

HEALERS, HEALING, AND CHILD
WELL-BEING:

Ideologies, Institutions, and Health in
Latin America and the Caribbean

Anne-Emanuelle Birn
University of Toronto

FROM POPULAR MEDICINE TO MEDICAL POPULISM: DOCTORS, HEALERS, AND PUBLIC POWER IN COSTA RICA, 1800–1940. By Steven Palmer. (Durham, NC: Duke University Press, 2003. Pp. 329. \$69.95 cloth, \$22.95 paper.)

RACE, PLACE, AND MEDICINE: THE IDEA OF THE TROPICS IN NINETEENTH-CENTURY BRAZILIAN MEDICINE. By Julyan G. Peard. (Durham, NC: Duke University Press, 1999. Pp. 315. N.p.)

THE TALE OF HEALER MIGUEL PERDOMO NEIRA: MEDICINE, IDEOLOGIES, AND POWER IN THE NINETEENTH-CENTURY ANDES. By David Sowell. (Wilmington, DE: Scholarly Resources, 2001. Pp. 171. \$55.00 cloth, \$19.00 paper.)

HEALING CULTURES: ART AND RELIGION AS CURATIVE PRACTICES IN THE CARIBBEAN AND ITS DIASPORA. Edited by Margarite Fernández Olmos and Lizabeth Paravisini-Gebert. (New York: Palgrave, 2001. Pp. 236. \$45.00 cloth.)

THE CHILD IN LATIN AMERICA: HEALTH, DEVELOPMENT, AND RIGHTS. Edited by Ernest J. Bartell and Alejandro O'Donnell. (Notre Dame, IN: University of Notre Dame Press, 2001. Pp. 378. \$50.00 cloth, \$22.50 paper.)

MINOR OMISSIONS: CHILDREN IN LATIN AMERICAN HISTORY AND SOCIETY. Edited by Tobias Hecht. (Madison: University of Wisconsin Press, 2002. Pp. 277. \$45.00 cloth, \$21.95 paper.)

As scholars from a wide range of disciplines are increasingly discovering, Latin America and the Caribbean provide rich and complex venues in which to examine the worlds of sickness, healing, and healers. Virtually every setting in the region can point to a growing bibliography on themes, including the protean but growing state role in regulating

the public's health; the social cleavages and mutual values revealed during particular epidemics; medical professionalization and the emergence of healing hierarchies; and the political and ideological shaping of medicine, both domestically and internationally. The blossoming of work in this area stems from a variety of factors, ranging from institutional developments—such as the marvelous research and teaching resources at the Casa Oswaldo Cruz in Rio de Janeiro—to the establishment of specialized journals and networks of scholars, to contemporary political concerns about the breakdown of social policies and the deterioration of health conditions across the region, to theoretical and conceptual trends relating to contact and conflict among different healing cultures.

The books reviewed in this essay cover several of the most dynamic themes in this literature: the complicated relationship among physicians, competing medical ideologies, and the state; the historic and contemporary vibrancy and demand for a wide array of healers and healing systems; and the health and social conditions of children, past and present.

In a previous *LARR* review essay on this field of inquiry (34, no.3, 1999), Ann Zulawski pointed out that the new generation of scholars of medicine and society in Latin America had invariably rejected an older belief in the enlightened diffusion and progress of Western ideas and practices in the Americas. By aiming their critique at the rise of medical hegemony, however, some of the studies of the 1990s unwittingly repeated the unidirectional diffusion narrative but interpreted it as a form of social control and professional self-interest. In a matter of just a few years, a more finely hued tableau has been painted of places and periods of medical syncretism, of fierce rivalries, and of the coexistence—sometimes uneasy, sometimes happy—of a range of healing cultures.

Steven Palmer's *From Popular Medicine to Medical Populism: Doctors, Healers, and Public Power in Costa Rica, 1800–1940* is among the finest of these new histories of medical and health institutionalization in Latin America. Beautifully written and drawing from an impressive range of archival sources, journals and newspapers, legal proceedings, and personal reports, he traces the intersecting trajectories of herbalists, empirics, midwives, pharmacists, several grades of doctors, and other healers from colonial times to the launching of Costa Rica's modern exemplar of rapid public health advancement.

Palmer's overarching argument is that—although Costa Rica exhibited most of the components of medicalization (e.g., a thousandfold growth in the number of physicians over the period studied; professional journals, societies, and licensing boards; as well as a notable presence of physicians in the national political scene), the country was marked not by a singular route to medical dominance but by ongoing contact among licensed physicians and a wide variety of other licensed

and unlicensed practitioners. This long period of medical pluralism reflected moments of cooperation, competition, and complementarity among healers that balanced popular demands and the complex politics of state-building. These interactions did not result in a single syncretic healing system, as Palmer's meticulous research shows the extensive borrowing of both style and practice that took place between conventional and popular healers.

