Introduction

A 1929 photo of a public health encounter in the Ecuadorian highland Indigenous community Nisag, Alausí canton, Chimborazo province, helps introduce the themes of this book. The photo (see figure 1) was published in 1930 in the US journal *Public Health Reports*[1] and evokes the intersecting paths that came together in these encounters. Three men in suits can be seen. To the right is Dr. Carlos Miño, who led the first anti-plague campaign in the Alausí region in 1913, was the founding sub-director of the Quito branch office of public health from 1914 to 1925, and at the time of this photo was the national inspector general of public health. In the back is provincial public health delegate for Chimborazo, Dr. Alfonso Villagómez, who served for many years in this capacity before, in 1939, falling victim to a dramatic pneumonic plague outbreak in the provincial capital Riobamba that, within four days, killed him and all eleven nuns working at the provincial hospital. On the left is Dr. Clifford Eskey from the US Public Health Service, who in 1929–1930 co-led the American Commission with Pan American Sanitary Bureau physician Dr. John Long, working together with Ecuadorian public health experts to eliminate plague from the port city of Guayaquil. While the names of the individuals from Nisag are not provided, at the community level they had an equally situated identity as an autonomous community of "free Indians" (that is, not tied to *haciendas*, or large agricultural estates) with a history of resistance to and negotiation with municipal employees who, within a broader system of public works labor conscription,[2] had recruited them for anti-plague measures in the town of Alausí before their own village was infected. In the previous decade they had also actively resisted threats to their water supply and had been engaged in expanding their crop production by shrewdly taking advantage of agricultural development legislation that had been designed with the goal of benefiting much larger landowners.[3]

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Public Health Reports, Vol. 45, No. 36, September 5, 1930

HUT AT NISAC IN WHICH A CASE OF PLAGUE WAS FOUND DECEMBER 15, 1929

Figure 1. Plague encounters in highland Ecuador: Nisag, Chimborazo, 1929.

In this book's discussion of public health encounters and state formation in Ecuador in the first decades of the twentieth century, the specificity of who came together in these encounters matters.[4] All participants whose paths intersected in these settings had prior histories that influenced their expectations and behavior, and their experience in one encounter could have an impact on how they approached the next one. While it is rarely possible to situate social actors with as much depth as one would like, the approach taken in this book attempts to treat them—working within limits set by the sources—as complexly motivated actors who drew on social knowledge and past experience in responding to emerging situations.[5] Of course, their intentional action often had unintended consequences, not least because others came to these encounters with their own interests and goals.

What kinds of people came together in encounters involving Ecuador's Servicio de Sanidad (Public Health Service)? What was the tone of their encounters? What helped or hindered the extension of public health programs? Importantly, archival documentation highlights that relevant encounters were not only between state actors and members of the public situated at two unproblematic poles. As the photo illustrates, they also involved encounters among institutional actors situated

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in particular ways in different government agencies. Sometimes actors in other government offices might push back against the Sanidad's entry into territory that they themselves previously occupied, revealing a dynamic of pressure and constraint as the institutional landscape was reshaped through these interactions and practices. Members of the Sanidad service had important encounters with the social actors embedded in the Beneficencia organization (social welfare; later, Asistencia Pública), municipal governments and councils, ministries and ministers, and universities as well as with a wide range of members of the Ecuadorian population affected by their projects. And sometimes those members of the public, too, were in shifting relations of tension and alliance with each other, giving the Sanidad a valuable opportunity to mediate. Together these encounters and processes helped conjure the state, making it seem real and functional to people, capable under some circumstances of intervening beneficially in their lives.

Approaches

The analysis presented here is located at the intersection of the concerns of historical anthropology and political anthropology. Historical anthropologists view the archive as encultured and situated; they are interested in what processes shaped the documentary record. Specifically in this book, a historical anthropology lens draws attention to how the archival record was formed through a proliferation of memos and orders between different state agencies, via communications among those differently positioned within a single agency, and in an interplay of petition and response between those targeted by state programs and those designing or delivering them. Using uncatalogued archives of correspondence is particularly rich for a project probing how the to-and-fro of everyday practices built up a matrix of resources for solving problems as it also built up and expressed (sometimes fraught) relationships.

From this perspective, the archive not only offers information about the past but also reveals elements of the ongoing shaping of institutional administrative processes.[6] It provides insights into how certain kinds of claims could be made and some forms of rule achieved, fundamental questions for political anthropology. Together, historical and political anthropology inform questions like: How did public health officials in different offices or regions coordinate their activities and communicate with each other? How did they manage relations with other actors—such as municipal governments, curative health care institutions, private physicians, and more—who crowded the landscape that they hoped to populate? How did information about health conditions get generated,

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collected, and compiled? How did the Sanidad develop a coherent institutional matrix (of personnel, channels of communication, forms of authority, and so on) with procedures that permitted it to generate, gather, and communicate information and then also to act on it? What kinds of complaints or requests could be lodged, using what mechanisms, and to whom were they directed? Focusing on questions of this kind, this book probes *how* things got done as much as it explores *what* got done.

The issues discussed in the chapters below were ones that asserted themselves insistently from an immersion in archival sources. They were chosen because of the amount of documentation generated about them, pointing to areas that were controversial or problematic or significant. From an anthropological perspective, the weight of these issues in the archive spoke of important problems for the public health service (and sometimes for the public itself). Of course, only a limited number of topics could be analyzed here. My 2012 book *Gender, State, and Medicine in Highland Ecuador* addresses a linked set of issues, specifically around gendered forms of social policy and state formation, that emerged from this same body of archival research, although it also led me along other archival paths. Readers will notice, too, that many of the processes foregrounded in the analysis of this book are not explicitly about confronting disease outbreaks, despite the fact that such events provided the rationale and motivation for the founding of the service. They include issues that perhaps would not catch the eye of a historian of public health but are deeply interesting to a political anthropologist. Completing this book in the midst of the COVID-19 pandemic highlighted quite viscerally the significance of questions about how things get done and how administrative action at different levels combines effectively to enable action, which may be an underappreciated dimension of past public health projects.

What does it mean to say that this is a study in the anthropology of the state, a historical institutional ethnography of the Ecuadorian Sanidad service? First, the *anthropology* in that phrase: the discipline's early cross-cultural and comparative focus revealed the immense variety of social forms and cultural practices among human societies, undermining notions that any particular way of organizing social life was normal. A basic premise of anthropology is thus that we should not assume that any social practice, social relation, or social institution is natural. Ultimately, this comparative perspective can prompt us to step back and ask how things came to be—including how they acquired the veneer of seeming natural, of just being part of the landscape. One of this book's starting points is that there is nothing obvious or inevitable about the state's ability to intervene in social relations, including when it comes to protecting health. Indeed, its capacity to do so in Ecuador evolved fairly

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quickly, and this book aims to understand what processes facilitated and deepened this capacity. Another founding approach in anthropology is ethnography—the detailed description of a society, rather than a comparison across societies—which emphasizes the insights that are gained by exploring social life through an examination of everyday practices, in the context of the relationships and environments in which they are embedded, and by endeavoring to see events and processes from the perspective of, and as they are experienced by, those directly involved.

