Colonial Subjects of Health and Difference: Races, Populations, Diversities

Workshop Program
June 11-13, 2012
Max Planck Institute for the History of Science
Boltzmannstr. 22
Main Seminar Room

Monday June 11

14:00-14:30 Welcome, Intro
Sandra Widmer and Veronika Lipphardt, MPIWG

14:30-15:45 Keynote Lecture
Hermannsburg, 1929: Turning Aboriginal ‘Primitives’ into Modern Psychological Subjects
Warwick Anderson, University of Sydney

Coffee Break

16:00-18:00 Panel I
Diversities in Administrative Categories: Recruiting Labour and Defining Legal Status
Chair: Joanna Radin, Yale University

16:00-16:30 Indo-Europeans and Race-Mixing: Defining the “Indo” in the Dutch East Indies and Beyond
Hans Pols, University of Sydney

16:30-17:00 Classifying Colonial Subjects for Health Purposes
Julie Park and Judith Littleton, University of Auckland

17:00-17:30 Whose “Pleasant Island”? German Colonial Endeavours in Governing the Populations of Nauru, 1888-1914
Antje Kühnast, University of New South Wales

17:30-18:00 Discussion

Tuesday June 12

9:30-9:45 Reflections on Previous Day
Carlos Lopez Beltran, National Autonomous University of Mexico

9:45-11:15 Panel II
Diversities in Explanations and Method: Health Status of Populations I
Chair: Daniel Walther, Wartburg College

9:45-10:15 Cancer During the Colonial Period in Francophone Africa
Jean-Paul Bado, University of Aix-en-Provence
10:15-10:45 Race, Health and Colonial Politics of the Third Reich: the Nauck and Giemsa’s Expedition to Espírito Santo, Brazil, 1936
André Felipe Cândido da Silva, Federal University of Rio de Janeiro

10:45-11:15 Discussion
Coffee Break

11:30-13:00 Panel III
Diversities in Explanations and Method: Health Status of Populations II
Chair: Christine Winter, University of Queensland

11:30-12:00 Medical Missions - Racial Visions? Fighting Sleeping Sickness in Colonial Africa 1900-1940s
Sarah Ehlers, Humboldt University Berlin

12:00-12:30 Racializing Malaria and its Vectors: Producing Difference in Colonial and Military Medicine in the New Hebrides (Vanuatu)
Jean Mitchell, University of Prince Edward Island

12:30-13:00 Discussion
Lunch at MPIWG

Wednesday June 13

9:30-9:45 Reflections on Previous Day
Ricardo Ventura Santos, Federal University of Rio de Janeiro

9:45-11:15 Panel IV
Food Supplies and the Classification of Difference: Governing Populations, Nutrition and Political Economy
Chair: J. Emmanuel Raymundo, University of Pennsylvania

Maria Letícia Galluzzi Bizzo, Federal University of Rio de Janeiro

10:15-10:45 The Gender of Malnutrition in the AOF: Nutritional Science and the Evasion of Political Economy
Barbara M. Cooper, Rutgers University

10:45-11:15 Discussion
Coffee Break

11:30-13:00 Panel V
Difference and the Fertility of Populations: The Colonial Regulation of Reproduction
Chair: Samuel Coghe, European University Institute Florence
11:30-12:00 Low Fertility and the High Bride Price: Imbalanced Sex-Ratios, Human Variation and the Colonial Regulation of Reproduction in the New Hebrides (Vanuatu)
   Sandra Widmer, MPIWG

11:30-12:30 German Colonial Interventions into Birthing and Abortion Practices & the Quest for Control of Population in East Africa
   Daniel Bendix, University of Manchester

12:30-13:00 Discussion

13:00-14:30 Lunch

14:30-16:00 Panel VI
The Methodological Significance of Diversities: Statistics, Biomedicine and the (Re-)Making of Difference
Chair: Susanne Bauer, Goethe University Frankfurt a.M.