Many scholars (would) have stopped at tracking the physicians' tale of emerging medical hegemony, but for Palmer this is just the beginning. Unlike other settings, there was little polarization or suppression of popular healers in the nineteenth century, in large measure thanks to the state's pragmatism in seeking to assure the public's access to health practitioners. Since there was no medical school (until the 1960s), Costa Rica began by relying on a mix of immigrants—frequently other Latin American—doctors, often with dubious credentials; Costa Ricans who trained as physicians in neighboring countries, Europe, and later in Mexico and the United States; and indigenous empirics with long local experience. Thus, while the state reserved for physicians "a privileged place at the apex of public power" (233), this did not include a monopoly in practice. Costa Rica's *protomedicato* on public medical authority was founded in 1858 in response to the public health chaos of the country's 1856–1857 war, and was thus in the seemingly curious position of officially licensing empirical healers. If this system left out many *curanderos*, midwives and other healers, in practice there was enormous tolerance of what was, technically speaking, illegal practice.

Why did the state play these two-level games? Meeting popular demand for medical care was certainly good politics. Palmer shows that the official sanctioning of empirics was a geographic phenomenon: typically they were given license to practice in rural areas with no conventional doctors. In 1850 the Costa Rican government set up a system of salaried district physicians, initially charged with administering the smallpox vaccine following a deadly outbreak of the disease, but subsequently offering a range of free services to rural populations. Few physicians wished to serve in the most remote areas, and many healers demonstrated great resourcefulness in incorporating the practice of vaccination and other new knowledge. Yet even in urban settings, the state was reluctant to prosecute unlicensed healers because they worked in marginal areas, and doctors had no bona fide claim that they were competing for the same clientele. In supporting locally based authority figures the state was also effectively widening its legitimacy.

There were other considerations as well. The construction of the railroad in the 1870s and 1880s and the new fruit plantations on the Caribbean coast brought thousands of indentured Chinese laborers with their healers and tens of thousands of Jamaicans and other Afro-Caribbeans

who reintroduced African sorcery-healing to Costa Rica. Again, the state kept its distance, not wishing to provide new district physicians for these laborers. Further, despite physician criticism of midwives for their superstition and incompetence, midwives remained formidable rivals. But as the racialist discourse of degeneration pervaded elite circles in the 1890s, physicians had to accept midwives as central to the national mission of “auto-immigration” i.e., improving the survival of the native-born (147). Rather than fending off midwives, physicians brought them into the fold by creating a school of obstetrics in 1902.

That Costa Rica virtually bypassed a period of dominant liberal, private-practice medicine is even more interesting given the political prominence of the physician class. Because Costa Rica’s first generation of native-born physicians had to study medicine overseas, they were at once more cosmopolitan, modern, and patriotic than their counterparts in other Latin American countries. Obtaining a medical education was not just a matter of family wealth or personal prestige, but one of serving the nation. For example, Dr. Carlos Durán, the son of a well-off coffee merchant, trained in Paris and London and became the country’s first hospital surgeon in the 1870s; then as *protomédico* he modernized the Hospital San Juan de Dios, was named secretary of the interior in 1885, and served as acting president for six months in 1889. Although Palmer whiggishly misnames Durán’s generation the “biomedical vanguard” (the term biomedicine, of course referring to a post-World War II scientific grounding of medicine), they were a modern medical vanguard on many levels.

Perhaps most notably, Durán was among a group of scientists who identified hookworm-induced anemia among rural workers in the mid-1890s and pushed for a national hookworm campaign. This put Costa Rican health officials in the unusual position of being able to mold the structure of the Rockefeller Foundation’s anti-hookworm campaign, which began in 1914, and then recasting it to serve domestic needs as a centralized “School Health Department,” which oversaw the district physicians and brought public health into the education system. Palmer deftly demonstrates the capacity of Costa Rican doctors to set their own agenda, limit “imperial” influences, and, in Uruguayan sociologist Juliana Martínez’s terms, “selectively emulate” particular aspects of international health.¹

This episode also marked the nation’s populist path towards centralized state medicine, culminating in the 1941 introduction of legislation for state medical and maternity coverage during the presidency of

1. Juliana Martínez, “Policy Environments and Selective Emulation in the Making of Health Policies: The Case of Costa Rica, 1920–1997.” PhD diss. (University of Pittsburgh, 1998).

Dr. Rafael Calderón Guardia. Though almost half the nation's legislators were doctors, most of whom favored liberal (private practice) medicine, the legislation passed in limited form, soon expanding to cover more of the population. Palmer shows that the charismatic Calderón Guardia's progressive Catholic notion of medical care as the union of the material and the spiritual was shaped and supported by the continuing appeal of medical populism in Costa Rica, most notably displayed in the figure of acclaimed *curandero* "Professor" Carlos Carbell. Palmer makes a compelling argument for the story of social security developments in Latin America as a story of medical politics, not just one of organized labor. Alas, this engaging account gets only partial treatment, and we can only hope that Palmer will soon turn his gaze to the second half of the twentieth century when Costa Rica's health system and its rapid health improvements made it an international model.