How might we apply these general orientations to a historical anthropology of the *state*, given how far the study of a state agency is from the initial contexts in which anthropology's founding approaches were developed? We can start by exploring the perspectives and everyday practices of those involved in institutional processes, including those working for and those encountering the public health service. My analysis is based on a rich body of internal correspondence of the Sanidad, in which one can discern a great deal about the mundane practices of service employees, revealing how projects turn into policies and how policies are reshaped in the process of their implementation. While one might risk falling into triumphalism in foregrounding the perspective of public health physicians (who produced many of the documents used here), in fact the archival sources focus much more on the challenges they faced than on their successes, perhaps because these documents were generated in the midst of processes rather than retrospectively and were not intended for a public audience. The record shows that we cannot read off the consequences of state projects from their objectives, as the actions of the various social actors whose paths intersected in public health encounters produced something new that departed from what any of the actors might have intended. Importantly from the perspective of an anthropology of the state, the evidence from the sources documenting the everyday practices of state actors shows that changes to state procedures, policy, or law set conditions of possibility, enabled room for maneuver, and often yielded unexpected outcomes as social actors encountered each other under changing circumstances (which they further modified through their actions).

As one works through the archival record, it quickly becomes clear that infecto-contagious diseases were not the only problem the service was grappling with, although they were its reason for existing. How could service employees begin to confront diseases? How could they gather information that would allow them to interpret disease trends or, better yet, anticipate and prevent them? Who could they rely on to implement their disease eradication or prevention campaigns outside of the main cities—or even there? How could they secure sufficient resources

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to carry out their programs? And how might they predict who would be in a position to support their recommendations, particularly (but not only) in the era of acute political instability of the 1930s that saw frequent changes in the national government?

Are these simply problems of logistics? We might alternatively see them as challenges associated with developing an appropriate institutional structure to allow the public health service to act. How would our perspective change if we thought of Sanidad officials and employees not as cogs in the wheels of a well-oiled state machinery but as agents coming together and seeking to construct such a state, a project that might require both new institutional arrangements and the forging of particular images of the state? Historical sociologist Philip Abrams famously highlights two dimensions of state formation that he proposes are amenable to analysis. One is the state system, "a palpable nexus of practice and institutional structure centered in government"; at the same time, he insists that we should "recognize the cogency of the *idea* of the state," which should be studied along with the state system. Importantly, Abrams emphasizes the contingent features of both the state system and the state idea: the former is "*more or less* extensive, unified and dominant in any given society," while the latter is "projected, purveyed and *variously believed* in different societies at different times."[7] Abrams's doctoral students Philip Corrigan and Derek Sayer demonstrate the new research questions and insights that this kind of analysis could generate in their now-classic study *The Great Arch: English State Formation as Cultural Revolution*.[8] Reading the Ecuadorian material through the lens of Abrams's distinction suggests a further question: How might the state system and state idea relate to each other? How did changes to the state idea and state system build on each other iteratively in a process of mutual reshaping? If a particular idea of the state was communicated by certain state actors, how could it be used to press other officials to live up to it? Might this extend arenas for state action, partly by means of people appealing to proliferating numbers of differently positioned personnel as the state system was built up across the national territory?[9] While the ongoing shaping of a state idea plays an important role in the story that follows, there is perhaps even more attention to the laborious assembling of a state system that would permit action, something that too often is assumed rather than analyzed in studies of state processes.

Abrams also argues that the state is, at the end of the day, "first and foremost an exercise in legitimation. . . . The state is not the reality which stands behind the mask of political practice. It is itself the mask, which prevents our seeing political practice as it is."[10] Analyses of contested hegemony by historians and anthropologists of Latin America

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have broadly influenced my thinking about processes that contribute to that legitimation. Historian Gilbert Joseph and anthropologist Daniel Nugent bring together groundbreaking contributions to this literature in their 1994 volume *Everyday Forms of State Formation*.[11] The authors engage with the work of historical sociologists Abrams, Sayer, and Corrigan in rethinking domination and resistance in Mexico. They also extend the foundational analysis of Antonio Gramsci (as do Corrigan and Sayer), emphasizing especially that hegemonic processes are partial and ongoing and more often projects than stable achievements. Influential work followed, further complicating our understanding of hegemony and resistance and foregrounding complex dynamics of reciprocity and repression, resistance and accommodation, and evasion and confrontation in the historical formation of Latin American nations. Exemplary work on the interplay of national projects and alternative peasant nationalisms was contributed by historians Florencia Mallon on Mexico and Peru and Greg Grandin on Guatemala.[12] For Ecuador, also advancing a broadly Gramscian analysis, historian Valeria Coronel emphasizes the importance of coalitions and social alliances in shaping the political field in the first half of the twentieth century.[13] In a recent suggestive analysis, Pablo Ospina Peralta furthers the application of Gramsci to Ecuadorian state processes by viewing the middle decades of the twentieth century through the lens of Gramsci's concept of *trasformismo*, especially highlighting the fragile compromises and shifting negotiations underlying Ecuador's political history.[14] For the Andes more broadly, the essays collected in *State Theory and Andean Politics* by anthropologists Christopher Krupa and David Nugent deepen our understanding of contested hegemony from what they call an "off-centered" perspective.[15] Influenced by this body of work, I have been particularly interested in exploring the micropolitical processes through which those advancing hegemonic projects seek to dominate some opposing groups and, perhaps more importantly, to lead other allied groups.[16] To do so may involve modifying governing projects to include, if only partially, the aspirations of a variety of groups, a point that historian Paulo Drinot also makes effectively in his study of race, nation, and labor in Peru.[17] In the kinds of encounters through which these processes were actualized, those projects themselves might be extended and reshaped. Through their actions in the matrix of a developing state system, Ecuadorian public health officials also contributed to establishing a notion of the state as separate from society and standing above it, demonstrating its ability to intervene when they helped people address some of the everyday dilemmas they faced. Many scholars have referred to these as state effects.

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In this analysis, I am also inspired by the work of non–Latin Americanist scholars who have challenged us to consider the everyday practices and social and cultural effects of state formation in ways that help us see the state as an ethnographic space. Anthropologists' emphasis on everyday practices has been applied to institutional contexts by sociologist Dorothy Smith through her institutional ethnography method of inquiry.[18] Smith writes of the social quite explicitly as the coordination of people's doings. This raises the key question of what it meant, in early twentieth-century Ecuador, for public health leaders to coordinate their actions sufficiently to function as an institution. Smith also reminds us of the central role of texts—by which she means information in a format that enables replication and storage—in coordinating people's doings over time and across distances, simultaneously present in their everyday worlds and connecting them to translocal social relations. This is especially important for the study of institutions since, as Smith would say, in institutional settings people are actively producing the general out of the particular. We can see this in the burgeoning statistical production of Sanidad officials who sought to bring together and align disparate data to decipher population trends. Smith also emphasizes how distinctive institutional modes of generalizing coordination are brought into being in people's doings at particular sites and times. This aligns well with how historical anthropologists' queries about the shaping of the documentary record intersect with political anthropologists' attention to how things get done.

