Introduction

In the 2012 American animated comedy film *The Pirates! Band of Misfits*, the pirates attack and board a ship. To their horror, they are confronted with leprosy sufferers. One of the sufferers pulls off his arm and the pirates, aghast, beat a hasty retreat. Of course, this scene was not meant as a serious depiction of leprosy or Hansen's disease, as it is called today. However, patients who had formerly had Hansen's disease complained and the filmmakers hastily changed the leprosy ship into a plague ship. *The Pirates* film highlighted that leprosy's horrendous image remains still vibrant in Western culture, and the controversial nature of this image.

Those who suffer from leprosy have been historically stigmatized and excluded from society.[1] In attempts to understand these stigmatizing processes, the 'leprous body' has been conceptualized as the ultimate signifier of blurred boundaries between life and death. The British historian Rod Edmond draws on the work of anthropologist Mary Douglas and linguist/philosopher Julia Kristeva to theorize this 'leprous body'. For Edmond, leprosy in biblical times (not necessarily the same disease as modern leprosy) was an unclean abomination undermining the wholeness and completeness of the human body. Rituals and taboos were and are in place to protect the body's wholeness and to make a clear distinction and boundary between clean and unclean, order and disorder. However, in reality these distinctions are not so clear cut. To Edmond, the 'leprous body' is the most horrendous manifestation of the challenge of making clear distinctions: 'a mordant instance … death infecting life … something rejected from which one does not part'.[2]

Explaining how leprosy was considered in various historical settings by referring to categories of uncleanliness in antiquity, however, is problematic. Rather than taking a cue from a philosophical position on the wholeness of human nature and leprosy's abhorrent threat to this wholeness, in *Leprosy and Colonialism* I historicize how leprosy has been framed and addressed. Here leprosy is considered as a phenomenon shaped by time and place, and in particular by its relationship with colonialism.

Since the end of the nineteenth century, leprosy has been understood as a chronic infectious disease. Symptoms can take from ten to twenty years to develop and include anaesthesia (inability to feel pain) and inflammation of the skin, nerves, and eyes. Body parts do not fall off, but rather a weakening of the body's defences against secondary infections can lead to deformations and diseases of the extremities (fingers and toes). When repeated injuries occur, the inability to feel pain can lead to loss of extremity parts. Effective medication for leprosy only became available after the Second World War.

Although leprosy had ceased to be endemic across most of Europe by the early modern period, in the mid-eighteenth century Europeans encountered a disease they identified as leprosy in a completely new setting in another part of the globe among people of colour in Caribbean plantation colonies. From approximately 1750 onwards, leprosy or 'boasie' was seen by the Dutch rulers and Dutch colonial medicinal professionals in Suriname (the Dutch part of Guiana on the northern coast of South America), as an important danger to the slave population's health, public hygiene, and colonial rule. It was even feared that the disease might cross bloundaries and return to the Netherlands, thus undermining the global Dutch colonial empire.

Suriname was a Dutch construct. It was a plantation society where the vast majority of the population consisted of imported slaves from Africa, who had to be controlled. In this respect, Suriname was quite typical of other Caribbean plantation colonies. The Caribbean colonies specialized in exporting commodities, sugar in particular, using a system of coercion whereby coloured slaves (and after the abolition of slavery, Asian indentured labourers) were used as an agricultural labour force.[3] As historian Doris Garraway writes, 'The Caribbean plantation system … was founded on what was … the most brutal experiment in social engineering and physical repression.'[4] The colonial framing

of leprosy has to be investigated and understood within the context of the plantation economy and the attempts to control and 'colonize' the bodies of the labourers – the slaves.[5] Slave medicine (medical care for and medical care among the slaves) became a focal point of contestation and control.[6]

By 1790, compulsory segregation polices for leprosy sufferers were in place. These policies continued long after the abolition of slavery in Suriname in 1863, and after the end of direct Dutch colonial rule in 1950.[7] After the emancipation of the slaves, the social and cultural heritage of slavery continued to exercise an influence on the history of leprosy. The legacy of leprosy control and the slave society's fear of the disease later affected how leprosy was viewed and addressed in the modernizing colonial state. This legacy continued in spite of the profound changes in Surinamese society, such as the large-scale immigration of indentured labourers from British India and the Dutch East Indies and the transformation of the plantation economy into late colonial capitalism. *Leprosy and Colonialism* investigates the history of leprosy in Suriname within the context of Dutch colonial power, slavery and its legacy, and racial conflict.