Though unusual in some respects, Costa Rica offers a useful lens through which to examine developments of region-wide importance; indeed, in revealing a misleading opposition between professional doctors and "traditional" healers, Palmer has created a new standard of scholarship in this field. A refreshing and highly useful aspect of the book is the ongoing comparative perspective which Palmer provides with facility and clarity. In that sense this text also serves as a much-needed preliminary comparative history of medical institutionalization in Latin America.

Another key aspect of the professionalization of medicine in nineteenth-century Latin America that merits further attention is locally organized, often locally focused scientific research. A pioneering study in this area is Julyan Peard's *Race, Place, and Medicine*, which traces the rise and fall of a new school of medical research in Northeastern Brazil. From the 1860s through the 1880s in Salvador da Bahia, a group of dedicated clinician-investigators—subsequently labeled the *Tropicalistas*—sought to counter European colonialist views of the untoward role of racial heritage and climate (and implicitly culture) on health. Far from mimicking European research, the Bahian group "invented" a kind of tropical medicine, more than two decades before imperial English and French interests staked out the contours of this field.

Unlike the lumpen-physicians of the nation's leading medical school in Rio de Janeiro who absorbed many of the racist views of the degeneration of the Tropics that emanated from Europe, the Bahia school developed its own theory of combined bacteriological and social-environmental factors to explain the untoward health status (especially the prevalence of particular diseases such as beriberi or hookworm) of the Brazilian population. With the second-rate Santa Casa de Misericórdia Hospital at their disposal, the *Tropicalistas* engaged in collaborative work, teaching medical students, surgical experimentation on lower-

class patients (unthinkable in their private consultations in the homes of the city's elite), and clinical observation to further develop their theories of the intertwining of social conditions and parasitological manifestations.

The Tropicalistas sought to create not just a Brazilianist medicine, but a Bahian variant, a pointed critique of the more rigid French-derived approach of the Rio school and of government policy on health matters. As Peard brilliantly demonstrates, however, not only were the Tropicalistas heavily influenced by European developments, but even as they contested disdainful views on Brazilian inferiority, they desperately sought the legitimacy that European science could grant them. Three of the key founders of the Tropicalista school were themselves European immigrants. German Otto Wucherer (who was born in Portugal and immigrated to Brazil as a child), the first in Brazil to isolate the hookworm and filaria parasites, was influenced by German laboratory medicine, parasitology, and the social medicine of Rudolf Virchow. Scotsman John Paterson, who imported to Brazil the antiseptic measures of his compatriot Joseph Lister, was the initial organizer of the discussion groups held by the Tropicalistas, which led to the founding of their influential *Gazeta médica da Bahia*. The Portuguese-born José Francisco da Silva Lima served as the group's anchor and ringleader, alone publishing more than 200 articles in the *Gazeta médica* based on his wide-reaching medical interests. Though the Tropicalistas were frequently accused of purveying a foreign rather than a homegrown school of thought, their partisans thought otherwise. Most of the fifteen core group members were Brazilian, and their debates reached a wider network of Brazilian-born Bahian doctors and students, Bahian political circles, eventually reaching even the Rio medical elite.

Peard is careful to follow the complex, flexible, and eclectic nature of Tropicalista etiology, which at once drew from the latest German laboratory and British surgical approaches and yet still relied on more outdated environmentalist arguments about the causes of disease and the prospects for improvement. If imperial observers of Brazil believed that tropical "natives" were susceptible to disease and had low moral and intellectual development because of racial inferiority and miscegenation, Tropicalistas sought explanation in social conditions and miasmatic theories, blaming high cholera mortality in the mid 1850s on slavery and ascribing the high prevalence of hookworm to unhygienic conditions. They sought to increase knowledge about women's disorders as part of a nationalistic and modernizing project and supported the training of women physicians as the best means of reaching women patients. In rejecting tropical determinism but not explicitly challenging Brazil's racial hierarchies, the Tropicalistas called on neo-Lamarckian beliefs in human malleability and

environmental adaptation to improve health. For many decades, U.S.-based historians of medicine were schooled in Erwin Ackerknecht's account of the emergence of the germ theory in the nineteenth century as a highly polarized debate between contagionists (proponents of the spread of disease via micro-organisms) and anti-contagionists (believers in disease-carrying miasma, fog-like emanations that arose from filth in the streets). Ackerknecht's depiction has only recently been challenged in the United States, but Peard is able to dispel this false dichotomy with ease and elegance.

