

experienced by many of their students. Consequently schools were promoted ‘as an ideal site to improve the health of their charges’ (p. 131).

Class was also a relevant factor in some of the concerns expressed about the health of factory girls. These workers, however, also faced additional critique due to assumptions made about the moral behaviour of young women who were often living away from home. Marland cites reports from organisations such as the Industrial Fatigue Board and the Medical Women’s Association that expressed concerns that wartime factory work could negatively affect their physical, moral, and reproductive health. As the reports from these organisations show, the health of young women was considered a national issue.

Relying extensively on periodicals and newspapers, throughout *Health and Girlhood in Britain* Marland carefully traces the developments in attitudes surrounding the influences on the health of girls and young women. While there are many obvious changes throughout this forty-six year period, there are also many common themes. War and modernity brought new concerns for health reformers; nevertheless, throughout all periods one sees concerns relating to class, the perceived physical limitations of females, and female reproductive health. Whether the discussion was related to puberty, exercise, education, or factory work, there was an underlying concern that associated activities could damage the health of young women. Marland does an excellent job of illustrating the notable changes during this period while underscoring the many consistent themes. *Health and Girlhood in Britain* offers an excellent analysis of the correlations between personal health and public objectives.

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**Erica Wald**, *Vice in the Barracks: Medicine, the Military and the Making of Colonial India, 1780–1868*, Cambridge Imperial & Post-Colonial Studies (Basingstoke: Palgrave Macmillan, 2014), pp. xii, 273, £60.00, hardback, ISBN: 978-1-137-27098-6.

Erica Wald’s new study of the European soldiery in colonial India demonstrates the utility of medical history for understanding the army, an institution that has been somewhat neglected in recent years. She argues that the two greatest and most consistently perceived threats to the strength of soldiers were intemperance and venereal disease. Imperial conceptions of ‘natural’ male urges, as well as a fear of mutiny, led the higher echelons of the East India Company and the British Crown to locate the source of these threats to military health in the Indians who lived in and around the cantonments, rather than in the actions of the soldiers themselves. Particularly singled out for vilification, surveillance, medical intervention and punishment were so-called ‘prostitutes’. *Vice in the Barracks* demonstrates the centrality of medical ideas, notions of racial difference and concerns about sexuality to the history of the Indian army.

Chapter one provides background context and an overarching narrative for the book. It begins by outlining the eighteenth- and early nineteenth-century history of the European contingent of the Company’s army. Crucially, Wald argues that imperial decision-making was underpinned by a military-fiscal rationale that dictated that state stability be maintained at the lowest possible cost, a theme that runs through her analysis. In these calculations, Europeans were considered to be the spine of the army. Wald demonstrates that to maintain their supposedly innate martial masculinity, Company directors initially encouraged the men to have relationships with Indian women. It was believed that this

would discourage the men from homosexuality or masturbation, allegedly ‘unnatural’ activities thought to sap their strength. Due to concerns about the potential costs that the Company could face in maintaining the mistresses and wives of their European soldiers, as well as responsibilities for any offspring, by the early nineteenth-century ‘regulated prostitution’ was the officially favoured form of sexual relationship. At the same time, there were reports indicating high levels of venereal disease, particularly syphilis and gonorrhoea. The Company’s cost-effective approach to attempt to arrest the spread of these diseases was to target Indian women. Through this ineffectual fight against venereal diseases the definition of ‘prostitution’ became more capacious, informed by the moral rhetoric of missionaries. Historically distinct roles that were gendered female, such as concubinage, temple dancing, and performing *nautches*, were incorporated into the criminalised category of ‘prostitute’, a shift that has had lasting consequences.

Chapters two and four examine the medical policing of European soldiers. The second chapter uncovers the institutional arrangements devised during the eighteenth and early nineteenth centuries to enable the colonial state to medically intervene in the lives of targeted Indian women, particularly the emergence of the lock-hospital. Wald argues that in these early lock-hospitals, we can see some important historical continuities being established: the focus of medical interventions were the women; Indian intermediaries were employed to staff them (notably matrons and medical practitioners); concerns about cost and effectiveness dogged them; and informal and unofficial practices were devised to keep them going. Chapter four is concerned with attempts to regulate the behaviour of European soldiers, particularly their insobriety. As with venereal disease, the focus of the imperial disciplinary regime was not principally the soldiers themselves. They were stereotyped as unruly, violent, base brutes, traits which, while pernicious, were desirable in a soldier. Instead, the state’s focus was on those surrounding the men, the European wives and Indian toddy-sellers that were accused of plying the men with dangerous varieties of alcohol. To keep these people at bay a range of regulations were devised to enable the military to police the cantonment as well as the surrounding areas. Through this, military authority encroached upon civil power. These early imperial medical interventions set historical precedents for the intrusive campaigns against epidemic diseases in India during the late nineteenth and early twentieth centuries.

Bringing the military and the medical concern with venereal disease into the centre of her history, Wald is able to reconsider the characterisation of the 1830s as a period of reform akin to the political changes concurrent in Britain. Chapter three examines the decisions that led to the Company withdrawing support for lock-hospitals. She argues that rather than the triumph of liberal ideals over orientalism, it was the result of ever-present military-fiscal concerns. She also tracks the establishment of new medical networks that linked Britain and India through educational institutions, scholarly societies and published journals. The emergence and strengthening of these networks marked a hardening of racial divides. Company doctors went from learning *from* Indian medicine and medical practitioners to learning *about* them, although everyday practices continued to be porous. In the pages of these journals, the Indian woman was further marked out as the vector of venereal disease through moralistic medical discourses.

The final chapter draws on the previous four to show how medical and military authorities in India strove to have lock-hospitals re-opened between the 1830s and 1860s. She reveals how they used informal practices to police the cantonments, effectively operating lock-hospitals through the guises of dispensaries, charity hospitals and experimental wards. This was ‘a continuation of military health by stealth’ (p. 171). Through the campaign to have the lock-hospitals officially re-established, moralistic

medical discourses were validated in royal commissions into the state of the military following the Indian Mutiny and establishment of Crown rule in 1858. This period embedded the association between the regulation of sex and the stability of the colonial state in medical and military minds.

*Vice in the Barracks* moves ably and easily between different historiographic debates and so will be of interest to historians of colonial medicine, military medicine and sexual health, as well as to historians of South Asia. When Shula Marks asked what was ‘colonial’ about colonial medicine in 1997, she lamented that studies of imperial health informed by political economy were being marginalised by the focus on discourses.<sup>1</sup> Wald’s book demonstrates that the two approaches can be married.

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<sup>1</sup> S. Marks, ‘What is Colonial about Colonial Medicine? And What Has Happened to Imperialism and Health?’, *Social History of Medicine*, 10, 2 (1997), 205–19.