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SEX AND CONTROL

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DANIEL J. WALTHER

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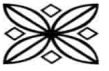

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berghahn
NEW YORK • OXFORD
www.berghahnbooks.com

Published in 2015 by
Berghahn Books
www.berghahnbooks.com

Library of Congress Cataloging-in-Publication Data

Walther, Daniel Joseph, 1965- , author.
Sex and control : venereal disease, colonial physicians, and indigenous agency in German colonialism, 1884-1914 / Daniel J. Walther.
p. ; cm. -- (Monographs in German history ; volume 36)
Includes bibliographical references and index.
ISBN 978-1-78238-591-2 (hardback) -- ISBN 978-1-78238-592-9 (ebook)
I. Title. II. Series: Monographs in German history ; v. 36.
[DNLM: 1. Sexually Transmitted Diseases--Germany. 2. Colonialism--history--Germany. 3. History, 19th Century--Germany. 4. History, 20th Century--Germany. 5. Physician's Role--history--Germany. 6. Sexual Behavior--history--Germany. WC 140]
RA644.V4
616.95'100943--dc23

2014033536

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

Printed on acid-free paper.

ISBN 978-1-78238-591-2 hardback
ISBN 978-1-78238-592-9 ebook

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To Linda, for your unflagging support and patience.

Acknowledgments

There are a number of people and organizations I would like to thank for making this project possible—more than I can fully remember. To start, I'd like to begin by recognizing those people who have played essential roles in shaping this book, either directly or indirectly. At the top of the list is my good friend and colleague, Staffan Müller-Wille, who read earlier versions of these chapters and pushed me to be more precise and more compelling in my prose and arguments. Indeed, without his input, the completion of the manuscript would have taken considerably longer and the book would have suffered. Of course, I want to thank Veronika Lipphardt and the other members of her Independent Research Group at the Max Planck Institute for the History of Science, or MPIWG (Berlin, Germany). Either directly or indirectly, her remarks and the comments of others helped shape this book through feedback on the paper I shared with them or in other conversations—too many, in fact, to recount them all. I'm also extremely grateful to Veronika and the MPIWG for inviting me to be a part of her group, "Twentieth Century Histories of Knowledge About Human Variation," for it enabled me to present my findings and interact with others, as well to have the time, space, and resources to conduct research and write. During my time there, I made considerable progress on this project, which helped expedite the writing process after I returned home. A debt of gratitude also goes out to Axel Hüntelmann, Cornelie Usborne, and my good friend Matthew Fitzpatrick, all of whom provided useful comments, suggestions, and questions along the way.

In addition, the outside reviewers and editors of the various publications that provided foundational material for the manuscript contributed significantly to sharpening my analysis and prose. Specifically, I want to thank Matthew Kuefler at the *Journal for the History of Sexuality*; Graham Mooney at the *Social History of Medicine*; the former editor of the *German Studies Review,* Diethelm Prowe; and Nina Berman, Klaus Mühlhahn, and Patrice Nganang, editors of a collection on African and Asian responses to German colonialism.

I also want to thank my colleagues at Wartburg College, in particular Terry Lindell and Erika Lindgren. Even though our scholarly interests are decidedly different, their camaraderie, encouragement, and support provided an environment where I could be productive.

A special thanks goes to the staff at the Max Planck Institute, especially those working in the library. They make the life of a researcher collecting materials appear almost effortless. Further, the staff at the various archives I visited—i.e., the National Archives of Australia, the Bundesarchiv Lichterfelde, and the Military Archive in Freiburg—was always ready to assist me in finding and obtaining the documents essential for my research.

Of course, this project would not have been possible without financial support. Both the Academic Exchange Service (DAAD) and the Fulbright Kommission (Germany) made it possible for me to spend considerable time in Germany carrying out the necessary research. Also, Wartburg College's Faculty Development Committee and the Office of the Vice-President for Academic Affairs provided additional funding for my trips to Germany and Australia and granted me a year-long sabbatical in 2011–2012.

Moreover, I am greatly appreciative of the support I received from the people at Berghahn Books, especially my editors Adam Capitanio and Elizabeth Berg, who guided me throughout the publication process and made it a smooth experience.

Finally, I want to thank my family for their patience, understanding, and support while I worked on this project. Their love gave me inspiration and the drive to finish the project, especially during those moments when my enthusiasm for it was waning.

Earlier versions of material appearing in this book was originally published in the following:

"Sex, Public Health and Colonial Control: The Campaign Against Venereal Diseases in Germany's Possessions, 1884–1914," *Social History of Medicine* 26, no. 2 (2013): 182–203. Reprinted with permission from Oxford University Press.

"Sex, Race, and Empire: White Male Sexuality and the 'Other' in Germany's Colonies," *German Studies Review* 33, no. 1 (February 2010): 45–72. Reprinted with permission from Johns Hopkins University Press.

"Sex and Control in Germany's Overseas Possessions: Venereal Disease and Indigenous Agency," in *German Colonialism Revisited: African, Asian and Oceanic,* eds. Nina Berman, Klaus Mühlhahn, and Patrice Nganang (Ann Arbor: The University of Michigan Press, 2014). Reprinted with permission by the University of Michigan Press.

"Racializing Sex: Same-Sex Relations, German Colonial Authority, and Deutschtum," *Journal of the History of Sexuality* 17, no.1 (2008): 11–24. Reprinted with permission by the University of Texas Press.