Historiography: leprosy and imperialism

The history of leprosy's connection with Caribbean plantation colonialism has received little attention from historians compared to its connections with the growth of Western imperialism in the nineteenth century.[8] A central focus of investigation has been the development of the notion of leprosy as an 'imperial danger' at the end of the nineteenth century and leprosy's connections to imperialism and Social Darwinism.[9] Leprosy has been perceived as circulating throughout European empires through the migration of non-white people and the circulation of goods, thus endangering white people. In an influential study published in 1989, Zachary Gussow concluded as follows:

> By the nineteenth century [leprosy] had reappeared and by the end of the century had caused Western nations to panic. During the period of nineteenth-century imperialism, the disease was discovered to be hyperendemic in those parts of the world that Western nations were annexing and colonizing. The discovery of leprosy in the colonial world,

> and the excitement in the 1860s generated by the announcement of an epidemic in Hawaii, revived Western concerns about a disease that otherwise remained but a memory.[10]

Gussow related this 'rediscovery' and renewed fears of leprosy to anxieties about Chinese immigration and an endangerment of 'Americanness' in the United States. For Gussow, leprosy was framed as a disease of racially 'inferior' people. According to Gussow, the association of this rediscovered leprosy with biblical and medieval leprosy led to the stigmatization of the leprosy sufferers, their isolation, and segregation policies.

Thus, Gussow made explicit links between the stigmatization of leprosy and racial fears spreading worldwide at the end of the nineteenth century owing to international migration movements. Questions of health and disease were conflated and confused with political rhetoric and racial tensions. Historians have adopted this idea. For example, Jo Robertson has argued that in the Australian territory of Queensland in the 1890s, leprosy was racialized. For Roberston,

> An extraordinary discursive formation came into play that was about the colony being 'corrupt' both politically and also in terms of the disease leprosy … The workers saw the importation of indentured labour undermining their hard won rights and they opposed them on the basis that the Polynesian and Melanesian labourers were, with political support, introducing disease (leprosy) into the colony.[11]

Historians have further directed special attention to the role of missionary societies in managing leprosy since the religious revival of the 1860s.[12] Addressing leprosy has also been situated in the context of the construction of national identities in the era of imperialism.[13] It is remarkable that an important part of the modern history of leprosy has remained insufficiently explored, conceptually as well as empirically, namely, its history in the eighteenth- and nineteenth-century Caribbean.[14]

Leprosy and race

In the eighteenth- and nineteenth-century Caribbean colonies, the identity of the supposed carriers of leprosy took central place in the framing of the disease. Colonial rulers in the eighteenth-century

Caribbean thought that a key risk group of carriers were their African slaves. The first constructions of leprosy as a danger to white dominance transmitted by an 'inferior' race, and as a disease similar or identical to biblical and medieval leprosy, began in the Caribbean. Hence, race is of key importance to the history of leprosy.

According to the historiography of colonial medicine, racism was on the increase after 1800. Mark Harrison has connected this increase to the history of slavery. To defend themselves against attacks on the slave trade, European colonizers emphasized their supposed fundamental biological difference with the Africans.[15] The idea of a fundamental difference between races developed within a colonial context. Historian Alfred Crosby showed in his seminal work on *The Columbian Exchange* that from the very first, the discoverers of the New World wondered about their differences with the indigenous inhabitants. Some Europeans entertained the notion of 'multiple creations': God might have created fundamentally distinct worlds, the Old and the New. To the eighteenth-century French naturalist Buffon it was clear that Amerindians or Native Americans were in all respects inferior to Europeans. Furthermore, colonizers observed that since the Conquest, diseases that had been prevalent among the inhabitants of one part of the world had begun to plague the inhabitants of other parts.[16] Kenneth Kiple and Richard Sheridan have described the epidemiological transitions and the changing disease environment in the Caribbean in the eighteenth century in more detail and highlighted changes related to the forced migration of Africans to the New World. Yellow fever, filariasis, malaria, and yaws were some of the diseases that became rampant on Caribbean islands and threatened the success of European military operations.[17] For Sheridan, 'Faced with numerous diseases that were indigenous to Africa … attention [of European doctors] was directed to the differences between Africans and Europeans with respect to resistance and susceptibility to various diseases.'[18] The changing disease environment and the close proximity to slaves of African descent prompted inquiries into the health and disease of the non-white population in the Caribbean much earlier than in Asia.[19]

By the later eighteenth century, what Londa Schiebinger has called the 'anatomy of difference' between races was widely debated among

