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Wolfgang U. Eckart. *Medizin und Kolonialimperialismus: Deutschland 1884-1945.* MÖ¼nchen and ZÖ¼rich: Ferdinand SchÖ¶ningh Verlag, 1997. 638 pp. DM 78,00 (paper), ISBN 978-3-506-72181-5.

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As Wolfgang Eckart points out, colonial medicine was largely a terra incognito in German historiography until recently, relatively ignored by both historians of medicine and historians of imperialism. Then, in the 1980s, monographs by Albert Diefenbacher, Hans Fischer, Christoffer Grundmann, Guido Kluxen, Peter Sebald, along with a host of articles and dissertations, appeared. Eckart himself was a central figure in this development, publishing a number of books and articles since the early 1980s on medicine and German colonialism in Africa and the Pacific. This generation of studies began the concerted work of exploring the intellectual, social, and political relations between, on the one hand, German colonial expansion in the age of high imperialism and, on the other, scientific investigation, tropical medicine, health services, pharmacology, psychiatry, and missionary medicine. Wolfgang Eckart's lengthy and impressive *Medizin und Kolonialimperialismus* brings together in one volume the results of these efforts.

No one is better qualified for this Herculean task than Eckart, who is Director of the Institute for the History of Medicine at the University of Heidelberg. Material for this book was culled from some twenty archives in the Federal Republic, the former GDR, Italy, Switzerland, and the United States. The result is an exemplary volume that is exhaustive in its coverage, attention to detail, and wealth of citations. Some may be put off by its consequent length, but the book remains thoroughly readable and informative. Both specialists and non-specialists should appreciate Eckart's footnotes, which guide readers through the rich primary and well-developed secondary literatures.

The book is divided into three parts. Part One examines medicine's intellectual and organizational engagement with colonial expansion within Germany itself. Eckart argues that both men and women in the medical community proved to be enthusiastic supporters of Wilhelmian Germany's colonial ventures from the 1880s forward. Bourgeois imperialist associations and congresses attracted a significant number of physicians as members and consistently voiced an interest in seeing medical science used in the service of overseas expansion. Women's organizations such as the *Frauenbund der Deutschen Kolonialgesellschaft* were also instrumental in recruiting and organizing training for colonial nurses. As articulated in the scientific literature of turn-of-the-century Germany, advocates of imperialism generally saw medical science's role as an integral part of colonial economics: Africans in particular were perceived as "human capital" who needed to be cultivated and whose life expectancy had to be increased in order to promote economic productivity and growth. It is therefore not surprising to find that nineteenth-century "race hygiene" informed both German fears of racial degeneration through potential race-mixing as well as German visions of "Negro cultivation" as a task of acclimating "the Negro" as a race to the habit of hard work. To these ambitions, medical missionaries added the task of Christianizing "heathens" in Africa and the Pacific.

The second, and by far, largest section of the book examines the epidemiology, medical ideas, and health care services and policies of the six areas of Wilhelmian colonial activity: Togo, Cameroon, German Southwest Africa, German East Africa, Samoa and the Caroline, Mariana, and Marshall Islands of the Pacific, and Jiaozhou (on the coast of the Yellow Sea in the Chinese province of Shandong). Treating each area in separate chapters, Eckart carefully describes the respective climatic, geographical, social, and political conditions that specifically challenged medical practitioners and policymakers in these regions. Though careful to note differences between territories, Eckart's study reveals a number of features common throughout German colonial medicine:

1. The last years of German imperial rule witnessed a marked decline in colonial populations. This appears to have been due primarily to the lack of infant care, the inadequacy or complete absence of health care for workers,

and the negative influences of European occupation (military violence, alcoholism, syphilis). At the time, however, this decline in population served to bolster racist theories about the degenerating influence of "primitive" peoples.

2. Missionary medical work was most often pedagogical (*erzieherisch*) in character. The professed aim of most missionary physicians was to woo natives away from "superstitious," indigenous traditions of healing, by demonstrating the superiority and efficacy of Western medicine. Particularly in China, Germans perceived "medicine as an instrument of cultural influence (p. 548)." Thus, the activities of medical missionaries cannot be separated from the more pernicious aspects of the colonial legacy. As Eckart points out, it was common (as, for example, in the case of the Governor of German New Guinea) for colonial administrators to exploit the missionary medicine movement in Germany to justify their own pursuits and to enlist the services of missionary doctors for military and economic purposes.

