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Ryan Johnson, Amna Khalid, eds. *Public Health in the British Empire: Intermediaries, Subordinates, and the Practice of Public Health, 1850-1960.* New York: Routledge, 2011. 208 pp. $125.00 (cloth), ISBN 978-0-415-89041-0.

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Public Health and Empire

Histories of public health, particularly in the context of the British Empire, have been characterized by an overreliance on the decisions and policy directives of professional colonial authorities. Scholars have tended to concentrate on top-down edicts and attempts to introduce approaches to public health based on the fundamentals of a Western-style attitude towards health and medicine. In doing so, they have, at best, marginalized, and at worst, omitted entirely, an important actor category from historical narratives: that of the "subordinate" or "intermediary." Although recent scholarship, perhaps best exemplified by Sanjoy Bhattacharya, Mark Harrison, and Michael Worboys in their book *Fractured States:Smallpox, Public Health and Vaccination Policy in British India, 1800-1947* (2009), has sought to recapture the importance of individuals and collectives working outside the upper echelons of the hierarchies of colonial Britain, much remains still to be done in this regard.

This important edited collection therefore seeks to redress this imbalance by reclaiming the pivotal roles of midwives, sweepers, interpreters, native health workers, and others, not just in responding to British policy, but in shaping it through their status and actions. As Ryan Johnson and Amna Khalid note in their dense introductory chapter, "it was the intermediary and subordinate workers that often determined people's experience of public health" (p. 4). The essays in this volume range across different kinds of subordinates, institutions, and geographical locations, but two themes stand out particularly strongly.

The first of these is language. Although it may seem a trivial point to note that language barriers posed a problem for those trying to implement colonial public health policy, several of the chapters explore in new ways the diverse means through which language became an important tool in mediating between colonial policy and practice. Atsuko Naono charts the important role played by the Burmese hygiene publicity officer during the 1920s and 1930s in writing and circulating public health documentation in the native language. Naono argues that the success of colonial public health policy was due in large part to the impact of such material. Johnson's essay shows how local rulers played a critical role in overcoming potentially problematic social and political tensions during the implementation of sanitary measures in colonial Accra. According to Johnson, these were issues which could not be addressed effectively by even the highest-ranking colonial health officials owing to problems associated with language. Similarly, James Mills's excellent contribution highlights the ways in which colonial medical institutions were heavily reliant on local staff for successful day-to-day running. In this context, argues Mills, knowledge of native language(s) was a key and important skill, out of the reach of many British public health administrators.

The second major theme, which is implicit across many essays in this collection, is that of power in various different forms. Negotiations of authority were central in establishing to what extent colonial or native attitudes towards public health provision were legitimized. In Sean Lang's essay we learn that India's traditional birth attendants–*dais*–were seen as continuing practices dangerous to the health of both mother and child during labor. The *dais* maintained their position as managers of labor despite a concerted effort on the part of the Madras Lying-In Hospital to offer Western-style training in midwifery. Lang attributes the failure of this program to the scale of the problem, the embeddedness of *dai* practices in local religious beliefs, and the lack of empathy on the part of trainee midwives with the Western approach to childbirth. Khalid shows how sweepers in northern India wielded quite remarkable levels of both active and passive power. Their strike action was highly effective but, as Khalid argues persuasively, equally the

mere *capacity* for such action was enough to exert influence over their superiors. Writing about the conditions of treatment and care in Jamaican hospitals during the mid nineteenth century, Margaret Jones points to the importance of patient accounts in initiating wide-ranging reviews of hospital practices by the Colonial Office. Jones highlights the central role of domestic tasks in such institutions, and also notes the myriad fashions in which subordinate hospital staff altered and implemented practices. Similar figures are equally important for Juanita de Barros's account of infant welfare work in Barbados. As in many other chapters, de Barros focuses on the interface between policy and practice, and in particular on the way in which Barbadians' everyday experiences of public health were shaped by the work of auxiliary staff.

Walima T. Kalusa also draws out attention to the training of (specifically native) auxiliaries across various public health areas in Northern Rhodesia (now Zambia). Here there was a significant tension between the different ways in which Europeans and natives viewed Western medical practices, and Kalusa appeals to a neo-Foucauldian framework of analysis to explain the "centrality of biomedical power" (p. 156) in public health initiatives. Finally, Anne Digby offers an appropriately wide-ranging final chapter, in which she examines a range of actors occupying positions within the "health care middles" (p. 171) of South Africa. Digby's contribution highlights a number of the focal points of this volume, arguing that colonial administrators recognized the potential and importance of intermediary and subordinate workers in the field of public health, and attempted to harness them.

For all that this collection provides an important contribution to current scholarship, there are a couple of points on which the volume could have been strengthened. At just 201 pages, including a relatively long-winded, historiographically dense introductory chapter, the reader is left feeling rather undernourished after each contribution, and it would have been pleasant to see some of these excellent essays in a more expanded form. One of the major limitations of such brevity is the lack of overall historiographical unity to *Public Health in the British Empire*; whilst Johnson and Khalid wheel out the big guns in their introduction, there is subsequent a lack of engagement with these key texts (and, indeed, their respective methodological approaches) in individual chapters. Whilst the volume is therefore coherent in terms of overall themes and scope, this reviewer felt that some of the historiographical implications of the essays were at times overly nebulous and difficult to locate.Overall, however, the cohesion and standard of historical scholarship are excellent, and there are no chapters which feel out of place. It is particularly interesting that Mills hints at the perhaps inappropriate nature of the terms "subordinate" and "intermediary" for describing the groups and individuals featured in *Public Health in the British Empire.* Indeed, one might be tempted to say that the volume as a whole provides good reason for abandoning a hierarchical approach to narratives of public health. The nuanced reevaluation of the supposedly one-way causal chain of practice and policy from colonial administrators to native workers is one of the key contributions which the book makes. It therefore provides a valuable contribution to the history of public health in the British Empire. However, it also points to themes which are useful to historians working across far broader temporal, geographical, and social spaces.

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