Political geographer Joe Painter also highlights how an analysis of everyday or prosaic practices can enhance our understanding of state formation.[19] Painter argues that such an approach helps to break down assumptions of separate spheres—that the state occupies a distinct and identifiable segment of the social whole that then interacts with other distinct social spheres—thus disrupting the binary logic of state/non-state formulations. Understanding states through prosaic practices undermines reification, revealing their heterogeneous, constructed, porous, uneven, processual, and relational character and highlighting the actual practices through which social relations of stateness are reproduced. For instance, he points out that passing legislation has few immediate effects in itself. "Rather, its effects are produced in practice through the myriad mundane actions of officials, clerks, police officers, inspectors, teachers, social workers, doctors, and so on. In addition, the act of passing legislation in the first place also depends on the prosaic practices and small decisions of parliamentary drafters, elected politicians, civil servants and all those who influence them, including journalists, electors, letter writers, campaigning organizations, lobbyists, academics and others. . . . Thus

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the outcome of state actions is always uncertain and fallible."[20] Painter further argues that "the production of state effects . . . depends not only on myriad mundane and prosaic practices, but also on these practices successfully combining in the particular time-space configuration that will enable" administrative action.[21] This key point is compatible with Smith's attention to the processes involved in the combining or coordinating of activities. Interestingly, Painter seems to identify Abrams's contribution primarily in terms of his highlighting of the state idea,[22] despite how Abrams's emphasis on the state system points to the development of a matrix of offices and personnel, and the practices in which they engage, consistent with Painter's concerns.

Painter and Abrams turn the autonomy and unity of the state into a research question rather than treating it as a natural occurrence; similarly, political scientist Timothy Mitchell proposes that the seeming autonomy of the state and its separation from society is a powerful state effect that itself should be subject to analysis in historically specific contexts.[23] In probing how the state might come to seem that way, Painter phrases it this way: the state in whose name officials function is "a symbolic resource on which they draw to produce their effects."[24] Still, Painter comments that these effects themselves, what he calls *stateness*, "is not an illusion, but is actualized in countless mundane social and material practices within and outside the institutions conventionally referred to as the state apparatus."[25] It is not only the state that is reified in this process, as it seems to become separate from society—the other abstraction produced simultaneously is society. How this occurred in a particular time and place—Ecuador in the early twentieth century—is at the heart of this book, pursued through a study that also provides new historical information about processes inherently interesting in their own right, such as bubonic plague outbreaks in specific moments and regional spaces in Ecuador. In applying these suggestive concepts to the study of Ecuadorian state formation, I agree with Painter that this is not an illusion. In fact, I am interested in understanding what we might call "real people doing real things with real consequences"—a project in which an ethnographically inspired approach focuses attention on the mundane social and material practices that Painter and Smith highlight.

Finally, the emphasis on public health draws our attention to relations of care in ways that may be more generally relevant for an understanding of state processes. In *Fevers, Feuds, and Diamonds*, Paul Farmer distinguishes between containment and care in disease eradication programs.[26] He highlights this contrast in his discussion of Ebola in West Africa, where *containment* of spread was emphasized and clinical treatment or *care* was limited, even though supportive care such as rehydra-

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tion would have been generally viable even where the greater technology needed for critical care might have been unavailable. For Ebola, containment and care were often treated as competing tasks rather than complementary ones—for instance, when control of spread led to a no-touch policy that eliminated basic supportive care and left patients to rehydrate themselves, something that they were often too weak to manage.[27] This general framework contrasting control or containment and care is extended here from the discussion of approaches to a single disease to a broader set of questions about how the public health agency in Ecuador positioned itself and went about its evolving responsibilities. In Ecuador the Sanidad worked on disease prevention and eradication in uneasy tension with the agency who managed healthcare institutions (Beneficencia), whose mandate was more directly *care* in the sense of treatment. Nonetheless, the analysis of Ecuadorian processes demonstrates the importance for the Sanidad to pursue a broader form of care in order to advance containment or control of disease.[28] Most significantly, this was captured in Sanidad officials' ability to help resolve difficulties and thus to position themselves and the agency as mediator or facilitator within a dynamic matrix of social actors.

In some ways I began this book's analysis in my 2012 study *Gender, State, and Medicine in Highland Ecuador*. There I examined several health-related arenas in which women became either objects or agents of state formation and gendered social policy. The former included child health and welfare as well as prostitution regulation and venereal disease control programs. The latter included professional midwives who worked for the public health service in its maternal-infant health programs as well as nurses who worked for state hospitals. Midwives and nurses also received their training in state institutions, and as such they were themselves the objects or products of gendered social policy initiatives. Throughout, I was interested in how state agents' social backgrounds and private lives might influence their actions within public health and medical institutions, which helps collapse the seeming separation between state and society. I also emphasized the multiplicity of social positions and varied intentions that might be encompassed in a state institution, undermining the notion that the state has a single and unproblematic set of interests and intentions. Here, I extend my analysis to include an exploration of how a notion of the state as separate from society—a reification of the state—was constructed in Ecuador, through the lens of an examination of one state agency. The Sanidad lends itself particularly well to such an analysis as its physician leaders were preoccupied with developing a more robust institutional structure that would allow them to act. They also seemed to be acutely aware of the importance of the

