

colonial medical relationships. In the process, it takes issue with assumptions of a coherent and dominating exercise of colonial power and colonial medical intervention, reassessing the use of British medicine as a tool of empire, the contribution of law to colonial authority, and the role of confinement as an expression of British power. This analysis emphasizes the interplay of class and financial imperatives in determining the management of leprosy, with socio-economic status having the most profound impact on the leprosy sufferer.

The medical investigation of leprosy in this period marks a shift to a rational and secular European medical system, yet a selective appropriation of indigenous remedies. Neither indigenous nor British medical traditions could offer a specific cure for leprosy. Local British medical officers explored remedies such as fumigation, gurjon oil, chaulmugra, and marotty oil. They sought the most effective remedies available at the time, and were less interested in any assertion of superiority of British over Indian treatments or medical systems.

The politics of leprosy control shows how information and research into leprosy was deployed with specific agendas, and how medicine was used by the colonizers to dominate each other. The Royal College of Physicians' Report (1867) was not only formulated to investigate the prevalence of leprosy in the colonies, but also to establish the credibility of the medical profession and the role of the College. The struggle between the Sanitary Commission and the Indian Medical Service over who would serve as government adviser on leprosy, and debates over segregation and the formation of leprosy policy, demonstrate differing political agendas.

This period was also characterized by negotiation between the government of India, the presidency governments, and public opinion represented by the Indian middle class around the 1889 Leprosy Bill, the 1896 Leprosy Bill, and the 1898 Lepers Act. Class interests, concern about resentment towards any British interference, and a desire to protect local trade resulted in legislation that targeted vagrants and avoided dealing with workers and home dwellers

with the disease. The study concludes that at each remove from Britain, at the level of the government of India, the presidency, and local levels of medical authority, the exercise of power became increasingly diffuse and subject to negotiation and opposition. At the local level of direct contact between doctor and patient "British medicine was ultimately subordinate to the wishes of the leprosy patients, the majority of whom were Indian" (p. 191).

This is a valuable study that provides a foundation for understanding the culture of medical research into leprosy that is still characteristic of south India to the present. The study does overstate the agency of the leprosy sufferer. Those most likely to be constrained by measures against leprosy emerge as the least powerful members of society, yet both resistance and co-operation are attributed to them. Co-operation was necessary for confinement to be effective and co-operation with treatment was essential for British medical claims to superiority. So it would seem that leprosy sufferers had the power of subversion, and evidence of this is offered in their resistance to the institutional diet, subversion of the working regimens, and avoidance of treatment. Yet the conclusion states that "the medical, legal and cultural structures of their own communities and of British India impacted profoundly on their lives" (p. 191). In the face of this, the refusal to eat boring food or be productive seems both ineffectually the most and the least that could be done.

**Jo Robertson,**  
International Leprosy Association Global Project  
on the History of Leprosy,  
Wellcome Unit for the History of Medicine,  
Oxford

**Thomas Scharping,** *Birth control in China, 1949–2000: population policy and demographic development*, London and New York, RoutledgeCurzon, 2003, pp. xvi, 406, £65.00 (hardback 0-7007-1154-6).

China's one child family policy has received considerable attention in the west since its introduction in 1980. Reports on China's efforts

to control population growth have described the insistence that couples should limit themselves to a single child, and the coercive attempts by officials to enforce the limit. They have covered the worsening sex ratio at birth and the “missing girls”, phenomena that reflect the absolute determination of most couples to have a son whatever the official policy. Few people, however, are aware that China achieved an extraordinary reduction in fertility in the 1970s before the single child family campaign began. This success was all the more remarkable as a quarter of a century ago rates of urbanization and consumption were low, the population was less literate and peasants were reliant on their children (as they still are today) to support them in old age.

Thomas Scharping’s meticulous study covers every aspect of Chinese population policy from 1949. He shows how the idea that a growing population was good for national power and defence gave rise in the early 1950s to a tendency to deny access to contraception and abortion even to those who wanted them. This gradually gave way to concerns that China’s rapid population growth and poor resource to population ratio were obstructing economic development. As these concerns grew, the leadership moved first to promote contraception and small families, and then to insist on limits of one or two children. After this historical overview, the book deals with the extraordinary organization necessary to impose the policy in the world’s most populous nation, with regional variations, with the popular response to the policy including widespread non-compliance, and with demographic results such as fertility levels, sex ratios, marriage ages and birth spacing.

It is possible to see China’s population policy as an attempt to accelerate the normal process of demographic transition. This has involved persuading people who are still living within a traditional rural setting to abandon the family size preferences that are closely linked to traditional family culture and adopt the lower ones usually associated with industrialization and urbanization. Scharping argues that, although family size preferences have clearly

dropped, most Chinese parents would still prefer at least two children. If all couples were free to have two children, however, son preference would then produce an average of more than two births as those who produced daughters defied the regulations and tried again for the boys they wanted. Maintenance of the current comparatively low fertility rates in the countryside is dependent on state control. Even in the cities, where socio-economic development has led people to abandon the large family ideal, state control is still important in enforcing the limit of one.

It is the strength of son preference that makes the single child policy so difficult to implement. As the policy took effect in the early 1980s and reports began to come in of an increasing ratio of boys to girls at birth and even of female infanticide, a great concession was made. Rural parents were in many cases allowed a second child after a suitable gap if their first had been a girl. Despite this concession, the sex ratio continued to rise, reaching 111.8 boys to 100 girls nationally among those under one year in the census of 1990. It seems that the main mechanism at work is the sex selective abortion. This is a difficult issue for the Chinese Party-State. As in other East Asian countries, in China there is little moral or ethical debate about the practice of abortion itself. However, in keeping with official policy against sexual discrimination, prenatal screening and sex selective abortion are forbidden. Scharping points out that if sex selective abortion were accepted it would help to lower fertility although the sex ratio at birth would certainly rise, exacerbating subsequent problems in the marriage market. As long as sex selective abortion is forbidden many people are tempted to have unauthorized births and thus fertility is pushed up.

Population policy in China involves a great variety of complex and sensitive issues. Scharping has dealt comprehensively with them in this nuanced and scholarly study. It will become the standard work on a very important subject.

**Delia Davin,**  
University of Leeds