resistance to modernity occurred. Due to the powerful hold of this model—itsself an indication of how social science functioned as an ideology of the modern—Jean Langford started her project with some such aim. It is evidence of her superb linguistic and ethnographic skills that she allowed her experience in the field to redefine her problem, so that the question becomes not so much how Ayurveda as a cultural artifact was modified by historical forces, but rather how modern modes of knowledge are reworked through Ayurvedic ideology and practice. As a result, this book breaks new ground in our understanding of not only Ayurveda as a practice of healing but also its transformation into a national symbol through which the humiliation of colonialism is sought to be overcome. Langford's text is a layered description of the dispersed sites over which Ayurveda is being reconstructed in contemporary India. The triple distinction of discourse, institutional logic, and pedagogy informs the way in which she conducted her fieldwork and organized much of her writing. Although this is not explicitly stated in the text, the analytical frame bears the imprint of Foucault's ideas on how to render emergent forms of the social. The innovations in methodology and the writing are impressive.

I have two criticisms of the book. First, I wish that the author had engaged more thoroughly with the implications of global programming in the training of traditional practitioners for the emerging disease scenarios among low-income