European scientists and savants. Explanations for these 'differences' ranged between environmentalism and hereditarianism, including combinations of both.[20] While in Europe this was more of a theoretical concern, in the colonies the question of why and to what extent various races were prey to specific diseases was of eminent practical concern. As Sean Quinian writes in his study of the French colonies, colonial doctors had to find an explanation for the 'selective nature of disease' since they observed that Africans and Europeans, 'responded quite differently to the exigencies of the Caribbean tropics … In contrast to physicians in Europe (who emphasized differences of class), colonial doctors frequently stressed biological differences of a racial type.'[21] According to Quinian, it was a French physician, Pierre Barrère, who was one of the first to identify a 'morbid otherness' among the African population in 1741. To Barrère (who had spent five years working in Cayenne, the neighbouring French colony to Suriname), Europeans considered the African as a source of pollution.[22] The ultimate distinction between the races was located in the amount of self-control a male European could exert to regulate his functioning in accordance with the environment. 'In a sense, the diseased body became the ultimate signifier of not just the pathological milieu but the total lack of physical self-control exercised by the European individual', writes Quinian.[23] Differences in 'passions of the mind' were used to explain racial differences in disease patterns.

In Suriname, leprosy became a focus of ideas of racial difference, the failure of making and upholding clear distinctions between racial boundaries, and a threat to the Europeans that could easily extend to Europe. These fears led to early local compulsory segregation policies rather than policies that spread 'outward' from a colonial or imperialist 'centre' to the periphery of empire.[24] The policies were developed from the perspective of a 'slaveholder's knowledge' as long as it is understood that 'slaveholders' were not only the actual slave owners, but also 'many more with a direct or indirect interest in slaveholding through family connections or professional and business arrangements'.[25] Hence, addressing leprosy in Suriname became integral to what historian David Arnold has called the 'colonization of the body' or the conflict over who had the right to control whose body.[26]

Leprosy politics in Suriname

Compulsory segregation policies began in Suriname in the second half of the eighteenth century and anticipated global developments in the age of imperialism. The policies took the form of a 'Great Confinement' (to borrow a phrase from Michel Foucault) in the decades between 1830 and 1860.[27] Close to one out of every 100 inhabitants were condemned or suspected of having leprosy, and confined to the Batavia leprosy asylum or segregated in their own homes or elsewhere. Although segregation policies seemed to be ebbing after the abolition of slavery in 1863, colonial leprosy control at the end of the nineteenth century gave segregation a new impetus. 'Modern Dutch' colonial policies in Suriname were characterized by the combination of authoritarianism with a belief in rational order, linear progress, and standardized conditions of knowledge. Colonial health policies became 'modern' in this sense, which affected leprosy control especially after the 1890s. Thus, segregation policies for leprosy can be understood as an attempt at social engineering and described as 'authoritarian modernist', which is a useful term for distinguishing the pre- and post-emancipation colonial state.[28]

In Suriname, the difference between the 'old' leprosy asylums founded in the age of slavery, Voorzorg and Batavia, on the one hand, and the modern leprosy asylums of the twentieth century, Groot-Chatillon, Majella, and Bethesda, on the other, is exemplary of modern colonial health policies. The first asylums were more or less dumping grounds of villages where whole families lived excluded from society with relatively reasonable freedom of movement, but little medical care. The modern asylums had relatively improved hygienic and medical conditions, but freedom of movement was limited and inmate discipline increased. This was part of what Dutch doctors claimed was a change from a coercive to a medical leprosy policy. If the reality was more complex, this shift away from a slave holder's perspective seems to fit with Suriname's transition to a more 'modern' colonial state. However, the shift in leprosy policies was not a total change: modern colonial society continued the heritage of framing leprosy that originated within the old colonial slave society.

Modern leprosy politics also continued the heritage of the role of missionary societies in the fight against leprosy. Historians have focused attention on Christian and especially Protestant missionaries in the fight against leprosy in the British Empire and elsewhere. Michael Worboys has written about the role played by Christian missionary healthcare (together with medical humanism and colonial developmental policies) in the construction and implementation of policies that aimed to improve the population's welfare while realizing an imperial 'mission'. Within a framework whereby Christianity was propagated alongside a Western scientific rationalism and 'mandate' (strengthening the empire), leprosy was framed as the archetypical tropical disease prevalent among the races of colour. Western expertise was needed to fight this disease, and Christian missionaries were essential to implement their Western expertise.[29] In Suriname, in the 1820s, almost three-quarters of a century earlier, Catholic missionaries had already been given a central role in the fight against leprosy. Thus, they had demonstrated their essential role in the care and control of the Afro-Surinamese population to both the colonial state and the Catholics in the Netherlands who financed their missions.[30] The activities of Dutch Catholic priests in the Surinamese leprosy asylums were ahead of those of Protestant missionaries from the British Empire, and the activities of their internationally more famous colleague, Father Damien in the Kulawao leprosy settlement on the Hawaiian island of Molokai.[31] Here, as in the introduction and execution of compulsory segregation policies, Suriname anticipated global developments in the later nineteenth century.

