

THE PACIFIC CIRCLE



April 2010

BULLETIN NO. 24

ISSN 1520-3581

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PACIFIC CIRCLE NEWS

Recent and Forthcoming Publications and Scholarly Activities by Circle Members

Warwick Anderson, "From Subjugated Knowledge to Conjugated Subjects: Science and Globalisation, or Postcolonial Studies of Science?" *Postcolonial Studies* 12:4 (2009), 389-400.

David F. Branagan, "The Geological Society on the Other Side of the World," a paper delivered to the Geological Society of London.

David A. Feller, "Dog Fight: Darwin as Animal Advocate in the Anti-vivisection Controversy of 1875," *Studies in History and Philosophy of Biology and Biomedical Sciences* 40 (2009), 265-271.

Don Garden, *Droughts, Floods and Cyclones: El Niños That Shaped Our Colonial Past*, Kew, Victoria: Australian Scholarly Publishing, 2010.

John Gascoigne, "The Royal Society, Natural History and the Peoples of the 'New World(s),' 1660-1800," *The British Journal for the History of Science* 42 (2009), 539-562.

Daniel R. Headrick, *Power over Peoples: Technology, Environments, and Western Imperialism, 1400 to the Present*, Princeton, NJ: Princeton University Press, 2010.

Sandra Herbert, S. Gibson, D. Norman, D. Geist, G. Estes, T. Grant, and A. Miles, "Into the Field Again: Reexamining Charles Darwin's 1835 Geological Work on Isla Santiago (James Island) in the Galapagos Archipelago," *Earth Sciences History* 28:1 (2009), 1-31.

Roy MacLeod, *Archibald Liversidge, FRS: Imperial Science under the Southern Cross*, Sydney: Royal Society of New South Wales and Sydney University Press, 2009.

MacLeod, "Oceania," Sarvepalli Gopal and Sergei L. Tikhvinsky, eds. *UNESCO History of Humanity: Scientific and Cultural Development, Volume VII. The Twentieth Century*, New York: UNESCO and Routledge, 2009, 788-798.

Eric L. Mills, *The Fluid Envelope of Our Planet: How the Study of Ocean Currents Became a Science*, Toronto: University of Toronto Press, 2009.



HSS NEWS

The next annual meeting of the History of Science Society is scheduled for November 4-7, 2010, in Montreal, Canada. This will be a joint meeting with the Philosophy of Science Association and organizers expect many attendees. Additional information is available at <http://www.hssonline.org>.

RECENT CONFERENCE REPORTS

Janet Garber has been kind enough to file the following report on the November 2009 Annual Meeting of the History of Science Society, held in Phoenix:

“There were 16 papers on the Pacific region plus four on India...Six papers on China covered Chinese medicine in the 10th-12th centuries, Chinese indifference to European culture, claims of the equivalence of Chinese and European mathematics in the 17th century, the development of the Chinese typewriter, natural history in 17th-18th century China, and German engineers, geology, and mining in 19th-century China. One paper concerned Dutch natural history collectors in Southeast Asia in the seventeenth century. Seven papers on Japan covered 18th-century natural history, late 19th-century Japanese theories of social planning, Japanese chemistry and the Russo-Japanese War of 1904-1905, the development of a hybrid silkworm in the 1910s, late 20th-century eugenics, the science of whales, and research in China and Korea under Japanese rule in the 1930s. Finally, one paper concerned engineers from Europe and the U.S. working in Chile in the 19th century. Subjects of papers on India included nuclear and other science, railroads, and psychology. Information may be obtained from the History of Science Society, University of Florida, or www.hssonline.org.”

FUTURE MEETINGS, CONFERENCES, and CALLS FOR PAPERS

29 April – 2 May, 2010. Annual Meeting of the American Association for the History of Medicine, to be held on the campus of the Mayo Clinic in Rochester, New York. For additional information, please visit <http://histmed.org>.

12–16 May 2010. Annual Meeting of the North American Society for Oceanic History (NASOH), to be held at the University of Connecticut–Avery Point and the Mystic Seaport. The theme will be “Maritime Environments” and presentations will explore the scholarly context for contemporary oceanic crises, including, but not limited to, piracy, shipping policies, depleted fish stocks, and marine

safety. Please direct questions to the Program Committee: Matthew McKenzie (matthew.mckenzie@uconn.edu), Brian Payne (bjpayne@odu.edu) and Vic Mastone (victor.mastone@state.ma.us).

