H-Net Reviews
in the Humanities & Social Sciences

Leo van Bergen. *Uncertainty, Anxiety, Frugality: Dealing with Leprosy in the Dutch East Indies, 1816-1942.* History of Medicine in Southeast Asia Series. Singapore: National University of Singapore Press, 2018. 316 pp. $36.00, paper, ISBN 978-981-4722-83-4.

Reviewed by Charmaine Robson (University of New South Wales)

Published on H-Disability (October, 2021)

Commissioned by Iain C. Hutchison (University of Glasgow)

In his history of leprosy in the Dutch East Indies, Leo Van Bergen surveys the long time span from 1816 to 1942 and different areas across the vast archipelago, from Aceh at its northwest tip to the Maluku Islands (formerly the Moluccas) in the East. While rule by the Netherlands was the constant throughout this period, the cultural, economic, and political variegations within the colony inflected local practices and policies with respect to leprosy and served to limit any consolidated responses by the state. Policy change in governance and major international shifts, such as the Christian missionary movement, the Chinese laborers' diaspora, and changing ideas about disease causation, were some of the factors that played a part in how leprosy sufferers were managed. But Van Bergen's analysis does not stop at tracing action of such forces, because, equally, he is interested in inaction, the instances in which, despite undergirding pressures, definitive new policies were not instigated. And it is this inaction that seems key to unlocking the strikingly unconventional title of the book, *Uncertainty, Anxiety, Frugality*. Indeed, the title helps to answer a question central to this study: why did the Dutch East Indies, unlike many other countries, including the Netherlands' colony in Suriname, never introduce mandatory isolation for leprosy sufferers? One reason, Van Bergen explains, was that the West Indies was a slave-based society, unlike its counterpart in the East.

The first chapter is a brief foray into the seventeenth and eighteenth centuries, tracing early cases of leprosy and their isolation in leper colonies by the Dutch East India Company. The book then moves to the first few decades of the early nineteenth century to focus on the beginnings of Dutch colonial control. Almshouses and leprosy colonies established in this period generally had poor conditions and, in reality, were more a means of shutting away the maimed and mendicant from society than a means of protecting its health. Leprosy, although considered communicable, was seen as a disease of the indigent and uncivilized. Europeans and the wealthy were spared the ordeal of removal from society. But there was also a diversity of attitudes toward leprosy sufferers and understandings of their condition in different places, and the chapter explores these among Western physicians, Muslim residents, and indigenous people.

By the mid-nineteenth century, the theory of heredity was overtaking older beliefs in the contagiousness of leprosy, even if debates on the subject continued. As a result, fears, especially for the health of Europeans, were dispelled. The government then stepped away from responsibilities for

housing leprosy sufferers, which was a cost-saving measure and provided a veneer of benevolence. As the century drew to a close, following international advances in bacteriological science, the contagion theory once again gained traction. Van Bergen argues, however, that it was not science, nor in most cases the real numbers of leprosy sufferers, that ignited panic in the East Indies public and led to demands for compulsory isolation legislation. Much of the fear was drummed up by newspapers and fueled further by the increased movement of migrants in the colony, especially Chinese workers, who were regarded, as in other countries around this time, as the purveyors of leprosy.

Although this climate of panic did not lead to the passage of mandatory isolation laws, in 1907 leprosy was declared officially to be a contagious disease. The other response by government in this period was to outsource the care of leprosy sufferers to Christian charities and churches, one argument being that it would encourage people to enter leprosy institutions willingly. Unsurprisingly, this was not so much the case for those in such places as Deli, a town in Sumatra with a predominantly Muslim population. Van Bergen stresses that leprosy colonies varied widely in their conditions and systems of care, but many focused on "proselytizing and labour management," to quote part of the title of chapter 5 (p. 133). Two examples are explored in some detail: Donorodjo on the coast of Java, run by Baptists, and Pulu Sitjanang, in Medan on the island of Sumatra, owned by the Salvation Army. This discussion includes some interesting contrasts and demonstrates the irrelevancy of the East Indies' government ethical policy for residents of some of the harshly run leprosy facilities in the early twentieth century. Despite the absence of a colonial isolation law, people were brought to Pulu Sitjanang by police, subjected to strict discipline, and forced to work by military authorities, which oversaw operations. At Donorodjo, Christian conversion and Western education were attempted in order to "civilize" the patients. As well, the facility was set up as a Javanese village in which patients were expected to live as normally as possible, and to labor for their own subsistence and tend to each other's nursing requirements.