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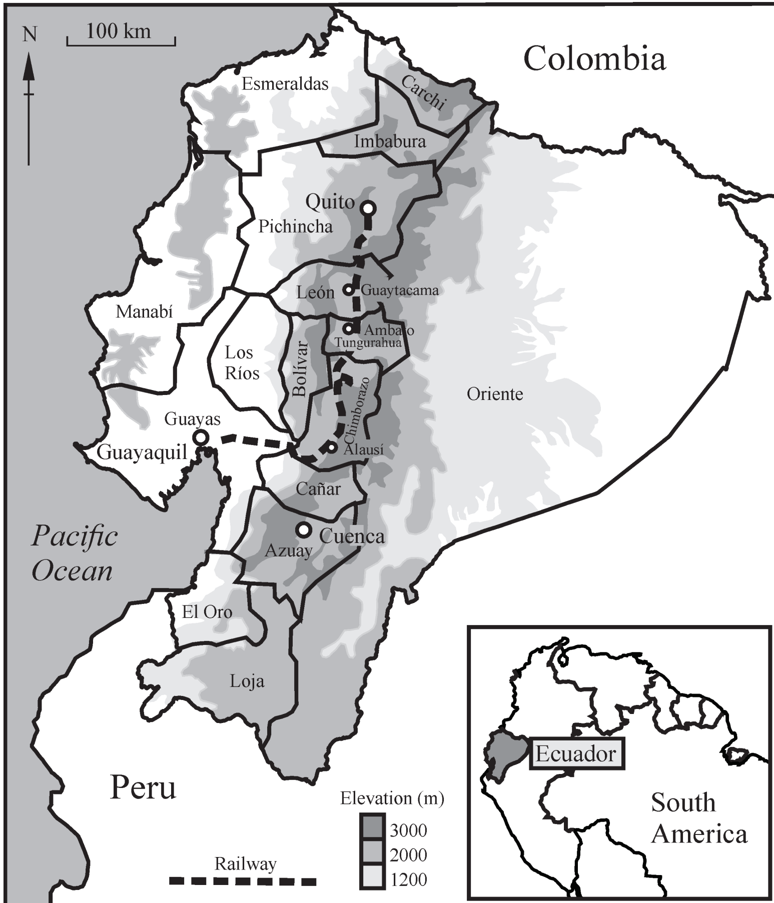

Map 1. Ecuador in 1920. This map presents the names and shapes of provinces as of 1920, with the exclusion of the eastern portion of the Amazonian territory that was lost to Peru in 1941 and the Galápagos Islands (neither of which figure into the book's narrative). ***Credit:*** **Edward Eastaugh.**

image of the state produced through their actions and were concerned with who could speak for or represent the state.[29]

Region, Health, and Disease in Ecuador

As problems that involve human beings and other biological organisms, diseases and medical conditions emerge in specific kinds of climates, landscapes, and regional spaces. Crossed by the equator and divided by the Andean cordillera running north–south, Ecuador has significant geographic and climatic diversity in a relatively small territory. In the

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center of the country, the double chain of the Andes divides the Ecuadorian mainland into three distinct regions: the highlands (*sierra*), including two rows of mountain peaks with cross-cutting ridges that divide the inter-Andean zone into numerous basins; the coastal plain (*costa* or *litoral*) to the west, from the Pacific Ocean to the western foothills of the Andes; and the eastern Amazonian lowlands (*oriente*). The country's fourth region is the Galapagos archipelago off the Pacific coast, about 600 kilometers west of the mainland. In the early twentieth century (and still today), most of the population lived in the coast and highland regions, and hence attention to public health in the decades covered by this book was almost entirely focused on these two regions.

In his 1892 geography text on Ecuador, German-born Teodoro Wolf, contracted by the Ecuadorian government in 1870 as a professor for the Polytechnic School and later also named the state geologist, describes the highlands this way:

> The great longitudinal valley between the eastern and western cordilleras is not continuous but rather divided into extensive basins by transverse ridges that cross over and connect the two cordilleras at various points and rise up to considerable heights over the basins. . . . The central region of Ecuador presents in nature a physical appearance that is highly varied and with surprising contrasts, as occurs in countries of an Alpine character. Pleasant plateaus, irrigated with gentle streams and shaded by orange and myrtle trees, are crossed by valleys and steep canyons, in whose depths rush noisy torrents, and the flanks of the cordilleras rise from the cheerful plateaus with their wheat and corn fields, up to the inhospitable wastelands of the *páramos* [high-altitude grasslands] and finally to the high peaks of the volcanoes, crowned with perpetual snow.

The coastal plain, he emphasizes, was very different:

> This zone, which in the south . . . is two or three leagues wide, from the latitude of Guayaquil broadens to thirty leagues or more. Not all of the region is flat, although there exist extensive plains especially in the fluvial system of the Guayas River and the lower stretches of other large rivers; rather, the landscape is generally mountainous . . . the hills forming undulating landscapes. What most defines this region is the multitude of navigable rivers, which in many areas of dense vegetation are the only routes of communication and transport. The grand and wild vistas of the high altitudes are lacking, predominating instead the pleasant landscapes of tropical vegetation.[30]

Writing a decade later, US diplomat Thomas Dawson adds that "the Ecuador coast is one of the most fertile and lovely regions on the earth. It already furnishes a considerable proportion of those tropical products of

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which the great nations of the temperate zone demand more every year. . . . Its green shores refresh the eyes of the north-bound traveler tired of the dreary desert that stretches from Valparaiso to the Gulf of Guayaquil; it possesses the best harbor on the Pacific south of Panama and one of the few in all South America which is not mountain-locked." With his interest in South America's commercial prospects, Dawson notes that "between the Cordillera and the sea there is room for untold millions of cacao and coffee trees."[31]

Settlement patterns and social relations evolved differently in the regional spaces of the highlands and the coast. The highlands had settled Indigenous agricultural populations that were in the process of being incorporated into the expanding Inca Empire in the decades before the arrival of the Spaniards. Building on these earlier patterns of relatively dense Indigenous occupation, in the colonial period the highlands continued to be home to greater population densities and economic activity, since access to Indigenous labor underlay the regional colonial economy, based on textile production and agriculture to supply internal colonial circuits. Following independence, the highland economy contracted with the dismantling of the colonial circuits of trade and transition to new forms of international integration. Characteristic images of the highlands in the nineteenth century would include the large Indigenous peasant population living in villages abutting large estates or as a dependent population tied to those estates via debt peonage (*concertaje*) and tenancy (*huasipungaje*). Although there were aristocratic creole[32] families with a long tradition of owning large properties, the largest landowner in the highlands in the nineteenth century was the Catholic Church, whose rural estates provisioned its urban institutions. Indeed, the Church also had a strong influence on urban society in the highlands, with its domination over education and its numerous churches and convents.[33] Agriculture in the highlands was oriented toward regional markets rather than export, land use was extensive, and incipient industry (such as textile production and leather manufacturing) was largely linked to agriculture. Transport and travel were costly and slow. As a result, it was only after the inauguration of the railway between Guayaquil and Quito in 1908 that the transport of heavy equipment and construction materials enabled the modernization of the colonial-era city of Quito in the north-central highlands.

The coastal economy and society were different in significant ways. In the rural areas, export-oriented cacao (cocoa) plantations expanded rapidly in the second half of the nineteenth century, becoming an important engine of economic growth for independent Ecuador. The network of waterways crossing the tropical plain meant that little fixed

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infrastructure was necessary. The fact that the ocean tides moved up the Guayas River well inland meant that the flow of the river changed direction with the tides, enabling transport by rafts even before steam-powered paddlewheels began to transport goods and travelers in the 1860s. Other tropical export goods were also produced on the coast, such as tagua (vegetable ivory or ivory nut) and rubber. The growth of Guayaquil port and the city itself was fed by the active trade in these products, and the city hosted many commercial import-export establishments that made available a wide range of foreign goods to local elites, who had considerable disposable incomes from the export economy. The region also attracted migrants from other areas, both for urban economic opportunities in Guayaquil and for the expansion of agro-export production in the countryside of the coastal provinces. An argument could be made that coastal society—with the lesser weight of Catholic influence, the greater mobility of people, and sustained relations with other regions through import, export, and travel—was "naturally" more liberal than the highlands. And indeed, the liberal period took the form of the rise of coastal interests over highland ones, with attacks on the Catholic Church and on the privileges of traditional highland elites, described further below.