14 May 2010. Sawyer Seminar Session Seven: “Human Biology and Health in the Pacific Field,” to be held at the University of Sydney. Papers consider how Western European and North American intrusions and empires reshaped the Pacific’s disease environment, as well as produced new knowledge about both humans and the pathological consequences of their many interpersonal and ecological interactions. For additional information, please contact Katherine Anderson at katherine.anderson@usyd.edu.au.

22–25 June 2010. Third International Conference on The History of Medicine in Southeast Asia (HOMSEA 2010), to be held in Singapore and organized by the Department of History, STS Research Cluster & Asia Research Institute (ARI) at the National University of Singapore. Papers and panels focus on the theme of “New Medicines, Markets, and the Development of Medical Pluralism.” That theme will explore how both local and metropolitan actors in the region have contributed historically to the growth and development of medical markets – traditional, colonial and postcolonial. Papers and panels will focus on a series of topics, including: Women and Health in Southeast Asia; Medical Pluralism in Southeast Asia: A Historical Perspective; Medical Markets in Southeast Asia; Southeast Asian Biopoleis; and New Sources, New Methodologies, New Historiographies. For information, please contact John DiMoia at jpd@nus.edu.sg.

24–27 June 2010. Nineteenth Annual World History Association Conference, to be held at the San Diego Marriott Mission Valley. The themes are “Gender in World History” and “The Pacific in World History.” Questions? Please visit www.thewha.org.

25 June 2010. Sawyer Seminar Session Eight: “The Antarctic Laboratory: Science, Culture, and the Law,” to be held at the University of Sydney. Please contact Katherine Anderson at katherine.anderson@usyd.edu.au.

5–8 July 2010. Eighth Conference of the European Society for Oceanists, to be held in St. Andrews, Scotland. The theme of the conference is “Exchanging Knowledge in Oceania.” Questions? Please visit <http://www.besiteproductions.com/esfo2010>.

19–21 August 2010. First Latin American Regional Conference of the International History, Philosophy and Science Teaching Group (IHPSTLA), to be held at Maresias in the State of São Paulo, Brazil. The meeting will be devoted to papers on the use of history and philosophy of science in the treatment of pedagogical, curricular and theoretical problems in science teaching. For information, please visit: <http://www.hpsstbrazil2010.org/IHPSTLA/index.html>.

7–9 October 2010. “Climate, Environment and Disease: Crossing Historico-Geographical Boundaries,” The Fifth Asian Society for the History of Medicine Conference, to be held in Suwon, South Korea. The Society looks forward to papers and panels on the following, among other topics: Comparative Ecology of Climate and Disease between the East and the West; Nature, Humanity and Race; Asian Black Death and Global Environment; Little Ice Age, Global Warming and Epidemiological Transformation; Tropical Diseases and Hygiene; and the Relationship between Globalization and Nationalism in the Making of Modern Medicine. Please address questions to: Jong-Chan Lee, Organizing Committee Chair, Department of Medical Humanities and Social Medicine, School of Medicine, Ajou University, Suwon 422721, Republic of Korea. Email: jclee@ajou.ac.kr.

4–8 July 2012. The Ninth International Congress of the History of Oceanography (IXHOIX), to be held in Athens, Greece. For information, please contact Dr. George Vlahakis, the local organizer. Email: gvlahakis@yahoo.com.

August 2012. 34th International Geological Congress, to be held in Brisbane, Queensland. Highlights include a symposium in honor of David F. Branagan and a history of geology in tropical regions.

BOOK, JOURNAL, and PUBLICATION NEWS

Katharine Anderson’s *The Narrative of the Beagle Voyage*, 1831–1836, will provide the first critical version of Captain Robert FitzRoy’s *Narrative*. The four volumes will be published by Pickering and Chatto in June 2011.

Signals 89 (December 2009 – February 2010), the official journal of the Australian National Maritime Museum, includes the following articles of possible interest to Circle members and readers: “Omai Relics from the Furneaux Collection,” pp. 10-15 and Michael Dyer, “Whaling Linked Our Nations,” pp. 34-39.

