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**Nancy Rose Hunt**, *A Nervous State: Violence, Remedies and Reverie in Colonial Congo* (Durham, NC: Duke University Press, 2016), pp. xviii, 353, paperback, \$26.95, ISBN: 978-0-8223-5965-4.

Nancy Hunt's previous book, *A Colonial Lexicon* (1999) proposed a highly original framework for the history of medicine in post-colonial contexts. It was based on a material and affective approach to the past, which started with the historian's encounters with the debris of past medical interventions – in that case, remnants of the colonial state's attempts to medicalise birth in the Congo, from bicycles to birth certificates. In this book, Nancy Hunt proposes an equally original, but quite different, approach to medical history. It is based this time less on a heuristic of objects and memories than on an inventive, at times playful, experimentation with analytical concepts (especially Georges Canguilhem's definition of health and Gaston Bachelard's exploration of reverie), with historical narrative and composition (drawing in particular from the *histoire croisée* framework) and with an extraordinary set of archives. The book focuses on a rather remote region of colonial Belgian Congo, the Equateur (capital Coquilhatville, now Mbandaka), which was devastated by the violence associated with rubber extraction in the early years of the twentieth century (the time of King Leopold's Congo Free State). The region, a large part of which had belonged to the infamous Abir concession, has since then become synonymous with colonial atrocities – mediated globally by images of mutilated Congolese people. Dealing mainly with the 1915–1960 period, the book examines the afterlives of that era of paroxysmic violence, in a zone cast by the authorities of the Belgian colonial state as a 'no man's land', as a 'dying region' marked by depopulation, widespread sterility and uncontrollable 'religious movements'. Nancy Hunt retraces how massive (although erratic) public health interventions and tight security control were deployed in the area, as a quick and desperate attempt to improve the situation (and perhaps, to redeem the harmful years of concessionary politics). She explores at the same time the parallel and criss-crossing worlds of local therapeutic movements, which responded to (and stimulated) the police operations and medical projects of the colonial state.

Why is this book important for medical historians? The first reason is empirical. The central section of the book (Chs 4 and 5) examines the scientific and medical construction of an 'infertility crisis' in the Equateur: it was estimated that up to fifty per cent of women were sterile. It retraces the controversy between a local doctor, George Schwere, who had an original (and often abject) Darwinian interpretation of the problem as a case of racial degeneration, and the colonial medical authorities, who preferred more classic explanations related to the spread of venereal diseases (as well as environmental factors such as nutrition or exhaustion) and pushed for a medical response based on massive screening and the treatment of gonorrhoea. The mobilisation of the colonial state culminated in the launch during World War II of an ambitious intervention, known as the 'Songo Experiment', aimed at 'revitalising' the region (and to begin with, at improving fertility). The method was based initially on forced-labor exemptions, but rapidly expanded into a social medicine experiment, ranging from agriculture to education to mobile hygiene, fuelled by the new financial and material possibilities of the post-war years – including penicillin injections. This episode is of major importance: Nancy Hunt demonstrates that the colonial debate on depopulation was an echo chamber for scientific discussions current in Europe and the USA about race, reproduction, degeneration, psychology and infectious diseases, including avant-gardist experimentation on technological fixes to sterility. In addition, her account of venereal

disease epidemics and control programmes, and more generally of the medical aspects of the post-1945 reinvention of Congo as a ‘model colony’ will be of interest to the historians and epidemiologists working on the emergence of HIV in Central Africa: her study is cautious and subtle (contrary to much of the work on ‘HIV origins’), but does provide fascinating evidence of potential sexual and iatrogenic pathways of transmission in that region of Congo.

The second reason is methodological and theoretical. Nancy Hunt could well have limited her work to a commentary on the ‘biopolitics’ (in Foucauldian terms) of late-colonial Belgian Congo and to a historical critique of medical paternalism and public health hubris in a ‘zone of abandonment’. But she proposes something very different. First, she shows that the utopian impulse to reform, seduce and model Congolese subjectivities through medico-social intervention was not only a fragile and contradictory fantasy, but also went hand in hand with the development of a fearful, almost paranoid, security apparatus, which directly used (and inspired) the practices of identification, control and surveillance inherent to public health – the biopolitical state was also a ‘nervous state’. Secondly, and this is a stunning achievement of this book, she deciphers through a creative reading of missionary archives and local songs, the *vernacular* side of the story, that is, not only the cultural ‘responses’ to biomedicine, but also the experience of living, moving, working, suffering and smiling in a medicalised landscape, where ‘gonorrhoea was an everyday word’ (p. 234) and where marks of past atrocities (severed limbs and barren bodies, to begin with) were ever present. She examines, for example (Ch. 4), the development in the Equateur of the *Likili* movement, a form of ‘therapeutic insurgency’ (a concept which captures the constitutive continuum of therapy, religion, witchcraft, political imagination and violence), which sought to restore fertility and to ‘sweep out’ Belgians, including the doctors. In a superbly constructed narrative, alternating the description of *Likili* and the gloomy story of Dr Schwerts’ sterility studies, she demonstrates what medical history can gain by radically expanding its perspective to ‘matters therapeutic writ large’ (p. 7), including both ‘the positive *and* the negative registers of vernacular therapeutics’ (p. 9) and both the caring *and* the harmful dimension of public health. Inspired by the rich corpus of anthropo-historical studies of ‘healing and harming’ in Africa, this approach suggests something fundamental about *medical history* itself: that it should not be taken as a sub-discipline, but rather as a heuristic device – indeed one of the most promising way to examine the intersected histories of bodies, technologies, environments, politics and imaginations.

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**Christian Krötzel, Katariina Mustakallio and Jenni Kuuliala** (eds.), *Infirmity in Antiquity and the Middle Ages: Social and Cultural Approaches to Health, Weakness and Care* (Farnham: Ashgate, 2015), pp. xii, 311, £75, hardback, ISBN: 978-1-4724-3834-8.

This volume is a fascinating collection of essays on the theme of infirmity, understood very broadly to mean perceived weakness, in both Antiquity and the Middle Ages. Many of the essays originated as papers given at one of the regular series of conferences at the University of Tampere in Finland known as Passages from Antiquity to the Middle Ages. I was lucky enough to be able to attend this particular conference on *infirmity* in 2012 and looked forward eagerly to this volume.