Stephen Snelders, *Leprosy and Colonialism: Suriname under Dutch Rule, 1750–1950*.
 Manchester, U.K.: Manchester University Press, 2017. ix + 276 pp. (Cloth US\$110.00)

Stephen Snelders begins *Leprosy and Colonialism* by noting the horror with which leprosy, or Hansen's disease, has typically been regarded. It is an illness of course, but in the nondistant past its devastating impact on the bodies of its sufferers left its victims "stigmatized and excluded from society" (p. 1). Snelders traces policies governing leprosy in Suriname over some two hundred years of Dutch colonialism, from the period of slavery to 1950 as Dutch rule was winding down. He explores the impact of colonial factors such as labor demands, notions about race, and the role of missionaries. He also examines the significance of external factors, including changing international ideas about the best ways to treat leprosy. He argues that although these factors played an important role, the legacy of slavery ensured a considerable degree of continuity in the way in which leprosy was viewed in Suriname, shaping ideas about the disease well into the twentieth century.

During the period of slavery, Dutch colonial authorities in Suriname regarded leprosy as a strategic threat to the health of the enslaved people whose labor ensured the colony's economic viability. Officials also worried about the possibility that leprosy could spread to the Netherlands and thus endanger the metropole and the empire as a whole, and saw compulsory segregation as the solution. Beginning in the mid-eighteenth century, growing numbers of the disease's victims were segregated, culminating in what Snelders describes (with a nod to Michel Foucault) as a "Great Confinement" between 1830 and 1860. During slavery, this policy led to the incarceration of vast numbers of Surinamers.

After the end of slavery in 1863, social, economic, and demographic changes transformed the colony and introduced new ideas about health and medicine. For example, in Suriname as in the British Caribbean, most planters stopped providing medical care (such as it was) to their now-free workers. And in much of the region, including Suriname, immigration from South and Southeast Asia and elsewhere added a new demographic and cultural element, including new understandings about health. Despite these changes, as Snelders argues, post-slavery policies governing leprosy continued to manifest a considerable degree of continuity. With the turn of the twentieth century, efforts were made to modernize incarceration procedures and methods of treatment emphasized a more "humane" approach, but significantly, health workers continued to see compulsory segregation as a remedy.

During the period of slavery, white Surinamers blamed their suffering on African and Afro-Creole slaves with leprosy, describing them as uncivilized and

immoral and thus vulnerable to the illness. And despite the social and demographic changes after 1863, elite Surinamers continued to associate leprosy with the Afro-Creole population, and notions about race shaped leprosy policies. Despite the arrival of immigrants from South Asia and Java, "Dutch fears about leprosy remained focused on the Afro-Surinamese" (p. 201).

But Afro- and Indo-Surinamers were not passive in the face of these ideas about leprosy. Snelders employs a "bottom-up" approach to tell the story of those suffering from leprosy and to document their acts of resistance and agency. He provides some intriguing details about the efforts of asylum inmates to construct family and community life. However, although we learn about aspects of their lives and see examples of agency, patients are rarely individualized and thus some of the power of their actions is muted.

Snelders emphasizes Suriname factors shaping policies regarding leprosy, but he also addresses external factors, both international and regional. For example, local leprosy experts did not attend the international leprosy conferences in the late nineteenth and early twentieth centuries, but they were nonetheless aware of the discussions they included; and at least one Suriname expert visited the British Caribbean in the late nineteenth century to investigate approaches used in these territories. Indeed, this fact when combined with the presence of Surinamese physicians at British Caribbean medical conferences in the period addressed by this book raises important questions about the creation of a more general Caribbean response to health problems. Snelders is right to argue that historians of medicine should pay attention to specific historical and geographic contexts, but in a region such as the Caribbean where people and ideas moved around relatively easily, regional considerations are also important.

Snelders's ambitious book makes an important contribution to this effort and adds to our understanding of the history of medicine in the Caribbean and the wider colonial world.

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