

which varied from place to place but usually involved regulation of prostitution. Carl Wilhelm Boeck's introduction of Auzias-Turenne's 'syphilisation' techniques to Norway is not discussed and it is not clear whether this had any impact on existing policies rather than in the clinical sphere of understanding of syphilis.

There is a particularly valuable analysis of transnational influences in the discussion of the relationships between German ideas and policies and those of Scandinavia. Social welfare measures and the discourse of social hygiene crossed boundaries. However, it has been demonstrated that there were significant differences between German 'state corporatism' and continuing conservative forces in the field of public morality, and the social-democratic welfare states emerging in Scandinavia. While Blom indicates a certain British exceptionalism in both policies relating to sexually transmitted disease (STD) control and in the ways the welfare state developed, she also points out that, even after the fall of the Contagious Diseases (CD) Acts, times of crisis such as wars could produce anxieties about women and their control in this context. Although late nineteenth-century abolitionist arguments originating in the British anti-CD acts campaigns played a part in the Scandinavian debates, they do not appear to have made a major impact on policies.

The extent to which the notion of women outside the bounds of the family continued to be perceived as the problem is demonstrated by Norwegian policies in the aftermath of the Second World War and the Occupation, which heavily stigmatised and penalised women. Similarly, in Denmark during the same period 'young flighty girls' were seen as dangerous vectors of disease.

The significant changes that took place in the post-Second World War era, and in particular the impact of the advent of HIV/AIDS in the 1980s, are not addressed in the same detail as earlier developments, though some suggestive conclusions are drawn as to the relative weight accorded by different political cultures with particular histories to appeals to individual responsibility versus state compulsion in the response to this new threat.

The detailed accounts of the evolution of policies relating to STDs within similar, but by no means identical, political systems and developing welfare states in Sweden, Norway and Denmark to the mid-twentieth century are a significant contribution to the historiography of STDs in the European context. It is a pity, however, that Nordic Academic Press has not provided an index, and that the standard of copy-editing is somewhat shoddy.

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Niklas Thode Jensen, *For the Health of the Enslaved; Slaves, Medicine and Power in the Danish West Indies, 1803–1848* (Copenhagen: Museum Tusulanum Press, University of Copenhagen, 2012), pp. 352, \$69.00, paperback, ISBN: 9788763531719.

The book approaches a unique period in West Indian history, that between the abolition of the slave trade and that of slavery. Niklas Thode Jensen's focus is on the Danish West Indies, particularly the island of St Croix, although the period and the problematic of the book are significant for the entire Caribbean region. Jensen makes a conscious effort to go beyond the Danish context to tell a story of the region itself. Written in a structured style,

with arguments, questions, methods and hypotheses clearly marked out, the book provides an impressively detailed account of medicine in the Danish West Indies, collected from medical journals, reports and accounts by plantation doctors.

The book provides an in-depth analysis of the unprecedented scale of medical infrastructure that the Danish colonial government introduced in the early nineteenth century. It was faced with a critical labour shortage ensuing from declining import of slaves and high mortality rates within the plantations. In addition to this, sugar prices rose in 1815–20 producing high profits and making investments in the health of slaves vital. The first change in the health system started in the 1780s, with the appointment of state-employed plantation doctors (the *Landfysikus*). From 1816 each town in St Croix had a Health Commission which enforced quarantine and vaccination. Since 1834 every plantation had to appoint a doctor who was paid by the government, although in reality often one doctor served several plantations. Hospitals were also built in the plantations from the 1830s. However, the book is not only about medical infrastructure; it skilfully presents a detailed account of the climatic conditions, the diseases and occupational injuries that slaves suffered from, their workload, their clothes, diet and the general demographic conditions of St Croix at the turn of the century.

