
*Tik Merauke* untangles the complex roots, contexts, and effects of donovanosis—a sexually transmitted infection from the tropics—among the Marind people of New Guinea in the early twentieth century. Enriched by the author’s personal experiences as a physician and researcher in Papua New Guinea, together with an extensive engagement with primary and secondary sources in anthropology and the history of medicine, the book offers a detailed and compelling account of how attempts by foreign actors to eliminate the donovanosis epidemic helped prevent the total eradication of the Marind people while also radically undermining their way of life, cultural identity, and social organization.

The book skillfully alternates between thematic, chronological, and actor-centered perspectives on the donovanosis epidemic, interweaving ecology, history, culture, politics, religion, and medical science across its chapters to unearth how and why the disease came to affect the Marind people across gendered and intergenerational lines (Chapters 2–3). Central to this endeavor is the author’s critical analysis of accounts produced by Western scientists, anthropologists, missionaries, administrators, cinematographers, and doctors, achieved through meticulously descriptive forays into their aspirations, values, perceptions, and representations of the Marind people. These include the celebratory yet orientalizing depictions produced by Swiss art collector Paul Wirz (Chapter 7), the opportunistic logic and civilizational ethos of colonial explorers and administrators Captain John Strachan and Sir William MacGregor respectively (Chapter 5), and the concomitantly deep esteem for Marind culture and problematic religio-colonial agendas of Catholic priests Jan Verschueren, Jan Boelaars, and Petrus Vertenten, and anthropologist-administrator Jan van Baal (Chapters 5–8, 13).

At times respectful and protective of Marind lifeworlds, at others denigrating and patrimonial, each of these actors and their associated colonial institutions shaped Marind’s sense of self, struggle, and survival under past and ongoing colonial rule. This actor-centered approach brings to life the identities and imaginaries of key Western figures in Marind history in a nuanced yet necessarily ethically ambiguous way—including through the critical lens of Marind themselves, as exemplified by the anti-colonial critique of renowned Marind intellectual and activist Yul Bole Gebze (Chapter 14).

*Tik Merauke*’s central thesis points to a profound and tragic paradox at the heart of the donovanosis epidemic and its aftermath. Marind responded to...
growing infertility rates, the abolishment of headhunting expeditions, and the ravages of Spanish influenza through intensified ritualized intercourse practices, such as *otiv-bombari*, that were anchored in a belief in the curative and fertility-inducing powers of semen, but that ultimately exacerbated the spread of sexually transmitted diseases and thereby drove Marind to near-extinction. The ravages of donavanosis were further amplified by the prolonged duration of the infection caused by a lack of medicine and a consequent reliance on immune response, the high level of contact between infected and uninfected individuals during headhunting, ritualized intercourse, and feasts, and the heightened transmission of the disease prompted by the absence of circumcision and condom use (Chapters 10–11).

As the author demonstrates, the Marind survived the donavanosis epidemic in large part due to the intervention of foreign medical practitioners and missionaries in the early 1920s. However, these treatment campaigns were often tardy and heavy-handed (p. 221). They also relied on coercive strategies of case-finding and safeguarding that manifested “a non-too-subtle [form of] medical colonialism” (p. 180)—for instance, the surveying of communities, the reporting of communities, the reporting of suspicious sexual behavior, the close monitoring of ritual activities and alcohol and kava consumption, and the condemnation of sexual rituals in lieu of greater awareness-raising at the grassroots level (p. 164). The enforced settlement of Marind into sedentary model-villages in the interests of containment, compounded with the introduction of formal education, further severed communities from their traditionally mobile lifestyle and ecological knowledge (p. 180), producing widespread demoralization and apathy. Dislocation, disempowerment, and marginalization remain key features of Papuan life under contemporary Indonesian rule, aggravated by growing population dilution, top-down oil palm developments, and the spread of HIV/AIDS (Chapters 14–15).

In addition to its important historiographical and biomedical insights into the form and consequences of the donavanosis epidemic in lowland New Guinea, *Tik Merauke* raises some vital questions surrounding the ethical stakes of researching and representing disease, as it is co-produced through the often-fraught interactions of culture, history, science, and Indigenous-colonial encounters. In this respect, the book’s findings might usefully have been brought into conversation with historian of medicine and anthropologist Warwick Anderson’s (2008) *The Collectors of Lost Souls: Turning Kuru Scientists into Whitemen*, which examines the transformation of *kuru* from a psychosomatic disorder caused by sorcery into a fatal brain disease caused by infectious prions among the Fore of neighboring Papua New Guinea. In both instances, it was the complex and power-laden intersections of culture and science that made disease “make sense” for differently situated actors in ontologically and epistemologically divergent and transformative ways.
The author offers valuable reflections on the risks of “reinforcing unfair stereotyping of Papuans as ‘primitive,’ ‘savage,’ and ‘hypersexual’” (p. xi) in their account, at the same time as they provide a robustly supported analysis of Marind’s vulnerability to biophysical, cultural, and political harms. Less explored within the book are the possibilities and forms that resistance might take for Indigenous Papuans living under the thumb of settler-colonialisms past and present. This is a question that I myself struggle with as an anthropologist who has conducted long-term ethnographic fieldwork and human rights advocacy among Marind communities. Somewhat troublingly, many of the communities I work with interpret the donovanosis epidemic as a punishment meted upon them by ancestral spirits for their failure to protect the forest and their communities from the deleterious impacts of colonial-capitalist incursions (Chao 2022, 172–173). Richens’ account, like mine, points to the challenge of achieving a balance between stories of suffering and survival, victimization and self-blame, and extinction and resurgence. Read together, these three works invite a question of broader significance for scholars of colonial and post-colonial lifeworlds: what forms of epistemic sovereignty, agency, and resistance exist for Indigenous Peoples in the face of imperialist incursions, both extractive and humanitarian?

Alongside its ethnographic and historiographical appeal to scholars of Melanesia and Southeast Asia, this book will be of great value to scholars and practitioners in the history and philosophy of medicine, medical anthropology, planetary health, postcolonial studies, development studies, and science and technology studies. The book’s lucid and accessible style and structure promise to make it a valuable teaching resource for both undergraduate and postgraduate courses in medical anthropology and the history of medicine. One hopes that an Indonesian translation of this important work will someday make its way into the world—for the benefit of the Marind peoples whose suffering and survival this book so carefully and compassionately recounts.

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References