

Eds. Alexandra Widmer and Veronika Lipphardt (2016). *Health and Difference: Rendering Human Variation in Colonial Engagements*. New York: Berghahn Books. ISBN 9781785332715.

Review by Mohamed Aamer

Health and Difference: Rendering Human Variation in Colonial Engagements is an exploration of the history of colonial medicine, especially as it pertains to the documentation of human variation. Presented as a collection of case studies analyzing various colonial enterprises, the book delves into the processes by which medical professionals in the colonies sought to understand and categorize difference in human populations. In some cases, those efforts aligned with the colonial administration's objectives, whereas in others medical professionals came into conflict with administrators over the direction of these efforts. This book thus not only analyzes the history of biomedical anthropology in the colonies, but the material results of these attempts by colonial medical professionals on the colonized populations.

In the introduction, editors Alexandra Widmer and Veronika Lipphardt outline the volume's aim "to embed the history of racial categories in a somewhat more broadly construed history of categorizing differences" (p 2). Simultaneously, the volume analyzes how "notions of 'race' and racial categories played a crucial, if not structuring, role in any categorization of difference" (p 2). Taking Edward Said's assertion of knowledge production as power over the colonized as a starting point, Widmer and Lipphardt highlight the colonial need to categorize difference as a form of knowledge monopolization. Furthermore, the various case studies in this volume are used to reflect the colonial administration's desire to understand difference to service labour needs, military conscription, and tax purposes. As a result, Widmer and Lipphardt situate this volume in the broad intersection of "biopolitics, bureaucracy, and governmentality" (p 4),

reinforcing the idea that categorization and knowledge production as a whole cannot exist in a vacuum of objectivity.

Within the volume are nine chapters, each a separate case study focusing on a particular colonial location and population. Furthermore, each case study tackles a particular medical condition or concept and explores the medical and bureaucratic response of the colonial power to that condition at the time. Case studies can moreover be classified into three broader themes depending on topic.

The first theme concerns the malleability of the definition of race, and how perceptions of racial purity vary among and within colonial powers. Chapter 1, “Race, Health, and Colonial Politics in the Third Reich: Nauck and Giemsa’s Expedition to Espirito Santo, Brazil in 1936” by André Filipe Cândido da Silva, follows the account of two German researchers who travelled to Brazil to investigate the state of German immigrants in Espirito Santo, particularly concerned about their potential for acclimatization. Acclimatization is thus defined as whether “they had adapted to the area while maintaining their typically German racial features, or whether they had degenerated in the tropics” (21). By analyzing their findings, da Silva highlights the obsession with biological race and racial hygiene that dominated German sciences. Race thus becomes the fundamental cornerstone upon which explanations for all behavioural, cultural, and medical findings are placed.

Conversely, Hans Pols in Chapter 9’s “Indo-Europeans in the Dutch East Indies: An Indo-European Analysis of a Paradoxical Colonial Category” confronts the contradictions in defining race using the example of the “Indo-European” identity in the Dutch East Indies [1]. Whereas da Silva’s chapter studies biological essentialism in German schools of thought, Hans Pols invokes Joseph Theodore Koks, who used his own identity as an Indo-European as a

starting point in questioning the tenability of rigid racial categorization. By deconstructing the “general, social, cultural, and biological definitions of Indo-European and, thereby, race in a colonial context” (p 206), Pols shows how Koks inadvertently confronted the irrationality that fueled biomedicine in the colonial situation.

This theme of racial malleability is also present in Chapter 2’s “‘Ill-suited’ Populations in German Nauru: Race, Health and Labour under Company Administration, 1888-1914” in which Antje Kühnast tackles the ever-changing definitions of race in German Nauru. Consequently, this case study underscores the inconsistent categorizations of race in Nauru, especially in differentiating between Melanesians, Micronesians, Polynesians, and Malayans. In the case of Nauru, the Indigenous population is reclassified depending on the German colonial administration’s labour needs at a given time, as certain races were perceived to be more capable of labour than others. Much like Chapter 9, Chapter 2 thus emphasizes how definitions of race did not adhere to any given standard, and often clashed even between researchers of the same colonial power.