Polar Record 46:1 (2010) is a special issue entitled “50 Years On: Invited Reflections on the Antarctic Treaty,” and includes eight shorter “reflections,” as well as two longer research articles on that theme.

Isis 100:3 (September 2009) included a special “Focus” section on “Darwin as a Cultural Icon.” James Secord (Cambridge University) provided the “Introduction” to the series of articles, including Janet Browne’s “Looking at Darwin: Portraits and the Making of an Icon,” pp. 542-570 and Areson Clark’s “‘You are Here:’ Missing Links, Chains of Being, and the Language of Cartoons,” pp. 571-589.

The Royal Society has generously made available online and free of charge many journals and publications, including both historical and current ones. They can

be found at <http://royalsocietypublishing.org/journals>.

East Asian Science, Technology, and Society: An International Journal 3:23 (2009) is a special double issue on “Emergent Studies of Science and Technology in Southeast Asia.” The issue’s guest editors are Warwick Anderson, Suzanne Moon, and Sulfikar Amir. Articles cover a variety of issues, including public health, medicine, botany, and the antinuclear movement. For further information, please visit: <http://www.springerlink.com/content/120877/>.

The European Philosophy of Science Association (EPSA) is pleased to announce its new journal, *The European Journal for Philosophy of Science* (EJPS). The journal will be published three times per year, starting in January 2011. Submissions in all areas of the philosophy of science can be transmitted via the portal at: <http://www.editorialmanager.com/epsa>.

The Needham Research Institute (including the East Asian History of Science Library) at Cambridge University regularly publishes a newsletter, which might include material of interest to Circle members. The newsletter is online at: <http://www.nri.org.uk/newsletterhome.html>.

The Centers for Disease Control and Eradication and Emory University announce a new web site devoted to documenting and preserving public health history. The emphasis will be on oral histories, unpublished documents, photographs, and artifacts. The site is globalhealthchronicles.org.

SELECTED RECENT PACIFIC BIBLIOGRAPHY

BOOKS and BOOK CHAPTERS

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Birds of Borneo: Brunei, Sabah, Sarawak, and Kalimantan, by **Susan Myers**, Princeton, NJ: Princeton University Press, 2009 [*Princeton Field Guides Series*].

Darwin in Galapagos: Footsteps to a New World, by **K. Thalia Grant** and **Gregory B. Estes**, Princeton, NJ: Princeton University Press, 2009.

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A Maritime History of Baja California, by **Edward W. Vernon**, preface by **Rodney J. Taylor**, Albuquerque, NM: University of New Mexico Press, 2009.

Na Manu Kai: Hawaiian Birds of the Sea, by **Robert J. Shallenberger**, Honolulu: HI: University of Hawai'i Press, 2009.

A Photographic Guide to the Birds of Hawai'i: The Main Islands and Offshore Waters, by **Jim Denny**, Honolulu, HI: University of Hawai'i Press, 2009.

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ARTICLES and ESSAYS

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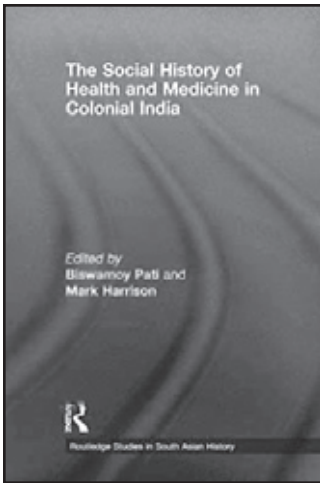
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DISSERTATIONS and THESES

Lists of recent doctoral dissertations in the history of science and allied fields, such as technology, public health, and medicine, are provided by the University of Pittsburgh at:
http://www.hsls.pitt.edu/guides/histmed/research/resources/dissertations/index_html.

