

of cross-cultural teaching in many disciplines. So that, in the press release for this edited volume, Victor Mair rightly praises *Buddhism and Medicine* as ‘a most unusual project. . . unique and valuable’. *Buddhism and Medicine* is unique and powerful since it will undoubtedly stimulate new teaching programmes, and research projects will benefit from the insights that reading the different texts will inspire in fields of transcultural, transnational and transregional history.

The contribution that *Buddhism and Medicine* makes to new initiatives in area studies is also significant. For those specialists in discrete national areas, such as Indian, Chinese and Tibetan studies, there is much to learn from the breadth of scholarship that this volume represents. Around the world the very notion of area studies has come under increasing scrutiny for how its topics and approaches have reinforced old and fixed distributions of economic and political power. Yet, many of the authors of this volume owe their linguistic skills to the very area studies departments that are currently under threat. Such are the dilemmas we face as the very notion of academic areas is re-configured from simple geographical designations, that teach easily identifiable and manageable sets of languages, to more flexible thematic domains. Charting the geographic flows and counter-flows of Buddhism, with its formation of economic and cultural estates within and across ancient empires and kingdoms, and into modern states, requires fluid approaches to transcultural phenomena in order to observe and ascertain continuities and ruptures in patterns of belief and practice. In this world of more flexible regional boundaries and thematic domains, *Buddhism and Medicine* will not only push forward our appreciation of the role of Buddhist institutions and practice in the real conditions of healthcare, but also stimulate new studies of value to our knowledge of the embodiment of ritual and religion as healing practice – still too often a taboo subject in the teleological environment that still unfortunately characterises the history of medicine in the English speaking world.

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Eduardo J. Gómez, *Geopolitics in Health: Confronting Obesity, Aids, And Tuberculosis in the Emerging BRICS Economies* (Baltimore: Johns Hopkins University Press, 2018), pp. xiii + 304, \$54.75, paperback, ISBN: 9781421423616.

Geopolitics in Health is an enigmatic study of domestic healthcare challenges, especially in the area of public health, in Brazil, Russia, India, China and South Africa. Eduardo Gómez applies international relations and health governance theory to health policy issues in these emerging economies. Using obesity, AIDS and tuberculosis as epidemiological examples, Gómez demonstrates that geopolitical positioning in relation to international criticism and pressure impacts upon the public health measures and policy reforms put in place to address epidemic problems. Positive geopolitical positioning refers to outward-looking nations concerned about building their international reputation in health. Negative geopolitical positioning refers to inward-focused nations who are relatively unresponsive to international criticism and pressure. On the surface, this framework can seem appealing but dichotomous. Gómez’s in-depth analysis, however, is nuanced and sensitive to the diverse interests and incentives of political leaders to address public health concerns.

Unlike ‘flash epidemics’, such as avian flu or SARS, the epidemics of obesity, HIV/AIDS and tuberculosis were useful for comparative analysis of domestic public health

responses because these epidemics lack a distinct outbreak narrative and are politically contested. Comparing these epidemics, rather than a singular focus on one disease, offers a fuller picture of the politics of government responses to epidemics in BRICS nations. However, the divergence in the epidemic profiles of these diseases across different nations means that the book has an unusual split of chapters. Responses to HIV/AIDS and obesity epidemics are compared across Brazil in Chapter 2, India in Chapter 3 and China in Chapter 4. Responses to HIV/AIDS and tuberculosis are then compared across Russia in Chapter 5 and South Africa in Chapter 6. Gómez focuses on obesity in Brazil, India and China because of its historically earlier emergence in these nations and a correspondingly greater availability of published academic and media articles. Tuberculosis is examined in Russia and South Africa because of the higher prevalence rates of tuberculosis in these countries and the fact that attention to rising obesity cases in these countries is relatively recent. Gómez's comparative historical analysis and his theoretical framework covers considerable ground to uncover why BRICS nations have been so different in their responses to disease epidemics.

In Chapter 7, Gómez inquires to what extent BRICS are committed to safeguarding their populations from disease, why politicians have not taken public health seriously and if this lack of attention could eventually undermine growth prospects and influence. Given ongoing healthcare challenges, Gómez suggests that perhaps BRICS are mislabelled as successful emerging economies. His message is sobering, but optimistic that these countries possess the necessary human capacity to strengthen their public health systems. Gómez also shares a message of hope:

While increasing international criticism and pressure could be an effective option, let us hope that in the future, such pressure will not be necessary and that political leaders in the BRICS will come to realize that investing effectively in public health will facilitate their path to economic prosperity and, more importantly, equitable and effective social welfare programs. (p. 259)

A background in political science will help readers to digest the theoretical contribution of this book. Outside political science and international development *Geopolitics in Health* has wide import for public health workers, policy makers and foreign aid organisations. For anyone trying to better understand the international landscape of global health, this well-researched book is a worthwhile read. Gómez makes a key contribution to global health studies by examining how political leaders situate themselves in an international sphere, help their nations build an international reputation as a democracy effective at combating diseases, and relate with international organisations and other nations to seek and assemble the necessary technical, financial and managerial capacity. To achieve effective policy solutions at a domestic level, Gómez finds that nations have to share ideas about public health across borders, develop greater receptiveness and reciprocity, and actively foster strong partnerships between health bureaucrats and civil society.

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Cathy Gere, *Pain, Pleasure and the Greater Good: From the Panopticon to the Skinner Box and Beyond* (Chicago and London: The University of Chicago Press, 2017), pp. 304, \$30, hardback, ISBN: 9780226501857.

When is it justifiable for us to inflict pain on others? Historically, the principle of medical utility – to maximise pleasure and minimise pain for the greatest number – has justified