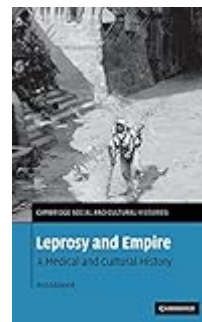


Rod Edmond. *Leprosy and Empire: A Medical and Cultural History.* Cambridge: Cambridge University Press, 2007. x + 255 pp. \$90.00 (cloth), ISBN 978-0-521-86584-5.



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There has been renewed interest in leprosy and its stigmatization in the wake of the AIDS pandemic. But since the 1970s leprosy had already enjoyed (somewhat intermittent) attention from historians investigating the link between representations of disease and the social body. In the wake of path-breaking analyses by Mary Douglas and Michel Foucault,[1] most of these works have focused on the link between leprosy, othering, and political marginalization. The basic premise in most studies is that leprosy has been a metaphor for social and moral disorder, sketching the boundaries of inclusion and exclusion in society, at least in European thought since medieval times.

As in other areas of medical history, work on the history of leprosy has been characterized by sweeping waves of literary metaphors at one disciplinary extreme and finely drawn studies of specific historical case studies (mainly leprosaria) at the other. The sweeping certainties provided by the former seldom sit completely comfortably with (and sometimes even ignore) the complex historical record. It is therefore refreshing to see a book attempting to develop a broad account of the history of leprosy stigma in the heyday of the British Empire by using a range of specific historical analyses.

Rod Edmond describes himself as a “literary-cum-

postcolonial critic” who nevertheless views metaphoric play with suspicion (p. 16) and is explicitly trying to develop a more nuanced, historically informed understanding of how leprosy has been represented in the colonial context (p. 15). *Leprosy and Empire* traces the history of leprosy stigma between about 1770 and 1920, searching for a “conflicted genealogy” of leprosy stigma across a broad span of European colonial encounters, from Hawaii to Australia, New Zealand and the Cape, and how these played out in Europe.

The debates in the field are largely about the extent of continuity or discontinuity in the process of leprosy stigmatization and the politics behind the specific historical forms it has taken. The historical meat turns mainly on the shifting relationships of representations of leprosy to other forms of stigma or discrimination (for example, racism), and relationships with broader political or economic struggles. Colonial medical historians debate how the management and perception of leprosy links to colonial fears and power relationships, and explore the question of local agency, the relationship between colonial and indigenous perceptions of leprosy, and colonial medicine as a tool of empire. More recently, historians have also begun to investigate the experience of being in a leprosarium.

In a strong introductory chapter, Edmond argues that there was both more historical continuity and more ambivalence in European stigmatization of leprosy than other authors such as Foucault or Zachary Gussow suggest.[2] He points to the fact that leprosy did not disappear culturally or epidemiologically from Europe between the medieval period and the nineteenth century, and that there were some quite positive representations of the “leper” in nineteenth-century mission and medical texts. Edmond alludes to the sexual and dietary as well as racial associations with leprosy, highlighting important dimensions of representations of leprosy that have sometimes been overshadowed in colonial historians’ preoccupation with the politics of racism. Edmond decries the lack of a colonial perspective in Foucault’s work, but understands that one cannot simply “add” the colonial experience to the picture. He seeks an interactive model to describe the relationship between center and periphery, challenging what he sees as Paul Gilroy’s rather simplistic model for the influence of colonial “camp thinking” on the development of Nazi concentration camps.[3]

In the first of six succeeding chapters, Edmond then covers the emergence and racialization of British concern about leprosy through literary and medical writing, starting with Johann Reinhold Forster, a German-born scientist on Cook’s voyage in the southern Pacific in 1772-75 and ending with the 1867 Royal College of Physicians’ Report. The 1867 Report stated that leprosy was not contagious (no compulsory segregation of “lepers” was needed), but that it had hereditary dimensions (necessitating gender segregation within leprosaria), and that it mainly affected colonial subjects, posing little risk to European colonizers. In the second chapter, Edmond traces the transition in scientific thought towards a view of leprosy as contagious, including the discovery of the *lepra* bacillus in 1873, and in 1899, far more conclusively for British medics, the death of Father Damien, a white missionary in Hawaii, from leprosy.

In the next chapter, Edmond links the rising European concern about their susceptibility to leprosy and “tropical disease,” and fear of degeneration to their need to “preserve identity by sealing the metropole and the colonizer from the world they were colonising” (p. 142). Edmond’s examples of leprosaria in the late nineteenth and early twentieth centuries do not however all come from tropical climes. Robben Island leprosarium is the South African example referred to in the book’s fourth chapter, on island leprosaria. In the next chapter, he discusses the broader history of segregation in the colonial context, although he neglects some earlier examples of

military and medical racial segregation. In the final chapter, Edmond provides a literary analysis of writers’ accounts of visits to leprosaria that highlights the complex, layered content of leprosy stigma at the time.