Reconstructing the agency of leprosy sufferers

The colonial framing of leprosy and the development of leprosy politics by colonial medicine took place in a context of power relationships of the colonial state and colonial medicine on one side and leprosy sufferers, their kin, and their social groups on the other side. Historians have begun to focus on the complexities in the outcomes of encounters between Western medicine and non-Western contexts.[32] Authors such as Eric Silla, Jane Buckingham, and Keri Ingliss have shown how to bring the experiences and agency of sufferers in Africa and the Pacific to the centre of leprosy asylum narratives.[33] In Dutch Suriname and

other regions, historians have to address the silences in colonial sources about the sufferers' experiences and agency. Everything that can be read in period sources or reliably traced back to these sources offers perspectives that are filtered through the eyes of European observers. For instance, Afro-Surinamese perspectives on disease and healing are distorted in this way, which is a typical example of the role of colonial power in the production and writing of history.[34] As Peter Hulme suggests, 'The only evidence that remains … are the very European texts that constitute the discourse of colonialism.'[35] In researching and writing *Leprosy and Colonialism*, strategies have been sought to break through these silences and distortions to avoid a limited and Eurocentric view in line with those historians who have shown that an alternative perspective can be taken with promising results by using extant colonial sources and reading them from a more 'bottom-up' perspective.[36]

This bottom-up perspective is of crucial importance in the investigation of the various aspects of leprosy politics in Dutch Suriname, such as the functioning of compulsory segregation and the population and patients' compliance, asylum functioning, and the problem of stigmatization. Rosemarijn Hoefte has described twentieth-century Suriname as a 'culture of domination and contestation'.[37] This applies to the eighteenth and nineteenth centuries as well. Contestation can take the form of resistance on the level of what anthropologist James Scott has called 'infrapolitics' or the 'hidden transcripts' of resentment and discontent (hidden, because of the lack of articulated media attention at the time) lying beneath or below ('infra') the articulated political sphere.[38] One example of contestation is the Afro-Surinamese and other ethnic groups' cultural resistance against the acceptance of Dutch religious and medico-scientific beliefs, and the continued survival and the importance of their folk beliefs. So too are the Afro-Surinamese refusals to cooperate with segregation politics and leprosy asylum patients' non-compliance. Reading the colonial sources from new perspectives, top-down as well as bottom-up, allows for the reconstruction of these dynamics of power, domination, and contestation.

In the 1990s and 2000s, historians such as Ruth Smith-Kipp, Warwick Anderson, and Rod Edmond analysed the asylums from the perspective of top-down control, and were influenced by Ervin Goffman's notion of a 'total institution' wherein the patient's behaviour and outlook are refashioned, and by the ideas of Michel Foucault.

Whereas Foucault had seen medieval leprosy colonies as an example of sovereign power, exile, and the enclosure of an abandoned marginalized group, these historians suggested that the modern leprosy asylums could be seen as an example of disciplinary power in which modern notions of citizenship were applied and patients were held under constant surveillance.[39] More recently, Jo Robertson, Jane Buckingham, and Kerri Ingliss have advocated a more nuanced approach, showing the variations, complexities, and contingencies in leprosy asylums, and reconstructing asylums as places where people could build a new sense of identity and community.[40] While the one perspective might be as 'true' as the other, reading the sources from the patient's perspective in the asylums is essential.

A bottom-up perspective is also needed for investigating stigmatization. By the end of direct Dutch colonial rule in Suriname, the problem of stigma had become a major cause of concern for medical practitioners treating leprosy. In 1951, Eugene R. Kellersberger, a leprosy doctor in the Belgian Congo and organizer of the first supplies of sulfone drugs in Suriname, claimed that there could be no medical hope for the patient with leprosy until the stigma of the disease was first removed.[41] Dutch anthropologist Annemarieke Blom conducted a series of interviews in 2001 and 2002 in Suriname with sixteen people who had had Hansen's disease and who were between twenty and eighty-seven years of age. She concluded that every one of them felt stigmatized for at least one or more reasons. Stigmatization was often connected with religious ideas; for instance that the Devil had cursed one's family or one had transgressed a taboo. Stigmatization was also a consequence of fears of infection by others in the environment, visible physical mutilations from the disease, and the connection between leprosy and poverty (or low social status).[42] However, we cannot assume a priori that these conclusions are valid for the entire history of leprosy in Suriname. In Thailand, Liora Navon concluded,

