

could truly address the multiple contexts through which this epidemic must be seen. Professor Iliffe, highly respected for his honesty with respect to sources, for his rigour in attention to evidence and for his understanding and respect of African peoples, has consciously balanced, where possible, evidence produced from within every country and region of sub-Saharan Africa. The references cited and those recommended for further reading, if mapped, would cover the sub-continent. The extent and balance of the coverage is no mean feat. In addition, the scientific literature produced on sub-Saharan African AIDS and that produced from sub-Saharan Africa is also sourced and included. There is never any question that the focus of this study is African people and that African communities can be understood only in their particular contexts. That said, Iliffe expertly presents comparative case studies, across nations, cultures, languages, that allow the reader to frame the epidemic within African terms. There is not another work in the literature that combines breadth and locality for sub-Saharan Africa.

Of what interest is this to those teaching, studying or researching HIV/AIDS from the global perspective? There is a unique periodization of the epidemic within Africa as various strains of HIV have been discovered or emerged. For scientific, and in particular immunological, researchers the challenges posed by the emergence of new strains for the production and distribution of a potential vaccine are immense. One cannot study any aspect of the prevention, management or treatment of this epidemic globally without paying attention to the experiences from Africa. In related areas, questions of ethics, informed consent, and trials are established areas of concern across the research communities.

African communities' responses to the epidemic are as heterogeneous as the complexity of the epidemic itself. Iliffe has outlined possible areas for future comparative study: models of community care in Uganda and Namibia; the pressure on societies to provide care: "the shame of not caring was worse than the shame of AIDS" (p. 103); explaining urban decline but

rural growth of AIDS in Ethiopia and Rwanda; developing "cultures of risk prevention" (p. 133); investigations of the strategies of counselling and preventive education; variations in policy—changes in government responses over time; challenges and responses to the changes in the social "safety net" (p. 103); dependence on external funding.

Experiences in Africa also challenge the efficacy of global models and solutions for health crises. Iliffe believes that the 1990s anti-retroviral drugs are no "magic bullet" answer to the epidemic. There is a need for clearer, more developed explanations of decline in incidence and prevalence. The lack of fit between the development of global programmes, "hatched like chickens", based on data and experience for one region—South Asia, for example—for application to diverse national contexts within Africa, must be addressed. For all researchers in global health, studying the history of the AIDS epidemic in Africa challenges the "paternalism of public health" (p. 145).

This book, with its imperative to pay attention to local contexts within a global setting, should be on the reading list of every university course that explores the complexity of health crises. For the greater readership, the book is a careful, thoughtful and respectful introduction to this most complex epidemic.

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Warwick Anderson, *Colonial pathologies: American tropical medicine, race, and hygiene in the Philippines*, Durham and London, Duke University Press, 2006, pp. ix, 355, illus., £64.00, \$84.95 (hardback 0-8223-3804-1); £14.99, \$23.95 (paperback 0-8223-3843-2).

Recent literature has shown that western tropical medicine has a 400-year-old history in Asia, Africa and the Americas. Scholars have explored the role of tropical medicine in the European search for medicinal plants and spices, in the exchange and acquisition of medicinal and botanical knowledge, in shaping western

perceptions of distant lands, in controlling the indigenous populations of those lands, and, not least, in ensuring the physical survival of Europeans in alien environments. Since the very earliest European voyages, medicine occupied a central place in Europe's exploration and conquest of the world. In this long history, American tropical medicine does not appear significantly until the early twentieth century, a relative late-comer. But its practitioners—their attitudes, ideas and methods—would establish models of health care that would have a far-reaching influence around the globe and well into the future. Yet, strikingly, there is little in the way of critical scholarship on the colonial experience of American public health care regimes in the tropics, most especially in the Philippines, America's largest colony. In focusing on militarized medicine, health care and hygiene in the US colonization of these islands, Warwick Anderson's *Colonial pathologies* addresses this gap and, importantly, interweaves the perspectives of race and gender in the relationship between tropical medicine and US imperial policy.

The Philippine wars of resistance against Spain (1896–1898) and then the United States (1899–1902) left the local population decimated. During the American conquest, one historian has conservatively indicated a total mortality of 1.7 million people from warfare and disease in less than five years. Despite this appalling figure, the US colonization was predicated on what was termed “benevolent assimilation”, which was imagined and argued as being quite distinct from the crime of invasion and conquest. Rather, colonization was explained as an act of benevolence, a noble and moral imperative that sought to raise a purportedly barbarous, infantile race from a state of savagery and immaturity, and imbue it with a love of civilization. A number of scholars have closely examined the rhetorics of benevolent assimilation in the Philippines, but few have looked at its paternalistic logic through the lens of public health care. For Anderson, the institution of American colonial health care and hygiene regimes in these islands was both an intrinsic part of the civilizing procedure and a

