profoundly new face, and forerunners of the *técnicos* of the 1970s, though with a socialist-populist ideology, well-educated doctors (thanks to Rockefeller fellowships) peopled the higher ranks of central public health bureaucracy. This double-barrelled nationalism helped bring about a more moderate sense of national identity among doctors whose traditional anti-Americanism had been aroused by the demanding standards imposed by the Rockefeller officers in their newly established health units (training, full-time commitment). It also helped to defuse the resistance of the rural population. Although by no means hostile towards the health units, villagers sometimes reacted with violence at the implementation of sanitary measures (smallpox vaccination, quarantine, DDT spraying). Certainly, Mexican and American physicians clashed more than once: upon the interpretation of the determinants of hookworm disease, and about the operating principles of the sanitary campaigns and the rural health service. Nevertheless, bureaucratic interest and a thirst for international prestige tied the modern professionalized state to US philanthropy. A proper balance was successfully achieved between Rockefeller aid and the preservation of the country's sovereignty—what Birn aptly calls "Rockefeller with a Mexican face".

In the end, did "Mexico shape the Rockefeller Foundation"? The Foundation's original style of governance remained untouched in many ways. In its usual manner, it played an "influential role" in Mexico, though "not a dominant one". New York chose to circumscribe its activities to a limited section of the country and to a limited range of health problems. This does not deviate in the least from the road taken by the Foundation in 1915: "to pick up small things and do small things".

Birn would have it that "in Mexico, health revolutionaries and the [Rockefeller Foundation] took public health to be a technical force residing at the intersection of state building, economic growth, and material betterment" (p. 237). The question is, how can we reconcile this functionalist description (from politics to expertise) with the elitist nationalism that transformed technical issues into contentious high politics?

In Mexico by and large, the Rockefeller Foundation's methods were remarkably similar in their patterns to those set in motion in the New South, or even in France for that matter. As the book itself demonstrates, the Foundation would first display ambitious campaigns (yellow fever, hookworm, tuberculosis), only subsequently to establish modern health units with exclusive and full-time personnel. And the whole effort would be embedded in a grand strategy of rural betterment, which the Foundation wished to spread throughout the world.

This book will set the pace on the subject for many years to come. It is arranged with extraordinary care (not a single error could be found in the French references) and written in an inviting style, making it a real pleasure to read. Last, but not least, are the richness and high quality of the illustrations (apart from the map on p. 35, difficult to interpret).

Patrick Zylberman,
CNRS/INSERM Paris, France

Sunil S Amrith, *Decolonizing international health: India and Southeast Asia, 1930–65*, Cambridge Imperial and Post-Colonial Studies, Basingstoke, Palgrave Macmillan, 2006, pp. xiii, 261, £50.00 (hardback 1-4039-8593-6).

The 1950s were the heyday of mass campaigns against specific diseases in the developing world. These campaigns were based on the optimistic assumption that it was possible to control and even eradicate disease through the effective deployment of appropriate technologies. In other words, this was the golden age of the "magic bullet". Judging from demographic statistics, this approach seemed to work, and countries in Asia and Africa saw a significant decline in mortality during the decade.

In his study of international health in South and Southeast Asia, Sunil Amrith—although recognizing that the public health campaigns

https://doi.org/10.1017/S0025727300002118 Published online by Cambridge University Press

were in one sense "tremendously successful" (p. 150)—aims to challenge the notion of the well oiled and smoothly running operation. Rather, the campaigns were fragile enterprises dependent on local circumstances and historical contingencies. Thus, in a central passage Amrith suggests that "when looked at too closely, the modernist image [of the campaigns] fragments into so many broken-down vans, fears of 'resistance', recalcitrant mosquitoes, and plans gone wrong" (p. 148).

While many books in the history of medicine conveniently confine themselves to one disease and/or one country, Amrith courageously sets out to substantiate his argument through analyses covering public health efforts in a broad sense over the area corresponding to the South East Asian Region of the World Health Organization (a somewhat artificial unit created because Pakistan and India could not be in the same region). He begins in the 1930s, where he identifies a discourse on rural hygiene emerging from the peripheries of Asian empires and culminating with the 1937 Bandung conference. This was a discourse based on a broad "social" approach to medicine. The Second World War, however, changed this. The discovery of DDT and antibiotic drugs against tuberculosis, on the one hand, and the logistics of military medicine, on the other, placed, Amrith argues, "'the magic bullet' at the heart of international medicine" (p. 53). Consequently, after the war a more narrow bio-medical perspective on public health dominated "the political culture of international health". This political culture was first and foremost embodied in the WHO. Apparently, the new approach did not depend on local circumstances; nor it did require any active cooperation from local populations. Seemingly, international health had become "universal".

Having taken the reader so far in the first four chapters of the book, Amrith looks more closely at the campaigns. He finds a fragile medical infrastructure, improvisations from local employees, resistance against BCG-vaccination from political leaders in South India, and problems in creating rational, compliant patients for long-term medication. Finally, he of course finds the looming fear of the emerging resistance to DDT in mosquitoes. More than anything else, resistance to this insecticide symbolizes the failure of the "magic bullet". By 1965 faith in the medical campaigns was fading, while concerns about the population explosion received more and more attention.

There can be no doubt that *Decolonizing international health* is a suggestive and imaginative contribution to our understanding of international health at a crucial juncture, not least because it takes such a bold and broad perspective. These virtues come, however, at a cost. First, the narrative in some of the chapters tends to be confused. Chapter two, for instance, begins with an account of the developments in military medicine during the Second World War which paved the way for the narrow bio-medical approach. It then considers the report of the Indian Bhore Committee, which employed a much more social approach. The chapter proceeds to an account of United Nations Relief and Rehabilitation Administration and ends in Bengal during the famine of 1943. This seems to be a wide and somewhat heterogeneous range of topics to cover within just twenty-five pages. Second, specific issues could have been analysed in more depth. While most would agree with Amrith's suggestion that employees of the campaigns were not "faceless technicians in a Fordist production line of health" (p. 126), the convincing in-depth case study to substantiate this argument is lacking. It might be true that the high modernist image of the mass campaign disappears when looked at "too closely", but Amrith does not—after all—come that close.

Decolonizing international health is, nevertheless, an immensely valuable work because it should inspire others to conduct a wide range of in-depth microhistorical studies of public health interventions in Asia. Such studies might support or repudiate Amrith's line of argument, but it is a very stimulating book to have on the shelf.

Niels Brimnes,
Aarhus University

https://doi.org/10.1017/S0025727300002118 Published online by Cambridge University Press