Just as the Tropicalistas had gained begrudging acceptance in 1880s mainstream Brazilian medicine, their members began to die off, without having reproduced themselves intellectually. Ironically, many of the factors that determined the success of the Tropicalistas—most notably distance and “freedom” from the medical ideologies of the capital—ultimately limited their influence. The Bahia medical school never received federal support for training and facilities, and within a generation its approach was eclipsed by more specialized medical approaches, informed by the germ theory.

Part collective biography, part “laboratory” analysis, this volume is exquisitely written and argued. Julyan Peard has offered us a vivid account of—in the words of the leading historian of Latin American medicine Marcos Cueto—“Scientific Excellence in the Periphery.”² With the publication of this book, future historians who use imperial medicine and tropical medicine interchangeably or who ignore Latin American contributions in this area might rightfully be accused of malpractice.

Although Palmer's examination of medical pluralism in Costa Rica reveals more pragmatic tolerance than bitter rivalry, there were settings in which violent encounters between competing medical ideologies occurred. David Sowell's *The Tale of Healer Miguel Perdomo Neira* depicts one such clash between a popular Andean faith healer and the consolidating doctoring elite of 1870s Bogotá. Sowell has a sleuth's eye and manages to piece together—with scant surviving sources—a dramatic story of the meteoric career of Perdomo from provincial unknown to his emergence as a faith-healer hero with likely hundreds of thousands of followers in the Colombian and Ecuadorian Andes. Like other Latin American empirics of his day, he practiced a mix of herbalism, humoralism, and spiritualism; in Perdomo's case, this syncretism was closely intertwined with (what is known of) his personal biography. A medical empiric as a young man, he joined the Conservative cause in

2. Marcos Cueto, *Excelencia científica en la periferia: Actividades científicas e investigación biomédica en el Perú, 1890–1950* (Lima: Tarea, 1989).

Colombia's civil war of 1859–62, where he honed his surgical skills. After the Liberal victory, he “apprenticed” with an indigenous tribe in Caquetá, apparently learning many of its “medical secrets,” and in the mid-1860s he began his years as a peripatetic healer.

In the best tradition of the historian-detective, Sowell uncovered the story of Perdomo while reading Bogotá newspapers from 1872 in which Perdomo's arrival to the capital was anticipated with both excitement and consternation. Perdomo reached the height of his popularity and dared to visit Bogotá just as the motivation of the nation's elite doctors to secure professional status and squeeze out their empiric rivals peaked.

Miguel Perdomo gained his national following by traveling from town to town and seeing—at no charge—up to several hundred patients per day. Though his armamentarium was small (consisting mainly of a powerful emetic (*la chispa*), a purgative (*el toro*), a drug that reputedly enabled him to perform bloodless and painless surgery, and a “magical” trick or two to inspire faith), his reputation was enormous, even when he left death in his wake. In contrast to professional physicians who were keen to display their specialized knowledge, Perdomo was said to have an easy manner, treating his patients as equals.

Perdomo's renown was further augmented by the publication in 1870 of his book *La iglesia católica en presencia del siglo XIX*, in which he presented his views on the Catholic Church, revealed his spiritually-rooted healing ideology, outlined elements of his medical practice, and reprinted supportive testimonials from around the country. A second edition of the book published in Bogotá coincided with his visit to the capital and undoubtedly fueled the ire of the capital's professional doctors, whose long campaign to reinstate licensing and medical education requirements (lifted by the Liberal Congress of 1850 as an effort to limit the role of the state and break the Catholic stranglehold on education) was finally gaining speed.

The conflict between Perdomo supporters and his medical adversaries was carried out in print and on the streets. For several months before and during his visit, Conservative newspapers printed testimonials from the “healed.” A group of doctors countered with a pugilistic public letter challenging Perdomo to perform surgery at the Hospital de Caridad so that his skills could be assessed, all in the name of pursuing scientific truth. Its intended recipient, busy seeing patients, denied knowledge of the invitation. In mid-May of 1872, some three weeks after the healer's arrival in Bogotá, the city exploded in violence after a man whose large tumor had been excised by Perdomo was later found dead, with a knife wound to his side. With rumors swirling—the murder was variously blamed on doctors and medical students trying to discredit Perdomo and on Perdomo and his entourage who were accused of hiding a botched operation—the uprising on the street lasted for close to a week, and

several of the city's most prominent physicians were stoned by the mob. Perdomo quickly fled the city and was later convicted of murder. Though he did not serve a sentence and managed to return to his practice in central Colombia, his troubles followed him to Quito where he was briefly jailed after an operation he performed ended in the patient's death. In December 1874 the healer died in Guayaquil.

