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MEDICAL TECHNOLOGIES IN THE CONTEMPORARY WORLD: AN HISTORICAL APPROACH FROM THE PERIPHERIES
(Guest Editors Alfredo Menéndez Navarro and Rosa Medina Doménech)

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Abstract
Up until the mid-19th century, Mexican obstetricians associated forceps and other surgical instruments with risky operations, considering them artefacts whose use was to be avoided at all cost. This article asks why by the century’s end these same instruments had come to be seen as life-saving surgical utensils. To this end, I analyzed clinical narratives that defined the norms and practices of their use, discovering that although forceps were redefined by male-midwives’ norms of prudence, they also introduced medically-based ideas of gender and race and attributed to Mexican women’s pelvises a supposedly pathological nature.

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Abstract
This article makes a contribution to recent medical historiography on the subject of the historical category of sex. By means of a detailed study of medical accounts published in Spain between 1860 and 1925 we analyse knowledge on the question of the identification of sex, male or female, with reference to the borderline category of «hermaphroditism». The technologies utilised by medico-legal sources to determine sex and the complex network of elements involved in establishing the biological dichotomy between men and women are prominent in our discussion.

The introduction of diagnostic and treatment innovations for syphilis in post-war VD policy: «L’expérience belge»
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Abstract
In this article, the introduction of the Wassermann Test and arsenic-based drugs in Belgian post-war venereal disease (VD) policy is discussed (for the period 1900-1930). Pre-war advances in clinical medicine, the development of the Wassermann Test and arsenical drugs, as well as war conditions, were important in putting syphilis on the public agenda in Belgium. However, the way in which new diagnostic and therapeutic techniques and devices were incorporated within post-war VD policy depended on the reconciliation of a range of political, professional and moral agendas of interested health-political parties. Finally, a successful post-war VD policy depicted in terms of «The Belgian Experience» is discussed.

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Abstract
From 1927 on, a series of technological innovations revolutionized the study of yellow fever, leading to a re-conceptualization of the disease. The Rockefeller Foundation (RF) was at the vanguard of these developments, which made specialized laboratories an imperative. This paper explores the activities of the RF yellow fever cooperative programme in Colombia and their consequences, and shows how the RF constructed yellow fever as a continental problem and a public health priority for the American republics, investing heavily in basic research—its primary interest—, thus deviating attention and resources from other pressing health needs. At the same time, Colombian health authorities gained legitimacy through the prestige and resources of the programme, and were in a better position to advocate the role of research in national public health.

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The mid-20th century opening of a public specialized Clinic for the treatment of patients affected by Leukaemia was a significant event in Alicante. It represented both the beginning of specialization in the field of blood diseases and an opportunity for the Provincial Hospital to enter the world of laboratory research. The social prestige of medical technologies, the introduction of a blood transfusion service and the figure of Dr. Mas Magro were the fundamental reasons behind the birth of this project in spite of its high cost. The aim of the paper is to analyze a case of the development of medical technologies at a local level.

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In Costa Rica, female sterilization for contraceptive purposes is a practice common to women from diverse socio-economic sectors. This is the case despite the existence until 1999 of legal restrictions on its use. This article explores the role played by the idea of health as the rationale by which sterilization for contraceptive purposes has become available, initially as the reason for allowing its availability (and demand) in a legal context that only permitted its use for therapeutic purposes, and later, as the motive that legitimates its contraceptive use.

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