BOOK REVIEWS



Biswamoy Pati and Mark Harrison, eds., *The Social History of Health and Medicine in Colonial India*, London: Routledge, 2009. Pp. xii + 241. Cloth US\$170.00 and ISBN 978-0-415-46231-0. [*Routledge studies in South Asian history*]

This collection brings together a compelling set of contributions that analyse the diverse facets of the social history of health and medicine in colonial India. Based on interdisciplinary research, the contributions showcase the work of primarily younger scholars and offer valuable insights into topics which have recently received increased scholarly attention. As a basis for these case studies, editors Pati and Harrison provide in the first chapter an expert survey of recent historiographical developments in the field. The general impression of these developments is that the field of the social history of health and medicine in colonial India has now matured to a degree which makes it possible and indeed necessary to both investigate subjects in a much larger international perspective and go much closer to the everyday practise of implementing medical policies. Because on the one hand the most important colonial interventions often came about in response to external pressure, yet on the other hand the fractured nature of colonial power created many problems in policy making and implementation, which emphasise the role of “indigenous” agency.

Partho Datta’s contribution investigates Ranald Martin’s medical survey of Calcutta (1837), which gives a glimpse into notions of the public and public health that gradually became the norm in India in the following decades. At this time the concepts of “public” and “health” were changing, which reflected a new way of governance following ideas of utilitarian reform and the economic imperatives of the colonial

state in India. Martin's position, which later became that of the government, was that in the interests of the "public," the colonial government had the right to regulate and intervene, even when violating the rights of private property. This redefinition of the borders between public and private in the field of health was not special to India as the same ideas were employed in Europe at roughly the same time in early examples of modern urban planning.

The international connections of the history of health and medicine in colonial India are brought to centre stage in Saurabh Mishra's contribution on the Haj pilgrimage from the Indian subcontinent, 1865–1920. Mishra investigates the change in the organisation of the Haj due to medical necessities, the process of evolution of the colonial position on the Haj and the changes in the meanings of the Haj both for colonial officialdom, Indian Muslims and the Haj pilgrims. The opening of the Suez Canal in 1869 was a turning point in European and colonial perceptions of the Haj because of the threat of cholera. An international medical system was created to check, sanitize and, if needed, quarantine the pilgrims from India, since India was considered the home of cholera. The colonial medical establishment in India stubbornly maintained the view that cholera was not contagious but due to "local influence" in India, and accordingly could not spread from there. Hence in their view quarantine of British ships from India was not needed. This perception was based on the commercial interest of the administration. Yet, Mishra finds that for the British Indian administration the Haj was not only related to cholera but also to trade and the political significance of Islam. Thus, the administration's policy remained one of noninterference.

With Amna Khalid's chapter on the role of in the implementation of health measures, the focus turns to "indigenous" agency. The role of indigenous subordinate staff is a largely understudied field because historians of Indian public health have focused on the process of policy making in the upper echelons of the sanitary administration. Yet the lower level staff formed the backbone of the sanitary system. The chapter focuses on the police force, the bulk of which was composed of Indians. It examines the various roles played by subordinate police in implementing sanitary policy at the main pilgrimage sites in the North Western Provinces and analyses the manner in which subordinate personnel influenced the making of health policy. Khalid concludes that the subordinate police were neither innocent accomplices in the repression executed by the colonial regime, nor can they be seen as mere subalterns in relation to the superior police. They were thinking agents who often (mis)used their official position to further their own self-interest and their actions impacted the formulation of policy.

In the following contribution by Sanchari Dutta on British-Indian sanitary strategies in Central Asia, 1897–1907, the focus again returns to the international macro level. The chapter investigates the interaction between international politics and

public health initiatives in the emergence of bubonic plague as a critical factor in the Anglo-Russian competition for influence and control over Central Asia. Dutta reveals the intimate linkages between sanitary regulation and imperial expansion by showing that sanitary regulation was essentially a strategic decision guided by commerce and the promise of wider political gains. Thus, acute colonial competition occasioned the emergence of quarantine – with its various adjuncts – as a viable means of exerting informal imperial control in Central Asia.

Achintya Kumar Dutta's study of Kalaazar in British India shifts once more the focus to the problems of medical policy and implementation. The chapter investigates the growth of medical research related to Black Fever or Kalaazar and the way the colonial government responded to it, while at the same time delineating the extent to which the work of the researchers was utilized by the colonial government in order to control the disease. Kalaazar became a matter of concern for the colonial government from the early 1880s when it began to be a serious menace in certain parts of Assam. Dutta finds that despite the availability of methods likely to eradicate it, including prophylaxis, Kalaazar could not be prevented. The government did not manage to utilize the existing medical knowledge and the benefits of research to deal with the disease. The lack of funds and lack of positive will on the part of the government undermined the complete conquest of the disease.