> prior to the discovery of a cure for [leprosy] its sufferers encountered ambivalent rather than severely stigmatizing reactions. Yet the public's selective exposure – mainly to beggars with the disease – paved the way to the perception of leprosy as the epitome of stigmatization and to its transformation into a metaphor for degradation.[43]

Similarly, L. K. Seng claims that many Chinese families and the larger public in British Singapore and Malaysia were quite sympathetic to

leprosy sufferers before the start of compulsory segregation in 1897. It was this policy of compulsory segregation, as well as the general acceptance of the theory of the contagiousness of leprosy, that supposedly 'forged a new social horror' towards the disease.[44] In colonial Suriname, an iatrogenic stigma was framed by colonial medicine. However, it was particularly related to the sufferer's social status and/or ethnic background, rather than solely to the disease. An Afro-Surinamese leprosy sufferer could be looked down upon, but there is not much evidence that this was also the case with European leprosy sufferers unless there had been sexual relations with African women. Reading sources from a bottom-up perspective is essential for making sense of and historicizing the development of stigmatization.

Contents

This study traces the history of leprosy in Suriname in the context of the transformation of slave society and the modern colonial state, while reading historical sources from both the perspectives of the colonial rulers (top-down) and the ruled (bottom-up).[45] Part I considers leprosy in a slave society. Chapter 1 investigates the history of leprosy in eighteenth-century Suriname and the early colonial framing of the disease in the context of the slave economy. Chapter 2 presents the development and implementation of an intensified regime of detection and compulsory segregation after the Napoleonic wars that resulted in the leprosy edict of 1830 and the period of 'Great Confinement' of those with leprosy. Chapters 1 and 2 ask how and why these early examples of compulsory segregation policies came to be, how thorough and effective they were, and what their relationship was with the institute of slavery. The chapters also describe 'white' medical perspectives and practices as contrasted with a bottom-up perspective of 'black' beliefs and practices examined in Chapter 3. After 1824, patients with leprosy were sent to the Batavia leprosy asylum where only limited medical care was available, but more extensive materiel and spiritual care were provided by Catholics. Chapter 4 addresses the micro-cosmos of and power relations in Batavia.

Part II deals with the modern colonial state after the abolition of slavery in Suriname in 1863. After emancipation, interest in the problem of leprosy diminished for a time in Suriname, although there were fears in

the Netherlands about a return of leprosy from the colonies. Chapter 5 investigates a period of transformation and discussion until 1890 about leprosy related to the end of the slave economy. Compulsory segregation received new impetus in the 1890s. Chapter 6 presents a reorganization of leprosy care in a modernizing colonial state. Modernization included both an emphasis on medical treatment and humanitarian care in new leprosy asylums and a new political accommodation in which the Protestants joined the Catholics in leprosy care. Chapter 7 investigates the changes in leprosy politics related to changes in modern colonial Suriname in the first half of the twentieth century. The leprosy edict of 1929 inaugurated a modernized and 'medicalized' leprosy politics that made outpatient treatment possible, but increased the detection and segregation of sufferers. One of the major problems for colonial medicine was the continued non-cooperation and non-compliance of sufferers who held on to their own beliefs and practices. As Chapter 8 shows, modern colonial medicine was interested in these local beliefs and tried to find ways to address them to ensure increased cooperation, especially from the Afro-Surinamese. Chapter 9 investigates the care and treatment of leprosy in the modern era and questions how and to what extent disciplining sufferers in modern asylums took place and succeeded. The conclusion then returns to the problem of leprosy within colonial power relations.

By investigating leprosy in Suriname, this book seeks to understand the complex reciprocities between knowledge, attitudes and practices towards leprosy over time, the agency of those with leprosy, and the ways in which colonial health policies came into being. In doing so, this book investigates the Caribbean origins of modern framing and management of leprosy; these origins have so far been neglected in the historiography of colonial and imperial medicine.