Though the narrative "Life and Times" of Perdomo fills a mere twenty-five pages, Sowell frames the story with a thoughtful analysis of healing traditions in the Andes, the political and medical context of nineteenth-century Colombia and Ecuador, and the region's evolving medical pluralism. One facet left underexplored is the carving out of treatment territory between lay healers and professional doctors. For the most part, Perdomo seems to have treated chronic ailments (perhaps because the nature of his practice impeded his attending acute illnesses). His particular threat to physicians lay in surgery, an area which offered allopathic physicians the enormous promise of antisepsis but which at the time, Sowell argues, had yet to be introduced to Colombia. As the testimonials lauding Perdomo attest, empirical results may have had greater meaning for the populace than political and ideological struggles. Yet we learn little about how and why the testimonials were produced. Was this a common practice or can we speculate that Perdomo encouraged them?

Sowell also underplays the question of remuneration, implying that given Perdomo's substantial ownership of property, free care at the point of service did not mean that he was not earning handsome sums from the sale of remedies or other ex post facto payments. But the no-fee approach of Perdomo and other empirics was in marked contrast to the emerging fee-for-service private practice arrangements under liberal (i.e., free market) medicine: segments of the population may have regarded the commodification of professional medicine with great mistrust. Far from criticizing the book, these questions are testament to Sowell's creativity and his uncovering of heuristic riches.

As *Healing Cultures* shows, neither the tensions between popular and official healing nor the more accommodating periods of medical pluralism are relics of the past. This collection has less to do with healers themselves, instead concentrating on the intersection of healing and the cultures of the Caribbean. Editors Margarite Fernández Olmos and Lizabeth Paravisini-Gebert encountered the world of healing through a previous study on religion and bring a refreshing literary perspective to the subject. The book opens with the popular expression *la cultura cura*, an organic healing metaphor counterposed against the discourse of illness which imperial interests historically employed to characterize the Caribbean. What emerges is an analytic and artistic account of cultural survival. On one hand there is the continued flourishing of a wide range of religious and folk healing practices, notwithstanding colonial repression,

medicalization, and mainstream rejection. On the other hand the visual and literary arts of the Caribbean provide a collective form of healing (in addition to healing the artist herself) that draws from many of the same spiritual and imaginative elements of folk healing.

The book is deftly organized into two conversing sections: "Healing Arts" and "Artistic Healing." The first series of essays depicts the spectrum of Caribbean ethnomedical healing practices and learning from Boston to Bridgetown. Brian M. du Toit points out that because the islands of the Caribbean forced together peoples from at least four continents, the region experienced a multitude of diseases and diverse means of coping with them. The religious-healing practices of the Caribbean are syncretic in nature and combine naturalistic and humoral notions about the balance of bodily fluids, Catholic icons, West African and European beliefs in spiritism, and African, Asian, and indigenous pharmacopoeia. Yet there is no single tradition of ethno-healing that is characteristic of the region. Further, because there exist no shared forms of organization and interaction (such as journals, associations, and congresses) among ethno-healers, ethnographic descriptions are potentially misleading.

Most understandable and visible to outsiders are ethnopharmacies and herbalists who offer specific plant-based remedies in the form of infusions, poultices, tonics, and baths and typically exist as a marginalized but parallel system to the drugstores of Western medicine. Botánicas also serve as a popular—if officially illegitimate—alternative to biomedicine in Caribbean and Latino immigrant neighborhoods, as evidenced by the New York City Health Department's recent discovery of the widespread use of a Dominican remedy that had been deemed toxic.³

Fernández Olmos argues that it is the spiritual, magical, and religious elements of healing—such as those of Jamaican Obeah, "black magic," that cannot be scrutinized through scientific empiricism—that are most powerful in the imagination of Caribbean culture. The remaining chapters of this section focus on three of the many healing cults of the Caribbean and its diaspora. Karen McCarthy Brown's chapter on Haiti describes the social and religious sources of the well-known but little understood Vodou system. The complex rituals of Vodou—which blend Catholic and African religious traditions—offer a chance at luck in what are otherwise brutal circumstances of life and death. Vodou healers carry out cure through a range of confrontational and comforting practices, which may include public humiliation and reprimand, perfumed baths, and tender support, all intended to restore balance.

3. Richard Pérez-Peña, "Dominican-Made Powder Remedy is Poisonous, Health Officials Say." *New York Times*, 6 November 2003.

A chapter by Lydia Cabrera, the Cuban ethnographer and storyteller of Afro-Cuban folk healing (originally published in 1984) investigates the belief system and practices of Santería. The editors creatively intersperse Cabrera's description of healers, saints, spirits, and therapeutics with images of ritual cleansing practices taken by Cuban photographer Héctor Delgado in 1998. The existence of Santería and other healing cults in Cuba after forty-five years of universal medical coverage and a concerted state effort at medicalization corroborates the claim of their profound cultural importance. By way of contrast, traditional midwives (once ubiquitous in the Cuban countryside) have almost completely disappeared since the Cuban Revolution due to licensing and extensive incentives given to rural women for in-hospital childbirth.

