

to obscure the complexity and interconnectedness of the region's political, religious, and ethnic histories. Through the primary sources it presents, *Colonial Powers and the Ethiopian Frontiers 1880-1884* provides a timely antidote to any such ideological streamlining of the past. More generally, the book is a great advert for a genre — the well-contextualised collection of essential primary documents — that deserves to be expanded.

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Deconstructing Colonial Population Anxiety

Population Politics in the Tropics: Demography, Health and Transimperialism in Colonial Angola

By Samuël Coghe. Cambridge: Cambridge University Press, 2022. Pp. 317. \$99.99, hardcover (ISBN: 9781108837866); e-book (ISBN: 9781108943307).

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In the same year that *Population Politics* was published, the world's human population reached 8 billion people, engendering public debate about the role of population growth in the climate emergency, global security, and future geopolitics. Africa is at the forefront of these discussions, with some of the highest fertility rates in the world and some of the most vulnerable populations to climate change. Samuël Coghe's masterful study of population politics in Angola between 1890 and 1945 is a grounding reminder of the long history of population anxiety in the region. As population 'science' gained disciplinary and institutional ground in the twentieth century, population policies were increasingly presented as objective, unprejudiced, and ultimately benevolent, even if unpopular and harmful in the short-term. Coghe's book challenges this notion of objectivity by showing how population knowledge in Angola arose in the context of colonial concerns regarding the domestic supply and retention of labour, which conditioned the production and circulation of demographic data. Coghe frames this study as a transimperial history, showing how population anxieties and proposed solutions were fuelled and informed by interimperial exchange and comparison, and exposes their racist, gendered, and political underpinnings.

In Chapter One, Coghe considers why the sleeping sickness epidemic of the 1890s triggered fears of population decline in Angola, driven by the scale of the epidemic and a confluence of wider factors. The expansion of colonial control over the hinterland of Luanda during this time — and its potential economic importance — raised concerns about the ongoing supply of labour. Meanwhile the importance of Angolan productivity to Portugal's geopolitical and economic future had expanded throughout the nineteenth century following Brazilian independence in 1822 and the end of the Portuguese slave trade by mid-century. A mounting metropolitan lobby for a healthy colonial labour force and the disciplinary rise of tropical medicine also contributed to the high profile of the epidemic and the connected population fears.



Coghe describes medical research into sleeping sickness during 1890–1918 in Chapter Two, highlighting the role of Portuguese medics and the scientific evidence they gathered from patients in Angola in the international race to define the aetiology and find a cure for the disease. He analyses the networks and competition between imperial powers, which led to the institutionalisation of tropical medicine and the eventual discovery of effective chemotherapeutic agents. He uses the Angolan case to question the idea that specific national styles characterised colonial approaches to sleeping sickness, as described by Michael Worboys' in his influential 1994 article on East and Central Africa.¹ Worboys argued that British, Belgian, and German regimes variously favoured ecological, spatial, and medical interventions, arising from differences in their colonial structures and metropolitan priorities. Coghe shows that Portuguese colonialists were practical and responsive to local circumstances rather than having a fixed approach, and that they were also influenced by inter-imperial experiences. Whereas an ecological eradication approach was effective in Príncipe and emulated in Benguela, it was impractical in the northern areas of Angola where policies focussed on resettlement and drug use.

Chapter Three shifts into the interwar period, introducing the *Assistência Médica aos Indígenas* (AMI) — the 'Native Medical Assistance' programme — which the colonial government implemented in 1926 and integrated into the battle against sleeping sickness, leading into a wider system of healthcare provision and surveillance. The AMI scheme was 'shaped by processes of inter-imperial comparison and exchange' (110). Rising international critique of Portuguese imperial 'native' policy — especially with regard to labour conditions and health — and Portugal's increasing scientific marginalisation in the fight against sleeping sickness in the 1920s, galvanised the country to improve its reputation in this regard.