It focuses on two important themes: the problem of malnutrition and the medical interventions in vaccination and neonatal practices. Chapter 4 provides a detailed and significant account of the problem of malnutrition in the plantations in the early nineteenth century. From 1817 the Danish colonial administration used the legislature to ensure that slaves received a standardised minimum quantity of food. Yet the problem persisted since, as Jensen argues, food supplies for the slaves even in this period had to be imported, which were inadequate. Consequently, several eighteenth-century practices continued as slaves grew their food in the less fertile 'negro-grounds' or resorted to hunting and fishing, neither of which provided food sufficient in quantity or rich in nutrition. Jensen here engages at length with Kenneth F. Kiple's work, seeking to provide a more nuanced picture. Despite the specific context of St Croix, his conclusions tend to support Kiple's propositions that malnutrition was the main cause behind the decline in slave populations.

The most interesting chapter is on the smallpox vaccination and midwifery practices, which were introduced by the colonial health administration from 1808. On the one hand, this encroached on planters' autonomies and started a series of negotiations of power between the government and the planters. On the other, it led to a period of negotiation between various medical traditions in the region. The institutionalisation of the European midwifery system in the plantations reflected, Jensen suggests, the general 'pyramidal' and centralised medical structure of the Danish colony, with two royal midwives at the top and few trained and several untrained midwives, (the latter mostly slave women), at the lower rungs. However, attempts at improving neonatal mortality rates ended in failure as these were not supported by legislation and the planters did not adhere to the stipulated training and examination procedures of midwives and doctors. Jensen suggests a more fundamental reason as well: these new methods introduced by the colonial administration were ultimately not aligned with the economic interests of the planters and the system gradually collapsed.

One of the several strengths of the book is the comparisons it draws throughout with neighbouring French and British plantation colonies, providing readers with an overview of the changes in health systems in the entire region. Jensen shows that, although similar investments were made by other colonial nations, the Danish introduced a far more centralised system facilitating greater control of food, medicine and medical practitioners.

In contrast, midwives in the British and French colonies had little formal training even in this period and several more 'unauthorised' healers continued to serve in those plantations.

Despite the broad analytical backdrop and rich sources, there is a general lack of synthesis in the book. Themes such as climate, disease, work, diet and medicine are studied at great length, but are treated as distinct domains. Readers would have liked to know how these affected each other to get an integrated picture of life and death in the plantations. Even the conclusion, which discusses the 'Medical World' of the slaves, treats the economic, medical and the environmental factors under distinct headings rather than providing a synoptic argument.

One also wishes that Jensen had directly engaged with the paradox that is so evident throughout the book and to which he often hints at: why was it that a time when the colonial administration invested in healthcare in the plantations was also the period when there were the highest slave mortalities? Addressing this directly would have enriched our understanding of the vital issue of colonial mortality in the nineteenth century. It would have also helped to draw broader conclusions about medicine and disease in the empire: whether and how colonial investments in health and welfare were often subservient to the larger socio-economic trajectories of colonialism. The Danish case, with its greater investment in health and welfare, as evident from this book, could have been the ideal context for the exploration of this problem.

However, this is the only book that provides such a detailed account of the medical system and the social, ecological and economic history of slave lives in the West Indies at this critical historical juncture.

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Sandhya L. Polu, *Infectious Disease in India, 1892–1940: Policy-Making and the Perception of Risk* (Basingstoke: Palgrave Macmillan, 2012), pp. 229, £55.00, hardback, ISBN: 9780230354609.

This is an interesting new book on public health in India which examines the response of the Indian state to outbreaks of plague, cholera, malaria and yellow fever. Epidemic outbreaks, and public health policies that were devised to contain them, have already been the subject of several monographs in recent times. Indeed, it would be fair to say that much of the existing research on the history of medicine in India has been limited to this theme, though there have also been several attempts to break new ground. The book under review does not provide a strikingly new perspective on this overworked theme, but it differs from existing literature in two substantive ways: it attempts to situate epidemic outbreaks in India within the international perspective; and it uses the concept of 'risk' to examine the responses of the Indian state. What makes the task easier for the author is her choice of themes: cholera, plague and yellow fever, as we know, received a great deal of international attention, and the Indian subcontinent occupied a central place within these discussions.

Despite some overlaps with existing research, the book contains several interesting observations, especially in the context of malaria and yellow fever. The author, for example, makes a detailed survey of quinine production in the subcontinent and also