Alison Bashford, a well established Australian historian of medicine in the Victorian era (see, for example, her, Purity and Pollution: Gender, Embodiment and Victorian Medicine. Macmillan 1998) delivers a concise cultural history of blurring borders, hygiene and races in Australia from 1850 to 1950 in her new book. Based on the rich archival holdings of the New South Wales State Archives, National Archives of Australia, and the Queensland State Archives, as well as contemporary medical literature, the author unveils the connection between colonial hygiene and colonial rule or, as an early twentieth century public health bureaucrat once put it, „Imperial cleanliness is development of sanitation […] colonizing by means of the known laws of cleanliness rather than by military force.“ (p. 1) Bashford is right in arguing that colonialism/imperialism was often subtle, that the boundaries of rule were not only fixed by military invasions, but also by administrative guidelines of hygiene that resulted in a segregation of Australia’s frontier society by medical-eugenic parameters such as the medical segregation of the „diseased“ from the „clean“; and the eugenic segregation of the „fit“ from the „unfit“.

Bashford argues that in the era of colonialism and imperialism, when racial and eugenic politics „serve[d] hegemonic interests“ (p. 24), vaccination was above all aimed at the control of bodies. The cooperation of Victorian philanthropic organizations and the colonial state bureaucracy demonstrates that public health was of national importance. The nucleus of this global network was the National Vaccine Establishment in London, but there also existed networks between the colonies themselves. In the 1880s, for example, New South Wales obtained dispatches of calf-lymph from India, which, according to Bashford, represented a more important line of communication than that between London and Australia; the government in Bombay gave more detailed information on vaccination procedures. Unfortunately, Bashford hardly delves deeper into this very interesting aspect. Did India represent a prototype in the charting of anthropological topographies of foreign bodies? Bashford is certainly right in saying that vaccination in the nineteenth century laid the basis for medical statistics (p. 33). Moreover, in the case of Australia, vaccination became a prerequisite for immigration: a vaccination certificate was required in addition to a passport, which, in turn, became part of the identity document in Australia. Vaccination was thus an important first step in making individuals governable by the state.

Another very important aspect of constructing „spaces“ and „boundaries“ of public health in British colonies was the connection of penology and public health. Quarantine stations were „place[s] of isolation“, a kind of „cordon sanitaire“ (p. 39) that separated the clean from the unclean. The compulsory character of public health became obvious by the presence of the police as agents of health; they helped to enforce measures like monitoring individuals for vaccination and quarantine near railroad stations (p. 42). However, this procedure was not only characteristic for the British Empire, as there are striking similarities between the Australian and Siberian frontiers. The reaction of the population (white colonists and native population alike) to state compulsion was the refusal of vaccination. From my own research on public health on the Siberian frontier, traditional beliefs and customs (widespread suspicion of modern medicine and state bureaucracy) made Siberian peasants similarly reluctant to accept vaccination.\(^1\) This reluctance was also characteristic for white colonists in Australia in late nineteenth century as one Australian refused vaccination with the argument that vaccination runs the risk of being infected (p. 56). Bashford’s description of tuberculosis and leprosy management in Australia gives a good example of coerced exclusion that was not compatible with individual freedom and Victorian philanthropy (p. 82). In contrast to tuberculo-

sis, a “typical” European urban disease that “migrated” to the colonies’ cities, leprosy was far more typical in the colonized world, not only in Australia, but all over the British empire, from New Brunswick, Jamaica, to Hong Kong and Calcutta (p. 83). One can question the character of the leprosy as a colonial disease as in the nineteenth century it was also widespread on the underdeveloped periphery of Europe, especially on the Balkans. This kind of globalization of epidemics gives evidence that the idea of a “cordon sanitaire” was a utopia. To the author’s credit, she very much puts medical management into the context of the system of global commerce and migration that facilitated the spread of epidemics. “Epidemic”, “contagion”, and “immunity” were the bio-medical watchwords of nationalism that defended the imagined “white” Australian nation against an outward invasion of germs and migrants (especially from China) (p. 116). In this context quarantine was nothing more than a “racialised immigration restriction line” (p. 137). As Bashford shows, these restrictions had a strong continuity in Australia from the 1880s until after the Second World War. In time, however, global trade undermined the “immigration line”, making the Australian frontier permeable to Asian migrants. Laborers coming from other colonies of the British empire such as Singapore and Hong Kong, for example, made sure to acquire certificates of their health and fitness in order to contract for labor (p. 151). Finally, according to Bashford, the construction of Australian “whiteness” also touches the aspect of gender in the frontier society. White women were overwhelmingly responsible for the health and fitness of the next generation. For example, the Racial Hygiene Association of New South Wales established hospitals where couples were tested, the medical administration wanted to learn about every family’s physical and mental history, about family traces of diverse diseases, alcoholism etc. Unfortunately, Bashford does not mention Australia’s family policy toward the aborigines. To sum up, Bashford delivers a very innovative study on colonial medicine in the global context of nationalism, but it is insofar a somewhat traditional in its analysis of the bureaucratic mechanisms of Australia’s public health. The author fails to give insight into the ordinary life of patients separated by racial and eugenic categories, and, moreover, completely ignores the aborigines in Australia’s public health. Nevertheless, Bashford’s insights into quarantine as racial segregation are instructive.