The book sets out to provide a general but nuanced, historically informed account of how leprosy has been represented and managed by European doctors, administrators, and writers in the British colonial context. The author successfully brings together some of the current work on the subject—mining the insights of excellent historians such as Michael Worboys, Ann Stoler, Jane Buckingham, Alison Bashford, and Mark Harrison. He offers some interesting comparisons in the discussion of segregation, and reveals the layered and complex representations of the “leper.” He also brings together the various critiques chipping away (with good reason) at the broad models and trends sketched by people like Erving Goffman, Douglas, and Foucault. If it is possible to develop a sweeping thematic narrative of leprosy, stigma, and empire in the nineteenth century, however, the book does not definitively provide it. Ultimately, it reads more like a series of essays on linked but slightly different topics that touch on important aspects of the problem.

It would perhaps have helped to have a stronger concluding chapter, and clearer integration of the themes raised in the book. For example, I would have liked to see greater thematic integration of the different case studies in chapter 4, prefaced by general comments about the perception and management of colonial leprosy outside of the island leprosaria chosen as case studies. One of the benefits of this exercise being done by a literary specialist is the weaving together of analyses of literary and medical texts, but the literature in chapter 6 could have been thematically better integrated into the volume. There is also no bibliography.

The sequences and trends identified in Foucault’s work provide many of the general questions raised in the book, and in the field more generally. Although Foucault’s specific findings have been critiqued by many medical and colonial historians, his general perspectives on the relationship between knowledge and the technologies of power can still be useful. We need more historians to conduct systematic reviews of historical evidence from various geographical locations see how these case studies fit with the models and trends in the work of Foucault and others. But we also need to ask ourselves why we are asking certain questions and not others, what constitutes a “good fit,” and what it might mean in a different historical context.

It has been difficult to “prove” trends such as the shift from institutionalization as exile to institutionalization as self-discipline by providing detailed historical evidence, both in the colonial context and in the metropolitan one. This requires data on intentionality, institutional practice, and the experiences of inmates. And if such evidence can be found, it is easily parried with counter-examples (which could be termed evidence of resistance). Should general models like Foucault’s be discarded when they fail to fit the evidence, or are they models that helpfully explain the bigger picture—models that modernizing society might have unconsciously striven towards but never realized? And if the colonial experience offers such a “loose fit” for Foucault’s European models and trends (p. 175), why do we continue to use them as a major reference point in understanding colonial leprosy, as this book has done?

One minor example of this problem is to be found in chapter 4 of the book. In his examination of the roots of modern European society, Foucault showed us how institutionalization and social exclusion of criminals and the insane in the nineteenth century built on medieval models for the exclusion of “lepers”: the asylum replaced the lazar house in society and the social imagination as leprosy declined. Edmond states, on the basis of the Robben Island experience—in which the leprosarium became more important than the mental asylum in the 1880s—that Foucault’s sequence was “reversed” at the Cape (p. 156). In the first place, this is not necessarily true: white patients from the asylum at Robben Island were simply shifted to a (new) mainland asylum in 1891 and the reversal in importance of the two institutions at Robben Island is not a general characteristic of the situation in the Cape. In the second place, even if leprosia at the Cape became as important as mental asylums by the 1890s, this was in a very different situation to Europe, where the incidence of leprosy had declined. In the overheated atmosphere of the period, “lepers” were being picked up all across the Cape for incarceration. So what then, does it actually mean if Foucault’s sequence is reversed or modified at the Cape? Is it simply because

there was more leprosy in the Cape than in nineteenth-century Europe, or is there a deeper politico-cultural explanation? Does compliance or non-compliance with Foucault’s specific sequence actually help us to understand the colonial encounter with leprosy?

A final word on terminology. Edmond justifies his use of terms “leper” and “leprosy” in the book (rather than the more politically correct “person with Hansen’s Disease” and “Hansen’s Disease”) by referring to the need for historical accuracy. Edmond is interested precisely in the negative connotations associated with the definition of “leper,” and persons thought to have leprosy in the nineteenth century, and indeed in medieval times, would not necessarily be classified as having Hansen’s Disease today. This is a good argument, in the sense that there is no equivalent acceptable term that is also historically accurate, and I have used that argument in earlier work of my own. Yet I now firmly believe that precisely because of the extremely negative connotations of the word “leper,” in analytical discussions we need some distancing from its long-standing and deep-seated negative connotations by using inverted commas or some such device. In the literature on race, by comparison, academics would not use insulting terms like the “N-word” in a discussion of racist thought without some distancing mechanism such as I have used here. The main difference is that in the leprosy literature, we do not have a reasonably neutral term that accurately encompasses the same group of people conceived of as “lepers” in the nineteenth century. Perhaps we need to pay some attention to developing one.

Notes

- [1]. Mary Douglas, *Purity and Danger* (Harmondsworth: Penguin, 1970); and Michel Foucault, *Madness and Civilization* (London: Tavistock, 1979).
- [2]. Zachary Gussow, *Leprosy, Racism and Public Health* (Boulder: Westview Press, 1989).
- [3]. Paul Gilroy, *Between Camps* (Harmondsworth: Allen Lane/Penguin, 2000).

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