14:30-15:00 Racial Proximity, Anxiety of Empire: Biomedicine, Female Deviancy, and the Making of the Colonial Body in Korea under Japanese Rule (1910-1945)
   Jin-kyung Park, University of Toronto

15:00-15:30 Criminal Subjects of Knowledge: Race into Region in Twentieth Century Egypt
   Omnia El Shakry, University of California

15:30-16:00 Discussion

16:00-16:30 Coffee Break

16:30-17:30 Final Discussion
Katharina Schramm, Martin-Luther-University, Halle-Wittenberg
Warwick Anderson, University of Sydney

Workshop Dinner
Abstracts

Hermannsburg, 1929: Turning Aboriginal ‘Primitives’ into Modern Psychological Subjects
Warwick Anderson, University of Sydney

In 1929, the Lutheran mission at Hermannsburg (Ntaria), central Australia, became an extraordinary investigatory site, attracting an array of leading psychologists wishing to define the ‘primitive’ mentality of the Arrernte, who became perhaps the most studied people in the British empire and dominions. This is a story of how scientific knowledge derived from close encounters and fraught entanglements on the borderlands of the settler state. The investigators—Stanley D. Porteus, H.K. Fry and Géza Róheim—represent the major styles of psychological inquiry in the early-twentieth century. They wanted to evaluate ‘how natives think’, yet inescapably they found themselves reflecting on white mentality too. They came to recognise the primitive as an influential and disturbing motif within the civilised mind—their own minds. These intense interactions in the central deserts show us how Aboriginal thinking could make whites think again about themselves—and forget, for a moment, that many of their research subjects were starving.

Cancer during the Colonial Period in Francophone Africa.
Jean-Paul Bado, University of Aix en Provence

Although cancer research made considerable advances during the last decades of the twentieth century, for many years, cancer remained a neglected field of study, particularly among African populations. This ailment provoked considerable debate among modern medical specialists in Europe and in Africa. This essay explores these debates over the very existence and etiologies of this cancer, particularly primary liver cancer, in late colonial Africa. Some specialists embraced the myth of the “bon sauvage”, systematically denying that colonized African people could even suffer from cancers. Also, cancer was predominantly a disease of Civilization, afflicting only inhabitants of the “modern” world who had attained a particular level of development. But—as the myth went—people inhabiting Africa remained so far from Civilization that they were free of cancer. Only by achieving a certain level of Civilization could black Africans suffer from cancer: cancer was thus Western civilization's contribution to the African world. Other cancerologists disagreed with these claims, disputing both the rigor of methods and evidence used to deny the existence cancer in Africa. For these researchers, histologic tests sufficed to confirm the existence of cancer among Africans. On a fundamental level, such tests quite simply affirmed the humanity of Africans, when previously, this humanity was systematically and explicitly denied. Africans could be victims of cancer, because this ailment was born in the cells.

The paper traces the debates between these two camps during first four decades of the twentieth century. Through the historical debates over the existence and causes of cancers, the paper reveals modern medicine to be a hostage of its older colonial ideology, although researchers are seeking to rid themselves of these older blinders in order to sustain their scientific rigor. While reading the historian Pierre Darmon's book «Les Cellules folles », I realized that it would be necessary to revise my interpretations of population pyramids, particularly in relation to analyses of their relations to cancer. Besides malaria, and other illnesses to adult mortality in Africa, cancer and in particular primary liver cancer also affected population cohorts between 30 and 40 years old and contributed to the overall mortality and the shape of age pyramids in Africa, which in turn explains the low percentage of old people in the population of the tropics.

It is interesting to note the evolution of medical knowledge. Scientific medicine, through some physicians had many problems to abandon the colonial prejudices in their studies. More the proofs accumulated, more these prejudices resisted. Despite the existence of accumulating
data confirming local cases, colonial medicine rejected this evidence, by changing the postulate to obscure its errors. In order for this colonial ideology to be vanquished by scientific rigor, it had to confronted by indisputable proof. It should be noted that in French West Africa and French Equatorial Africa, epidemiological prospecting on canerology was insufficient and poorly organized. One might wonder the reasons for the existence of a theory between colonization and cancer, at least between Civilization and cancer. One line of analysis is to consider that cancer was perceived as a sickness of Civilization, that is to say a certain level of life based on development and progress, that which blacks in African were far from attaining. By denying their capacity to be victims of cancer without European intervention, the physicians wanted to enclose them in a «state of primitiveness» in which they would be completely unaffected by all illnesses affecting the cells. This return to a primitive state, that of the «bon sauvage» permitted the classification of human beings non only as a function of their skin color, but also by relations with illnesses that they could develop. The other idea to retain here was the fear of Civilization, the progress due to the Industrial Revolution and its consequences. This fear guided certain doctors in their opposition to Civilization, to perceive itself like a cancer.