Moving on from the first theme, a second theme can be observed in a number of chapters that focus on particular medical conditions or epidemics in a given colony and timeframe. For example, Chapter 3’s “The War on the *Anopheles* Mosquito: Malaria, Labour, and Race in the New Hebrides, 1925-1945” by Jean Mitchell centers on British (and later on, during the Second World War, American) efforts to confront and eradicate malaria in modern day independent Vanuatu. Similarly, Sarah Ehlers addresses the attempts of colonial powers to fight sleeping sickness in Africa in Chapter 4’s “Medical Missions – Racial Visions: Fighting Sleeping Sickness in Colonial Africa in the Early Twentieth Century”. Finally, Jean Paul Bado’s case study in Chapter 5’s “Colonial Histories of Cancers: Primary Liver Cancer in Africa, 1900s-

1960s” takes a look at the characterizations of cancer in the early twentieth century as a marker of civilization and thus cannot be acquired by Africans according to colonial medicine. Among these chapters is the unifying theme of confronting disease on a population level with regards to colonized Indigenous populations, and on an individual level with respect to European patients. As a result, colonial medicine becomes a vehicle by which Empire can categorize the savage and the civilized through race and racialization.

Lastly, the third theme can broadly be described under the banner of nutrition and demographics. Whereas the previous theme looked at specific medical conditions, this theme reflects on factors of population change, such as nutrition and reproduction. Maria Leticia Galluzi Bizzo writes Chapter 6, “Postponing Equality: From Colonial to International Nutritional Standards, 1932-1950” as a study of the racialized history of nutritional sciences. Bizzo also shows how nutrition concepts were predicated upon a racialized understanding of calorie needs fueled by a colonial administration’s desperate need to justify food mismanagement in the colonies. Meanwhile, Barbara Cooper introduces the gendered nature of colonial nutrition in Chapter 7 “The Gender of Nutrition in French West Africa: Military Medicine, Intra-Colonial Marginality and Ethnos Theory in the Making of Malnutrition in Niger”. Beyond nutrition, Cooper explores the especially masculine character of French colonialism as it relates to conscription, labour, and biopolitics. Lastly, Samuel Coghe studies Portuguese medical efforts to categorize and document birth rates and population demographics in colonial Angola in Chapter 8’s “Medical Demography in Interwar Angola: Measuring and Negotiating Health, Reproduction, and Difference”.

Health and Difference interweaves these three informal themes to investigate the colonial administration and categorization of populations and the consequent material effects of that

categorization. Such a book is particularly timely given the current sociopolitical climate in the world. From the Ebola crisis in West Africa to SARS in China, noting the reactions to epidemics in former colonies is quite intriguing. Moreover, comments ranging from French President Emmanuel Macron to Hillary Clinton urging former colonies in Africa to “get over” colonialism highlight the pressing need to study the long-lasting effects of colonialism on colonized peoples. Thus, *Health and Difference* provides poignant insight into the relationships between biopolitics, science, and colonial bureaucracy in upholding systems of racial categorization whose effects linger to this day.

The case studies contained in the volume succeed in this endeavour primarily by building their cases on a meticulous collection of primary sources of the eras being studied. By letting colonial administrators and tropical doctors speak of their perspectives with a remarkable organization of quotes and sources, the authors of these case studies allow readers to really grasp the power of biopolitics in shaping racialized systems within a broader colonial milieu. Consequently, this volume would make for an excellent starting point in launching an informed critique of the perceived objectivity of science. Medicine, and science as a whole, will always exist within a political context, and ignoring such a context is futile. Hence, this volume can help illuminate the inherent sociopolitical nature of science, and perhaps serve to underscore how scientific objectivity must never be taken for granted without questioning the power dynamics behind such endeavours.

While the book is particularly thorough in studying cases in colonial Africa, one criticism that can be raised and perhaps addressed in a future volume is the lack of case studies with respect to settler colonialism. Most of the chapters focus on Africa, with some studying the South Pacific and two chapters in fact look at immigrant European populations in the colonies.

However, none of the case studies contained take a systemic exploration of colonial medicine and categorization as it pertains to settler colonialism. This would be an interesting path for further enquiry, especially given the biological warfare conducted against Indigenous populations in the Americas. From smallpox infected blankets to the residential school system to blood quantum laws, the entire foundation of settler colonialism was built on racist biopolitics as a vehicle to justify land occupation and expansion. Further analysis of the role colonial medicine played in enabling the genocide and settlement of land in the United States, Canada, New Zealand, and Australia would have been apt for this volume, and may perhaps enable additional research for future volumes.

Note

[1] The term “Indo-European” as used in this particular chapter refers to Indo people and not the Indo-European macrofamily.