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Stephen Snelders. *Leprosy and Colonialism: Suriname under Dutch Rule, 1750–1950.* Manchester: Manchester University Press, 2017. 264 pp. \$110.00 (cloth), ISBN 978-1-5261-1299-6.

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Leprosy and Colonialism: Suriname under Dutch Rule 1750-1950 makes a welcome addition to the substantial, but by no means exhausted, field of the social history of leprosy. As author and historian Stephen Snelders has proven, the responses of societies to the presence of leprosy, real or imagined, are deeply revealing about those societies themselves: their economic and political structures, their gender, class and race relations; and their dominant medical and religious beliefs. Suriname, a small country on South America’s northeast coast, was a colony of the Netherlands for most of the period between 1667 and 1950. It was also a plantation society, with labor provided first by the African slave trade and then by indentured workers from China, Java, and India. As the site of an increasing culturally and ethnically diverse migrant population, Suriname makes for a particularly interesting case study of the history of leprosy policies and practices.

The book is divided into two parts, representing different chronological periods. The first traces developments in leprosy policy from the middle of the eighteenth century with the initial discovery of leprosy in Suriname and ends in 1863 with the cessation of the Dutch slave trade. Because the majority of sufferers were African slaves, the control of the disease was of immediate concern to the Dutch colonists who feared its impact on the labor force and plantation economy. They believed the disease had been imported on the slave ships from Africa and that the perceived sexual and hygiene habits of the Africans played a part in its transmission. This racial framing of the disease continued to shape its management by the colonial authorities, doctors, and missionar-

ies over the successive years. From 1761, the first of a series of laws restricting the freedom of leprosy sufferers was passed and in 1791, Suriname established its first “leprosy asylum” for their isolation.

The second part takes readers into the “modern colonial state,” covering the period from 1863 to 1950, when self-government occurred. Although compulsory segregation continued through this time, policies were partially relaxed. By the turn of the twentieth century, Batavia, a Catholic asylum opened in 1825 in a remote jungle area, was replaced by three new facilities near the capital city that enabled patients to choose between a Catholic, Protestant, or state-owned facility. Also by this time, there was closer engagement by Suriname doctors and public health officials with international trends in leprosy management and treatment. For example, Snelders discusses the influence in the 1920s of renowned British leprologist, Sir Leonard Rogers (1868-1962), on new medical treatments and more humane policies.

In each of the two parts, a chapter is devoted to exploring the leprosy asylums of their respective time periods to contextualize the ways policies played out in the lives of the inmates (chapters 4 and 9). Each part also includes a chapter (chapters 3 and 8) that addresses traditional Afro-Surinamese beliefs about leprosy causation and methods of treatment and, briefly, in chapter 8, those of Indians and Javanese. These sections make an interesting and relevant addition to the topic and, as Snelders intended, assist in balancing the “top-down” perspective dominating the book. Every chapter begins with an introduction and ends with a summary of its content. This

is very helpful, especially for readers using this book as a reference.

Few colonial leprosy histories venture into time periods earlier than the late nineteenth century. By examining a time frame stretching back to the eighteenth century, Snelders provides some insightful contributions to the historiography. His work disrupts the seminal theory of scholar Zachary Gussow in his work *Leprosy, Racism and Public Health* (1989). This posited that the modern stigmatization of leprosy occurred in its “discovery” in the late nineteenth to early twentieth century among native peoples by missionaries and modern European colonists. The social exclusion and racial stereotyping of leprosy sufferers in Suriname in the eighteenth century and the delegation of their care to missionaries from 1825 suggests the stigma had a much longer and continuous genealogy in European history than this longer-standing historiography suggests.

Another important and related point raised in this work is that Suriname doctors’ ideas about leprosy aetiology developed almost in isolation from the Dutch metropole and the rest of Europe. From the eighteenth century, doctors in Suriname assumed that person-to-person contact was an important element in an individual’s affliction with the disease. The rise of the heredity theory in Europe after the second half of the nineteenth century, then its eventual displacement by the contagion theory by 1897, “passed Suriname by” (p. 137). We are reminded of the long experience of leprosy in this country by the end of the nineteenth century, and the opportunities for empirical study, unlike in most of Europe. One of the strongest features of this book is Snelders’s detailed and astute discussion of the different medical theories, the individual doctors who subscribed to them, and the contemporary international debates. The story of father-and-son medical duo Charles Landré and Charles Louis Drogmat Landré and their public repudiation of the theory of heredity was especially fascinating.

In the chapters dealing with the leprosy asylums, Snelders demonstrates the centrality of discipline to the

management of leprosy sufferers, showing it was given particular emphasis in the facilities overseen by Christian missionaries. These chapters also highlight the agency of the inmates as they resist attempts to discipline or confine them. But they give scant attention to the healthcare provided within those asylums. This was confusing because Snelders set up the reader’s expectation that this would be explored. We learn that at Batavia, medical treatment was not introduced until the 1850s, but what it consisted of is not revealed. A paragraph opens with the statement that the resident priest’s “resources were limited when it came to nursing the sufferers” (p. 107), but then goes on to discuss discipline. Even when the modern twentieth-century institutions staffed by nurses are addressed, Snelders fails to explain the kind of day-to-day healthcare they dispensed, apart from a brief section on experimentation with new drugs. Did the availability of sources dictate the content? It may have been much easier to find records of inmates’ violations of the rules than evidence of nursing care in government archives, given the anxiety the former would have aroused.

An array of intriguing and important characters appears in this history but, disappointingly, they mostly remain mute, silenced by Snelders’s third-person representations of their views and ideas. The primary material listed in the footnotes includes a tantalizing selection of witness statements, letters, reports, and interviews, so the scarcity of direct quotations in the book is puzzling. This might have been a powerful way of bringing in the perspective of those occupying the lower ranks of society, as Snelders’s stated was his wish. Similarly, the inclusion of images might, for example, have been beneficial to provide a sense of the conditions in which leprosy sufferers lived, or even to add interest to the text.

Snelders has produced a work that is thoroughly researched, strongly argued, and lucidly expressed. Since almost all of the primary, and many secondary, documents are in Dutch, readers who are only literate in English can be grateful to him for the opportunity to access this rich and fascinating history.

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