

arguments between scientists advocating for vitamins versus those who emphasised minerals went ‘beyond alleviating the effects of malnutrition’ and entered into discussions about national mortality, disability and state responsibility in setting standards for national and international food and nutrition policies.

A key goal of professionalising nutrition science was the effort to establish national and international standards. In this, medical and scientific professionals often allied with voluntary associations and civic reformers. Suzanne Junod, argues that non-governmental actors, notably women’s and consumer organisations were crucial players in setting standard weight and nutrition labels in the early twentieth-century United States. While opposed by the growing food production industry, these efforts ultimately succeeded establishing regulations that ‘could be enforced to a degree unknown with most dietary and nutritional standards’ (p. 18).

A final essay by Nick Cullather, ‘When is a Famine not a Famine?’ centres debates about nutrition standards in an international context. Exploring responses to the 1967 Bahar India famine, Cullather argues that international standards for nutrition – and malnutrition – formed key elements in Cold War geopolitics. International nutrition models based on statistics and ‘abstract comparisons of the calories’ took precedence over local assessments thus allowing national and international players to use famine relief to further their own aims.

The editors intend this volume to contribute to current debates about food, culture and diet. Indeed, the essays presented here suggest that nutrition standards are, and have been historically, the result of a complex interplay of culture, science and politics.

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Thuy Linh Nguyen, *Childbirth, Maternity, and Medical Pluralism in French Colonial Vietnam, 1880–1945* (Rochester, NY: University of Rochester Press, 2016), pp. 254, £80, hardback/ebook, ISBN: 978-1-580-46568-7/978-1-782-04849-7.

Childbirth, Maternity, and Medical Pluralism in French Colonial Vietnam, 1880–1945 reconstructs the history of colonial efforts to introduce ‘modern’ maternity and childbirth practices to Vietnam during the French colonial era. Using reproduction as a lens, Thuy Linh Nguyen illustrates the ways in which the colonial encounter – as it pertained to medicine – was one of adaptation, compromise, negotiation and transformation for both the Vietnamese and the French. In particular, the book examines how French efforts to relocate maternity and infant care into a clinical setting led to a pluralistic medical system due to misunderstandings, the failure of colonial physicians to recognise the cultural and religious significance of embedded maternity and infant care practices, and local resistance by indigenous medical practitioners and pregnant women.

Thuy Linh Nguyen’s detailed examination is based on French and Vietnamese archives encompassing medical legislation, administrative decrees, and medical reports regarding infant mortality, demography, maternity hospitals, medical budgets and colonial health care concerns. Statistical and administrative records are supplemented with personnel files of colonial midwives that provide rich material for understanding the midwives’ personal and professional lives. Thuy Linh Nguyen gains insight into Vietnamese perspectives on French ideas of childbirth and motherhood from daily public discussions in Vietnamese newspapers and magazines and from medical pamphlets and advertisements.

The author begins the book examining ‘The First Encounter’: the ways in which French physicians and researchers made a case for intervening in and revising local childbirth and maternity practices. They did so by drawing attention to high rates of infant mortality from umbilical tetanus, depicting traditional midwives (*bà mụ*) as incompetent, and labelling childbirth customs such as the handling of the placenta and post-partum ‘lying by the fire’ backward and detrimental to good hygiene and maternal and infant care. Having set the stage, Thuy Linh Nguyen then examines the medical and social nature of the new colonial maternity hospitals in which Vietnamese women were first introduced to western biomedical models of childbirth. While the new maternity hospitals effectively combatted maternal and infant mortality and diseases for hospital attendees, racist and classist practices hindered the ability to extend effectively maternity care to rural areas.

The author elucidates this failure by examining the training and experiences of colonial midwives: professionals trained in the western biomedical tradition who were simultaneously collaborators in the colonial health care system but also subject to racist, sexist and social restrictions. Eventually acknowledging the symbolic, medical and practical value of *bà mụ*, French physicians began to train and incorporate *bà mụ* into the state’s health care system, enabling the indigenous population to choose culturally appropriate maternity services. Thuy Linh Nguyen argues that the resultant pluralism in maternity services ‘demonstrated the limits of colonial power and, at the same time, the perseverance of Vietnamese childbirth practices’ (p. 141).

