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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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This welcome compilation of essays, edited by Ryan Johnson and Amna Khalid, brings a fresh perspective to studies of public health in the British Empire, which have for too long focused on the upper echelons of the colonial medical establishment. The volume reveals the crucial role that intermediaries (local elites) and subordinates (locals doing day-to-day public health work) played in influencing and determining Western public health policy and practice across the empire from 1850 to 1960. While British colonial officials held the authority, the essays in this volume reveal that it was actually local intermediate and subordinate agents who "determined people's experience of public health" (p. 4). Indeed, such local actors often had more power and influence than the British officials for whom they worked. Local agents were frequently the only thing that stood between the successful implementation of colonial public health policies and the complete failure of those policies. In this way, the authors of this compilation complicate conventional notions of colonial medical power and challenge us to delve deeper in our examinations of colonial public health policy and practice.

A brief sketch of select essays in this volume will provide some idea of how the contributors demonstrate the larger claims of the collection in a variety of colonial contexts. In his examination of British colonial efforts to improve maternal and infant health in late nineteenth-century Madras by producing a cadre of trained Indian midwives, Seán Lang reveals that this project ultimately depended on those midwives for its success. Margaret Jones's examination of 1860s Jamaica shows not only how essential untrained intermediaries and subordinates were to the operation of the Kingston Public Hospital and Lunatic Asylum, but also the unanticipated ways in which these local agents took advantage of their positions to serve their own individual needs. Significantly, through an analysis of a major scandal at this hospital, Jones further demonstrates that local medical staff played a key role in prompting policy changes throughout the empire. In northern India in the same period, Khalid shows, public health and sanitation services in the United Provinces were completely dependent on lower-caste Indian sweepers who disposed of night soil and refuse, a dependency that effectively empowered sweepers and created opportunities for them to leverage their power to influence public policy.

Juanita de Barros's chapter analyzes the nascent infant welfare movement in early twentieth-century Barbados, showing how, in the face of the colonial government's inability to enact infant welfare measures, local physicians, nurses, and midwives combined forces to implement these measures at the parish level. Atsuko Naono's examination of colonial Burma in the 1920s and 1930s demonstrates how Western-trained indigenous physicians and public health officers used propaganda to persuade the Burmese population to accept Western medical practices. In doing so, Naono shows that these local agents created a space for indigenous participation in Western medicine in Burma, simultaneously making colonial medical efforts possible. In his impressive essay about the training of African auxiliaries in Western medical practice in Northern Rhodesia, Walima Kalusa reveals that these auxiliaries, while considered subordinate by the colonial service, played a central role in managing the conflicts spawned by colonialism within African communities, and simultaneously challenged the state's hegemonic medical project.

This brief and necessarily incomplete glance at the contents of this compilation cannot do justice to the depth and nuance of the essays. It hopefully gives some sense, however, of the volume's breadth and the insights it provides into the complex, diverse, and influential roles

local agents played in the day-to-day practice of public health in the colonies. All of the essays, to varying degrees, demonstrate the crucial point Johnson makes in his essay that colonial public health policies were deeply intertwined with local economic, political, and social structures. The authors involved emphasize how imperative it is for scholars to interrogate these structures to understand the context in which such policies were implemented. The essays also powerfully demonstrate another one of Johnson's points—that scholars need to complicate notions of indigenous agency beyond the simplistic dichotomy of complicity and resistance. Individual motivations and strategies must be analyzed in order to understand the myriad and divergent ways that local agents "used the colonial state for their own ends" (p. 149). Unquestionably, this compilation moves us closer to such an understanding.

One problem with this collection lies in the terminology of "intermediaries" and "subordinates." In his essay, James Mills draws attention to the ways in which these terms risk homogenizing local actors and defining them solely in relation to others in the colonial hierarchy. Indeed, given the wide range of motivations and strategies involved and the different forms of influence these agents wielded, the terms "intermediary" and "subordinate" seem overly simplistic. The editors of this volume are aware of this problem, and are clear that they do not intend such terms to be homogenizing, to assume a common agenda, or to imply the mutual exclusiveness of such categories. Despite the potential problems such terminology poses, Johnson and Khalid hold that these categories are "analytically vital" (p. 4), providing a powerful way to examine how local actors were situated in the colonial economic and social hierarchy and the kinds of strategies they employed to assert power and influence.

One issue I have with this compilation is a general lack of interrogation of the analytical categories of race, gender, and class. How did these categories intersect to complicate the positions that intermediaries and subordinates held in the colonial hierarchy? How did the intersection of these categories shape the strategies that local agents used to exert power and influence?

Moreover, the main argument of this volume becomes repetitive at certain points. This is to some extent ameliorated by the variety of case studies that demonstrate the argument across a range of colonial contexts. A further issue is that some of the essays are so short that they do little more than raise interesting questions and provoke further inquiry. But there is a positive side to this; these broad (rather than deep) strokes allow the volume to demonstrate the myriad ways that colonial medicine as an imperial project (albeit not a monolithic one) simply could not have operated without intermediaries and subordinates. All of the contributing authors have produced a publication that inspires numerous avenues for further research, and this compilation is invaluable to students not only of colonial public health and medicine but also of colonial and imperial studies more broadly.

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