With Biswamoy Pati and Chandi P. Nanda's contribution on leprosy in colonial Orissa, 1870–1940s, the issue of "indigenous" agency reappears. In the beginning of the period the feudal Keonjhar durbar (i.e. court/council) accepted leprosy as a significant disease and provided space for its treatment. This approach was connected to the feudal order's search for legitimacy vis-à-vis the British colonial power. Later, when the colonial administration took charge of medical matters, it perceived leprosy as related only to the poor and gave it low priority. The few initiatives that the colonial administration did instigate were supported by the Oriya middleclass based on their class perceptions of the poor. These initiatives were essentially a class offensive in which those affected with leprosy were effectively put to jail. By supporting this approach the Oriya middleclass attempted to be incorporated in the colonial order. Accordingly, at various points in time different "indigenous" groups tried in various ways to utilize initiatives towards leprosy patients to align themselves with the colonial state.

The chapter by Waltraud Ernst focuses on the institutional history of psychiatric institutions established by the British in Bengal during the nineteenth century. However, this is not a return to the well established field of the history of medical institutions in Indian, because the focus is again on the day to day management, the problems of implementation of regulations and the role of Indian sub-assistants. Ernst investigates the segregative admission policies, the mixed economy of mental health

care and the plurality of approaches pursued by different practitioners and asylum staff. The argument is that actual medical regimes, management structures and patient-doctor relationships were diverse and not always fuelled by the preoccupations of colonial and medical hegemonic power alone. It appears that the colonial state relied, on a practical level, on the very same indigenous institutions and practices that it so forcefully condemned. The day-to-day management of asylums and the implementation of superintendents' regulations were left almost entirely to the Indian sub-assistants. Ernst concludes that more emphasis may need to be put on the power of medical discourse as well as on people's embrace of colonial institutions as just one of a plurality of options available to them within the mixed economy of private and public health care provision.

The next chapter by Samiksha Sehrawat also deals with the implementation of medical policy in an institutional setting, namely the question of ethnicity in the Indian army and hospitals for sepoys, c. 1870s–1890s. Sehrawat investigates the history of military attitudes and decisions regarding hospitals for Indian troops focusing on the formation of military essentializations regarding Indian troops by British officers who realized the close relationship between the troops' ethnicity and military service. The analysis reveals that the essentialization of Indian troops as irrationally attached to customs predated the well known "martial race discourse." Equally significant is the discovery of the extent to which the IMS and the interests of its members played a role in shaping decisions. This brings out the power of British medical professionals in the colonial context.

With Mark Harrison's chapter on morbid anatomy and racial pathologies in British India, 1770–1850, the international perspective is brought back in while the construction of race stays at the centre. In this case study, Harrison finds that the significance of colonial expansion for the development of British medicine was profound. Medical practitioners working in India not only modified European medical knowledge but also made important and independent contributions to the development of medicine at home. Morbid anatomy was one branch of European medicine in which colonial expansion made a great deal of difference. This was because post-mortem dissections were carried out routinely in Indian military and naval hospitals from the middle of the eighteenth century, contrasting sharply with the situation in Britain itself. The obvious explanation for this difference is the abundance of European cadavers for dissection and the absence of any legal or ethical restrictions upon their use. The information and practices developed in morbid anatomy provided the basis for new ideas of racial difference that began to emerge in British culture in the early nineteenth century; ideas that stressed the stable and hereditary nature of differences between Europeans and "Asiatics."

The following chapter by Projit Bihari Mukharji on pharmacology, "indigenous knowledge" and nationalism changes the perspective from medicine per se to

pharmacology and the tangled story of the acquisition and use of “indigenous knowledge.” Mukharji finds that in the colonial era the European knowledge of South Asian flora changed from a former mode of information collected through “native” intermediaries in a socio-cultural milieu to discoveries made by travelling European botanists in a pre-cultural “natural” frame. This change reflected a deeper impulse towards the discursive framing of Indian botanical material in ways which enabled their easy alienation from their local socio-cultural milieu by the removal of the need for local intermediaries. However, the use of intermediaries did continue but they belonged to elite/learned “indigenous” botanical cultures. This allowed these very cultures to gain dominance within a pre-existing fractured and plural world of “indigenous” botany and in turn empowered the later nationalist efforts to further marginalize subaltern botanical cultures in the construction of a national Indian medicine.