Notes

1 In this volume the word 'leprosy sufferers' is used throughout and not '(ex-) Hansen (disease) patients' or 'People Affected by Leprosy' (PAL). The term 'Hansen's disease' only came in vogue after the historical period this book is dealing with and its use would be anachronistic. It would also imply an answer to a question that is to a large extent unanswerable; namely whether

the people who were diagnosed with leprosy in the period under study really suffered from this disease as it is now understood. The word 'leprosy sufferer' is also anachronistic, but preferable to the English word 'leper' that has distinct negative connotations. 'People (or Individuals) Affected by Leprosy' is rather a mouthful, while using acronyms as 'PAL' and 'PALs' reads rather strange in a historical study. A general and popular introduction to the modern history of leprosy is T. Gould, *Don't Fence Me In: Leprosy in Modern Times* (London: Bloomsbury, 2005).

2 R. Edmond, *Leprosy and Empire: A Medical and Cultural History* (Cambridge: Cambridge University Press, 2006), p. 3.

3 On the history of Suriname, see R. van Lier, *Frontier Society: A Social Analysis of the History of Surinam* (The Hague: Martinus Nijhoff, 1971); H. Buddingh', *De geschiedenis van Suriname* (Amsterdam: Nieuw Amsterdam, 2012). General overviews of Caribbean plantation colonies: G. Heuman, *The Caribbean* (London: Hodder Arnold, 2006); J. Rogozinski, *A Brief History of the Caribbean: From the Arawak and the Carib to the Present* (New York: Facts on File, 1999). On plantation colonialism in Suriname: M. Schalkwijk, 'The plantation economy and the capitalist mode of production', in M. Schalkwijk and S. Small (eds.), *New Perspectives on Slavery and Colonialism in the Caribbean* (The Hague: Hamrit/Ninsee, 2012), pp. 14–40.

4 D. Garraway, *The Libertine Colony: Creolization in the French Caribbean* (Durham, NC: Duke University Press, 2005), p. 6.

5 D. Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Delhi: Oxford University Press, 1993).

6 On slave medicine, see T. L. Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana, IL: University of Illinois Press, 1978); S. M. Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill, NC: The University of North Carolina Press, 2002).

7 Suriname received formally autonomy in internal affairs in 1954 but direct Dutch rule from the Netherlands ceased in 1950. See J. C. Brons, *Het rijksdeel Suriname* (Haarlem: Bohn, 1952). In 1975 the country became an independent republic.

8 Z. Gussow, *Leprosy, Racism, and Public Health: Social Policy in Chronic Disease Control* (Boulder, CO: Westview Press, 1989); M. Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Cambridge: Polity Press, 1991), pp. 77–99; J. Buckingham, *Leprosy in Colonial South India: Medicine*

and Confinement (Basingstoke: Palgrave, 2002); J. Robertson, 'Leprosy and the elusive *M. Leprae*: Colonial and imperial medical exchanges in the nineteenth century', *Manguinhos*, 10; suppl.1 (2003), pp. 13–40; Gould, *Don't Fence Me In*; W. Anderson, *Colonial Pathologies: American Tropical Medicine, Race and Hygiene in the Philippines* (Durham: Duke University Press, 2006), pp. 161–75; Edmond, *Leprosy and Empire*; J. Robertson, 'The leprosy asylum in India, 1886–1947', *Journal for the History of Medicine and Allied Sciences* 64 (2009), pp. 474–517; and other studies mentioned in A. Bashford, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health* (Basingstoke: Palgrave Macmillan, 2004), pp. 81–93.

9 *Leprosy, an Imperial Danger*, is the title of a 1889 tract by Henry Press Wright (London: Churchill, 1889).

10 Gussow, *Leprosy, Racism, and Public Health*, p. 19.

11 Jo Robertson, email communication to the author, 18 February 2014. See J. Robertson, 'In a State of Corruption: Loathsome Disease and the Body Politic' (PhD thesis, University of Queensland, 1999), http://espace.library.uq.edu.au/view/UQ:193252/the13742.pdf [accessed on 21 October 2014]; Bashford, *Imperial Hygiene*; W. Anderson, *The Cultivation of Whiteness: Science, Health, and Racial Destiny in Australia* (Durham, NC: Duke University Press, 2006).

12 M. Worboys, 'The colonial world as mission and mandate: Leprosy and empire, 1900–1940', *Osiris* 15 (2000), pp. 207–18.

13 D. Obregon, 'Building national medicine: Leprosy and power in Colombia, 1870–1910', *Social History of Medicine* 15 (2002), pp. 89–108; A. Ki Che Leung, *Leprosy in China: A History* (London: Columbia University Press, 2008).