In returning to these fundamentals, most notably the research on causal agents and other factors, medicine revealed itself as the real ally of colonized populations, particularly those of Africa. The illness disregarded any frontiers established across cultural concepts. Faced with numerous failures, researchers decided progressively to exclude factors absent from regions at high risk, so as to concentrate only on those encountered in all regions, particularly in western and southern Africa. Their identification and knowledge of their usage would in principle help to understand PLC. They could thus bring together a certain number of factors in common, which would provide new avenues of research. It was thus a question of finding ecological factors present in all regions concerned, to distinguish the role of food (peanuts contaminated by aflatoxin) or rations, to assess the precise action attributed to endemic parasites present in all regions, and to accentuate the research in place on bacterial and viral infections, long accused but never really reaching a conclusion concerning their implications. It was also a question of responding to a certain number of avenues of research, particularly those of racial predispositions, so as to dispose of them. What should we conclude from this historical study of cancer, particular primary liver cancer? For decades, this illness has claimed many human lives without anyone being aware of its existence. For a long time, cancer remained a low priority among colonial preoccupations, not only because there existed other priorities but also because of a long-standing discourse organized around its absence among uncivilized peoples.

**German Colonial Interventions into Birthing and Abortion Practices & the Quest for Control of Population in East Africa**
Daniel Bendix, University of Manchester

“Population” as a political and economic concept emerged in German colonial policy after the turn of the 20th century. In the context of international colonial reform debates, the Maji Maji War of Resistance, and changes within German's colonial administration, “population” for the first time became an object of interest for colonial administrators, physicians and missionaries in “German East Africa”. The official German statistics of the number of offspring confirmed “very low reproduction” and a “decrease” for certain areas and generally warned of an “Africa in danger of extinction”. Explanations given for a “population decline” ranged from culturalist reasoning to a problematisation of the colonial intrusion with its detrimental effect on people's living conditions. It was in this context that “women” emerged as a distinct category. German colonisers deplored East African women's "low societal status", the prevalence of certain “customs”, and the negative effects of “the new way of life" on “fertility” and “child health”. Two issues seem particularly worthy of scrutiny: the desire to have East African women deliver in biomedical health facilities or with assistance of biomedical health practitioners, and an anxiety
regarding the prevalence of abortions and abortifacients. German colonial debates centred on
an alleged “timidity” and physical peculiarity of East African women, assumed lack of
knowledge and skills of East African birth attendants, and “secrecy” around abortive practices.
Accordingly, interventions into the realm of birthing and abortion were contemplated and
enacted. This paper explores these narratives and practices to examines how East African
women and the sphere of reproduction were turned into objects of German colonial population
politics in the name of welfare and economic exploitation. It is based on archival data as well as
state and academic publications from 1902 until the end of German colonial rule.

Maria Letícia Galluzzi Bizzo, Federal University of Rio de Janeiro

In the 1930s, colonial governments directed attention to the nutritional condition of native
populations, due to concern with labour efficiency, need of calculation of rations and
international emphasis on nutrition. Owing to lack of several nutrients, African and Asiatic
populations commonly presented physical impairment. Most peoples were identified as "rice-
eaters", since rice was their staple food. Rice-diets became a central scientific focus. For
political reasons - since the use of international standards would result in condemnation of
almost all diets - natives were considered as 'different', with some differentiated
anthropometric and dietary standards being suggested for them. According to scientists, their
lower size and potentially diverse metabolism, along with the causes of famine, were due to a
mix of economical, social, and 'natural' factors. Some of the specialists created a separate
human biotypology, by taking the low height and weight of these 'smaller populations' as
'normal', which implied in lower dietary requirements. Researches accomplished encompassed
anthropometric and dietary surveys, biological experiments, and chemical analysis/modification
of foods. Except by one scientist, reformist measures were not problematized. Punctual
actions, based on 'practical possibilities', were suggested, with a view of ultimate improvement
at an unprecise future: changes in agriculture and in preparation of foods; food enrichment;
education; introduction of new foods. In practice, minor measures were undertaken. The same
scientists integrated the scientific elite in nutrition in the League of Nations and the FAO, both
conducting works in 'colonial' and 'tropical' regions, partially addressing the 'rice problem'. The
scientists in focus considered their colonial experience as a contributor to their scientific and
international abilities; they constructed a network linking colonialism and internationalism,
allowing circulation of constructs. As internationalism was intended to deal with the 'human
gender', some scientific controversies took place.