Chapter 6 examines the aims and work of two short-lived secular, private organizations, the Society for Combatting Leprosy in the Dutch Indies (VtBL) and the Orange Cross during the second decade of the twentieth century. The former consisted of physicians whose approach was to prioritize care through district nursing services so that patients could remain at home, supplemented with small local clinics. Leprosy colonies would only be used for those who could not be cared for in their own houses, with admission purely voluntary. Both organizations declined by the 1920s, mainly due to lack of government financial support.

Little information is given on nursing and medical interventions by the Christian and secular organizations covered respectively in chapters 5 and 6, perhaps because the book's focus is public health policy and the management of leprosy patients. However, with the phrase "the care of the sick" in its title, something more might be expected of chapter 6. The standard medication for leprosy around the world from at least the 1920s until the late 1940s was chaulmoogra oil; various other medicines were also given, as were other kinds of therapies. Chaulmoogra is mentioned briefly as supplied by the VtBL, but neither this treatment nor any other is discussed with respect to the leprosy colonies run by Christian organizations. Yet we can infer it was provided, first by the fleeting references to nurses and, second, from the statement that, around the 1920s, Donorodjo "was transformed into a treatment centre, including a hospital ward" (p. 155).

The final chapter documents invigorated efforts by the government to tackle leprosy after establishing the Public Health Service in 1920. Rising nationalism in the 1930s gave stimulus to this initiative, and we learn of one of its leading figures,

Moluccan doctor and nationalist Joseph Batista Sitanula, who styled himself as an "Indonesian." A greater focus on treating the leprosy patient came to prevail as the efficacy of the agent, chaulmoogra oil, was hailed internationally, and research and training institutes were set up. However, due to the expenses associated with these measures, prevention became the main goal for government and plans were put in place to introduce a leprosy ordinance in 1925. But ultimately it failed to pass, hindered by such arguments as the expense of its implementation, the inappropriateness of applying a one-size-fits-all model, and resistance by the indigenous. The last part of the chapter is a fascinating discussion of the debates among doctors about leprosy policy in the Dutch East Indies in the 1920s and 1930s, including by the delightfully named Doctors Flu and Lampe. We learn of the work and views of Sitanula and other Indies doctors and how their roles became highly politicized in the context of the struggles for Indonesian independence. The book ends before the Second World War, a war that spelled the end of Dutch colonialism and the beginning of effective treatment for leprosy.

Uncertainty, Anxiety, Frugality emerged from a history of medicine course at Vrije Universiteit Amsterdam. It has been thoroughly researched using a wealth of archival sources and is highly attuned to the historiographical particularities on colonial-world leprosy. The book is neatly organized into seven chapters plus an epilogue, each with succinct introductions and conclusions. Doubtless, it was a challenge to distill and explain the disparate responses to leprosy in the East Indies over the long time frame and then to situate the findings in the wider contexts of Dutch colonialism and European medical science—a challenge that Van Bergen has met with this excellent study.

Citation: Charmaine Robson. Review of Bergen, Leo van. *Uncertainty, Anxiety, Frugality: Dealing with Leprosy in the Dutch East Indies, 1816-1942.* H-Disability, H-Net Reviews. October, 2021.

URL: https://www.h-net.org/reviews/showrev.php?id=55960