process of Americanization. He tells a compelling story of how US military physicians and civil health officers strove to transform Filipino bodies and their everyday bodily habits and customs into sanitized “germ-free” subjects and “probationary” citizens, that is “hygienic” subjects who might one day be judged as capable of governing themselves. Under heavily militarized conditions that subjected Filipinos to intense surveillance and disciplinary measures, US sanitation officials focused on rendering cities, villages and native bodies clean and wholesome. Chapter Two, for instance, does an impressive job of showing the suturing of medicine and occupation. The establishment of a Board of Health in 1902, the very same year civil government was proclaimed, ushered in a host of sanitary laws and regulations, as well as programmes to re-train American physicians as sanitary inspectors, who dispersed throughout the archipelago to scrutinize the habitations and bodies of the natives—“men, manners, mind, diet, dress and discipline all fall legitimately within the province of the sanitary inspector” as one military hygienist is quoted as saying (p. 50).

While predictably pestilential environments and intractable natives are discovered, there is an interesting twist in Anderson's story. American bourgeois white culture in the colonies underwent its own radical transformations. The tropical conditions proved to be very difficult and trying for American manhood. American scientists and physicians, already fretting over bodily and mental degeneration, believed to be caused by the debilitating environment, had their fears compounded by the risk of contagion from contact with germ-carrying natives. Moist heat, filthy Filipinos and their unhygienic social customs appeared to attack and erode the integrity, the wholeness of white male bodies and minds. Unmarried and frequently socially isolated, American white men, as Anderson describes, found themselves mentally breaking down, losing their nerve, becoming literally “unmanned”, their “whiteness and manliness” proving “disappointingly fragile or corruptible”. In Chapter 5 Anderson examines what he terms the “White man's psychic burden” or the heavy toll exacted by

overwork and the hot moist climate. Even the most productive of American imperialists, as Anderson shows, were laid low by “tropical neurasthenia” and the disease called “philippinitis”.

This experience strikes a familiar note in relation to the British and Dutch susceptibilities in India, Africa and the Dutch East Indies, and Anderson’s *Colonial pathologies* draws productively from the insights of much of this excellent post-colonial literature. Anderson’s Philippine case study uncovers a new dimension of the colonial process by re-considering colonial medicine as a web of interconnecting practices, people, technologies and ideas that dynamically link metropole with colony. This movement of ideas and people has profitably allowed for a balanced appreciation of the “experience of empire” in a far too neglected part of the world.

Perhaps it might have been useful to provide a brief account of late-nineteenth-century Spanish sanitation measures and how these, and Spanish science more generally, were effectively denigrated and denied by American secular and Protestant colonialists. Moreover, some mention might have been made of efforts by European-trained Filipino physicians to reform their own people’s sense of hygiene, which began well before the arrival of the Americans. Overall however, this is a fantastic book which is richly nuanced, meticulously researched and wittily written.

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Kavita Sivaramakrishnan, *Old potions, new bottles: recasting indigenous medicine in colonial Punjab (1850–1945)*, New Perspectives in South Asian History, New Delhi, Orient Longman, 2006, pp. xiv, 280 Rs 795.00 (hardback 81-250-2946-X).

The history of medicine in colonial India has been largely examined through the lenses of British colonial sources. Apart from sporadic articles and some edited volumes with relevant

contributions, there are few sophisticated book-length studies of indigenous medicine during the period of British rule. Kavita Sivaramakrishnan’s book signals a new point of departure for the field, dealing in a rigorous way with a period that has been marked as revivalist for indigenous medical spheres, yet can also be understood as one of significant marginalization in the context of state support for western medicine. There is currently a new wave of in-depth scholarship that critically examines indigenous medicine in India primarily through vernacular language sources, and this is one of the first such works to find publication.

Sivaramakrishnan takes the Punjab as the arena for her analysis, beginning with the time preceding its annexation by the British in the mid-nineteenth century until just before the Partition of India and the formation of Pakistan. The author’s main task is to unravel the complex strands of identity politics that shaped the corporatization, professionalization and representation of Ayurveda in the region. The first three chapters set the scene in terms of changing patronage patterns for indigenous medicine under the British administration and the rise of urban publicists. The political contexts of Ayurvedic revival are pursued through detailed analyses of the fall-out from the plague epidemic, debates surrounding the regulation of medical education and practice and contestation over collective representation, the formation of a literary canon, and language politics. Throughout the narrative, the politicized and contested nature of Ayurvedic mobilization is at the fore. Demonstrating the benefits of a regionally centred study, a significant outcome is that she renders obsolete the common idea of an India-wide revival of Ayurveda as a “Hindu” science. Rather we see how Sikh practitioners reconstructed Ayurveda as “Desi Baidak” in a fashion that precisely denied this religious dimension.

The analysis is sustained by thorough archival work and the scrutiny of vernacular language sources. The author’s familiarity with Hindi, Urdu and Gurmukhi, the principal languages of the region, give her the tools to examine conjointly different streams of mobilization and give the reader an entry point to the broader