

achieved through its practice and “cultivation” (a term that figures so centrally in the name of his institution) and not just by classroom teaching. Sircar insisted that universities produced students “merely to learn parrot-like what other nations are teaching” (*Annual Report*, Indian Association of the Cultivation of Science, 1898, p. 16). When a proposal came in 1893 to affiliate the IACS to Calcutta University, all its members except Father Lafont opposed it as a “degradation” of the prestige of the Association (*Annual Report*, Indian Association of the Cultivation of Science, 1900, p. 17).

The main proposition of the book, that the Indian nationalist scientists’ works were not deviant practices from mainstream modern science but essentially conformed to its universality, relates to the crucial issue of science and universality which needed more discussion. The argument does not accompany an exploration of the meaning of this universality. What is also disconcerting in such an avowedly historical work (proposing on several occasions not to “inject” present concerns into its depiction of the past, pp. 22, 33, 104 and 232) is that it provides no indication that universalization and globalization of modern science has indeed undergone a historical *process* in which scientists like the ones discussed here have had their roles to play.

The merits of the book lie in its careful and detailed depiction of the lives and works of these individuals. It shows the significant roles these men played in shaping the scientific orientation of modern India.

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Susanne M Klausen, *Race, maternity, and the politics of birth control in South Africa, 1910–39*, Basingstoke, Palgrave Macmillan, 2004, pp. xix, 221, £45.00 (hardback 1-4039-3452-5).

In South Africa “population control” is commonly associated with the racist policies pursued by the Nationalist Party during the

apartheid years between the 1960s and 1980s. Such ideas, however, pre-date the apartheid regime. As Klausen points out in her engaging and scholarly book, ideas of population control and the provision of contraception in South Africa can be traced back to the efforts of middle-class social reformers in the 1930s, supported by the Department of Public Health, to combat the fertility of poor whites. Much of the work of these reformers was driven by fears about the decline of the young nation, the degeneration of the white race and concerns about the stability of the family in the light of rising maternal mortality.

As Klausen shows, South African birth control activists in the 1930s were divided between two different ideological camps. The first group, primarily made up of male professionals, was inspired by eugenicist ideals. Their aim was to curb the fertility of the supposedly biologically inferior poor whites and feeble-minded. In the aftershock of the Great Depression, poor whites became a key social concern and focus for fears about the future of white society. The eugenicists believed that controlling the birth of “unfit” whites would not only strengthen the white race, but also reduce the middle-class taxes subsidizing the survival of poor whites. In contrast, the second group of birth control activists, mostly maternal feminists, sought to improve maternal and infant health and welfare among South African women of all races. Inspired and supported by Marie Stopes back in England, these campaigners thought contraception would help mothers space their families and thereby stabilize the family and strengthen the nation state.

Using records from birth control clinics in Johannesburg and Cape Town, Klausen skilfully shows how the different ideologies affected the types of contraceptive services provided. Established by eugenicist-inspired birth control activists, the Johannesburg clinic hosted contraceptive services for white women only. The clinic itself limited the choice of contraception to the diaphragm and hired only male doctors. The clinic in Cape Town, however, set up by maternal feminists, deployed female doctors and offered a wide range of contraceptive

technologies to women of all races. Attendance rates at the two clinics reflected the differences in the types of services provided. While the Johannesburg clinic struggled to entice women to its doors, the one in Cape Town was highly popular.

Klausen's research of the two clinics powerfully illustrates not only the different ways ideology shaped provision in the two cities, but also how such services were influenced by patients. Women's lack of attendance at the Johannesburg clinic prompted a major shift in its organization. By the late 1930s the clinic was employing women doctors and being run by lay female members. Moreover women of all races were being encouraged to use its services. As Klausen points out, such changes demonstrated "that the relationship between users and providers was not one of control from above by providers" and that "the service providers needed users more than users needed the birth-control clinics" (p. 104).

While focusing on South Africa, Klausen's study meticulously shows how the ideas and practices of the different birth control campaigners drew upon and influenced those being developed in other countries such as Britain. For anyone interested in the history of birth control, Klausen's book provides a fascinating insight into the complex dynamics between ideology and the provision of services, as well as the influence of international and local politics on the networks that shaped access to contraception.

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Nadja Durbach, *Bodily matters: the anti-vaccination movement in England, 1853–1907*, Durham, NC, and London, Duke University Press, 2005, pp. xiii, 276, illus, £14.95 (paperback 0-8223-3423-2).

This outstandingly vital work is a breakthrough in the historiography of English anti-vaccinationism. Gone is the generations-old emphasis on organizations at the national level; gone the top-down

conflation of the chronological framework, based on laws and lobbyings, with the whole building.

Instead, we have an often riveting emphasis on how discourses interweave and broadly inter-reverberate. In overall vaccinal historiography, however, campaigns are not won by inter-reverberations. Worse, while any historian is almost bound to privilege some voices over others, "anti" sources are here over-privileged. Durbach is plausible when reporting "[s]ome public vaccinators" as making "illegal rounds, forcibly vaccinating unsupervised children" (p. 74). But the reader's footnote-thumb (for which object, see below) turns up merely one reference in an "anti" monthly: either find a contrasting source or two, or unleash old weasels such as "allegedly". Outside the spotlight, at least twenty non-discursive clumsinesses clatter by. The 1898 Act extended the period for parents to get their children vaccinated to six months (Clause 1), not to twelve (p. 178). Jenner simply "invented" vaccination (p. 20).

Nor is Durbach interested in the sometimes confusing range of pre-1898 operative methods: not only in the rhetorical world of chapter-headings is "the lancet" made to do all the work. Thus, memories become the workhorse, "perpetuat[ing] well into the twentieth century" the "(often working-class) fears of heroic medicine evident from at least the 1850s" (pp. 144–5). Self-evidently, memories—family, neighbourhood, mediated—were powerful. But any implication that they fed mainly off themselves needs balancing with research on, among much else, changes within private operations, and in the enforcement of officially-approved methods within public operations. Such research is admittedly difficult and of complicated relevance but, without it, every soldier at Waterloo remains British.

Durbach's "discourse"-based perspective on vaccinal relations encourages her to leave unnamed many obscure(d) names, not only of "antis". Flights to Colindale or the Milnes Collection cost money: must discursiveness obstruct cross-referencing? In such a