Health conditions also differed across these regions. The humid coastal plain—distinctive from the dry coastal region farther south in Peru, as Dawson emphasizes—also contrasted significantly with the Andean region with its drier and cooler environment. As the main entry point for goods and people due to its excellent harbor, the reputation of the tropical port of Guayaquil as the "pesthole of the Pacific" in the early twentieth century had more than local significance.[34] As construction work progressed on the Panama Canal (which would be inaugurated in 1914), health conditions all along the western coast of South America came under increasing international scrutiny.

In 1903, physician Hugh S. Cumming of the US Public Health and Marine-Hospital Service (PHMHS)—who would go on to be appointed both surgeon general of the United States and director of the Pan American Sanitary Bureau in 1920, leading the latter organization for twenty-seven years[35]—reported on some of the dangers for Panama and the United States posed by commercial traffic along the west coast of South and Central America. He highlighted particularly the weekly arrivals in Panama of the vessels of the Pacific Steam Navigation and South American Steamship companies that had stopped at ports in Chile, Peru, Ecuador, and Colombia. In relation to the recent arrival of plague on the west coast of the Americas, he pointed out that along the whole west coast from San Diego down to Chile there was no quarantine

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station and, given the “vast trade already centering” in 1903 at Panama, he recommended appointing a sanitary inspector of the PHMHS to operate in the Canal Zone.[36] The next year a US consular official in Guayaquil elaborates:

> The certainty of completion of the isthmian canal gives to Guayaquil a position, from a sanitary standpoint, not possessed a few years ago. She becomes an important factor in all that concerns the sanitation of the Canal Zone and one which must be dealt with intelligently in order to obtain the desired results on the Isthmus. Her commercial importance, which brings her in frequent communication with the Isthmus, only 700 miles distant, is already great and with the opening of the canal will rank her of first importance among the cities on the Pacific side of South America, among which she now ranks third after Valparaíso and Callao.[37]

Indeed, ports were key points of entry and control when it came to diseases. In the mid- and late nineteenth century, international sanitary agreements had the primary goal of ensuring reliable exchange of information specifically to protect ports. While terrestrial *cordons sanitaires* (restrictions on movement to prevent the spread of disease) could work for some diseases, ports were more vulnerable to pathogens coming from distant locations. Expansion in international commerce and the increased speed and shortened distances involved in transportation in the nineteenth century were important factors in the spread of diseases, stimulating preventive measures through control of trade and travel. International agreements involved both quarantine provisions and compulsory notification of outbreaks of specific diseases: cholera, yellow fever, smallpox, and bubonic plague. Hence, too, the growing importance of marine health officers, whose role was to inspect ships and passengers and issue bills of health for ships embarking for ports in specific countries.

Massive fires affected Guayaquil at the turn of the nineteenth century, which had implications for health. In October 1896 a fire gutted ninety-two city blocks and, following the previous year’s Liberal Revolution, led the constituent assembly meeting in Guayaquil to regularize rule to decamp and move to Quito. Another city-wide fire in July 1902 destroyed twenty-six city blocks.[38] By 1904 the result was significant:

> Guayaquil of today is not the same as Guayaquil of ten years ago. Successive great fires have visited the city and changed its appearance. Contrasting the unburned district with the new or rebuilt section, it cannot be denied that the visitation of fire has done much to improve this city in every way. Thus the city presents the appearance of two distinct towns in

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> one. The new or rebuilt section with broad, raised streets, for the most part well paved and partially drained; the houses large, well built, and with excellent accommodations for light and ventilation, and supplied with water-closets and baths. The old part, with crooked, narrow, and ill-paved streets, is, for the greater part, without sewers. The houses are poorly ventilated and overcrowded and offer every facility for the propagation of disease. In these there is almost a total absence of modern water-closets. Again there is another part of Guayaquil which is altogether unhealthy, insanitary, and filthy. This third section is on the outskirts of the city. The streets are low, without any attempt at sewage, and with many stagnant pools. The houses are poorly built, unsanitary, and in great part overcrowded and dirty. The roofs are covered with cadi, a kind of palm which becomes the abiding place of various insects. The lots are all below the street level.[39]

The post-fire renovation of architecture among Guayaquil's wealthier inhabitants was undoubtedly helpful in some ways, but the fact that many poor residents were made homeless by fire encouraged the spread of other diseases in the subsequent rainy seasons. In addition, the influx of nonimmune construction workers from other regions to rebuild the city may well have fueled the yellow fever epidemics.[40]

The 1908 arrival of bubonic plague in Guayaquil, discussed in the next chapter, was the direct catalyst for the establishment that year of Ecuador's Servicio de Sanidad. As the director general of Sanidad made explicit to the Fifth International Sanitary Convention of the American Republics three years later in Chile: "The arrival of plague in Guayaquil in 1908 marked a new era in public health institutions" in Ecuador. He also explained the decision to locate the service in Guayaquil: "The circumstance that the port of Guayaquil is the commercial metropolis of the republic, whose population is continually renewed by foreigners and migrants from the country's interior who are not immune to yellow fever, and above all the alarm created by the ravages caused by the plague in this port, determined the creation of the Servicio de Sanidad Pública whose headquarters resides in Guayaquil."[41] Plague joined yellow fever in Guayaquil as two diseases that were of obligatory disclosure under international sanitary agreements. A third such disease, smallpox, was eradicated in the city of Guayaquil in 1909 (although it continued to persist in several other Ecuadorian locations for some time).[42] Among these diseases, yellow fever was eliminated in 1919, but plague proved to be challenging as chapter 1 shows.

