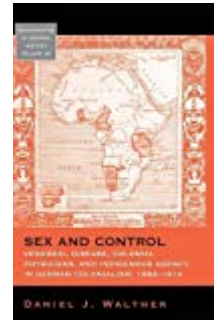


**Daniel J. Walther.** *Sex and Control: Venereal Disease, Colonial Physicians, and Indigenous Agency in German Colonialism, 1884-1914.* Monographs in German History Series. New York: Berghahn Books, 2015. 183 pp. \$80.00, cloth, ISBN 978-1-78238-591-2.



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Concern about public health—particularly sexual health—featured prominently in European colonialist projects in the decades before World War I. Pioneering work by Philippa Levine (*Prostitution, Race and Politics: Policing Venereal Disease in the British Empire* [2003]) and Philip Howell (*Geographies of Regulation: Policing Prostitution in Nineteenth-Century Britain and the Empire* [2009]) have shown that authorities perceived in prostitution and venereal disease a unique, racialized threat to British colonialism. Daniel J. Walther’s “biopolitical and comparative” study continues this historiographical line of inquiry (p. 2), asking similar questions about the regulation of prostitution and venereal disease in the German colonial setting. Walther has published extensively on culture and colonialism in the German Empire. The present study is his second monograph, a follow-up to *Creating Germans Abroad: Cultural Policies and National Identity in Namibia* (2002). The present book is a welcome contribution to the burgeoning scholarship on German colonialism and should count alongside

the work of such scholars as Brithe Kundrus and Lora Wildenthal in demonstrating the centrality of gender, sexuality, and race as fundamental categories and tools of German colonialism.[1]

Walther incorporates evidence from all of Germany’s colonies, arguing that doctors’ relatively uniform responses to venereal disease across colonial contexts outweighed local differences. It rests primarily on archival records from the German Colonial Office and from local colonial administrations, as well as published medical literature from the period. Walther makes the compelling case that among diseases, “none was perceived to be as universally threatening as venereal diseases to the foundations of German colonialism” (p. 53). From the advent of formal colonialism in 1884 through the outbreak of war in 1914, we learn, German medical doctors working in the colonies initiated “modernizing” normative and surveillance measures to combat venereal disease. At first, they focused on educational programs to replace indigenous knowledge and prac-

tices with scientific discourses on sex and disease. As venereal disease continued to spread, however, they turned increasingly to “broader and deeper” surveillance measures (p. 134), such as forced treatment. Walther carefully reads medical reports and doctors’ shifting strategies to reconstruct indigenous agency, finding individual responses that ranged from embracing free medical care to dodging physicians’ disciplinary reach.

In addition to his biopolitical reading of venereal disease in the German colonies, Walther also offers two comparative arguments. First, he compares colony to metropole, finding that, while physicians pursued similar goals to combat venereal disease in Germany and its colonies, racial discourses allowed colonial doctors to “require more bodies to submit to medical supervision than was possible in Germany” (p. 2). *Sex and Control* is thus an important follow-up to Lutz Sauerteig’s authoritative work on the history of venereal disease in the metropole, *Krankheit, Sexualität, Gesellschaft* (1999). Specifically, Walther broadens Sauerteig’s frame of reference, suggesting that German colonialism was part of the deep historical context for the landmark 1927 Law for Combatting Venereal Disease. Walther also sets out to compare German and British efforts to regulate venereal disease in the colonies, claiming that German efforts were more intense than those of the British. Although doctors in both contexts focused on prostitutes and military personnel, German doctors went further by surveilling and regulating non-European workers who were considered critical to white rule.

*Sex and Control* is organized into three thematic sections: context and background, venereal disease in the colonies, and efforts to fight venereal disease in the colonies. Walther first provides an overview of physicians’ role in medicalizing German society and debates about public health in the context of urbanization and industrialization. He highlights the prominence of bourgeois anxieties about prostitution and venereal disease

in this process. Chapters 2 and 3 explore male colonial sexuality and colonial prostitution, respectively, identifying the racial boundaries of acceptable forms of intimacy, as well as the social and demographic reasons why men engaged prostitutes and why women took up paid sex work.