3. Throughout the German empire, racial distinctions were made between Europeans and indigenous peoples in health care services and facilities. Separate hospitals were routinely established for Europeans and native patients. Such distinctions were also drawn in employer health care services, which frequently provided inferior or even no organized medical care for native and foreign workers. The logic of such distinctions extended to city planning in China, where the European-inhabited Tsingtau was built as a model city of German social hygiene planning, while the government attempted to ghettoize the Chinese population in the suburbs around Tapautau. Racial discriminations in health care were therefore deliberate, widespread, and institutionalized.

4. Medical experimentation on humans was relatively common. "Concentration camps," as they were called, were often used as sites to test experimental drugs in dangerous and fatal doses on native populations. This was done with the knowledge and backing of pharmaceutical companies and physicians.

5. Thus, German physicians were deeply enmeshed in the politics of colonial domination. Physicians went on infectious disease campaigns and expeditions, accompanied by troops or police, in order to identify and "concentrate" those suspected of being carriers of disease. They were recruited for colonial wars, where as officers they helped treat wounded German soldiers and attempted to keep outbreaks of contagious disease among prisoners of war from being passed on to the "white" population. Finally, physicians advised colonial governments on every aspect of medical and hygiene policy. Particularly noteworthy in this regard are colonial practices of quarantine. Quarantine policies were, like all other forms of medical service, racially based. In China, separate "isolation houses" were created specifically for those Chinese suspected of having contagious or venereal diseases; in Africa, German doctors played pivotal roles in the building and maintenance of "concentration camps," designed to contain those "Negroes" believed to be carriers of infectious diseases.

The third and final section of the book examines what Eckart refers to as the "colonial revisionism" that followed Germany's forced abandonment of its colonial territories after World War I. This is the most impressionistic part of the volume. Despite this, however, Eckart draws the important links between Wilhelmian colonial medicine and National Socialism. He begins with the ways in which the German medical community of the 1920s and 1930s wrote the history of medical involvement in Germany's colonies as an engagement motivated by concern for humanity. This "revisionism" (yet did they not believe this to be the case all along?) eventually helped feed the Nazi propaganda of the 1940s that represented tropical medicine as an heroic, ennobling "*Kulturtat*." Beyond contributing to historical revisionism, tropical medicine and colonial physicians also served as key players in Nazi race science and policy. The Heidelberg Hygiene Institute and the academic Ernst Rodenwaldt, for instance, played important roles in supporting the sterilization programs of the Third Reich by providing intellectual justifications and medical reports for policymakers. Still later, tropical medicine found itself deeply enmeshed in Nazism's total race war: its literature was used by the military establishment in preparation for World War II; Japanese physicians reported to their German colleagues on the results of their biological and parasitological experiments on humans; and many of the human experiments carried out in German POW and concentration camps were rationalized as serving tropical medical purposes. After the war, Rodenwaldt and others were allowed to continue their work, this time under the auspices of the American biological weapons program "Paper Clip."

This is an important book that a deserves a wide reading beyond specialists in the history of medicine and the history of imperialism. Eckart's findings speak to any number of timely themes in the general historiography of modern Germany: the prominence, attitudes, and activities of the German bourgeoisie; the social history of the *Kaiserreich*; the relative modernity of German statecraft and religion; and the historical intersection of race

and health care in German social policy. This last theme is among the most suggestive and the most disturbing. Eckart here touches on a subject matter first fleshed out by Paul Weindling in *Health, Race, and German Politics Between National Unification and Nazism, 1870-1945* (Cambridge: Cambridge University Press, 1989). Eckart's painstaking research shows that German colonial physicians, some thirty years before the Third Reich, already had experience therapeutically justifying mass deportation, mass confinement, and even mass murder (see, for instance, Eckart's discussions of the colonial race war against the Herero-Nama Uprising in German Southwest Africa between 1904 and 1907 and against the Maji-Maji Uprising in German East Africa from 1905 to 1907). These findings must go some way toward vindicating Hannah Arendt's contention that the practices of high imperialism were, in part, responsible for making the unthinkable (genocide) imaginable. Wolfgang Eckart should be commended for writing what will surely be the standard for quite some time in the history of German colonial medicine.

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