Two other chapters examine the healing practices of Santería in the diaspora, as transplanted to the Boston area via the well-known healer and religious leader Steve Quintana and his House of Obatalá. Ester Rebeca Shapiro Rok takes us on a fascinating personal "Cuban Jewish Journey with Oshún" in which she integrates syncretic Yoruba-rooted Santería with her Jewish spiritual traditions. Her rituals and travels with the Orishas allow her a spiritual cleansing that her own U.S. clinical psychology training might consider with both skepticism and envy. Anna Wexler's interview with Quintana traces the matriarchal influences on his path to becoming an ordained priest of Obatalá and his use of dolls as spirit guides.

The final chapter in this section focuses on Puerto Rican *Espiritismo*. Mario Nuñez Molina traces the European roots of this extremely popular form of faith healing, which also influenced Cuban Santería. Imported by middle class Puerto Rican intellectuals from the writings of pseudonymous French philosopher Allan Kardec in the mid-nineteenth century, *Espiritismo* is based on the belief that the material and spiritual worlds interact continuously. Puerto Ricans found in *Espiritismo* a theology of liberation that could transform both individual and society. Repressed under Spanish colonialism, *Espiritismo* is practiced by Puerto Ricans of all social milieus today. While *Espiritista* healers have been accused of encouraging their clients to eschew personal responsibility for their problems, it serves as a powerful community healing system with no analogue in individualist psychology.

This last theme is revisited in the "Artistic Healing" section of the book, which is launched by Karen Castellucci Cox's analysis of the inability of Western medicine to heal (the protagonists in the novels of) Dominican American writer Julia Alvarez. Cox traces Alvarez's fictional account of the wounds left by her family, violent repression in the Dominican Republic, and exile to the United States. The healing process—interrupted by American psychiatrists—is only realized through the Vodou of her family's maid Chucha and her own writing.

The remaining chapters in this section portray artistic healing through the spiritual journeys offered and taken by other Caribbean artists in writing, film, and painting. Poet and critic Opal Palmer Adisa uses the lead characters of Alice Walker's *The Color Purple*, Paule Marshall's *Praise Song for a Widow*, Erna Brodber's *Myal*, and her own *It Begins with Tears* to explore how four women survivors of slavery and forced removal are healed through folk healing and recognition of the past. Writer Mayra Montero offers a memoir of various healing experiences in the Caribbean. Ernesto Acevedo-Muñoz discusses death, freedom, and Africa in the Caribbean cinema, while Jerry Carlson shows how Caribbean cinema has served as a healing medium. The book fittingly ends with poet/painter LeRoy Clarke's revelation of the spiritual powers of Obeah through his own body of work. The emphasis on psychological healing in the second half of the book perhaps inadvertently recreates Cartesian dualities between mind and body, though the earlier chapters seek to avoid this dichotomy. Paradoxically, the artistic healing essays both fit into the literature of medicine genre and challenge it for reproducing the notion of the sensitive conventional physician whose sympathy stops where the spiritual world begins.

The spiritual and material lives of children are an understudied but critical element of Latin American health and society. Most works that cover this theme examine contemporary social policies concerning health care, education, and the law; eugenic and puericultural discourse and practice in late nineteenth- and early twentieth-century state-building efforts; or the fragments of colonial evidence on children's lives, typically viewed through the optics of magistrates and priests. More recently child well-being has been studied in terms of women's public and private roles in the emergence of modern states. A focus on children as historical and contemporary actors offers many points of intersection with the history of medicine, health, and healing.

The sole disappointment among the books I was asked to review is *The Child in Latin America: Health, Development, and Rights* edited by Ernest J. Bartell and Alejandro O'Donnell. Based on a conference held at the Kellogg Institute for International Development at the University of Notre Dame, the book offers a narrowly technocratic view of children and the determinants of their well-being. Neither heard from nor seen, *The Child[ren] in Latin America* appear only in statistical terms or as collective victims. Moreover, because virtually all of the book's chapters are written from a regional perspective, we get little sense of the reasons for the enormous variation in child health indicators both within and among countries, nor of the comparative effectiveness of different local experiences in addressing child well-being.

The first part of the book focuses directly on child health, with its seven chapters covering two themes: malnutrition and environmental sanitation. Without belittling the centrality of nutrition and sanitation, this portrayal of children only in terms of eating and excreting narrows understanding of the influences upon and manifestations of child (ill) health. Most of the five chapters on malnutrition focus on the success of fortifying foods with micronutrients such as iron and vitamin A, with passing consideration for economics of food production, distribution, pricing, and household means. In simplifying the problems of child health to the resolution of technical hurdles—such as the Gates Foundation’s recent challenge to the world scientific community to create a single crop with a full range of nutrients—this approach depoliticizes the determinants of malnutrition. Because the authors offer no contextualized way of understanding why Costa Rica has a protein malnutrition prevalence of only 2.7 percent, for example, while Guatemala has a 38.5 percent rate, we are left to the mistaken belief that Costa Rica is a better food fortifier rather than a better food (and income and social services) distributor than its neighbors. Perhaps the absence of these critical perspectives on malnutrition were out of politeness: the conference was sponsored by the Coca Cola Company, probably the single largest purveyor of expensive and empty calories in the world, and, as a consequence, a major contributor to the problems of malnutrition and dental caries.