In his 1911 address to the Fifth International Sanitary Convention, Ecuador's director general of Sanidad highlighted the very different situation of the highlands and the coast when it came to health threats:

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> In Ecuador there is a marked difference in demographic statistics in the cities located in the inter-Andean region [*meseta*] and those of the coastal cities. This difference favors considerably the former, when it comes to morbidity and mortality, which is easily explainable by the special nature of the high-altitude climate, unsuitable for the propagation of yellow fever, because there the *stegomya* does not exist; less apt to the evolution of malaria, because the radius of the *anopheles* is limited to certain valleys; and because the highland climate is more favorable to combat successfully the ravages of tuberculosis. In the interior of the republic one lives under the healthy influence of a climate of perpetual springtime; the coast suffers instead the rude heat of the tropical environment.[43]

He went on to highlight how this was represented by the different health conditions in the highland capital city Quito and the port city Guayaquil (undoubtedly it was only in these two cities that sufficient data would have been available to allow him to estimate incidence of disease). He explained that the general rate of mortality in the city of Quito (with an estimated population at the time of eighty thousand) was 2.37 per thousand, with the most important causes of death being bronchitis, pneumonia, and dysentery. The weight of infecto-contagious diseases in general mortality was low: 0.40 percent of deaths were caused by tuberculosis, 0.03 percent by typhoid fever, 0.02 percent by smallpox, and 0.01 percent by malaria. In contrast, in Guayaquil in 1910 the similarly sized population of some eighty-two thousand residents faced a mortality rate of 41.18 per thousand. The most significant causes of mortality were tuberculosis at 13.79 percent of the total mortality, malaria at 9.78 percent, plague at 8.58 percent, and yellow fever at 4.61 percent. The director pointed out that Guayaquil received large numbers of patients from elsewhere in its medical establishments, which contributed to these alarming figures.[44] Still, the contrast between regions is stark.

Some issues examined in this book are of national scope, with a special emphasis on how the highland and coastal regions were connected via the circulation of personnel, experiences, resources, and even diseases (the Amazon region was largely overlooked in public health programs for most of the period covered in this book). However, in the chapters that follow I focus especially on the highlands for others. Given the contrasts in health conditions outlined above, this would be a very different book—undoubtedly concentrating much more on tropical diseases—if it emphasized primarily the coast. The highland focus helps to clarify the many other issues faced by the Sanidad that are relevant to this book's political anthropology questions, which might have been obscured by the weight of infecto-contagious diseases on the coast.[45] My 2012 book

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Gender, State, and Medicine in Highland Ecuador examines some of the highlands' tenacious health problems, for instance those contributing to infant mortality and those associated with venereal diseases, in the context of evolving relations between state programs and women's experience and actions. Here I extend that analysis into other areas, including the micropolitics underlying the establishment and extension over space of public health programs, which are explored through the detailed record left of the public health service's everyday practices.

Political Change in Ecuador

Because the story of public health is centrally the story of a state agency, changes in government and general political orientation could have profound effects on how public health was conceptualized, funded, and operationalized. Public health as a national endeavor in Ecuador was a creation of the liberal period in 1895–1925. An important precursor of state modernization in other areas, however, was the paradoxical conservative president Gabriel García Moreno, who came to power after the near dissolution of the national territory in 1859 (when four juntas claimed to govern the country from different regional spaces) and dominated national politics from 1860 until his assassination in 1875. His was a new kind of conservatism inspired by his observations in exile of the aftereffects of the 1848 revolutions in Europe and his favorable impressions of the autocratic regime of Napoleon III.[46] He set out to modernize Ecuador through infrastructure programs, extension of primary education, and reform of advanced education with the contracting of European religious orders and the establishment of the Polytechnic School in Quito. He strengthened the central state—for instance, mobilizing Indigenous conscript labor in his road-building program (in the wake of the 1857 abolition of Indigenous tribute), which helped integrate regions while it also undermined highland landowners' control over Indigenous laborers. This process also bolstered municipal mechanisms to manage labor recruitment while other elements of municipal autonomy (such as around the control of budgeting) were weakened in this period. In addition, he dismantled Ecuador's previous tripartite structure of large districts in favor of expanding the number of provinces, which had the effect of multiplying the number of government officials across those administrative units. It was precisely in this period when some other Latin American countries were experimenting with liberal social and political reforms such as the separation of church and state, which occurred alongside forms of economic liberalization associated with export-led development that expanded in the 1870s. Ecuador instead

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was undergoing an experiment in tying the state closer to the Catholic Church under García Moreno, who dedicated the country to the sacred heart of Jesus and worked to establish an "empire of morality,"[47] at the same time as he promoted other reforms to infrastructure, education, and administrative processes that had a more modernizing bent. This formed part of the backdrop against which early twentieth century initiatives were undertaken.

In the highlands, nonetheless, it is important to note that prior to the 1895 Liberal Revolution many tasks that we would associate with governing processes continued to be privatized in the hands of either the Catholic Church or highland landowners. For instance, the Church controlled vital statistics information in its parish registries, and only with the 1900 Law of Civil Registry did it become obligatory to register births, deaths, and marriages with a state agency. Such information was relevant for the transmission of property as well as fundamentally important for the state's incipient knowledge of the health (and even the size) of the population. Highland landowners, in turn, controlled many aspects of peasant life on their large estates, from economic activities to the regulation of personal lives (including permission to marry). Liberal governments' emphasis on the rights of labor can be seen as in part due to their conviction that Indigenous labor was tied up unproductively in highland estates and that it could be employed more beneficially to advance export production on the coast.[48] Early liberal moves to loosen landowner control over labor included the requirement to register labor contracts with government officials, although the heritability of debt by means of which estate owners tied generations of peasants to their estates was not abolished until 1918. The strengthening of notions of state jurisdiction over public health in the early twentieth century was thus occurring alongside other significant changes such as the separation of church and state and the transformation of labor regimes.

The 1895 Liberal Revolution brought to power coastal agro-export and commercial elites who generally sought to modernize and open up the economy. Different emphases and alliances characterized the governments of the leaders who dominated the two decades after the Liberal Revolution: Eloy Alfaro, president in 1895–1901 and 1906–1911; and Leonidas Plaza, president in 1901–1905 and 1912–1916. Nonetheless, their governments largely shared an emphasis on secularization and modernization. At the same time, the decade of the 1910s saw substantial financial problems in Ecuador that interfered with public health programs and many other projects. In 1913 and 1914, the national government was engaged in fighting a civil war in the central and northern coastal provinces of Manabí and Esmeraldas. Then, with the advent of

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the First World War in 1914, government revenues plummeted with the reduction in Ecuadorian cacao exports, the paralysis of the international trade in tagua (or ivory nut) centered in Hamburg, Germany, and the diversion of British merchant vessels for the war effort. Soon after the war ended, the expansion of crop diseases in the coastal cacao plantations was another blow, further undermining exports. These economic factors in part underlay government indebtedness to private banks in Guayaquil and what was perceived as the increasing control of this "*bancocracia*" over government policies. Labor conflicts were another expression of the economic situation—and a massacre of striking workers in Guayaquil in 1922 powerfully symbolized the displacement of the more radical aspects of the liberal project by repression and corruption.