Madhuri Sharma’s chapter on medical advertisements in colonial India turns the attention back to medicine yet to the little studied field of advertising and consumption. Based on a study of newspaper advertisements and their use of cultural codes to increase the market for medical products, the chapter explores the way European entrepreneurs advertised medical products in colonial India. It also assesses the initiatives taken by Indian drug manufacturers to create a space for their products in the market. Sharma finds that advertisements represented an advanced strategy deployed by European drug entrepreneurs to create consumers for their products. For the indigenous practitioners advertisements also became a necessity because of the decline of the old patronage system in colonial India.

The final chapter by Amar Farooqui investigates the construction of opium as a household remedy in late nineteenth-century western India as it emerged in the Royal Commission on Opium. The investigation focuses on indigenous and colonial perceptions of the utility of opium as a medicine. In the commission the colonial construction of the popular indigenous discourse about opium was that if taken in moderation the drug was not harmful and could even be beneficial. In this manipulative construction the perceived medical value of the substance was crucial to establishing its relative harmlessness. However, those who spoke for the relative harmlessness of opium were either themselves consumers or opium dealers, or else were officials of opium-producing territories in India. They emphasized the financial losses and economic distress which would be the result if opium was found to be harmful. This would endanger the British opium exports from India to China which was a key element of the colonial economy.

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Milton Lewis and Kerrie MacPherson, eds., *Public Health in Asia and the Pacific: Historical and Comparative Perspectives*, London and New York: Routledge, 2008. Pp. xi + 320. Cloth: US\$160.00 and ISBN 0-415-35962-7 and 978-0-415-35962-7 [*Routledge Advances in Asia-Pacific Studies*].

This volume provides a comparative overview of the various histories of public health in the Asia-Pacific region, with separate chapters on Hong Kong/China (by Kerrie MacPherson), Japan (Masahira Anesaki), Korea (In-Sok Yeo), India (Radhika Ramasubban), Thailand (Paul Cohen), Vietnam (Laurence Monnais), Indonesia (Terence Hull), Timor-Leste (Sue Ingram), Malaysia (Kai

Hong Phua and Mary Lai Lin Wong), Singapore (Brenda Yeoh, Kai Hong Phua and Kelly Fu), the Philippines (Willie Ong), Australia (Milton Lewis), Papua New Guinea (Vicki Luker), and non-PNG Pacific Island countries (Richard Taylor), as well as an introduction by the coeditors. Most chapters provide historical overviews for the country described; others, however, take up specific issues within the history of public health in the country that illuminate some larger dynamics (cf. the history of leprosy in Vietnam, or the ways Filipino resistance to American public health solutions to cholera epidemics led to some transformation of American practices).

All chapters are interested not only in how science shapes public health achievements, but what is seen as achievable or desirable in particular social, historical, economic and political contexts. All the chapters are richly detailed, and bring out a variety of dynamics that are distinctive about each site (for instance, population overcrowding and density in Hong Kong, or nuclear testing in Pacific islands). Nonetheless, there are several themes raised throughout the volume that I will use to organize my discussion below: (1) the ways colonial projects affect later national and international interventions into public health, (2) the question of where countries fall within the notion of an epidemiological transition (and, indeed, whether that notion remains helpful), (3) the relationship between biomedicine and other medical traditions, and (4) emerging challenges for public health experts.

Colonial regimes often justified their occupations by describing the benefits that occupation brought. One benefit often touted – one which has been much less critiqued than other aspects of colonialism – is improvements to public health. Phua