The two chapters on environmental sanitation rely heavily on UNICEF and World Health Organization reports, which have repeatedly documented the high global mortality associated with poor sanitation: in the mid 1990s, for example, there were 4 billion annual cases of diarrhea with 2.5 million deaths per year. In Latin America and the Caribbean—which have the best coverage among developing regions—37 percent of the population lacked clean water and sanitation in 1990, with, in many places, diarrhea the leading cause of the region’s 350,000 annual infant deaths. Notwithstanding this powerful and longstanding evidence, the authors suggest that the key to addressing the clean water and sanitation problem is overcoming bureaucratic obstacles and working through interdisciplinary teams, again overlooking the politics of resource allocation.

The remaining twelve chapters of the book are organized under the rubric of “rights,” documenting the growing problems of youth violence; child labor and under-education; and the ruthlessness of the penal system and proposing “social policy” approaches to progress. While the authors of these chapters include poverty alleviation and improved income distribution as preventive policies, they can offer little by way of how such policies might materialize. Instead, the main focus is on the legislative potential of human rights treaties such as the 1989 UN Convention on the Rights of the Child. While international human rights

instruments can offer legitimacy to local and national efforts, the lack of enforcement mechanisms means that many of the worst violators of rights are signatories of these treaties. This is certainly the case in Latin America, where every nation is a signatory. Historically, Latin American nations have pioneered some of the world's most comprehensive statements of children's rights. Uruguay's 1934 Código del Niño, for example, was far more progressive than children's legislation in the United States and much of Europe at the time and served as a model for Latin America as well as UNICEF. But Uruguay's far-reaching network of children's social services and legal guarantees remained subject to political cycles and (as is the case of much of the region) its protective laws were ignored with impunity during dictatorships as well as in various periods of economic "adjustment."

In sum, although the volume collects some useful information on the current health and legal status of children and brings attention to lesser-known participatory and conceptual models for assessing future improvements, it falls short on a number of counts. On one level, all of the contributions are written from an aggregate perspective. Needless to say, these generalized assessments do not reflect the enormous variation throughout Latin America; the lack of specificity does not allow for any real analysis of success, failure, or stagnation of children's health and rights in any particular setting. On another level, the volume portrays children in moral terms as victims of poverty and injustice as though they were separable from their families and communities. On an even more critical level, the book plays down political and economic forces and promises technical solutions to problems with much deeper roots. Notwithstanding the good intentions of the authors, they are unlikely to advance significantly the status of children in Latin America.

Fortunately, the motif of children and society is rescued in an extraordinary new volume. *Minor Omissions*, with its ironic evocation of children's historic irrelevance as well as their problematic status as judicial subjects, is a poignant and powerful collection of essays that seek to bring children to the forefront, not as victims but as historical actors. The book's editor, freelance writer Tobias Hecht (one of few scholars to give voice to the street children of Northeastern Brazil) articulates the many grounds for a child-centered approach to Latin American society, from children's absence in all but a few historical accounts, to their growing percentage of Latin American populations, and to their pivotal roles in work, social struggle, and cultural transmission.

The book begins with Carolyn Dean's interpretation of a series of seventeenth century paintings of the Corpus Christi procession by unknown Andean artists as defying the idea that Andeans and colonial authorities shared an understanding of childhood. She argues that because Andeans gauged childhood along physical rather than moral signs of

development, they would not have viewed the pictured mischievous activities of children as indicators of irrationality, nor as a metaphor for European views of Andean adults.

The late colonial regime of the eighteenth century, by which time the power of colonial institutions had consolidated, is regarded a pivotal time for the shaping of the modern contours of childhood in Latin America. Sonya Lipsett Rivera looks at the moral and social position of children in Mexican society under Aztec and colonial authorities, arguing that class, race, gender, and legal status defined children's trajectories before birth. By the eighteenth century, state interest in raising productive citizens began to displace the extended family's primary purview, thereby offering—Lipsett Rivera argues—the prospect of protection.

Nara Milanich traces the treatment accorded to illegitimate children in Latin America, who constituted a far larger proportion of births (up to 50 percent in some places at particular times, with enormous variation by race and social group) than in Europe, where illegitimacy rarely exceeded 10 percent of births. Although colonial law reflected the social opprobrium attached to illegitimacy, the legal treatment of illegitimate children varied significantly by whether they were the offspring of adultery or of parents who could technically marry. In the former case, children usually lived in matrifocal households, which often faced economic and legal marginalization. Illegitimate children could be enslaved, abandoned, or taken under state tutelage—or they might be circulated among various kin and strangers, forming temporary family-like attachments.