Driven by persistent fears of population decline, medical doctors shaped the AMI population surveillance infrastructure to improve demographic data collection — 'medical demography' (146) in Coghe's terminology, described in Chapter Four. The idea that population dynamics should underpin health policy was acknowledged across interwar colonial Africa and 'medical demography' developed across the region. Coghe questions why the resulting statistics have not been used more extensively by historical demographers; he answers his own question with reference to Robert René Kuczynski's demographic survey of British colonies, which showed the variability, unreliability, and overinterpretation of many of these surveillance programmes. Coghe describes how demographic 'knowledge' based on similar data in Angola oftentimes circulated more widely than the data quality justified. This chapter is physically and thematically at the heart of the book, showing how ideas about population, race, 'hygiene', and health entwined with extractive processes of tax and labour to produce a system of population surveillance. A central finding in Angola was the very high level of infant mortality and the perception that it was the loss of young life rather than low fertility which was driving population decline.

Anxieties about infant health triggered a host of interventions targeting infant and maternal welfare in the colony, which Coghe discusses in Chapter Five. Such interventions came later to Angola than elsewhere in the region, reflecting the relatively slow pace of institutionalised maternity care in Portugal compared with other colonial metropolises. In Chapter Five Coghe describes how these interventions were perceived and shaped by their recipients. While the colonial state preferred preventive health interventions and infant welfare education regimes inculcating European 'doctrines of motherhood', African women's demand for curative health services and institutional childbirth was evident in the success of certain initiatives. For example, Coghe describes how women's 'passive resistance' (196) to using the Benguela dispensary when its focus on was preventive services forced a change of policy in 1941 to incorporate curative care, which greatly increased its influence and popularity.

¹M. Worboys, 'The comparative history of sleeping sickness in East and Central Africa, 1900-1914', *History of Science*, 32:1 (1994), 89-102.

A strength of this book is Coghe's ability to discuss 'the population problem' and its interpretation and circulation in the round. Having described anxieties about fertility and mortality, in Chapter Six he turns to migration. In a fascinating analysis of provincial reports and correspondence, Coghe builds on a core theme of the book considering Angola as an embattled colony, prone to negative comparison and subversion by neighbouring colonial powers. Anxiety about porous borders leaking workers to neighbouring territories where taxes were lower and jobs were available, led to a series of initiatives in border regions. Officials sought to capture migration flows statistically and to incentivise against them through favourable tax schemes compared with neighbouring countries and by encouraging the establishment of mission stations, which offered educational and medical opportunities to compete with mission communities across the borders. Coghe describes the tensions between provincial officials and the central colonial ministry over migration, and — following another core theme of the book — shows how demographic information was collected, managed, and transformed to suit different agendas.

In his Epilogue, Coghe describes the shift in global population discourse about Africa from a fear of underpopulation in the interwar period, to growing concerns about rapid population growth and its proposed negative consequences for development post-1945. He shows how Angola largely sidestepped this wider 'discursive reversal' (250) right through to independence in 1975, due to the country's continuing relatively high mortality, low population density, demand for labour, and good soil productivity. Meanwhile, ongoing Portuguese pronatalism restricted the influence of population experts and international family planning agencies throughout this period, potentially — as Coghe concludes — with a lasting legacy for Angola's high fertility rate today.

This is a carefully researched monograph, with meticulous detail on how population knowledge and policies are constructed. It reveals important themes and processes in Angolan history and colonial historiography, while also carrying lessons for today when global population anxieties are again on the rise. Coghe shows that such anxieties — and the data on which they are based — need to be analysed to reveal their racialised, gendered, and political underpinnings before policies can be enacted to truly enhance human and planetary health.

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South Africa's Revolutionary Era

Spear: Mandela and the Revolutionaries

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Spear is a fine-grained reconstruction and revision of South Africa's revolutionary moment, a period starting in 1960, when '[m]uch seemed possible' (12), and ending with the 'catastrophe' (263) of the