The Gender of Malnutrition in the AOF: Nutritional Science and the Evasion of Political
Economy
Barbara M. Cooper, Rutgers University

Nutritional issues came under intense scrutiny in the post-war period as newly emerging
international organizations placed pressure on colonial powers to protect the well-being of
imperial subjects. The UN was alert to the significance of nutrition in light of wartime
experiences, and flush with the prospect of surplus food aid. In the territories of French West
Africa research on food and nutrition was launched immediately after the war by a group of
researchers led by a military doctor, Leon Pales. The ambivalently named Organisme
d’enquête pour l’étude anthropologique des populations indigènes de l’A.O.F. Alimentation et
Nutrition, produced research running the gamut from studies of the physical characteristics of
the many ethnic “types” across French territories, to maps of disease incidence, to
psychological and intelligence tests among schoolchildren. My paper explores how infant
mortality was framed in the context of such a broad research enterprise whose primary goal
was to produce greater numbers of ethnically marked male laborers. This signal study,
credited with a role in the evolution of maternal and infant health in Senegal, had almost no
impact in my primary field site, Niger, because the study never addressed women’s significance in food production and transformation, because Niger was marginal to the economic focus of the FWA, and most importantly, because the of the “raciologie” that marked the program. The Mission Anthropologique’s emphasis upon literally measuring ethnic/racial groups meant that it tended to interpret nutritional problems as resulting from ethnically grounded cultural practices rather than from economics or political marginalization. The paper is based upon French colonial health documents housed at the Institut de médecine tropicale du service de santé des armées (IMTSSA) in Marseilles.

**Medical Missions - Racial Visions? Fighting Sleeping Sickness in Colonial Africa 1900-1940s**

Sarah Ehlers, Humboldt University Berlin

At the beginning of the 20th century, sleeping sickness epidemics broke out in different parts of colonial Africa. Rapidly escalating death tolls and the epidemic’s unhampered spread confronted colonial authorities with a danger they were unable to ignore. In the years to come, all concerned European colonial powers developed campaigns against the disease, combining immense medical efforts with authoritarian approaches towards the affected indigenous population. Dealing with the category of race in British, French and German campaigns against sleeping sickness, my paper pursues two lines of inquiry. First, I aim to discuss the racialized dimension of sleeping sickness research. With a symptomatology evoking ideas of passivity and lethargy, depictions of a distinctly African disease pattern flourished in the scientific journals, and beyond. This was particularly true in the first years of the epidemic when sleeping sickness was conceptualized as an exclusively African disease. Even when infections of Europeans became public and thus debunked this theory, distinct clinical pictures of Africans prevailed and led to distinct medical measures. Second, this paper examines entanglements between medical concerns and colonial governance. For all colonial powers, engaging with sleeping sickness shaped the perception of Africans as disease carriers. A testament to the potency of this perception can be found in travel restrictions enacted during the sleeping sickness campaigns. African mobility was considered the chief cause of spreading the disease and was thus increasingly circumscribed by legislation. Concluding, this paper sheds light on the ways racialized thinking, colonial politics, and medical measures informed each other. In this regard, the example of the sleeping sickness campaigns allows for reflecting on broader questions of the relationship between the category of race, colonialism and scientific knowledge production.

**Whose “Pleasant Island”?**

**German Colonial Endeavours in Governing the Populations of Nauru, 1888-1914**

Antje Kühnast, University of New South Wales

In 1888, the German Empire annexed Nauru as a colony and contracted the governing of the tiny Pacific Ocean island to a Hamburg trades company, the Jaluit-Gesellschaft. Initially acquired as a minor colonial asset, German rule during the first two decades was based on copra trade with the Nauruans. The few Germans on the island included colonial personnel, a Catholic missionary and traders for the Jaluit-Gesellschaft. The island was turned into a highly profitable asset through the discovery of phosphate in 1901. Five years later, the Pacific Phosphate Company, dominated by and with significant profit for the Jaluit-Gesellschaft, began mining Nauru’s phosphate deposits. The company predominantly exploited indentured labourers from China and the Caroline Islands, keeping them strictly segregated from the local population. Did cultural perceptions and scientific considerations of race and health play a role in the labour decisions made by the administrators and entrepreneurs? Deliberations on the nature of the Nauruans, published by government physicians, the resident Catholic missionary and scientific
travellers differ in their perceptions of (and aspirations for) the colonised others. For example, while Erwin Steinbach, government physician of the early colonial days, regarded Nauru as a glowing example for the increasing South Seas populations, his successor reported the Nauruans were doomed to extinction. The Hamburger Südsee Expedition participant Paul Hambruch in 1914/15 agreed, suggesting their eventual demise was inevitable due to their physical incapacity to work hard and the changes phosphate mining had brought to their lives. The missionary Alois Kayser, however, attacked Hambruch’s major work on Nauru accusing him of insufficient engagement with and unreliability of his Indigenous sources. My paper will examine the intertwining relations between such deliberations on race, health and culture and the governance of the diverse populations of Nauru – indigenous and indentured – by the complex historical conglomerate of colonial and entrepreneurial rule.