As German authorities and physicians turned their attention to the threat of venereal disease in the colonies, they mobilized statistical methods on a broad scale. This form of “surveillance” is the subject of the book’s second part. In 1897, at the request of the Colonial Office, the Imperial Health Office centralized the process of data collection and publication on venereal disease in the colonies. Statistical categories and the data they came to describe, “objectified [colonial] populations both medically ... and racially” (p. 73). Chapter 4 sketches colonial authorities’ views of venereal disease’s economic, military, and public health threats, while chapter 5 reconstructs physicians’ detailed statistical analysis of the issue. Walther explains the significance of data collection in chapter 6, arguing that statistical categorization constructed racial and medical categories, which shaped the way that physicians and colonial officials approached prevention and treatment.

The final section traces the evolution of German methods to combat venereal disease in the colonies, as well as indigenous responses. Chapter 7 briefly outlines educational initiatives and efforts to distribute prophylactics. We learn in chapter 8 that colonial officials increasingly expanded the use of mandatory examinations, above all for prostitutes, but also for German military personnel and non-European workers, porters, traders, and merchant sailors. Doctors were particularly concerned about East Asian migrants and sailors who were brought in to work in the colonies. Processes of diagnosis and forced treatment are the subjects of chapter 9, including colonial physicians’ use of experimental new drugs, such as Salvarsan, to treat syphilis. Chapters 10 and 11 explore the diverse ways that indigenous people re-

sponded to educational initiatives and medical surveillance techniques. Walther argues that, despite a wide variety of challenges to their efforts, including a lack of sufficient personnel and facilities, colonial administrators interpreted failures to halt the spread of venereal disease through a racial lens: the “indifference or indolence” of non-European peoples, they believed, was the primary cause for noncompliance (p. 126).

Walther’s incorporation of detailed statistical material, including eighteen tables in the appendix, in support of his broader cultural and political arguments, will be cheered by social and medical historians. This strength, however, also proves to be a weakness, especially in terms of presentation. The fifth chapter, in particular, reads like a statistical report. All but the most determined specialists will find it to be quite a slog. Representing this data graphically would have made it more compelling, particularly as the chapter provides a necessary backdrop to the following chapters’ arguments about the racialization of statistical categories in the colonies.

In addition, comparative and transnational historians will likely be dissatisfied with this book. Walther uses scholarship on the British colonies to briefly compare German and British colonial regulation of venereal disease in the introduction, at the end of several chapters, and in the conclusion. Yet a more explicit comparative framework, perhaps with a chapter devoted to the subject, would have substantiated this aspect of the book’s argument. Furthermore, I wonder if the approach of Deborah Neill’s recent work on transnational networks in tropical medicine (*Networks in Tropical Medicine: Internationalism, Colonialism, and the Rise of a Medical Specialty 1890-1930* [2012]) might apply in the German colonial context. Since tropical medicine developed through transnational exchanges in this era, what contacts did German colonial doctors have with their counterparts in British, French, or other colonial contexts? Did these interactions shape

their approach to fighting venereal disease in the colonies? More convincing, however, is Walther’s comparison of colonial and metropolitan medicine and his argument that “in the colonial setting, doctors were able to go beyond what their colleagues at home could do” (p. 4).

*Sex and Control* is a significant work of scholarship that demonstrates German authorities’ deep and abiding concern about venereal disease in the colonies. Readers interested in the histories of German colonialism, sexuality, gender, and medicine will find much to admire here. Ultimately, Walther has shown that sex and health were central elements of foundation of the German colonial project, functioning to uphold the line between metropole and colony, between the self and the racialized other.

#### Note

[1]. Birthe Kundrus, “Transgressing the Colour Line: Policing Colonial ‘Miscegenation,’” in *Gender History in a Transnational Perspective: Networks, Biographies, Gender Orders*, ed. Oliver Janz and Daniel Schönpflug (Oxford: Oxford University Press, 2014), 219-242; and Lora Wildenthal, *German Women for Empire: 1884-1945* (Durham, NC: Duke University Press, 2001).

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