

TIM HARPER and SUNIL S. AMRITH (eds). *Histories of Health in Southeast Asia: Perspectives on the Long Twentieth Century*. Indianapolis: Indiana University Press, 2014. 250 pp.

The contents of this edited volume are reflected in its title: the many “histories” of health in Southeast Asia and the multiple “perspectives” of looking at the stories of health, the reconstruction of which cannot be accomplished by any single linear narrative. Though the region is not clearly defined but differentially imagined in each chapter, the compilation as a whole captures very well the heterogeneity of the region as well as the multi-linearity of health histories. Another key term in this volume is “transnational” (p. 3). Consisting of the introduction, 13 chapters and three chapter inlets, the book is arranged according to four sub-themes: “The Longue Duree”, “Health and Crisis”, “Uneven Transitions”, and “The Politics of Health”, with each chapter giving different weightage on transnationality for different health-related topics.

Encompassing a wide range of topics, this volume opens up new sites of investigation and complicates our understanding of “health histories”. It includes more conventional topics such as the interaction between western medicine and traditional medicine, demography and population, epidemic outbreak, and NGOs and health, and newer ones such as pilgrimage and quarantine, disaster medicine, rural health, the internationalisation of health, the ideas and institutions of the hospital and asylum, nation building, and the tobacco industry. While there has been research on some of these newer topics in Southeast Asia and beyond (Anderson 2009; Anderson and Pols 2012; Ernst 2007; Rogaski 2004), the book invites researchers to dig deeper for health histories at sites seemingly unrelated to health, such as migration prompted by religious practices (Chapter 2), disasters (Chapter 4), nationalist movements (Chapter 11); and to conceptualise histories of health as global studies and international history (Chapters 6 and 9), social history (Chapter 10), and intellectual history (Chapter 11).

However, the diverse range of health-related topics also leads to the lack of coherence in the volume. The editors have tried to overcome this problem by encouraging different authors to read and to refer to each other’s work. Such mutual reference, however, is limited to chapters on a similar topic or subtheme, such as Chapters 5 and 7, which focus on demographic history and aging respectively. The absence of a shared research focus and conceptual framework among contributors of varied expertise, such as in history, anthropology, policy research, area studies, political science, and medical science, is perhaps another factor that contributed to the lack of mutual reference between the authors.

Although transnationality is conceived as an approach by the editors, the term is not methodologically defined and clearly operationalised as a research method. Rather, the editors justify the use of the term on the grounds that “the experience of Southeast Asia has always been transnational” (p. 3). What this approach intends to achieve and how it can add to our understanding of health histories in the region is not clearly stated or addressed in each chapter.

Is the aim of the book to deterritorialise the nation-state, in order to challenge the common assumption that the nation is the basic unit of historical analysis and to problematise the nationalist narrative of health history? Or is it to reconstruct the interconnectedness within the region and between the region and other parts of the world? Because of this ambiguity, transnationality in the volume can refer to the movement of people and ideas across space, either within or beyond the region (Chapters 2, 6 and 9), or it can mean Southeast Asia as a zone where people from other parts of the world exchange their ideas with locals (Chapter 1). There is a difference between people and ideas moving from inside out and from outside in. If transnationality is to be at once a research method to deterritorialise the nation-state and “provincialize” Europe (Chakrabarty 2000), it ought to be conceptualised as a multi-directional movement of people and ideas, whether within the region or between the region and other parts of the world. A deeper exploration of transnationality is important in Southeast Asian history, given the debates over Euro-centrism in the past.

Despite the shortcomings of the volume, the transnational turn is no doubt a timely and welcome approach to re-orient health histories in the region beyond the nation-state and nationalist narratives, given the dominance of the nation-centred historiography of public health in Southeast Asia. Nevertheless, whether or not transnationality can be a useful method to address a wider range of research questions calls for continuing intellectual efforts and more interdisciplinary conversations to examine the approach in combination with other conceptual tools.

POR HEONG HONG
Universiti Sains Malaysia
floody26@gmail.com

References

- Anderson, Warwick. 2009. “Re-orienting STS: Emergent studies of science, technology, and medicine in Southeast Asia”. *East Asian Science, Technology and Society: An International Journal* 3 (2 & 3), 163–171.
- Anderson, Warwick and Hans Pols. 2012. “Scientific patriotism: Medical science and national self-fashioning in Southeast Asia”. *Comparative Studies in Society and History* 54 (1), 93–113.
- Chakrabarty, Dipesh. 2000. *Provincializing Europe: Postcolonial Thought and Historical Difference*. New Jersey: Princeton University Press.
- Ernst, Waltraud. 2007. “Beyond East and West: From the history of colonial medicine to a social history of medicine(s) in South Asia”. *Social History of Medicine* 20 (3), 505–524.
- Rogaski, Ruth. 2004. *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China*. Berkeley: University of California Press.