Consider, just two pages later, when he observes: “After 1700 the commonplace definition of plantation was a privately owned domain within tropical or subtropical America that was geared relentlessly toward the transatlantic marketplace” (3). The trouble is that the definition excludes the tobacco colonies to the north of the subtropical low country—places that had done much, by the time of Carolina’s founding, to define British understanding of plantations as individual enterprises rather than as colonial ventures.

The claim that most of the well over 1,000 late colonial rice planters operated from Charlestown at least seasonally (6) in turn overlooks many smaller planters. While, as Edelson observes, citing Robert Olwell, “By 1775 almost one in three whites took up primary residence in [Charles]town” (163), that means that more than two-thirds did not. Having chosen not to analyze this fact further, Edelson appears to ignore its possible implications. Had he instead just said that most of the large planters, those primarily responsible for shaping the rice market, managed their enterprises in substantial part from Charlestown, he would have avoided this appearance and also been more accurate.

Edelson’s over-simplifications, however, only undermine confidence in his arguments at the margin. The core case is compelling. Without following it into the thickets of debate over the relationship of merchant capital to forms of capitalism, one comes away convinced that the kinds and consequences of plantation enterprise in colonial, low country South Carolina evolved in dramatically different ways than elsewhere in British America. Too, Edelson makes a strong case for “frontier” plantations, in contradistinction to “home places,” as enterprises operating under distinct rules, priorities, and management. Clearly, they were more about profit maximization than about well-tended gardens, bucolic pleasures, and paternalistically negotiated and managed planter-slave relations. Whether or not Edelson’s planters were capitalists, they certainly were market driven and, to the extent they could manage, market driving. Clearly, the way that cotton planting pushed inland, westward, and southward, starting in the 1790s, was anticipated and fostered in considerable measure by rice planters’ early and continued drive—a drive that made them among the wealthiest men in colonial and, then, in antebellum America.

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The concepts of hygiene and the regimes of public health that emerged around the world over the past hundred and fifty years reflected both universal biomedical principles and local knowledge and custom. Untangling the relationships between imperial power and indigenous knowledge has been the contribution of
historians such as David Arnold and Warwick Anderson, who have illuminated public health in the context of Western imperialism. The ten essays in the present volume re-orient our perspective on imperial power and public health by taking as their focus Chinese East Asia, including mainland China, Taiwan, and Hong Kong. They represent the work of some of the best Taiwanese, mainland Chinese, and American scholars in this field, in some cases bringing to an Anglophone audience the work of scholars already widely known for their work in Chinese. The “long twentieth century” of the title begins in the 1860s and continues through the SARS epidemic of 2003, with contributions grouped into three approximately chronological sections, one from the 1860s through the end of the Qing Dynasty in 1911, another from the late nineteenth century through World War II, and the third from the 1950s to the twenty-first century.

East Asia in the late nineteenth and early twentieth centuries was a world between empires, as the agrarian Chinese empire that had long exerted such influence there declined, and the industrializing Japanese empire flourished. Similarly, elite medical practice in the region was between paradigms. Along with Japanese power grew the influence of Western medicine, and as China floundered, practitioners of classical Chinese medicine found themselves stimulated and challenged by new ideas and new competitors. After the Second World War, Japanese power receded, but Western medicine remained influential, and in Chinese East Asia today the dominant public health paradigm is biomedical. It leaves room for the alternative diagnoses and therapies that Traditional Chinese Medicine (TCM) offers, however, as Marta Hanson illustrates in her chapter on TCM doctors’ participation in the fight against SARS on the mainland.

As in the West, China’s early public health efforts reflected both political concerns and biological reality, a fact most dramatically highlighted by the coincidence in 1910-11 of a terrifying plague epidemic in Manchuria with the collapse of the Qing, China’s last imperial dynasty. Sean Hsiang-lin Lei’s chapter shows how the epidemic resonated with broader concerns about China’s sovereignty, since the Qing government worried that plague containment might serve Japan or Russia as an excuse to take over Manchuria. That anxiety prompted the government to defensively adopt a Western- and Japanese-style public health regime of surveillance and monitoring. Angela Leung’s contribution further suggests that the outbreak was also a key moment in the evolution of chuanran, an ancient Chinese medical term which in modern Chinese is used to translate the biomedical concept of contagion. And the 1910-11 epidemic casts its long shadow over the Manchuria that Ruth Rogaski describes in the 1920s through 1940s, when Japanese anti-plague campaigners wielding needles inspired as much fear as the plague itself. In short, this epidemic seems to have had the kind of transformative effect on public health in China that nineteenth-century cholera epidemics had in Western cities, though in a very different political context.

In her earlier book, Hygienic Modernity—which established the definitive history of how the modern Chinese concept of public health emerged—Rogaski demonstrated that if one wants to understand how imperialism in Asia affected public health, treaty-port China is another productive place to look. Shang-jen Li and Yu Xinzhong accordingly explore hygienic modernity in treaty ports from opposite ends, as it were: Li focusing on diet and Yu on human waste. Li’s article is one of the best in the book at capturing the political and intellectual complexity of the period, highlighting that Western medicine itself was in flux, and bore
little resemblance, as yet, to the biomedicine we are familiar with today. Wu Chia-ling’s article on midwifery in the Japanese colony of Taiwan rounds out the explorations of Chinese public health in colonial and semi-colonial settings.

The articles in the third section, focusing on epidemic-control efforts in the decades since World War II, are individually interesting and meet the same high standards of research, writing, and editing that all of the other chapters do. A study of the politics-poisoned effort to control schistosomiasis in the early People’s Republic contrasts powerfully with one on the successful malaria-eradication campaign in Taiwan at the same time. The two final chapters highlight two contrasting results of efforts to grapple with SARS: the standardizing influence of the World Health Organization (WHO) in the region increased even as, in mainland China, TCM approaches to epidemics flourished. These chapters seem, nonetheless, almost to belong in a different book. The de-colonized, divided East Asia that emerged by the late 1940s differs so significantly from what preceded it that few of the themes developed in the earlier chapters carry through into this section. Is the “long twentieth century” a coherent period when it comes to public health in Chinese East Asia? Perhaps a short century from the late nineteenth to 1945 makes more sense, given the way Japan’s withdrawal from its colonies and spheres of influence, and the start of the Cold War, changed relevant circumstances.

I would also have liked to see Chinese East Asia enter the essays as an object of analysis. Few of the articles cross national borders to ask whether mainland China, Taiwan, and Hong Kong make a meaningful unit, and how historical experience has unified or fragmented their approaches to public health. This represents an opportunity as much as a shortcoming, however; the narrative that weaves these fascinating case studies together has yet to be constructed. In the meantime, the quality and originality of each contribution make the present volume invaluable for those interested in imperialism, Chinese history, or the history of medicine and public health.

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Leslie Dossey’s book documents the integration of the rural population of North Africa into the society of the Roman empire in the fourth and fifth centuries. Apart from an introduction, historical overview, and conclusion, this study is structured in three main parts: consumption of material culture (chapters 2 and 3); community organization (chapters 4 and 5); and the Christian countryside (chapters 6 and 7).

Dossey’s study of consumption is the first serious attempt to address this issue in Roman Africa. Using the results of archaeological surface surveys, she argues that rural inhabitants were “non-consumers” in the early imperial period (defined here as first century BCE to third century C.E.). Due to an ideology of