Racializing Malaria and its Vectors: Producing Difference in Colonial and Military Medicine in the New Hebrides (Vanuatu)
Jean Mitchell, University of Prince Edward Island

In 1906 Great Britain and France began to jointly govern the Melanesian archipelago of the New Hebrides; the same year Camillo Golgi was awarded a Nobel Prize for his work on the nervous system. Golgi had been investigating the causes of malaria: his delineation of its parasites and fevers and ultimate explanation of the efficacy of quinine by drawing the connections between symptoms and the release of merozoites into the blood informed networks that connected Europe to distant places. In the New Hebrides, far from Golgi’s lab, quinine offered a temporary solution to the malaria that had been a persistent problem for the colonial administrators, missionaries and settlers who also used various strategies of containment of the indigenous locals and the Tonkinese indentured labourers. During the Second World War, the New Hebrides became a laboratory for malaria research. When American troops first landed on the islands to set up base camps in 1942, they were quickly incapacitated by malaria at the same time that quinine supplies had been cut off by the Japanese forces. The debilitating malarial attacks on the American forces unleashed a full scale military-scientific quest for the replacement for quinine and/or better drugs for malaria and methods to combat the mosquito. Ni-Vanuatu and Tonkinese were regarded as ‘carriers’ of malaria and subject to various medical procedures and practices. This paper will discuss aspects of the complex assemblages of malaria research—war created environments, colonial administration and foreign indentured labour—whereby differences among populations and environments came to be scientific variables in the search for reliable labourers, healthy soldiers and malaria free environments. Drawing on my research in the US Military archives and on malaria in Vanuatu, I show how the vectors of malaria were racialized and how people living in ‘unintentional laboratories’ have mediated not only the politics of malaria but geopolitics, biomedicine and the global public health strategies that followed in the wake of the war.

Jin-kyung Park, University of Toronto

In recent years, historians of empire, medicine, and science have explored the relationship between the colonial production of bodies/races and the maintenance of the colonial order of things. Despite this rash of attention, it has typically been examined in Western imperial settings characterized by the familiar racial duality of white colonizer and nonwhite colonized. In this paper, I draw attention to the view from East Asian imperial history, where racial proximity and ambiguity between ruler and ruled produced related but geopolitically specific iterations of the body and race. Unlike Western imperial and colonial spaces, Japan’s imperial and colonial spaces (except for its Pacific territories) were generally framed in contexts of an invisibility of racial otherness in a phenotypic sense. It was populated with inhabitants who shared a similar
cultural heritage and who were racially akin to the Japanese. How were Japan’s colonial subjects scientifically studied, represented, and governed? This paper examines colonial medical research and the production of the Korean race (chōsen minzoku) in 1920s and 1930s Korea under Japanese rule (1910-1945). It does so by focusing on the Japanese obstetrician-gynecologist Takeki Kudō (1878-?), who completed his medical doctoral degree and training at the University of Würzburg and the University of Berlin in the 1910s and later served as a state-hired physician in early twentieth century Korea. From cases involving Korean women’s husband murder to infanticide to early marriage practices to the institution of female slavery, Kudō extensively investigated a wide range of what he categorized as fujin mondai (women’s problems) in the colony from the perspective of gynecology. In his diagnoses, we observe that Kudō approached these social pathologies as grounds through which to articulate the “backwardness” of the Korean race and to differentiate Koreans from Japanese. This examination of Kudō’s work raises critical questions about the construction of racial division between ruler and ruled as it took place even in a colonial context of invisibility of racial otherness in a phenotypic sense.

