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materialism of reformist Russia, was then re-evaluated as a new generation assimilated the works of Nietzsche. Dostoevsky's epilepsy became an important issue for liberal psychiatrists who constructed the diagnostic category of "progeneration" to account for both the writer's genius and their belief, inspired by Dostoevsky, that psychiatry should attend to the suffering inherent in the human condition. Tolstoy's rejection of both the tsarist regime and the materialism of the radicals in favour of a Christianity without Christ was initially interpreted as hysterical. Later, more sympathetic psychiatrists, increasingly sceptical about nineteenth-century positivism, took Tolstoy's anti-materialism seriously and looked to psychotherapy as the means to assess Tolstoy and explore how they related to their patients. The final two chapters build on these themes and examine Russian culture and medical writings on artistic trends in the early twentieth century. Between the extremes of revolution and decadence, psychiatrists now found their own distinctive form of social commentary, arguing for the preservation of the nation's mental health or for the creation of a socialist utopia based upon their insights into the human psyche.

While these subjects are fascinating and intricately researched, some of Sirotkina's observations on psychiatry can seem oddly disjointed from the context. Although a contextual understanding of psychiatry is offered, she makes only passing reference to how psychiatry, or science and medicine more generally, shaped the context in which they are now understood. Sirotkina intermittently refers to Isaiah Berlin's notion that nineteenth-century Russian art was charged with a social mission. But how medical pathographies, necessarily committed to a scientific cause, depart from this tradition, is left unexplored. For all their faults, professionalization narratives could be related to the process of industrialization. Sirotkina's book is a worthy and cleverly constructed attempt to redress the excesses of casting psychiatry as a self-interested body, but it should not be forgotten that psychiatrists, even when writing pathography, are, unlike artists, engaged in

the rationalization or standardization of human nature.

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Karen Jochelson, *The colour of disease: syphilis and racism in South Africa, 1880–1950*, St Antony's Series, Basingstoke, Palgrave in association with St Antony's College, Oxford, 2001, pp. xii, 248, £55.00 (hardback 0-333-74044-0).

This is an impressive study of the incidence of venereal disease (VD) in South Africa during a period of seventy years and official and medical efforts to control it. Drawing upon a wealth of original sources found in municipal, provincial and national archives, Karen Jochelson delineates the construction of racial identity in modern South Africa through medical and scientific discourses. In doing so, she demonstrates that the process of defining disease and disease carriers as medical problems is inherently political, meaning embedded in broader contested processes of political, economic and social change. Therefore her study is valuable to scholars concerned with the analysis of epidemics in South Africa specifically and the history of medicine generally.

Jochelson uses a blend of political economy and social constructionism to present a history of the causes and cures for VD, and, more significantly, to restore the disease to its social and historical context. The study links the spread of VD among the majority African population to socio-economic processes such as conquest, land dispossession, poverty, migrancy, urbanization and industrialization, which were devastating to African societies and disrupted their social networks and stable sexual relationships. At the same time it explores the myriad ways that VD and suspected carriers were constructed, demonstrating how concerns about wider social changes were reflected in the perception of potential VD carriers. For example,

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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