

incidence of mental illness in Zimbabwe and to the state's inability to provide decent mental health care.

Surfacing up is a damning indictment of the practice of psychiatry in colonial Zimbabwe. It is forcefully written. This contributes to the book's strength, but on occasion Jackson overplays the power of both western psychiatry and of colonialism in Southern Africa. It is certain that the majority of the mentally ill never came to the attention of the colonial authorities and that indigenous African therapies remained the most frequently utilized forms of treatment throughout the colonial era. Colonial "surveillance" and "the medical gaze" were patchy at most. Colonial psychiatry enjoyed little prestige and its practitioners were seldom influential. Moreover, and as Jackson shows, indigenous therapy management groups and techniques were sometimes powerless in the face of violent madness and, on occasion, families initiated the committal procedures. By the mid-twentieth century, then, psychiatric institutions were one option amongst several for the management of insanity both of and by Africans. Yes, psychiatry could be and often was a form of cultural imperialism, but whether it was always and only so remains a matter for debate.

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Sarah Hodges (ed.), *Reproductive health in India: history, politics, controversies*, New Perspectives in South Asian History, New Delhi, Orient Longman, 2006, pp. ix, 264, Rs 620.00 (hardback 81-250-2939-7).

This edited volume seeks to address the commonly held presupposition in the literature on reproduction, that pre-modern Indian women were agents of backwardness, in contrast to their modern counterparts. By focusing on the period from the 1850s to the 1950s, the book traces the change in the tenor of discussions on reproductive health, from the fixing of responsibility for the alarming rates of

maternal and infant mortality on the traditional midwife or *dai* to proposals promoting national efficiency by the time of Indian independence. The papers show that while actors and campaigns changed over the course of these hundred years, reproduction as a site for reform remained constant. David Arnold explores official attitudes towards population. Though there was concern about the nature and consequences of the rapid growth in population, at the same time there was caution in advocating birth control. Under funding and wide divergence between policy and implementation in the provinces prevented the introduction of health care for women, but in Madras, as in Bombay, it was local bodies which played a significant role in maternal and infant welfare schemes.

Barbara Ramusack's paper explains the ambivalence of women physicians toward contraception. While they articulated disparaging stereotypes of Indians and lower classes, they projected themselves as modern and contraception as science. Medical women's support for birth control was about lowering mortality rates, and social welfare programmes aimed at producing a healthy nation and at reducing population. Maneesha Lal shows how medical evidence came to be used in discussions on social reform, and the ideal female Indian citizen was fashioned as one unrestricted by purdah but still respectable and self-sacrificing. Hodges details the eugenics associations that flourished in the 1920s and 1930s, which then converted into family planning societies with a wider class base. Eugenics in India was about the need for effective contraception for the poor.

Supriya Guha focuses on reproductive health in Bengal, 1840–1940. While there were occasional disputes over which traditional practices were compatible with bio-medical practices, there was no argument over the necessity for providing medical relief during childbirth. In fact the conservatism of Bengali society came to be questioned by Bengali doctors rather than by colonial personnel, and, by the end of the period, medical care for women dealt a blow to traditional health

structures. Charu Gupta looks at the links between numbers, gender and communalism, by examining the debates on widow remarriage among Hindu “publicists”, in the colonial United Provinces. The Hindu widow was seen as a danger to patriarchy, and asceticism was considered her best course. But by the 1920s, gender politics came to be intertwined with communal politics and widow remarriage was advocated to prevent widows entering Muslim homes and increasing their numbers. Anshu Malhotra examines interventions by the middle classes in reproductive health in colonial Punjab. Some upper caste women undertook the hitherto polluting work of attending at childbirth, to become midwives to middle-class women, who were seen as producers of masculine and muscular progeny. Besides, they shared colonial views about hygiene and cleanliness, and hence perceived themselves as being separate from lower castes and Muslims, served by the lowly *dai*. Anna Aryee comments on the debates between Mahatma Gandhi and Margaret Sanger on birth control. They differed on the means and ends, but agreed that poor Indian women should be the recipients of birth control. The record of their meetings is appended as an archive.

The volume provides an analytical historical perspective, essential, as Hodges situates it in the introduction, at a time of concerns in the national and international policy arena about overpopulation.

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Thomas Abraham, *Twenty-first century plague: the story of SARS*, Baltimore, Johns Hopkins University Press, 2005, pp. viii, 165, \$24.95 (hardback 0-8018-8124-2); \$18.95 (paperback 0-8018-8632-5).

Thomas Abraham has presented us with a beautifully written book about one of the most recent public health threats to have been dreaded and reported on a global scale. As someone based in Hong Kong, with access to a range

of political and academic contacts in the region, he has been able to unearth material that might not have been available to the majority of readers; of particular note is the data relating to mainland China, where this disease appears to have taken root and then spread. The book contains a rich and path-breaking account of the identification, extension and troubled efforts at controlling SARS in the southern Chinese city of Guangzhou. Once collected, all this information—as well as the materials dealing with Hong Kong, the global-level responses to SARS and the work carried out with the causative virus in several significant laboratory locations—is deftly analysed and imaginatively converted into a quite riveting story. Across the regions surveyed, there are several moving portrayals of the travails and courage of many healthcare workers in the face of an unknown and terrifying disease. This is, therefore, a book that is likely to appeal to academics and non-academics alike; the ability to cater to a general audience is a major strength, as it is likely to inform a variety of audiences in the most beneficial of ways. This account can act as a splendid model for how authors can effectively engage with the public about matters of scientific and medical significance; indeed, Abraham, who teaches journalism, will leave readers much better informed about the skills of investigative research and incisive, polemic-free writing.

The donning of the historian’s hat, however, brings forth a slightly different perspective. This is a book that is best treated as an important collection of primary materials. I will, in fact, not be surprised if it is treated by future historians as a valuable piece of contemporary evidence, largely free of the taint of political machination and bias. But, I also suspect that many students and scholars of medical history will, in coming years, try and find material to test Abraham’s claims of almost over-arching levels of heroism and cooperation between medical and scientific actors during the SARS episode. The nervousness amongst governing circles in China and Hong Kong about the internal and