The last two chapters focus on French introduction of ‘scientific motherhood’, part of French pro-natalist and social-hygiene campaigns during the Depression era, in order to improve infant and child health. The chapters trace the efforts of both colonial and Vietnamese medical and social workers in these campaigns. Despite overlapping but divergent concerns (colonial efforts were principally based in concerns with ‘empire and labour’, whereas Vietnamese intellectuals focused on the ‘preservation and improvement of Vietnamese racial health’), both place the burden on Vietnamese women to battle against infant mortality, racial degradation and national decline. A myriad of interested parties including Vietnamese intellectuals, government officials, medical professionals, private and religious associations and global food companies such as Nestlé sought to intensify women’s interest in motherhood and childrearing. As in previous chapters, Thuy Linh Nguyen illustrates how colonial ‘civilising’ efforts and Vietnamese traditions, in this case motherhood and childrearing practices, informed and yet bumped up against one another in order to demonstrate that colonial medical intervention was never a one-way causal process, but one of negotiation, local resilience and transformation.

Because each chapter reiterates key previous points, it is possible to read individual chapters on their own and still have a sense of what has transpired up to that historical moment. This rhetorical strategy is both a benefit and a drawback. While the reader benefits from being continually reminded of key previous points, at times the material feels redundant (for example, that one of the predominant factors contributing to infant mortality was the *bà mụ*’s technique for cutting the umbilical cord).

Childbirth, Maternity, and Medical Pluralism in French Colonial Vietnam, 1880–1945 will be of interest to a range of scholars: those interested in the link between colonial medicine and empire building; the tensions inherent in introducing and implementing western biomedical values and practices in non-western medical contexts; how race, class, gender, and religious and cultural values inflect medical practitioners’ (both French and Vietnamese) provision of health care; the social and administrative processes through

which plural medical systems emerge; how the Vietnamese have incorporated and transformed values and practices from elsewhere for their own benefit; and early examples of how Vietnamese women's personal private reproductive lives became of concern to the state. *Childbirth, Maternity, and Medical Pluralism in French Colonial Vietnam, 1880–1945* provides valuable historical antecedents to contemporary discussions on Vietnamese motherhood and the state's concern with 'quality children'. Thuy Linh Nguyen's work provides a cautionary lesson for contemporary health care practitioners and administrators working in different cultural and geographic contexts. French colonial 'civilising' efforts, accompanied by attitudes of superiority and a failure to understand the importance of indigenous beliefs about the body, mirror contemporary global health care efforts designed to change values and behaviours so that they align with western biomedical practices. We would be well advised to heed these lessons from the past.

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Hyung Wook Park, *Old Age, New Science: Gerontologists and Their Biosocial Visions, 1900–60* (Pittsburgh, PA: University of Pittsburgh Press, 2016), pp. viii, +342, \$49.95, hardback, ISBN: 978-0-8229-4449-2.

Old Age, New Science traces the emergence and growth of the multidisciplinary scientific field around old age and ageing. Focusing on the ageing process of humans as living organisms, Hyung Wook Park's book is the outcome of deep research into the history of the study of ageing by life scientists. It is a well-documented narrative and a comprehensive analysis of the dynamics of the beginnings of the biological study of ageing and the strong interrelationship with social and clinical fields.

Park explores the early years of this new science in the American (mostly) and the British contexts. More specifically, the book delves into how this kind of research work emerged, how it developed in different ways in these two contexts, and became by the mid-twentieth century a well-established scientific field with multidisciplinary identity, and an existence beyond those local considerations (as the foundation of the related international scientific association clearly demonstrates).

Old Age, New Science extends over six chapters, giving an account of the developments of the field in its various dimensions, including research activities (their organisation and the questions related to the need for funding), science training, and the societal scope. Park's analysis starts in the early twentieth century by looking at the increased awareness of the problems of old age (and the process of ageing) related to the then observed boost in human life span, the result of a better control of infectious diseases. The analysis tracks the course of the scientific approach to biological ageing throughout the following decades until 1960. The narrative is centred on the main topics that were addressed by researchers and on the contribution of a series of key actors. Although following a chronological order, as the author stresses in the introductory section of the book, the structure of the text is not rigidly determined by time.

Briefly, in Chapter 1 Park presents the early years and stresses, the idea of the connection between experimental and social domains as a feature of the emergence of the scientific approach to biological ageing in the United States. Ageing was then conceived as a localised phenomenon within the organism, occurring throughout the life span, and in this sense the idea of exploring the phenomenon at the cellular level was pursued by a number