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Deborah J. Neill. *Networks in Tropical Medicine: Internationalism, Colonialism, and the Rise of a Medical Specialty, 1890–1930.* Stanford: Stanford University Press, 2012. 292 S. $65.00 (cloth), ISBN 978-0-8047-7813-8.

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D. J. Neill: Networks in Tropical Medicine

National perspectives have largely dominated the historiography of tropical medicine and colonial health care. Focusing on a single colony or empire - or on particular national institutions and 'heroes' - most studies have embraced the development of knowledge, practices and institutions in national narratives that do not or only minimally account for transnational influences.

Networks in Tropical Medicine is one of the most substantial contributions to a new strand of research which challenges methodological nationalism by looking at conduits of medical knowledge and practices that were cutting across colonial and imperial borders. See also Anne Digby / Waltraud Ernst / Projit B. Muhkarji (eds.), Crossing Colonial Historiographies. Histories of Colonial and Indigenous Medicines in Transnational Perspective, Newcastle 2010; Myriam Mertens / Guillaume Lachenal, The History of 'Belgian' Tropical Medicine from a Cross-Border Perspective, Revue Belge de Philologie et d'Histoire 90 (2012) (forthcoming). Deborah J. Neill's study, which has grown out of a Ph.D. dissertation submitted at the University of Toronto in 2005, reassesses the emergence of tropical medicine as a new scientific specialty in the late 19th and early 20th centuries from a transnational perspective.

Throughout seven well-delimited chapters, Neill draws a complex web of transnational connections between experts in tropical medicine from different nations, located in both metropolitan societies in Europe and colonial spaces in tropical Africa. She not only shows to what extent these networks were constitutive for the discipline, but also traces their influence on 'national' policy making in both metropolis and colony. This innovative combination of locations and perspectives is one of the book's major strengths.

To achieve this aim, Neill has grounded her study in extensive bibliographical and archival research. In addition to the existing historiography, Neill has explored sources from state archives and medical research institutes in Germany, France and Great Britain as well as a wide variety of published contemporary material, ranging from journal articles, conference papers and mission reports to doctors' autobiographies.

To be sure, the result is not a global history of tropical medicine (nor was it meant to be). The study is confined to tropical Africa and its case studies mainly deal with the three major colonial powers in this region: Germany, France and Great Britain. There is also a strong focus on the combat against sleeping sickness at the expense of other tropical diseases. Yet, given the huge attention this deadly disease received from early twentieth century doctors and governments, who feared its depopulating effects on tropical Africa, these are defendable choices.

Overall, Neill explains the rise of tropical medicine against the background of both scientific and political changes taking place at the turn of the 20th century. While the growing supremacy of bacteriology and parasitology triggered a profound shift in research practices (with, most notably, the rise of the laboratory), the colonial expansion of European powers in Africa was also constitutive for the new discipline. It pressured states to invest in the health care of both colonizers and colonized and, simultaneously, provided scientists with new research opportunities, notably an easier access to disease environments and patients.

In the first two chapters, Neill shows how these new conditions induced all European empires to establish, in their metropoles, research and training institutes in tropical medicine. She convincingly argues that, from the very beginning, cross-border collaboration between representatives from this new specialty concurred and intersected with international rivalry. Through journals, specialized societies and international conferences, European scientists discussed new studies and ideas. For Neill, these transnational exchanges not only led to a homogenization of training programmes and research agendas, but also cemented shared values and common assump-

tions about European identity.

Throughout the book, it is one of Neill's key concerns to lay bare the racial foundations of this "epistemic community" (pp. 5-8). Across nations and generations, experts in tropical medicine shared notions of European cultural and racial superiority and were convinced of the benefits European medicine would bring to the African populations. These beliefs enabled the marginalization of indigenous knowledge and "set the stage for a number of discriminatory medical policies in the colonies" (p. 71).

These practices are at the core of the book's second part. While the third chapter deals with urban sanitation and segregation measures in Douala (German Cameroon) and Brazzaville (French Equatorial Africa), chapter 4 to 6 are devoted to the combat against sleeping sickness before 1914. For both topics, Neill can build upon a substantial and still growing number of case studies. Yet, her consistently transnational perspective yields interesting new insights.

It allows her to show how inter-imperial learning between tropical medicine experts in Europe and Africa had a profound impact on health policies. Segregation schemes in Douala consciously mirrored those in Brazzaville and in some other West African colonial cities. And, to a large extent, all European colonial powers initially recurred to similar, aggressive methods to combat (the spread of) sleeping sickness, such as the restriction of Africans' movements and their confinement in concentration camps where they were treated under force and often subjected to painful and risky drug tests. Neill also argues that in the years up to 1914 policies against sleeping sickness converged into two distinct regional models - an East and a West African one - which traversed imperial borders (chapter 4 and 5). Whereas campaigns in East Africa increasingly aimed at destroying the tsetse flies and their habitat, approaches in West Africa tended to centre on the elimination of the trypanosomes, the sleeping sickness pathogens, in the human body through drug therapy.

This 'regional' view departs from the 'national' specificities which Worboys influentially identified for Belgian, German and British colonies in East-Central Africa. Michael Worboys, The Comparative History of Sleeping Sickness in East and Central Africa, 1900-1914, in: History of Science 32 (1994), pp. 89-102. Yet, though very promising, Neill's argument is not entirely convincing here. It remains unclear why doctors (and governments) would have chosen to adopt different approaches in West compared to East Africa. And other cases than those studied by Neill suggest that, at least for the period before 1914, such a presumed West-East divergence might be based on an overgeneralization. Thus, the Portuguese campaign on Príncipe (1911-1914), for instance, an island off the coast of West Central Africa, does not fit the scheme. While it did include drug treatments, it mainly tackled the tsetse fly and its habitat. Bush clearing, the destruction of animal reservoirs and especially the use of fly traps eventually led to the eradication of the tsetse fly and the disease. See, for instance, John Jay McKelvey, Man against Tsetse. Struggle for Africa, Ithaca 1973, pp. 104-120. Further research is needed here.

The last two chapters reveal the pivotal role of German tropical medicine in Neill's study. Chapter 6 is an illuminating case study on the transnational collaborations in sleeping sickness drug therapy research between the renowned German scientist Paul Ehrlich and field doctors in French and British colonies. And in "A legacy of embitterment", as chapter 7 is entitled, Neill explores the exclusion of German experts in tropical medicine from the transnational epistemic community as a result of World War I, as well as their subsequent struggle for recognition and renewed participation. This is a fascinating story and it leaves one wondering about the impact of World War I on the relations between experts from 'allied' colonial powers after 1914, in Europe as well as in Africa.

This is just one of many additional questions which future research will hopefully set out to answer. How did southern European, and notably Portuguese, sleeping sickness experts fit in with the rather northern European networks described in Neill's study? Was there something specific about transnational yet exclusively European networks centred on sleeping sickness in Africa compared to those on other tropical diseases such as malaria, yellow fever or beriberi, where other regions and also non-European scientists played a much larger role? And how did the inclusion of Brazilian, American or Japanese scientists in other, but doubtlessly mutually intersecting, networks affect notions of a common European identity and racial superiority which underwrote the 'epistemic community' in tropical medicine that Neill has identified?

Still, it is the very merit of the present study that it not only offers an ambitious transnational analysis of European tropical medicine before 1914, but also provokes new questions that transcend the book's conscious geographical, chronological and thematic confines. Hence, one can only hope that this groundbreaking and thought-provoking book, situated at the intersection of studies in transnationalism, colonialism and the history of tropical medicine, finds a broad audience in all these fields and sparks further research along similar lines.

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