Classifying Colonial Subjects for Health Purposes
Julie Park, Judith Littleton, University of Auckland

Research into the development of public health services in the Gilbert and Ellice Islands Colony (GEIC) indicates that race and related forms of classification of human diversity were utilised by colonial administrators, missionaries and doctors. These classifications were used as sorting measures, as justifications for practice, and as explanatory models. They are comparative and shifting.

It is possible to trace the uses of classification in the archives of the Western Pacific High Commission, The South Pacific Board of Health, and other colonial records held in Tuvalu, Fiji and New Zealand. Our research has focussed upon TB and those conditions with which it is intertwined from the last decade of the 19th century until the achievement of independence in the mid 1970s.

Racial classifications are visible in the health arrangements relating to labour. Hospital services on Ocean Island, the centre of the phosphate industry in the GEIC, were tripartite, for example. One hospital served Europeans, one the islanders and one the other migrant labourers who came mainly from China and India. Reports assert that the standards of care were the same in each hospital, so the sorting of patients was on other grounds.

While the dichotomy between European and ‘native’ is all pervasive, comparisons between different types of ‘natives’, for example Gilbert versus Ellice Islanders, are particularly salient. This categorisation is reflected in the training of a health workforce for the Colony as a whole. Despite its smaller population, Ellice Islanders comprised a larger proportion of trainees and assistant medical practitioners. Our research investigates ideas of ethnic capabilities which might underlie this difference. These categorisations become even more complicated when the training and remuneration of ‘half-caste’ staff are considered.

On this ‘edge of empire’ the assumptions about human diversity are embedded in practice rather than being the subject of research.
The colonial government of the Dutch East Indies routinely collected data on the inhabitants of the archipelago. Medical researchers interested in racial categories and, in particular, race-mixing and the qualities of Indo-Europeans were eager to use these data. Unfortunately, administrative categories in use in the Indies did not translate well in medical and biological categories.

In the legal code of the Dutch East Indies, three different population groups were recognized: Europeans, natives, and “foreign Orientals” (Chinese and Arabs mostly, and, until 1899, the Japanese—at that time they were reclassified as European because of a trade treaty). Individuals within the last two categories could apply for re-classification as European, but only if they were of sufficient means, spoke Dutch well, and, until 1905, if they were Christians (but they were contemptuously called mere “government gazette” Europeans—they still would not be welcome at exclusively white clubs). Children took the legal status of their fathers. Therefore, children of a European father and an indigenous mother were classified as European if the father recognized them (by marrying their mother or legally adopting them). If not, they counted as native. As a consequence, no separate statistics were collected for Indo-Europeans. The available data were based on social definitions, which were even more flexible (and therefore correlated even less with presumed biological distinctions).

There was quite a bit of medical and anthropological research on “race” in the Dutch East Indies—mostly devoted to the many different ethnic groups living in the archipelago. But for a small number of physicians and biologists interested in eugenics, Indo-Europeans were of unusual interest. However, most of their efforts faltered because it turned out to be impossible to map legal and administrative categories, on the one hand, to presumed medical and biological categories, on the other. I will give several examples of this, as well as a short analysis of the dissertation entitled “The Indo” written by J.Th. Koks, a self-proclaimed Indo, in which he deconstructs this category.

The significance of race to twentieth century Egyptian social scientific discourse, in contrast to, say, British social anthropology, has been understudied for a variety of reasons. An emphasis on scientific doctrines and biological (whether anthropometric or serological) understandings of race have tended to dominate the field of race studies, and has led many to conclude that indigenous scholars had no use for the concept of race, which was eventually discarded for more unifying ethnological conceptions of a common Egyptian history and culture. More protean and nuanced notions of race have been explored in the context of discussions of race, slavery, and colonialism and Egypt's triangulated conquest of the Sudan, but have focused primarily on political and literary understandings of malleable categories of race.

