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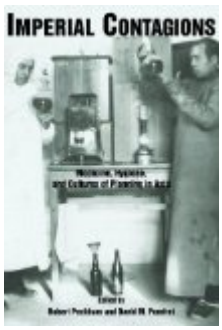

Robert Peckham, David M. Pomfret, eds.. *Imperial Contagions: Medicine, Hygiene, and Cultures of Planning in Asia.* Hong Kong: Hong Kong University Press, 2013. xi + 307 pp. $25.00, paper, ISBN 978-988-8139-52-1.

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Imperial Contagions is a timely edited volume by Robert Peckham and David M. Pomfret with chapters by brilliant contributors from multiple fields (such as cultural geography and history of medicine). The quality of the arguments make this edited volume thought provoking. From different points of views, the contributors examine the examples of British and French colonies in Asia (e.g., India, Indochina, Hong Kong, and Singapore) from the mid-nineteenth to the twentieth centuries, with a special focus on the 1890s and the first decades of the twentieth century. During this period, the policy practice of colonial medicine shifted from "enclavist" approaches (serving colonial regimes and armies) to "public health" approaches (emphasizing prevention and treatment of contagions facing all stakeholders). Furthermore, the authors reveal the inequalities found in colonial societies and explore the tensions and interconnections between colonial medicine and policy practice, which played essential roles in shaping governance of the colonies.

In addition to the introduction by Cecilia Chu and the afterword by Priscilla Wald, this edited volume features ten chapters, organized into three thematic parts. Part 1 (chapters 1-3) explores the tensions between colonial medicine and policy practice in colonial Hong Kong, Singapore, and India. Part 2 (chapters 4-6) addresses the challenges facing colonial authorities in policy practice related to colonial medicine. Part 3 (chapters 7-10) highlights the fear of contagion as the initial rationale behind colonial authorities' policy practice, which ironically promoted the contagions they tried to control.

This volume evinces a nuanced and complex grasp of three points in the studies of colonial history and public health in Asia. First, the contributors argue that colonial authorities' fear of contagion is closely related to the politics of sanitation in the colonies. As the authors conclude, the shift from "enclavist" approaches to "public health" approaches was never simply imposed on colonies in a straightforward manner. In chapter 2, Jiat-Hwee Chang explores the case of colonial Singa-

pore, which was one of the wealthiest colonies. According to Chang, instead of improving the sanitary conditions of the colonies, colonial authorities adopted "fragmented and spluttered urbanism" to separate colonial communities with native communities (p. 58). Richard Harris and Robert Lewis argue that colonial authorities "insulated themselves by setting themselves apart" (p. 73). In the case of Calcutta and Bombay, colonial authorities showed their fear of contagions. After a serious contagion occurred in the 1890s, colonial authorities in Calcutta and Bombay conducted censuses in 1901 in order to examine their strategies of separating Europeans from native people.

Second, the volume examines the failures of colonial powers to effectively deal with contagion. As the contributors suggest, colonial medicine should be interpreted as a flaw, rather than a colonial tool. Historically, colonial authorities sought to control the spread of contagions and to maintain sanitary conditions in the colonies. However, colonial medicine only played a limited role within the colonial system. In chapter 7, Sunil S. Amrith stresses the case of Indian migration to Southeast Asia. Due to colonial authorities' fear of contagions, many Indian migrants were moved to emigration camps and plantations in Southeast Asia, which were "home to lethal contagions" (p. 157). As a result, Indian migrants suffered extremely high rates of mortality. In French Indochina, due to decisions made by French authorities, the local population "never ha[d] full access to state quinine" (p. 211). In addition, as Pomfret describes, in the colonies, European women and children, who "were often defined in terms of vulnerability," also occupied liminal positions in their motherland (p. 81).

Finally, the collection introduces the importance of multiple stakeholders in colonial contagion control. The contributors question the perception that colonial authorities shared similar ideologies with other stakeholders. Instead, they show that that there were competing ideologies among stakeholders. In other words, the situations facing colonial medicine were much more contested than people typically acknowledge. For example, European residents, native peoples, colonial doctors, and other stakeholders "sought to rationalize their priorities as those served society's best interests" (p. 18). In Hong Kong, as Chu argues, multiple forces shaped colonial medicine and policy practice to some extent. For instance, the anticolonialism and nationalism movement in the Indian interwar period (1918-39) had an impact on colonial medicine and relevant policy practices. In addition, Ruth Richardson focuses on colonial doctors represented by Henry Vandyke Carter, who studied "the diseases of the local poor," and had "little interest in developing a large private practice among the colonial/imperial elite." In contrast with colonial authorities, Carter "was significantly ahead of his time" (p. 177). Ironically, the contributors verify that truth always rests with the minority (e.g., Carter).

In short, *Imperial Contagions* not only makes important theoretical and empirical contributions to the literature of colonial history and public health in Asia, but also broadens general readers' comprehension of colonial medicine and the relevant policy practice in British and French colonies. Ultimately, it will be of great value to scholars, students, and activists interested in international studies and colonial history.

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