Leo van Bergen, *Uncertainty, Anxiety, Frugality: Dealing with Leprosy in the Dutch East Indies, 1816–1942*. Singapore: NUS Press [History of Medicine in Southeast Asia Series], 2018, x + 290 pp. ISBN: 9789814722834, price: SGD 42.00 (paperback).

Leo van Bergen's book investigates particular policies adopted by the Dutch East Indian government to combat leprosy in the colony between 1816 and 1942. Since the nineteenth century, disproportionate attention has been devoted to leprosy in the Dutch East Indies, given the mutilating character of the disease. Leprosy was perceived as a contagious disease and isolation was an accepted method of control. Although the management of leprosy patients entered colonial debates by the 1920s, resources were not forthcoming and medical authorities approached the disease with uncertainty and anxiety.

Chapter 1 discusses the isolation of leprosy patients during the VOC (*Verenigde Oostindische Compagnie*) rule during the seventeenth century at Angké, near Batavia along with Portuguese prisoners of war and South Indian slaves. Towards the end of the seventeenth century, the notion of heredity influenced the etiology of leprosy in the Dutch East Indies. Concomitantly, the treatment regimen for patients consisted of administering Javanese traditional medicine (*djamoe*). Chapter 2 investigates the management of leprosy in the Dutch East Indies subsequent to the British interregnum in Java (1811–1816). Dutch East Indies physicians considered sufferers of leprosy, a public nuisance (p. 41). The prevailing liberal climate in Europe influenced management of the disease in the Indies. For example, Alms Houses established in Java intended to remove two groups of beggars: namely the blind, and suffers of leprosy (p. 42). Liberal-leaning Willem Bosch, widely regarded as the founder of the *Dokter Djawa School* (School for Educating Native Physicians, established in the Dutch East Indies in 1851) noted that leprosy was correlated to widespread poverty and was responsible for impeding the demographic growth of Java (p. 43). At the time, given the shortcomings of Western medicine regarding the treatment of leprosy, Dutch physicians studied the flora and fauna of the Indies archipelago to discover a panacea for the disease. In the chapter Van Bergen also notes that since the nineteenth century, the Dutch incorporated the local cosmology of leprosy, with reference to treating patients and undertaking control measures.

Chapter 3, misleadingly titled “The Rise of Private Initiative”, highlights the kaleidoscopic understandings of leprosy among Europeans in the Dutch East Indies, and fear of contagion, as highlighted in local newspapers such as *Java Bode*. The next chapter examines control measures in the context of the Berlin Conference (the first attempt to internationalize the problem of leprosy in the year 1897) and the promulgation of the Ethical Policy in the Indies (at the

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turn of the twentieth century). Despite the Berlin Conference delegates and the colonial government in the Dutch Indies agreeing on mycobacterium leprae as the causative agent of leprosy, there was a lack of consensus with respect to the degree of contagion. Chapter 5 points out that management of leprosy colonies in the Dutch East Indies was a Protestant affair as majority of the Christian population in the Dutch East Indies was Protestant. Javanese were far less hostile to isolating sufferers of leprosy than Acehnese or Bataks who gladly embraced the idea of isolation. Chapter 6 traces private initiative in combatting leprosy in the Dutch East Indies, particularly under the leadership of Society for Combatting Leprosy in the Dutch Indies (VtBL) in 1906 and subsequently under the Orange Cross (1910). The VtBL utilized local and European doctors for actively searching and treating patients. The VtBL detected leprosy patients, provided district nursing in the kampongs, and isolated infectious patients in the leprosy colonies (p. 179). Prior to 1920, as various Christian organizations were in charge of the sick, there was no unanimous leprosy policy for the Dutch East Indies.

By the 1920s, subsequent to the establishment of the *Dienst der Volksgezondheid* (DVG or the Public Health Service), the colonial government promulgated a new-style combat against leprosy, championed by Christian-Ambonese physician Sitanala. He argued that enforced isolation of leprosy patients was not financially feasible as it resulted in missed cases. At the same time, he opposed voluntary isolation, recommended by VtBL, as it would result in combining minor and serious cases of leprosy (p. 214). Additionally, he suggested that non-leprosy suffers be taught how to prevent contagion. Sitanala's ideas on leprosy control found resonance in the Intergovernmental Conference of Far Eastern Countries on Rural Hygiene convened at Bandung (1937) that emphasized the administration of cures for patients within the confines of their homes.

The recurring theme throughout the book is "uncertainty" with respect to management of leprosy, including the influence of local customs on treatment, colonial fear of contagion, racial prejudices, and uncertainty with respect to the origin and spread of leprosy and its implications for public health. This in turn, resulted in unanswered questions such as whether isolation was the appropriate answer, and whether isolation would result in patients being treated as criminals. Based on a rich set of Dutch archival sources in the Netherlands and Indonesia, this book is a welcome addition to the history of colonial medicine and to understanding the etiological and terminological ambiguities that characterized the framing of leprosy during the colonial period. But, the narrative is densely empirical with occasional overlaps, repetitions, and typos (pp. 211, 235), which makes it sometimes tedious for the reader to follow. Although the author sketches the careers of Indonesian physicians particularly Sitanala, and

Sardjito, the linkages between medicine and Indonesian nationalism are not clearly articulated. Nevertheless, the book is critical for understanding how the question of leprosy in the Dutch East Indies became enmeshed in wider questions associated with empire such as race, and international concerns such as rural hygiene.

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