

Book Reviews

Others narrow the focus considerably. In 'From robust appetites to calorie counting: the emergence of dieting among Smith College students in the 1920s', Margaret Lowe probes the change in attitudes of Smith College students toward food and their bodies. Prior to the First World War, weight gain was perceived as a sign of health, but by the 1920s, dieting and weight loss became central concerns which, Lowe argues, "signal a pivotal shift in the way white middle-class college women understood and shaped their bodies" (p. 173).

The range and depth of this book is impressive, and several themes emerge from even cursory browsing. First, medicine both shapes and reflects social attitudes of the time in ways that profoundly constrain and limit our knowledge of health and disease. Second, but related to the first point, medical and social understanding of health and illness have material consequences in people's lives. Conceptions about the body influence what a society considers appropriate or inappropriate behaviour based on age, gender, race, or condition of health, as Elizabeth Lunbeck's article, "'A new generation of women': progressive psychiatrists and the hypersexual female', vividly demonstrates. While it is important to recognize how these societal beliefs affected past medical practices, it is equally, if not more, important to be cognizant of how they continue to operate. Leavitt's book is a compelling testimony to how an appreciation for the contingencies of history and cultural values, particularly with regard to gender, can guide the current direction of health care in America. And this is Leavitt's express intent: "It is my hope that the historical articles in this book can further that understanding by helping to inform current health policy debates. . . . By looking back while we plan ahead, the issues at the turn of the millennium . . . can be put in a perspective and context that can maximize future development" (p. 7). *Women and health in America* thus provides a

fascinating glimpse into the past, while furthering an understanding of the complex social factors that continue to shape health care in America today.

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Julyan G Peard, *Race, place, and medicine: the idea of the tropics in nineteenth-century Brazilian medicine*, Durham, NC, and London, Duke University Press, 2000, pp. x, 315, £11.95 (paperback 0-8223-2397-4).

Colonial medicine and tropical medicine have become virtually synonymous in recent years but, as Julyan Peard reminds us in this timely book, tropical medicine also developed outside the domains of the European powers. *Race, place, and medicine* is the story of one such development: the ideas generated by the Bahian School of Medicine in nineteenth-century Brazil, or the "Tropicalistas" as they have come to be known.

Bahian "tropical medicine" evolved in response to very different imperatives than "tropical medicine" in the European colonies and was, to some extent, its antagonist. European medical discourses framed the tropics in an increasingly negative light, and by the mid-nineteenth century it was generally thought that tropical climates enervated the minds and bodies of their inhabitants. It was climate that made the natives of India and Africa indolent, and which made Europeans—particularly northern Europeans—dynamic and powerful. Alongside this widely held view went the belief that there were certain maladies peculiar to tropical climates, or, at least, that diseases manifested themselves more violently in the tropics than in temperate lands. During the nineteenth century, these ideas had begun to

Book Reviews

crystallize into a relatively distinct branch of medicine, which historians have come to refer to as the medicine of warm or hot climates; a branch of medicine concerned predominantly with mitigating the effects of these climates on European bodies.

The Bahian tropicalistas were indebted to this literature, and particularly to French writings on environment and disease, but their orientation was quite different. As citizens of a newly independent nation, they were sensitive to European remarks about the pathogenicity of tropical environments. The tropical parts of Brazil, they claimed, were not necessarily unhealthy; nor were their inhabitants powerless in the face of its supposedly enervating climate. Against the apparent fatalism of Europeans, they stressed the possibility of creating an environment that was free from disease. The maladies that afflicted Brazil—even those widely regarded as “tropical” disorders—were universal, they claimed, and were merely modified by the effects of climate. The real barriers to Brazilian development, they argued, were poor hygiene and sanitation, ignorance and poverty. If these were attacked with the same vigour as in the “civilized” countries of Europe, then there was no reason why Brazil should not enjoy a similar level of health and prosperity.

Medicine thus went hand in hand with nation building, and the projection of Brazil as a progressive nation; or, at least, as one capable of improvement. This task appeared all the more urgent as Brazil was widely criticized overseas for maintaining the institution of slavery, a position that seemed all the more anomalous after the abolition of slavery in the USA. Brazil’s poor showing in the war against Paraguay (1865–70), in which it was almost defeated by a much smaller and poorer nation, also reflected badly on the state of the former Portuguese colony. The tropicalistas were among the most outspoken critics of slavery in their own country (blaming slavery, rather than climate, for many health

problems suffered by blacks) and were acutely conscious of Brazil’s backwardness, as perceived from Europe. Their medical writings thus set out a path to reform.

But, while the tropicalistas received a measure of international recognition, and published their work in overseas journals, they remained marginal in Brazil, and medical authority continued to lie in Rio de Janeiro. Their reformist agenda was also eclipsed by a new form of medicine based on germ theories of disease, which tended to focus on the control of germs and their vectors rather than the social conditions identified by the tropicalistas as the root causes of disease.

However, it is the broader significance of the tropicalistas—and what they tell us about the relation between medicine and national identity—that is likely to be of greatest interest to readers of this book. The author’s treatment of these issues will not disappoint: the articulation of a nascent (albeit contested) national identity, the tropicalistas’ reflections on race and gender relations, and their attempts to challenge the authority of the southern medical elite, are discussed thoroughly and insightfully. Those familiar with European literature on the medicine of warm climates might consider the contrast with the Bahian school overdrawn, particularly in regard to the supposed fatalism of European writings, and their alleged lack of concern with social issues; one could say the same, perhaps, of the author’s rather stark contrast between the tropicalistas’ reformist environmentalism and the supposedly more narrow and “technological” orientation of those who subscribed to germ theories of disease. Yet, to have raised such questions is an achievement in itself and it will ensure that *Race, place, and medicine* will be much discussed in the coming years.

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