In this paper I attempt to address the lack of debate on racial discourses, by unpacking notions of race within the field of Egyptian criminology. Criminology, which began to consolidate itself as a field of knowledge in the 1930s and 1940s, emerged out of earlier European and non-European colonial discourses in which “no known class of criminals” was believed to exist, to one in which criminality became a specific trait associated with particular populations, regional or tribal groupings, and categories. Egyptian social scientists favored regional divisions such as North and South, which gained increasing prominence in the organization of statistical data, in part due to a longstanding discourse on the figure of the ‘Sa‘id’i’ or Southerner as a subaltern figure within the body politic of the Egyptian nation. Racial languages, therefore, did not embody a singular scientific logic, but were an alloy forged out of other preexisting discursive formations.
In 1936, the researchers of the Institute of Maritime and Tropical Diseases of Hamburg, Ernst Nauck and Gustav Giemsa, visited the German colonies established in hinterland of Espirito Santo, in Southeastern of Brazil. The objective was to analyze the health and physical constitution of the settlers in order to determine whether the acclimation of the Germans in the tropics was possible or if the tropical climate was degenerative to the “German race”. The expedition was financed by the Scientific Foundation of Hamburg and supported by the Nazi Party and by the called Tropeninstitut. The Giemsa and Nauck's travel was related to the ambition of the Third Reich to recovery of the colonies that were lost by the Treaty of Versailles. The tropical physicians engaged in this movement. The “question of acclimatization” was analyzed in this context through circulating racial categories that were employed by many doctors in the debate on the tropical hygiene. The aim of this communication is to analyze the expedition of Giemsa and Nauck in this context and to determine, the interests involved in its realization, the analytical tools used by the scientists in the research of the populations established in Espirito Santo and the impact and contributions of the findings of this expeditions for the scientific discussions at that time, as well as for the debate about the colonial policy of the Nazi government. The investigations of the German tropical physicians involved assessments of the biological characteristics of the settlers from German origin, their social and cultural habits, and the incidence of tropical diseases on the local population. They concluded that climatic factors did not cause degeneration of the organic constitution of individuals or changes in the genetic development of Europeans transplanted to the tropics. Thus they appointed to the optimism regarding the colonization of the Africa by the Germans.

This paper is an examination of the epistemic significance of the sex-ratio in relation to debates about demographic decline in British demography (1920-1940). I then look at how this science was entangled with population level interventions aimed at improving reproduction in the colonial project called the New Hebrides. Taking a balanced sex-ratio as a marker of well adapted, healthy populations- biologically and culturally- the British authorities in the New Hebrides attempted to regulate the bride price in an attempt to level the imbalanced sex-ratio. They believed that this intervention would reduce the marriage age of men while also appeasing missionary agendas of westernizing marriage and kinship practices. In linking the sex ratio to colonial interventions on kinship and reproduction, my intent is to discuss the affective current that animated so many colonial interventions. As others have noted (e.g. Robert Young, Ann Stoler), colonial desire tugs likes an undertow below key concepts of British racial thinking—sexuality, fertility, and hybridity—and also infiltrates colonial administrative anxieties. In overlapping affective and epistemic registers, the sex ratio is a site to explore the relationship between colonial demographic concerns about reproduction and the historical relationship between sexual selection, sex and race as well as kinship and race and the profoundly gendered nature of colonial administrative interventions.
**Warwick Anderson** is an Australian Research Council Laureate Fellow and Professor in the Department of History and Centre for Values, Ethics and the Law in Medicine at the University of Sydney. As an historian of biology, medicine and public health, focusing on Australasia, the Pacific, Southeast Asia and the United States, he is especially interested in ideas about race, human difference, and citizenship in the nineteenth and twentieth centuries. Occasionally he writes programmatically on postcolonial science studies and, more generally, on science and globalization. He is the author of *The Cultivation of Whiteness: Science, Health and Racial Destiny in Australia* (Melbourne 2002; Duke 2006); *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Duke 2006); *The Collectors of Lost Souls: Turning Kuru Scientists into Whitemen* (Johns Hopkins, 2008); and co-editor of *Unconscious Dominions: Psychoanalysis, Colonial Trauma, and Postcolonial Sovereignty* (Duke 2011).

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**Jean-Paul Bado** is an historian even though he has a Medical School Diplomas in Health and Development. He is one of the specialists of history of health and disease during the colonial and post colonial periods in francophone Africa. This is why he has selected to write a paper for students in history and geography in France who prepare the famous competitive examination called "Agrégation and Capes ". Since 2008, he is the director of a team called *Groupe de réflexion et d’action pour la santé en Afrique*. The aim of this team is to stress on historical knowledge before developing and applying every medical policy. Also, Dr Bado is an associated researcher in the center of African worlds studies (Centre d’études des mondes africains) at the Aix-Marseille’s university. He has already published three books, many papers relating to the history of diseases, in particular, malaria, sleeping sickness, sanitary policy, onchocerciasis, leprosy, etc. Now, he is interested by studying the history of cancer in colonial and post colonial Africa, and he plans to write the global history of health in French colonial empire

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