14 A modern history of leprosy in the Caribbean does at present not exist. On leprosy in Trinidad and Tobago: D. McCollin, 'Chacachacare: The island of lepers, 1922–1979', in C. Bonfield, J. Reinarz and T. Huguet-Termes, *Hospitals and Communities, 1100–1960* (Oxford: Peter Lang, 2013), pp. 263–90.

15 M. Harrison, 'The tender frame of man: Disease. climate, and racial differences in India and the West Indies', *Bulletin of the History of Medicine* 70 (1996), pp. 68–93; M. Harrison, *Medicine in an Age of Commerce and Empire: Britain and Its Tropical Colonies 1660–1830* (Oxford: Oxford University Press, 2010), p. 287.

16 A. W. Crosby, Jr., *The Columbian Exchange: Biological and Cultural Consequences of 1492* (Westport, CT: Greenwood, 1972), pp. 4–31.

17 K. F. Kiple, *The Caribbean Slave: A Biological History* (Cambridge: Cambridge University Press, 1984); R. B. Sheridan, *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies, 1680–1834* (Cambridge: Cambridge University Press, 1985). See also K. F. Kiple and Kriemhild Coneé Ornelas, 'Race, war and tropical medicine in the eighteenth-century Caribbean', in D. Arnold (ed.), *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500–1900* (Amsterdam: Rodopi, 1996), pp. 65–79; J. Handler, 'Diseases and medical disabilities of enslaved Barbadians, from the seventeenth century to around 1838', *The Journal of Caribbean History*, 2006, 1–38, pp. 177–214; J. R. McNeill, *Mosquito Empires: Ecology and War in the Greater Caribbean, 1629–1914* (Cambridge: Cambridge University Press, 2010).

18 Sheridan, *Doctors and Slaves*, p. 18.

19 M. Worboys, 'Tropical diseases', in W. F. Bynum and R. Porter (eds.), *Companion Encyclopedia of the History of Medicine*, vol. 2 (London: Routledge, 1993), pp. 512–36, on p. 517, on India: 'In fact, colonialism had little or no knowledge of health and disease amongst indigenous peoples.'

20 L. Schiebinger, 'The anatomy of difference: Race and sex in eighteenth-century science', *Eighteenth-Century Studies* 23 (1989/1990), pp. 387–405.

21 S. Quinian, 'Colonial encounters: Colonial bodies, hygiene and abolitionist policies in eighteenth-century France', *History Workshop Journal* 42 (1996), pp. 107–26, on p. 107.

22 Quinian, 'Colonial encounters', pp. 112–13.

23 Quinian, 'Colonial encounters', p. 120. According to male European savants, female Europeans also lacked the self-control of the male, as did Africans. (Schiebinger, 'Anatomy of difference'.)

24 Rather than introducing a concept of leprosy from Europe to the colonies, as for instance in Cambodia: S. Au, *Mixed Medicines: Health and Culture in French Colonial Cambodia* (Chicago, IL: The University of Chicago Press, 2011), pp. 157–79. On the analytical conceptualization of 'centre' and 'periphery': R. MacLeod (ed.), *Nature and Empire: Science and the Colonial Enterprise*, *Osiris* 15 (2000), pp. 1–317. For their relevance to the history of leprosy in Suriname: H. Menke, S. Snelders, and T. Pieters, 'Omgang met lepra in 'de West' in de negentiende eeuw. Tegendraadse maar betekenisvolle geluiden vanuit Suriname', *Studium* 2 (2009), pp. 65–77, on pp. 66–7.

25 E. Fox-Genovese and E. D. Genovese, *The Mind of the Master Class: History and Faith in the Southern Slaveholders' Worldview* (Cambridge: Cambridge University Press, 2005), p. 1.