In 1925 another fundamental political shift came with the Revolución Juliana, or July Revolution, when a nationalist cohort of midranking military officers joined with middle-class professionals to overthrow the liberals in a bloodless coup. In terms of health issues, the coup elevated physician Isidro Ayora—the first Ecuadorian doctor to undertake specialist training in obstetrics—to the newly established position of minister of social welfare and then to the national presidency from 1926 to 1931. The Juliana governments between 1925 and 1931 engaged in an energetic process of reform, establishing Ecuador's Central Bank, nationalizing the Guayaquil-Quito railway, and passing social legislation that, for instance, regulated working conditions and institutionalized female suffrage (the latter, a first in Latin America). Their administrative reforms involved coordination and harmonizing of state institutions, including a reorganization of the Sanidad service that moved its main office from Guayaquil to Quito and created provincial delegations to extend public health programs beyond Ecuador's main cities. For plague in particular this led to the arrival of the American Commission and increased cooperation with Peruvian authorities in 1929–1930. The sanitation of Guayaquil by the British firm White,[49] which took longer than anticipated due to the financial problems that began in the mid-1910s, was also concluded in this period. Altogether, these reforms produced a more active, interventionist state, one effect of which was the considerable expansion of state employment, especially in Quito.[50] I agree with historian Coronel that this period is less interesting in terms of traditional Ecuadorian historiographic questions about whether it constituted a transfer of power from coastal to highland elites and more important for the new mechanisms that were established in processes of governance that, in her case in rural areas, "permitted peasant communities and workers to access new legal and political mechanisms to process their conflicts."[51] I argue that for urban areas in particular, the

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expanding matrix of officials who facilitated the resolution of conflicts included those working for the Sanidad service.

Coronel has also generally argued that the post-Juliana years saw a shift in Ecuadorian political life from a period when the main axis of political conflict was between liberals and conservatives to one where that axis involved the left (increasingly strengthened by alliances with peasants and workers) and conservatives.[52] From a different angle, Ospina Peralta also offers fascinating insight into how the charged field of force involving a broadly liberal-affiliated military institution and conservative politicians shaped political relations and the atmosphere of instability in the 1930s.[53] This instability was particularly notable in that decade as the country experienced a generalized economic crisis that was matched by an extraordinary degree of political volatility: there were fifteen men who passed through the presidential offices in rapid succession in that decade alone. The economic difficulties that were provoked in part by the trade disruptions during the First World War were deepened first with the spread of crop diseases in coastal cacao plantations, then with the Great Depression. Although this was a "bust" period between Ecuador's earlier boom of cacao and a later agro-export boom of banana production that took off in the late 1940s, scholars have recognized a diverse set of experiences of this period.[54] In a context where global trade was reduced due to the Depression, there were efforts to expand industrial production of textiles and other consumer goods. There was also considerable migration to urban areas such as Quito. The decade was marked, too, by the emergence of populism, based on the social transformations associated with urban growth, economic change, and diversification. Meanwhile, new forms of labor organizing were percolating that connected urban workers and rural peasants. At the scale of the national political system, in a way relative political stability emerged at the end of the decade under Carlos Arroyo del Río whose presidency lasted four years from 1940 to 1944, but the loss of half of Ecuador's territory (in the Amazon region) to Peru in a 1941 war was one of the catalysts for another political revolution. The Revolución Gloriosa of 1944 brought populist José María Velasco Ibarra back to the presidency for the second of his five terms. In 1948, the election of Galo Plaza Lasso (president from 1948 to 1952), a modernizing landowner who was the son of former liberal president Plaza, initiated an extended phase of political stability, based in part on the consolidation of the banana boom in the 1950s.

International factors and context played a role in many of the processes discussed in this book. As a signatory to multilateral sanitary conventions, Ecuador had to follow international regulations to disclose incidents of certain diseases. Some diseases themselves came from

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abroad. Meetings with international colleagues were important venues for sharing experiences, and advanced training in foreign institutions was also increasingly common among Ecuadorian physicians. In some cases, foreign researchers and physicians participated directly in Ecuadorian eradication campaigns, such as the 1929 American Commission that undertook anti-plague work alongside Ecuadorian public health officials. All of these international factors can be clearly seen in Ecuador's encounter with plague, explored in the next chapter, but even there the international processes did not determine what occurred in Ecuador. Indeed, as a biological organism developing in local environments, the disease ecology of plague was itself different in Ecuador than elsewhere. Moreover, plague was combatted by Ecuadorians, in Ecuadorian ways, and through Ecuadorian interactions and negotiations.

In thinking about the relative influence of international actors, it is worth noting that there was not a significant weight of foreign investment in Ecuador at the time. As historian Ronn Pineo points out, Ecuador's most important export product, cacao, relied on the natural conditions on the coast and needed little processing prior to shipping, with the result that the expansion of plantations was within the means of the emerging coastal elite rather than dependent on large infusions of foreign capital.[55] Indeed, the principal US enterprise in Ecuador in the first two decades of the twentieth century was not an export-producing venture at all: it was the private US company Guayaquil and Quito Railway, which completed construction of the railroad to Quito in 1908. The railway project was subject to an extraordinary level of internal controversy, given its cost and the significant irregularities in both its construction and its operation.[56] The US State Department did not remain neutral in the resulting conflicts: in 1912, for instance, the US government sent a warship to Ecuadorian waters, with authorization to land troops if necessary to protect US interests. Attempts to resolve ongoing disputes between the company and the Ecuadorian government through international arbitration failed, and the US government continued to exert pressure on Ecuador, including carrying through on its threats to have the War Trade Board suspend imports of Ecuadorian cacao to the US in 1918, in a context in which the Ecuadorian export economy had already been damaged by the indirect effects of the war in Europe.[57] Sometimes the railway conflict impacted public health directly: for instance, in 1915 when the Ecuadorian government set aside 40 percent of import duties for the sanitation of Guayaquil, the US government lodged a formal protest against the use of customs revenues for anything other than payment of overdue (but bitterly disputed) interest on the railway bonds.[58] By 1923 the British consul in Quito

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reported to the Foreign Office in London that "the American nation is in no way popular with the Ecuadorians, who constantly fear that the United States will on one pretext or another, preferably the railway, intervene and treat this country as it has done with Nicaragua and other unfortunate Central American states who have fallen under its Monroe doctrine."[59] Finally in 1925, the Ecuadorian government purchased the majority share in the railway when the company claimed that it could not repair damage done to the line by landslides during the rainy season (during an El Niño year, typically characterized by heavy rainfall, flooding, and landslides). The government proceeded to repair the line at a much lower cost, and much more quickly, than the company had said was possible.

