



Project  
**MUSE**<sup>®</sup>  
*Scholarly journals online*

colonies, is particularly rich. But in the end, no local spas could really compete against the metropole.

Jennings's final chapter describes the importance of Vichy for colonials. Citing some literature of the period, Jennings sees Vichy as a kind of "informal imperial hub" (p. 185) where people came to prepare for and recover from stays in a colony; for some, Vichy served as a place of retirement. Plausibly, but again without much evidence, Jennings suggests that sociability at Vichy was central to the development of informal networks of individuals that cut across individual colonies.

If Jennings's individual arguments are not always convincing, and if the claim that spas—whether in the colonies or France—were meant to preserve Frenchness as much as health is not demonstrated, there is no denying the overall quality of this book. Jennings has used great historical ingenuity to collect dispersed material on a series of even more dispersed institutions. Historians of medicine will find it an engaging read.

George Weisz  
McGill University

Warwick Anderson. *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*. Durham, N.C.: Duke University Press, 2006. ix + 355 pp. Ill. \$84.95 (cloth, ISBN-10: 0-8223-3804-1; ISBN-13: 978-0-8223-3804-8), \$23.95 (paperbound, ISBN-10: 0-8223-3843-2, ISBN-13: 978-0-8223-3843-7).

This innovative collection of essays succeeds (to paraphrase the author's stated aspiration) in connecting the privy to the empire, offering an exciting, new cultural-political history of Philippine-American colonialism in the early twentieth century. Its loosely connected essays can be read as a history of how concepts of the integral body—and the diverse threats posed to it—mediated between the colonial situation in the Philippines under U.S. rule, on the one hand, and frameworks of whiteness and masculinity on the other. Specifically, Anderson argues for the mutual encoding of medical and civic discourses in the American colonial Philippines, identifying his subject as the history of the development and deferral of what he calls "biomedical citizenship." Exploring these themes across a wide range of imperial-medical projects, Anderson delivers a rich and vital contribution to the cultural history of U.S. colonialism in the Philippines, to the imperial history of medicine, and to cultural studies of whiteness and masculinity.

The book begins with the Philippine-American War, at the brutal outset of U.S. colonial rule, when U.S. Army medical officers grappled with the myriad organizational and conceptual dilemmas posed by colonial warfare. Anderson describes their application of models of "geographical pathology" (p. 24), which attributed disease to tropical conditions of heat and humidity. When combined with theories of racial geography—Nature's unforgiving desire to fix races in their proper

places—these theories gave rise to fears of white degeneration in the tropics as well as efforts to mitigate it through individual bodily controls. Here Anderson argues for “a military genealogy of modern tropical hygiene” (p. 46), asserting that the army’s medical efforts in the Philippines were “as much a manifestation of military administrative logic as an expression of the rising enthusiasm for germ theories” (p. 45). He identifies a shift in attention among his doctors from hostile physical environments to bacteria, the struggle against which, he argues, framed and was framed by the surrounding combat. Anderson witnesses a shift in tropical-medical theory and practice by war’s end from a geographic to a racial-bacteriological basis: what he calls an “exoneration of the tropical milieu,” accompanied by the “racializing of pathogen distribution” (p. 75), the assumption of a one-to-one correspondence between bacterial disease and the “native” body. Guaranteeing the health of white people—and the stability of their “whiteness”—became a matter of policing racio-medical contact between white Americans and Filipinos.