26 Arnold, *Colonizing the Body*; see also N. T. Jensen, *For the Health of the Enslaved: Slaves, Medicine and Power in the Danish West Indies, 1803–1848* (Copenhagen: Museum Tusculaneum Press, 2012).
27 M. Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (London: Routledge, 2001).
28 J. C. Scott, *Seeing Like A State: How Certain Schemes to Improve the Human Condition Have Failed* (New Haven, CT: Yale University Press, 1998), pp. 88–97, 177.
29 Worboys, 'Colonial world as mission and mandate'.
30 The word 'Afro-Surinamese' is used throughout the book for the whole period of study to avoid confusion and refers to the descendants of African slaves. This use includes the Maroons, the descendants of runaway slaves in the interior, and what today are called the Creoles. The word 'Creoles' refers now to descendants of the slaves apart from the Maroons, but it was used in the eighteenth and nineteenth centuries to refer to descendants of Europeans born in Suriname.
31 Edmond, *Leprosy and Empire*, p. 92.
32 R. Peckham and D. M. Pomfret (eds.), *Imperial Contagions: Medicine, Hygiene, and Cultures of Planning in Asia* (Hong Kong: Hong Kong University Press, 2013).
33 E. Silla, *People Are Not The Same: Leprosy and Identity in Twentieth Century Mali* (Portsmouth: Heinemann, 1998); Buckingham, *Leprosy in Colonial South India*; J. Buckingham, 'The inclusivity of exclusion: Isolation and community among leprosy-affected people in the South Pacific', *Health and History* 13 (2011), pp. 65–83; K. A. Ingliss, *Disease and Displacement in Nineteenth-Century Hawai'i* (Honolulu, HI: University of Hawai'i Press, 2013).
34 M.-R. Trouillot, *Silencing the Past: Power and the Production of History* (Boston, MA: Beacon Press, 1995).
35 P. Hulme, *Colonial Encounters: Europe and the Native Caribbean, 1492–1797* (London: Methuen, 1986), p. 8. Compare also Garraway, *Libertine Colony*, pp. 10–17.
36 K. K. Weaver, *Medical Revolutionaries: The Enslaved Healers of Eighteenth-Century Saint Domingue* (Urbana, IL: University of Illinois Press, 2006); P. F. Gómez Zuluaga, 'Bodies of encounter: Health, illness and death in the early modern African-Spanish Caribbean' (PhD thesis, Vanderbilt University, 2010); P. F. Gómez, 'The circulation of bodily knowledge in the seventeenth-century black Spanish Caribbean', *Social History of Medicine* 26 (2013), pp. 383–402.

37 R. Hoefte, *Suriname in the Long Twentieth Century: Domination, Contestation, Globalization* (New York: Palgrave MacMillan, 2014), p. 2.
38 J. C. Scott, *Domination and the Art of Resistance: Hidden Transcripts* (New Haven: Yale University Press, 1990), p. 198. On open and hidden resistance in the Caribbean, see M. S. Hassankhan, B. V. Lal, and D. Munro (eds.), *Resistance and Indian Indentured Experience: Comparative Perspectives* (New Delhi: Manohar, 2014).
39 R. Smith Kipp, 'The evangelical uses of leprosy', *Social Science and Medicine* 39 (1994), pp. 165–78; W. Anderson, 'Leprosy and citizenship', *Positions* 6 (1998), pp. 707–30; Anderson, *Colonial Pathologies*, pp. 158–79; S.L. Burns, 'From 'leper villages' to leprosaria: Public health, nationalism and the culture of exclusion in Japan', in C. Strange and A. Bashford (eds.), *Isolation: Places and Practices of Exclusion* (London: Routledge, 2003), pp. 104–18; Bashford, *Imperial Hygiene*, pp. 81–113.
40 Robertson, 'Leprosy asylum', p. 474; Buckingham, 'Inclusivity of exclusion'; Ingliss, *Disease and Displacement*.
41 Cit. in Gussow, *Leprosy, Racism, and Public Health*, p. 4.
42 A. Blom, 'Angst voor lepra', *OSO* 22 (2003), pp. 90–8; A. Blom, 'Lepra in Suriname', *MensenBeelden* 6 (2004), pp. 28–31. On stigmatization in Suriname, see also P. Spapens, *Gwasi siki. Levensverhalen van Surinaamse mensen die lepra hebben gehad* (Tilburg: Pix4Profs, 2012); M. Reyme, 'Give ex-leprosy patients a voice' (unpublished manuscript, Anton de Kom Universiteit van Suriname, Paramaribo, 2013–2014).
43 L. Navon, 'Beggars, metaphors, and stigma: A missing link in the social history of leprosy', *Social History of Medicine* 11 (1998), pp. 89–106, on p. 102.
44 L. K. Seng, *Making and Unmaking the Asylum: Leprosy and Modernity in Singapore and Malaysia* (Petaling Jaya: Strategic Information and Research Development Centre, 2009), p. 30.
45 For earlier studies of leprosy in Suriname, taking different perspectives: E. van der Kuyp, 'De geschiedenis van lepra in Suriname tot 1971', *Surinaams Medisch Bulletin* 14 (1999), vol. 1, pp. 43–64; vol. 2, pp. 36–55; W. Hoogbergen and H. Ramsoedh (eds.), 'Lepra in Suriname', *OSO* 22 (2003), pp. 1–123; Menke, Snelders, and Pieters, 'Omgang met lepra'.