

## Book Reviews

Africans and “half castes” were viewed as disease spreaders at a time of increasing racial interaction in cities, as were white and black urban women who were rapidly gaining relative economic independence from their patriarchal families. According to Jochelson, fears about both VD and the marginalized segments of society considered responsible for its spread may have reflected “wider fears about social and moral disorder, rather than a real increase in the incidence of disease” (p. 4).

The first chapter is especially effective in demonstrating the intimate relationship between massive social changes and socially constructed medical knowledge in the perception and response to VD. In the 1880s there was an epidemic of syphilis among Africans that most doctors assumed was venereal syphilis, which is sexually transmitted. But Jochelson argues that the epidemic at this time was actually endemic syphilis, an indigenous disease related to venereal syphilis but transmitted through unhygienic working and living conditions such as those to which Africans were subjected in urban centres. She explains how predominant scientific racist ideas about African sexuality in combination with the decline of assimilationist ideology shaped the emergence of erroneous medical perceptions of this epidemic. Subsequent chapters trace how assumptions about African sexuality and physiology, and the hardening of segregationist ideology, led to racially differentiated health services for poverty-stricken sufferers of VD during the course of the twentieth century. They also discuss doctors’ anxiety about the prevalence of the disease among the mainly Afrikaans-speaking “poor whites” and how it reflected fears about the fragility of white political supremacy.

*The colour of disease* will be greatly appreciated by readers concerned with the practice and politics of medicine in South Africa, not least because the study of the history of disease in that country is still, as the author herself points out, relatively uncharted territory. At the same time, medical historians in other national contexts may find this book frustrating at times, for it is clearly aimed at an audience that has sophisticated knowledge about South Africa.

Jochelson’s account of the penetration of VD from urban to rural areas, for example, assumes a great deal of familiarity with South Africa’s geography—there are no maps—and political history, for place names shift from Afrikaans to English and from pre- and post-Union without explanation. For example, she uses the names Transvaal, the South African Republic and its Afrikaans acronym ZAR, and Gauteng to refer to the same region within the country, names that denote major political developments during the past century and a half. But without maps or chronologies to which to turn for clarification, readers who are unfamiliar with the country’s history may find themselves confused. Yet the book’s methodological innovation will impress researchers seeking explication of the inseparability of biology and politics in the making of, and response to, epidemic disease. Most notably, the work provides a framework for contextualizing the AIDS pandemic currently ravaging South Africa (indeed much of sub-Saharan Africa) for, as the book’s conclusion makes explicit, the contemporary AIDS disaster bears striking similarities to venereal disease in both the material basis of its transmission and the racist response of the white minority.

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**Jane Buckingham,** *Leprosy in colonial south India: medicine and confinement*, Basingstoke, Palgrave, 2002, pp. xi, 236, £47.50 (hardback 0-333-92622-6).

This study of leprosy in colonial south India investigates indigenous and British medical and legal systems and their impact on the person suffering from leprosy, from the 1800s up until 1898, specifically before the missionary period. The study claims that because leprosy was “a slow degenerative disease”, initially believed by the British to afflict Indians and Eurasians, it offers a unique perspective on colonial power and colonial medical intervention and provokes a “reconsideration” of accepted models of

colonial medical relationships. In the process, it takes issue with assumptions of a coherent and dominating exercise of colonial power and colonial medical intervention, reassessing the use of British medicine as a tool of empire, the contribution of law to colonial authority, and the role of confinement as an expression of British power. This analysis emphasizes the interplay of class and financial imperatives in determining the management of leprosy, with socio-economic status having the most profound impact on the leprosy sufferer.

The medical investigation of leprosy in this period marks a shift to a rational and secular European medical system, yet a selective appropriation of indigenous remedies. Neither indigenous nor British medical traditions could offer a specific cure for leprosy. Local British medical officers explored remedies such as fumigation, gurjon oil, chaulmugra, and marotty oil. They sought the most effective remedies available at the time, and were less interested in any assertion of superiority of British over Indian treatments or medical systems.

The politics of leprosy control shows how information and research into leprosy was deployed with specific agendas, and how medicine was used by the colonizers to dominate each other. The Royal College of Physicians' Report (1867) was not only formulated to investigate the prevalence of leprosy in the colonies, but also to establish the credibility of the medical profession and the role of the College. The struggle between the Sanitary Commission and the Indian Medical Service over who would serve as government adviser on leprosy, and debates over segregation and the formation of leprosy policy, demonstrate differing political agendas.

This period was also characterized by negotiation between the government of India, the presidency governments, and public opinion represented by the Indian middle class around the 1889 Leprosy Bill, the 1896 Leprosy Bill, and the 1898 Lepers Act. Class interests, concern about resentment towards any British interference, and a desire to protect local trade resulted in legislation that targeted vagrants and avoided dealing with workers and home dwellers

with the disease. The study concludes that at each remove from Britain, at the level of the government of India, the presidency, and local levels of medical authority, the exercise of power became increasingly diffuse and subject to negotiation and opposition. At the local level of direct contact between doctor and patient "British medicine was ultimately subordinate to the wishes of the leprosy patients, the majority of whom were Indian" (p. 191).

This is a valuable study that provides a foundation for understanding the culture of medical research into leprosy that is still characteristic of south India to the present. The study does overstate the agency of the leprosy sufferer. Those most likely to be constrained by measures against leprosy emerge as the least powerful members of society, yet both resistance and co-operation are attributed to them. Co-operation was necessary for confinement to be effective and co-operation with treatment was essential for British medical claims to superiority. So it would seem that leprosy sufferers had the power of subversion, and evidence of this is offered in their resistance to the institutional diet, subversion of the working regimens, and avoidance of treatment. Yet the conclusion states that "the medical, legal and cultural structures of their own communities and of British India impacted profoundly on their lives" (p. 191). In the face of this, the refusal to eat boring food or be productive seems both ineffectually the most and the least that could be done.

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**Thomas Scharping,** *Birth control in China, 1949–2000: population policy and demographic development*, London and New York, RoutledgeCurzon, 2003, pp. xvi, 406, £65.00 (hardback 0-7007-1154-6).

China's one child family policy has received considerable attention in the west since its introduction in 1980. Reports on China's efforts