The core of U.S. medical interventionism, Anderson demonstrates, involved sanitary engineering and the mass inculcation of personal and communal hygiene. Anderson pays special attention to what he calls “excremental colonialism,” the training of Filipinos in the hygienic disposal of feces that simultaneously coded Filipinos as irresponsible, incontinent, and, metonymically, as the lower body itself. U.S. colonial sanitary engineers would contrast the purity of disciplined, ordered spaces like the laboratory with the danger of Filipino realms such as the marketplace and fiesta. In a relatively freestanding chapter, Anderson discusses the trajectory of the tropical neurasthenia or “Philippinitis” that struck many white American elites in the islands, which were manifested in torpor, irritability, and forgetfulness and sometimes resulting—if not addressed by regular visits to the cool, detached hill station at Baguio—in colonial breakdown. A chapter on the Culion leper colony presents the most striking instance of U.S. public health officers attempting to put “biomedical citizenship” into microcosmic practice. At Culion, he shows, physical isolation from family networks, treatment regimes, and “rituals of citizenship” aimed to fasten individualized patient-subjects to the therapeutic state.

A final two chapters deal with later campaigns against hookworm and malaria in the 1920s and 1930s, campaigns that took place in light of the “Filipinization” of the colonial state, the movement of U.S. personnel like Victor Heiser into private institutions such as the Rockefeller Foundation, and an intellectual shift from racial to more class- and ecology-based public health models. During this period, Anderson argues, U.S. health authorities continued to racialize the public health system by closely identifying—indeed, collapsing—white personnel with competence and positive health outcomes, perpetually denigrating the efforts of Filipinos who were, ostensibly, the very objects of their colonial tutelage. A brief conclusion speculates on “the metropolitan reach of the colonial bureaucrat” (p. 230), tracing the subsequent U.S.-based careers of several colonial public health officials and suggesting the need for examining colonial medicine’s imprints both domestically and globally in the form of development discourse and practice.

Despite the book's many strengths, it would have been enriched by a larger context, a wider range of actors, and a closer matching of evidence to argument. Anderson lavishes witty and even lyrical prose on the aggressive anxieties and obsessions of his white, male colonialist protagonists. But the volume lacks a larger political framework for the various medical projects it describes. In particular, the work would have benefited from a discussion of the colonial state's vexing "labor question" and from a discussion about investments in public health as a perceived answer to both the fears of prospective investors and colonial officials forced to deal with a Filipino labor force hobbled by tropical disease. For the most part, Anderson's actors are also confined to white, male medical officers who are relatively undifferentiated, apart from the outsized personality of Heiser.

With the exception of a late chapter on the "Filipinization" of the medical service, and sporadic moments throughout the text, the account places Filipino agents far in the background as doctors, medical personnel, or patients, with little sense of the social, cultural, and political meanings that these actors brought to the colonial-medical encounters it describes. Finally, much of the evidence showing that U.S. public health authorities conflated medical, military, and civic understandings is provided through juxtapositions of, or the drawing of analogies between, structurally similar discourses and practices, with the text's lively metaphors advancing beyond what the primary sources can prove in the way of connection. These criticisms aside, *Colonial Pathologies* is a highly original work that, through the anxious eyes of its American architects, successfully illuminates the multidimensional U.S. colonial-medical state in the early twentieth-century Philippines. It has much to teach scholars about U.S. empire building, colonial medicine, race, and gender.

Paul Kramer  
University of Michigan

Robin Haines. *Doctors at Sea: Emigrant Voyages to Colonial Australia*. Basingstoke, U.K.: Palgrave Macmillan, 2005. x + 248 pp. Ill. \$69.95 (ISBN-10: 1-4039-8685-1; ISBN-13: 978-1-4039-8685-6).

Between 1831 and 1900, about 750,000 free immigrants reached the Australian colonies from Britain under various colonial emigration schemes. They endured long voyages, passing from the temperate north through the tropics, often sailing across the cold Southern Ocean. Seeking a new chance in life, they risked a relatively small chance of death en route. The great majority of the ships' passengers—98 percent—arrived and survived. A tiny proportion of them died on the way or—even more poignantly—shortly after reaching their destinations. Some died in harbor or in quarantine camps, with surgeons, emigration commissioners, and colonial governments wrangling over whether a diphtheria or typhoid victim should be regarded a casualty of the voyage and a charge on the authorities.