

point of suggesting a general call for “tolerance” (of the Other?), a term antithetic to allergy, another both immunological and sociological term that links biomedicine and politics and raises multiple echoes in the reader’s mind after closing the book.

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Lynette A Jackson, *Surfacing up: psychiatry and social order in colonial Zimbabwe, 1908–1968*, Cornell Studies in the History of Psychiatry, Ithaca and London, Cornell University Press, 2006, pp. xxi, 230, £31.50, \$55.00 (hardback 0-8014-4310-5); £14.50, \$24.95 (paperback 0-8014-8940-7).

The institutions and practice of psychiatry in colonial Africa have a justifiably poor reputation. In *Surfacing up: psychiatry and social order in colonial Zimbabwe, 1908–1968*, Lynette A Jackson does more than trace the history of Ingutsheni, British Central Africa’s first and largest mental institution, which was founded on the outskirts of Bulawayo in 1908, arguing that, even though there was no “Great Confinement”, psychiatry served the ideological needs of the settler state. It did so by “domesticating” space and people, and by labelling as insane or mentally deficient men and women who were found to be out of place, either physically or socially. Consciously deploying the language of Frantz Fanon and Michel Foucault, Jackson regards “the colonial project” as broadcasting a “monologue of reason about madness”, one which was intentionally deaf to the inner logic of African concepts of the origins of mental disturbance and to indigenous methods of treatment. Through a combination of overt racism and pecuniary neglect, Ingutsheni became a warehouse for those certified as mentally ill. Inside the hospital, social hierarchies and distances were maintained: African patients had inadequate facilities, were exploited as labour, and were subjected to dehumanizing and dubious methods of treatment including

electro-convulsive therapy and leucotomies. White patients had better accommodation and facilities; and, in a painful and yet poignant signifier of how race, class and sanity were perceived in Southern Rhodesia (and elsewhere) at this time, “European” women patients at Ingutsheni were catered for at the hospital’s “Fair Lady Salon”.

Jackson devotes considerable attention to how the “routes” to the asylum or hospital were influenced by the colonial order. How, she asks, did people who might indeed have been mentally disturbed “surface up” and come to the attention of colonial authorities and be labelled crazy as opposed to criminal? Such surfacings occurred, for instance, when whites transgressed the “civilized” image that the society sought to present, both of itself and to itself. Any “European” who went around barefoot in the centre of town or who had a love relationship with an African person, for instance, could be regarded as insane. African men were brought within the ambit of the colonial economy via migrant labour and could be driven to insanity by dislocation and diseases of employment. Colonial and indigenous concepts of the appropriate “place of women” were influential in identifying “stray” and “undomesticated” women as insane or mentally inadequate and therefore fit for restraint at Ingutsheni. Jackson also draws on Fanon to argue that colonial psychiatry pathologized the “indocile native”. She, on the other hand, reinterprets the actions and words of some “madmen” and “madwomen” as being acts of rebellion or resistance and therefore ultimately of “reason”.

In the Epilogue, Jackson describes how after political independence in 1980 Ingutsheni became a target of health reform, and indigenous treatment methods were rehabilitated, contributing to a healed nation. This moment was, however, short-lived and under the constraints of structural adjustment programmes in the 1990s—and, one might add, a morally corrupt and oppressive regime under Robert Mugabe—Zimbabwe’s psychiatric services are now once again woefully inadequate. Of course, HIV/AIDS is adding further to the

incidence of mental illness in Zimbabwe and to the state's inability to provide decent mental health care.

Surfacing up is a damning indictment of the practice of psychiatry in colonial Zimbabwe. It is forcefully written. This contributes to the book's strength, but on occasion Jackson overplays the power of both western psychiatry and of colonialism in Southern Africa. It is certain that the majority of the mentally ill never came to the attention of the colonial authorities and that indigenous African therapies remained the most frequently utilized forms of treatment throughout the colonial era. Colonial "surveillance" and "the medical gaze" were patchy at most. Colonial psychiatry enjoyed little prestige and its practitioners were seldom influential. Moreover, and as Jackson shows, indigenous therapy management groups and techniques were sometimes powerless in the face of violent madness and, on occasion, families initiated the committal procedures. By the mid-twentieth century, then, psychiatric institutions were one option amongst several for the management of insanity both of and by Africans. Yes, psychiatry could be and often was a form of cultural imperialism, but whether it was always and only so remains a matter for debate.

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Sarah Hodges (ed.), *Reproductive health in India: history, politics, controversies*, New Perspectives in South Asian History, New Delhi, Orient Longman, 2006, pp. ix, 264, Rs 620.00 (hardback 81-250-2939-7).

This edited volume seeks to address the commonly held presupposition in the literature on reproduction, that pre-modern Indian women were agents of backwardness, in contrast to their modern counterparts. By focusing on the period from the 1850s to the 1950s, the book traces the change in the tenor of discussions on reproductive health, from the fixing of responsibility for the alarming rates of

maternal and infant mortality on the traditional midwife or *dai* to proposals promoting national efficiency by the time of Indian independence. The papers show that while actors and campaigns changed over the course of these hundred years, reproduction as a site for reform remained constant. David Arnold explores official attitudes towards population. Though there was concern about the nature and consequences of the rapid growth in population, at the same time there was caution in advocating birth control. Under funding and wide divergence between policy and implementation in the provinces prevented the introduction of health care for women, but in Madras, as in Bombay, it was local bodies which played a significant role in maternal and infant welfare schemes.

Barbara Ramusack's paper explains the ambivalence of women physicians toward contraception. While they articulated disparaging stereotypes of Indians and lower classes, they projected themselves as modern and contraception as science. Medical women's support for birth control was about lowering mortality rates, and social welfare programmes aimed at producing a healthy nation and at reducing population. Maneesha Lal shows how medical evidence came to be used in discussions on social reform, and the ideal female Indian citizen was fashioned as one unrestricted by purdah but still respectable and self-sacrificing. Hodges details the eugenics associations that flourished in the 1920s and 1930s, which then converted into family planning societies with a wider class base. Eugenics in India was about the need for effective contraception for the poor.

Supriya Guha focuses on reproductive health in Bengal, 1840–1940. While there were occasional disputes over which traditional practices were compatible with bio-medical practices, there was no argument over the necessity for providing medical relief during childbirth. In fact the conservatism of Bengali society came to be questioned by Bengali doctors rather than by colonial personnel, and, by the end of the period, medical care for women dealt a blow to traditional health