Unlike in Africa and South Asia, or even some parts of the Caribbean, in Ecuador (as in many Latin American countries), leading public health actors were not colonizers but conationals, although they might differ in class, ethnic, or sometimes gendered ways from the targets of their programs. In 1906, President Alfaro invited US technical assistance in dealing with the yellow fever situation in Guayaquil. It was agreed that the governor of the Canal Zone and sanitary officer Colonel William C. Gorgas would confer with the authorities of Guayaquil on sanitary reform. However, the idea was so unpopular when it became known that the matter was dropped.[60] In 1913, the Rockefeller Foundation's International Health Commission was launched with hookworm campaigns in Central America and the Caribbean.[61] The Foundation focused its energies initially on campaigns against specific diseases, such as hookworm, yellow fever, and malaria, and increasingly also invested in medical education through support for institutions in other countries and scholarships for medical practitioners from such countries to study in North America. While there was Rockefeller involvement in the eradication of yellow fever in Guayaquil in 1919, it was undertaken under the guise of a study rather than an eradication campaign[62] given local sensibilities around US policies toward Ecuador in recent years, as outlined above. Historian Steven Palmer argues that early Rockefeller projects in the Caribbean were less top-down and more open to local engagements and negotiations than often suggested (reducing the impression that they were unilateral foreign impositions). Nonetheless, in Ecuador, there was simply not a strong presence of the Foundation's International Health emissaries. Likely the fact that there were not large US-owned enterprises in the country was linked to relatively less Rockefeller Foundation activity to protect workers, ports, and generally US assets.

This book thus argues that international processes conditioned but did not determine how Ecuadorians defined or grappled with public

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health issues. Most importantly for the current purposes, public health campaigns were essentially national projects, carried out by cocitizens of the recipient population, although external assistance was recruited where possible. Rather than being characterized by a strong degree of influence from abroad, distinctive instead was the sharing of information and experiences across regional spaces in Ecuador, most importantly between Guayaquil and Quito. One of the striking characteristics of Ecuador in comparison to many other Latin American countries is the way its nineteenth- and twentieth-century history appears to be a tale of two cities. Highland Quito was the center of political power as the national capital but was increasingly surpassed by the port city Guayaquil as a center of economic power in the late nineteenth century. The regional relationship between coast and highlands, Guayaquil and Quito, was a defining feature of the Ecuadorian liberal period, as many political negotiations and conflicts were expressed in regional terms. When it came to the first decades of public health work, however, there was a considerable sharing of information and personnel between these cities, which also increasingly radiated out from these two poles as the movement of staff, equipment, materials, ideas, and regulations began to circulate around the national territory.[63]

As conationals of the population their programs targeted, public health leaders were particularly influential in forging new notions of state and society as they carried out their work. Because public health measures sometimes involved limiting individual freedoms in the name of a larger social good, Ecuadorian public health officials were actively involved in not only addressing health problems but also constructing notions of a national interest that might stand above or apart from local social relations. As the language of "above or apart" suggests, there were important spatial dimensions to these processes.[64] The chapters that follow explore how the service extended itself into new spaces both across the national territory and into domestic and intimate spheres.

Chapter Overview

The arrival of bubonic plague in Guayaquil in 1908 was the immediate catalyst for the establishment of the Ecuadorian Sanidad service later that year, so efforts to combat plague appropriately open the narrative of this book in chapter 1. It was not only in Ecuador that plague had a central role in the emergence of public health. As Paul Slack argues for fourteenth-century Europe, "most of what we understand by public health, its basic rationale and ideology, was first formulated in the context of plague."[65] Indeed, medieval Europe's plague experience motivated

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a fundamental conceptual shift: not only that public authorities should deal with the *consequences* of disease (that is, relieve and support the sick and bury the dead) but also that they had a responsibility to attack its causes and means of transmission and so mitigate its impact. Such actions, to protect the broader public, might well impose limitations on individual liberties. The third plague pandemic, during which the disease first reached the Americas, did not have the dramatic consequences anywhere of the second pandemic associated with the Black Death in Europe. The latter included staggering mortality rates that might reach 50 to 60 percent of the population of European cities in specific outbreaks. While mortality rates were much lower everywhere in early twentieth-century plague—and the local conditions, international context, and forms of scientific knowledge were also very different—in both eras plague motivated new conceptions of the state's role in protecting the population's health. In Ecuador, plague had a protagonist role in the development of public health infrastructure and aptly opens up a series of questions that are pursued subsequently in this book.[66]

Reflecting on Ecuador's plague experience, we can go on to articulate some of the novel ways that public health campaigns contributed to ways of thinking about the state's role. Chapter 2 picks up on threads introduced in chapter 1 and develops an analysis of how the state idea and the state system were advanced through public health. Specifically, it probes how the notion of public health as a necessary state activity was established alongside a related challenge facing public health leaders: What was the nature of the public health infrastructure, including personnel networks, that would allow it to implement and extend its programs? The chapter highlights the rapid process through which public health arose as a legitimate area of state activity, the challenges of coordinating and aligning the practices of diverse agents to produce effective health interventions, and how these contributed to notions of a state that was separate from society and of its agents as technical experts rather than political actors.

Chapters 3 and 4 examine how the Sanidad reached into new spaces in the highlands in two different contexts. After Guayaquil, the second city to receive permanent public health employees was the national capital Quito in 1914. Chapter 3 explores how Sanidad officials in Quito in the 1910s and 1920s took on a central role in an increasing range of negotiations between different social actors over infrastructure reforms and municipal services. By doing so, they simultaneously enabled the aspirations of a range of Quito residents to gain access to services, deepened their coordination with municipal actors, and heightened the visibility and legitimacy of their own activities. This facilitated the San-

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idad's entrance into domestic contexts to influence quite intimate everyday practices.

As the Sanidad service extended its reach out into the provinces in the 1910s and thereafter, new challenges emerged in negotiating the authority of central state-appointed officials in local contexts. Chapter 4 explores these issues in Tungurahua province in the central highlands, where a new public health delegate was appointed in the provincial capital Ambato, as in other provinces, in 1926. As the Sanidad service took on new responsibilities at the provincial level to oversee a range of activities that had public health implications, the difficulties provincial delegates sometimes faced illuminate the importance of both interinstitutional and interpersonal relationships in advancing these projects in the context of ongoing structural challenges. Both chapters 3 and 4 highlight some of the spatial dimensions of extending public health programs, demonstrating at the same time how heavily health interventions relied on social processes.

Chapter 5 presents another element of Sanidad responsibilities that became increasingly important through the 1920s and 1930s: monitoring pharmacies and "professional defense" (that is, defending the rights of medical professionals to practice), two closely aligned activities. Pharmacies were physical and social spaces where the interests and projects of multiple stakeholder groups might cross, as prescribing drugs, preparing and dispensing drugs, and sale of these products created intersecting circles of social actors with shifting alliances and conflicts. Again here, as in the areas explored in chapters 3 and 4, the mediating role and position of the Sanidad was crucially important to how these often-fraught situations unfolded.

The chapters that follow provide diverse lenses through which the establishment and extension of public health projects can be observed. As an anthropological study, this book is centrally concerned with the changing shape of social relations that oriented and resulted from public health work, while also exploring the flow of historical events. Throughout, attention is drawn to how elements of a state idea and a state system mutually constituted each other through the active engagements of diverse social actors whose paths intersected in public health encounters. The book argues that public health work was not only about health but also constituted a central dimension of how the state was conjured in Ecuador.

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