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Hans Pols, C. Michele Thompson and John Harley Warner (eds.), *Translating the Body: Medical Education in Southeast Asia* (Singapore: NUS Press, 2017) ix + 370 pp., ill., ISBN 9789814722056. € 42,99.

Translating the Body offers a welcome contribution to the global history of medicine and science. This volume contains a historiographic introduction and eleven essays examining various instances of medical education in Southeast Asia. Although the case studies together cover the entire twentieth century, the book mainly focuses on the late colonial era and the first two decades of the Cold War. The editors take medical education to comprise ‘all the means through which people were persuaded to think differently about their own bodies, their own ailments, and the relationship between their health and their environments, and in particular how they were induced to change health behaviors’ (p. 4). Medical education is thus broadly construed, addressing students, patients, and populations. The authors conceptualize education as a form of translation that involves both linguistic and cultural work. The medically educated indeed acquire a fresh vocabulary and practical skills, yet this is but the most apparent sign of ‘the deeper work involved in transmitting across cultures modes of thought’ (p. 3). At a more fundamental level, medical education produces individuals with new identities, that is, people with new ideas, responsibilities, values, obligations, and cosmologies.

The individual chapters position these theoretical considerations within the cultural, economic and political contexts of late colonialism and national independence. Scholars working on Dutch colonial and postcolonial history will be interested in reading the contributions by Liesbeth Hesselink and Vivek Neelakantan. Hesselink's essay reflects the volume's ambition to move beyond formal education. A shortage of competent nurses provoked the Dutch physician Nel Stokvis-Cohen Stuart (1881–1964) to start a nursing training program in Semarang. Striving to improve health care among the Javanese, yet convinced that 'the Javanese woman is not easy to reach', Stokvis-Cohen Stuart enrolled young Javanese women of aristocratic descent to act as go-betweens and attract the indigenous population away from traditional healers (p. 51). In his chapter on the expansion and transformation of medical education in Indonesia during the 1950s, Neelakantan shows how colonial and postcolonial notions of good medical education diverged. In 1952 Indonesian physicians contacted the University of California to request assistance in replacing the Dutch educational system of 'free study' with the American model. The Dutch system failed to produce enough physicians capable of maintaining a healthy population, which was deemed necessary for Indonesian nation-building. Financially aided by US governmental and philanthropic organizations, the American model was introduced to several Indonesian universities. Yet the medical school at Surabaya had to revert to the Dutch model in 1969. Indonesian students were not used to participating in group discussions, were unable to read English textbooks, and opposed American educational assistance for ideological reasons.

The chapters by Hesselink and Neelakantan point towards other themes running through this volume. One is indigenous agency and the patient's perspective. Rather

than being passive recipients of western medical interventions, the inhabitants of (former) colonies appear as actors capable of manoeuvring, negotiating, and rejecting (post) colonial interference. In a fascinating chapter on the use of medication by the indigenous population of Colonial Vietnam, Laurence Monnais shows that the Vietnamese made 'complex individual choices' to either reject or demand western drugs (p. 250). On the basis of popular literature, Francis A. Gealogo uncovers how Filipinos contested official framings of the 1918 influenza pandemic by ascribing its causes to American imperialism. Another theme is the interaction between local and national concerns and wider regional and western influences. Jenna Grant, for example, discusses Cambodian-Soviet medical collaboration during the 1960s. The Cambodian choice for Soviet biomedicine, rather than e.g. the Chinese system of barefoot doctors, was 'a choice about Cambodia's postcolonial medical *and* national identity' (p. 195). Kathryn Sweet's contribution presents an analysis of colonial and postcolonial attempts to address women's health in Laos. Sweet argues that western interference often failed, partially because a critical consideration of previous developmental programs rarely informed new interventions. A final theme is the responses by practitioners of what came to be known as 'traditional medicine'. Junko Iida, for instance, traces the construction of Thai traditional medicine and massage to the late nineteenth century, when practitioners started to mobilize themselves in response to the introduction of Western medicine.

Historians involved in globalizing the history of science will draw inspiration from this volume. Even though the quality of the chapters varies, and some speak more directly to the collection's organizing principles than others, they present examples of the many different topics a global study

in the history of medicine can or perhaps should take into account. They illustrate the various local, national, and international concerns that rendered medical knowledge mobile during the twentieth century. The meanings and envisioned products of medical education varied according to these concerns. This volume proves that thinking about medical education as a mode of cultural translation and connecting medical education to the production of new identities are apt strategies to embed the history of medicine and science thoroughly in the histories of colonialism, nationalism, and postcolonial development and modernization.

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