and Wong's chapter offers a modified version of this argument, giving credit to the colonial government for its transformations of peninsula Malaysia, as it notes some of the racial and other inequities which structured access to health care. A number of recent works are, however, even more critical, showing the ways that public health initiatives tended to focus on the health of the colonizer rather than the colonized, tended to be underfunded or incomplete, ignored traditional medical practices (regardless of efficacy), ignored or down played the negative impact of colonization, and were shaped by and contributed to racializing logics. Ramasubban's chapter on modern India strikes many of these themes, considering how the expansion of road and railway links exacerbated malaria, the connections between troop movements and the spread of cholera and venereal disease, and reviewing the ambivalence about enacting costly public health legislation already shown to be effective in England, even where it was clearly embraced in India (e.g. small pox vaccinations, for which there was already a local method). The chapter tracks many continuities between the colonial past and post-independent present, including the continuing challenge of epidemic diseases, some of which, like malaria, TB and plague, have rebounded, high infant and maternal mortality rates, and lack of access to potable water and sanitary disposal of waste for the poor. Monnais's chapter on leprosy in Vietnam notes that despite the comprehensiveness of the French colonial health system in some respects, leprosy was largely neglected by the colonial government, even in light of improvements in scientific knowledge about leprosy, in ways sharply critiqued by the missionaries who did set up leprosaria (with their own ulterior motives lying in encouraging patients to convert). Yeo's chapter makes a much needed contribution by documenting the impact not just of Western imperialism (especially in the work of medical missionaries and the American military government in Korea), but also Japanese imperialism.

Further work comparing the kinds of racialization and interventions that occur under non-Western imperialism would be helpful (see the work of Jin Park for one such initiative). Ong's chapter on the Philippines builds on earlier work by Reynaldo Ileto, Rodney Sullivan and Warwick Anderson to point out the ways that harsh measures intended to contain cholera (quarantines, the destruction of infected huts and neighborhoods, the seizure and burial of the dead) were seen by Filipinos as a continuation of warfare. Ong is interested in this chapter to consider not only how Americans transformed the Philippines, but also how some Americans themselves came to be transformed by Filipino resistance and critique; he thus joins recent work by e.g. Ann Laura Stoler in thinking not just how colonialism affects the colonies, but also how it affects the metropole. In Ong's account, Victor Heiser, then Director of Health in the Philippines, later, director of Asia-Pacific operations for the Rockefeller Foundation, is the author of some of the most stringent measures. In Hull's comparison of the public health tactics of the Rockefeller Foundation and the Dutch colonial government in Indonesia in treating hookworm, maternal mortality and other

public health issues, Heiser and his colleagues are seen as adopting a less draconian approach than the Dutch (Heiser appears a third time in this volume, offering the assistance of the Rockefeller Foundation in training Australians in leading public health posts).

The notion of epidemiological transition suggests that societies will face challenges in dealing with pandemic and famine, and that as infectious diseases are conquered, the challenges will be degenerative, or “lifestyle” diseases, such as heart disease, cancer, etc. But this model is, as Luker’s chapter on PNG suggests, an optimistic one, one which assumes progress and convergence upon a better state of health. Luker argues that this traditional periodization of public health challenges misses a crucial transition relevant for the early colonial era, namely a transition into the “global disease pool.” This transition occurred relatively late for PNG, because of the ways that malaria thwarted and limited the European presence. Nonetheless, the migration of indentured labors, the extension of missions and administrations and new contacts between previously hostile communities led to significant mortality and morbidity. Interestingly, and in ways that can be placed in dialogue with some chapters which offer more critical pictures of colonial interventions, Luker nonetheless wants to argue that earlier critiques of colonial administrations as inexcusably effective might be too harsh, given the ongoing challenges of a dispersed population, transportation difficulties, the shortage of human and other resources, and different ideas about health. Luker also notes a variety of other ways in which the PNG case challenges the traditional model: a less marked population decline than in other Pacific Island and indigenous societies, no decline in the burden of infectious disease, population growth even without reductions in infant mortality, and changes in consumption patterns not linked to the marked rise of “modern” diseases. She argues PNG is experiencing an epidemic of trauma and violence in a health system that is described even by state officials as collapsed. The chapter on Timor-Leste similarly offers a picture of a poor and undeveloped state which, because of Portuguese, Japanese and Indonesian occupations, as well as continuing violence, suffers from malaria, dengue, leprosy, filariasis, tuberculosis and high infant and child mortality rates in ways that suggest that the epidemiological transition is nowhere in sight.

The chapters on Australia, Japan and Singapore perhaps most clearly reflect the classic epidemiological transition model, though they also raise questions about it. Anesaki documents how Japan became the healthiest nation in the world. She begins with the opening of Japan by the feudal government in 1853, under pressure from the American Commodore Perry. She documents the rejection of Chinese medicine and the embrace of German medicine in Japan, as part of a larger movement to embrace certain forms of Western modernity in part to fortify Japan against the imperial incursions taking place in virtually every other country in the Asia-Pacific region.