Related to high rates of illegitimacy was the abandonment of infants. Across colonial Latin America, authorities allowed for anonymous abandonment of newborns to foundling homes through revolving windows. As Ondina González shows for the Casa Joseph in early eighteenth-century Havana, although the anonymous delivery system was intended to prevent infanticide, a large majority of foundling home infants died perhaps even crueler deaths than the babies tossed to the sea. In addition to its appalling track record, the Casa was mismanaged and underfunded—with ongoing disputes over responsibility between the Church and the colonial government—and it closed after forty years of operation. The demand for a legal means of secretly abandoning infants (including among the well-off), however, forced the Casa to reopen almost immediately.

Bianca Premo's analysis of crime and punishment for youth in eighteenth-century Lima offers another example of hierarchies of institutional responses to problematic youngsters. Here the state defined two somewhat contrary roles in maintaining social order in the face of the crimes of minors: fatherly reform (typically "apprenticeships") and strict punishment (incarceration and hard labor). Both accusations and punishment were meted out according to colonial caste rankings. Rape

accusations, for example, were far more common among lower classes, reflecting both the higher likelihood of rape and the relative weakness of patriarchs who would have sought public recourse instead of personal vengeance. Premo points out that even as limeño society underwent social and political change through the eighteenth century, lower-caste families were hard-pressed to convince the courts to favor reform over punishment in the case of young delinquents.

The late nineteenth and early twentieth century served as another watershed for children's history, as Latin American states began to forge modern identities amidst the challenges of poverty, immigration, urbanization, and social disorder. Donna Guy proposes that the history of public policies for marginal children and the foundation of the welfare state are intertwined. Examining the reform of orphanages and juvenile detention and the development of protective legislation for mothers and children in Argentina and other settings, Guy shows that ambitious state efforts to replace paternal responsibilities for infant and child well-being could not be sustained through existing financial and governing capacity. Irene Rizzini focuses on the child-saving movement beginning in late nineteenth-century Brazil. Inspired by international efforts, philanthropic protectionism put greater emphasis on reducing the social threat of delinquents, by reeducating them as laborers, than on inclusive educational policies which might have reduced Brazil's social inequalities.

We are brought to the present through depictions of children in art and war. Le Grace Benson examines the work of Haitian artists who incorporate images of children—prosaic, tragic, and divine—to show the complexity of the lives of Haitian children. A bold chapter by Anna Peterson and Kay Almere Read titled "Victims, Heroes, Enemies: Children in Central American Wars" proposes that we stop transposing a Western middle-class notion of protected childhood on young people of other class backgrounds and national settings. The international assessment of children's fate in Central America's revolutions solely in terms of death, injury, and displacement belies the many positive experiences of children who participate in struggles for social justice and help shape their collective future.

The book is anchored by two first-hand contributions by recent adolescents, one real, and one fictional. Bruna Veríssimo, who has lived on the streets of Recife from the age of nine, begging and working as a prostitute, taught herself to read and write with materials she found by sifting through the garbage. In this chapter, this now painter and designer records her daily life of tenuous survival, rare kindness, luck, and unspeakable brutality during a single month. Veríssimo then interviews a younger friend in similar straits and discovers—in a damning echo of Dostoevsky's character Sonya in *Crime and Punishment*—that it

is not prostitution and homelessness that cause suffering but her family's misery.

Uruguayan writer Cristina Peri Rossi's 1971 short story "The Children's Rebellion" in its first ever English translation is fictional, but it is both reminiscent and prescient in detailing children's protagonism under a dehumanizing dictatorship. In this haunting and touching tale, two teenagers, each of whose leftist parents have been taken away, meet at a children's art exhibition that exposes the hypocrisy of the country's elite and affords the children the occasion to defy military authority. In "The Children's Rebellion" as in *Minor Omissions*, children in Latin America take on a presence and agency heretofore little known in the scholarly literature.

In sum, the themes and approaches covered in this group of books suggest that 1) there is much more exciting work to come, and 2) that studies of health and society are poised to go from a subspecialty to a pillar of Latin American research and teaching—potentially serving as a fulcrum of social, political, and cultural history. Several emerging themes include the role of smaller but significant healing traditions in various regions, such as those brought by Asian immigrants along the Pacific Coast and in Southern Brazil, by Muslim immigrants to the Pampa, or by Hindi laborers to Trinidad. Demographic and mortality studies are also in their infancy and offer a vantage point from which to study institutional policies and the effects of local practices that provided immunological, social, and psychological resistance to disease. I might end with two cautions. First, more comparative work in this area is certainly needed, given the extent to which Latin America is often carelessly lumped together. Second, we in the field and in *LARR* need to ensure that more books and gray literature on health and society published in Latin America and the Caribbean are included in reviewers' packages.