This chapter also documents how medical care payment was socialized and briefly touches upon Japanese imperial medicine elsewhere in Asia. Anesaki notes, however, that even though Japan has been successful, like other wealthy countries, in fighting serious bacterial diseases, more recently viral diseases like HIV/AIDS, SARS, West Nile fever, avian influenza, and Ebola Hemorrhagic fever have become a significant concern. The chapter on Singapore also documents concerns about the Nipah virus, hand, foot and mouth disease, SARS and avian influenza. Lewis's chapter on Australia documents some of the ways that public health initiatives were developed in a country that was a settler colony, rather than an overseas colony. He compares and contrasts Australian practice with English, noting that it was more centralized because of the comparative weakness of local governments.

A significant influence in Australia was a concern about "racial health," with an early 20th century royal commission linking Australia's future as a "white" power to population growth. Infant and maternal health became a primary concern as the birthrate declined. Although in other settler countries like Canada and the U.S. immigration was embraced to varying extents, the "White Australia" policy embraced by all political parties for the first two-thirds of the 20th century involved excluding Asians and Pacific Islanders because of racism and concerns about competition from cheap labor. The rather celebratory note on which the chapter ends (proudly noting the distance Australia has come from its fortress policy to its "open multiracial and multicultural society" now) may, however, be premature. The chapter devotes a token amount of attention to the health of Aboriginal and immigrant groups. Like the chapters on Japan, Singapore and Thailand, this chapter devotes significant attention to HIV/AIDS.

The Asia-Pacific region has a number of well-developed medical traditions, and a number of chapters note that a challenge for public health remains taking into account practices that are embraced by many. Cohen's chapter on Thailand considers the role that Ayurvedic medicine has historically played in Thailand, in Thai royal medicine, and the ways it has reemerged at key points (during the 1970s challenges to the military dictatorship, and the economic crisis of 1997) to challenge medical elitism and as a way of decentralizing and democratizing public health. Holistic approaches to health are often intertwined with a focus on self-reliance, popularism and decentralization which, while putatively juxtaposed against hegemonic powers also resonate with some of the discourses justifying neo-liberal initiatives. MacPherson's thorough and detailed chapter on the challenges that have faced Hong Kong and China also has, as one of its themes, the relationship between biomedicine and traditional Chinese treatment, considering e.g. how each was linked with the establishment of different hospitals in Hong Kong and with conflicts over how to treat bubonic plague in the 19th century, debates over the putative quackery of Chinese herbalists that were leading to unnecessary cases of blindness in the 1950s, and the embrace and then

sharp rejection of traditional Chinese medicine by the PRC. She also carefully lays out the impact of British colonialism on the city, and the intricacies of working out the “one country, two systems” concept that has applied to Hong Kong since it was returned to Chinese sovereignty in 1997.

In sum, this volume offers rich historical accounts of the various topics and countries included. Few of the chapters themselves take on an explicitly comparative perspective. Future projects could, for instance, more systematically compare the impact of British colonialism on various public health projects, or compare Japanese public health projects in Japan with those in the countries it colonized. Such projects could be informed by the kind of comparative work that, for instance, that Julian Go has recently done for American administrations in the colonized Philippines and Puerto Rico. Nonetheless, this volume offers multiple resources for historians, anthropologists, sociologists, public health experts, and policy analysts. It will be an indispensable handbook for those interested in a rapid, but in-depth, overview of the issues facing each of the countries covered.

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SUBSCRIPTION and STAFF INFORMATION

The Bulletin of the Pacific Circle is the communication medium of the Pacific Circle, organized in 1985 to promote and assist scholarship in the history and social studies of Pacific science. The Circle is a commission of the International Union of the History and Philosophy of Science.

The Bulletin is distributed twice a year with the assistance of the Department of History, University of Hawai‘i, Manoa.

Membership in the Circle, which includes the *Bulletin*, is available at a cost of US\$25 per year for individuals and US\$35 for institutions. Additional contributions in any amount to support the costs of production and distribution will be gratefully accepted.

Checks or money orders can be made payable to “Bulletin of the Pacific Circle” and sent to the Editor:

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