Abbreviations

AA	German Foreign Office (*Auswärtiges Amt*)
AkG	*Arbeiten aus dem kaiserlichen Gesundheitsamte*
ASTH	*Archiv für Schiffs- und Tropenhygiene*
BArch	German Federal Archive—Lichterfelde (Bundesarchiv)
BArch-MA	German Federal Archive—Military Department Freiburg
DKG	German Colonial Society (Deutsche Kolonialgesellschaft)
DNG	German New Guinea (Deutsch-Neuguinea)
DOA	German East Africa (Deutsch-Ostafrika)
DSWA	German Southwest Africa (Deutsch-Südwestafrika)
MB	*Medizinal-Berichte über die Deutschen Schutzgebiete*
NAA	National Archives of Australia
RKA	Reichskolonialamt (Imperial Colonial Office)
VD	Venereal disease(s)

Contents

INTRODUCTION

Sex and its regulation occupied a central position in the German colonial enterprise; they permeated the political, social, economic, and cultural life of the colonies. As various scholars have already demonstrated,[1] formal sexual relationships between the races and the progeny from such encounters challenged the colonial order and the future of the colonies as German possessions, while responses to these threats strengthened the gender and racial hierarchy by banning mix marriages and relegating offspring to a lower racial status. The aim of these policies was not to prevent sexual relations between whites and non-Europeans. Rather, they attempted to redirect white male sexual desire. Thus, as concubinage and miscegenation over time became less of an acceptable option for European men, the only real publicly permissible alternatives were either marrying German women or engaging a prostitute.

However, due to the demographics of the colonial situation, there were always too few white women, while indigenous women were in abundance. Consequently, for many white men, the only real choice was turning to a prostitute for their sexual gratification. Prostitution, though, was closely associated with venereal diseases (VD), and according to colonial health authorities, VD not only weakened military effectiveness and economic vitality—two cornerstones of German colonialism—but also white rule itself, the very foundation of the colonial enterprise. Indeed, venereal diseases posed not only an immediate danger, but also one to the future because they ostensibly prevented the reproduction of the African, Asian, and Pacific Islander labor force and, more importantly, the white race.

Notes for this section begin on page 8.

As in Germany, physicians as public health officials were charged with combatting this perceived danger to the colonial endeavor. Further, like their colleagues at home, to prevent the spread of VD, or at least mitigate the effects of dissemination, doctors used both normative and surveillance measures based on scientific knowledge and bourgeois perceptions of health and race. Their primary goal, though, was to transform targeted populations into supporters of good public hygiene, and hence advocates for the colonial order. Nonetheless, physicians also employed surveillance measures. In fact, over time they increasingly resorted to more punitive actions in order to curb the spread of venereal diseases.

Due to the racial hierarchy in the colonies, doctors could require more bodies to submit to medical supervision than was possible in Germany. At home, medical officials could only exercise moderate authority over the bodies of prostitutes and, to a lesser degree, over enlisted military personnel. In the colonies, medical authorities not only required medical examinations of prostitutes and soldiers (both European and non-European), but also of those indigenous groups perceived to be essential to the colonial order or threatening that order. Moreover, unlike the situation in Germany, they introduced policies and facilities to enforce compliance with medical diagnoses and treatments, which included the confinement of those who attempted to leave before they were healed. In Germany, physicians would only achieve greater authority with the passage of the 1927 Law for Combatting Venereal Diseases. Later, under the Nazis, their power would surpass that exercised in the colonies.[2]

In pursuing normative and surveillance measures to fight VD, doctors provided colonial officials with another means to try to regulate and change the lives of non-Europeans that was not directly political. Rather, medical discourses were employed to justify various actions that ultimately contributed to broadening colonial rule. The objective was to eliminate or reduce the threat of venereal diseases through education, regulation, and coercion. Such polices were necessary to ensure the territories had a viable military force, a productive labor pool, and a healthy white population—all deemed essential for the maintenance and perpetuation of German colonialism.

Unlike most studies of German colonialism that focus on more obvious forms of disciplinary power, such as the use of military or police force,[3] this book takes a biopolitical and comparative approach to the study of German colonialism through the lens of discourses surrounding health. The concept of biopolitics, introduced by Michel Foucault,[4] refers to the ways in which the state and its agents exercised power through governmental practice for the purpose of regulating both individual bodies and entire populations. Biopolitical practices cover a wide range of techniques and targets, but typically took an indirect approach rather than working through straightforward disciplinary intervention, such as in the regulation of sexual behavior achieved through the propagation of scientific knowledge and discourses of "sexuality." Because the health of the population was increasingly seen as a fit and proper target of government policy, such biopolitics were also productive as much as repressive, aimed at both "knowing" a

population as novel objects of knowledge and policy and steering individuals, as "subjects," in directions that benefited the state as well as themselves—indeed, actively recruiting them into this process of medico-moral government. In the case of doctors in Germany, the aim, as elsewhere, was to replace the outmoded understandings and unsanitary practices of the working classes with modern, scientific knowledge and rational behavior, instilling in them the values of health, productivity, and morality.[5]

This medical modernization process became part of European imperialism in the nineteenth and twentieth centuries. Specifically, it required supplanting indigenous views and comportment with these middle-class values. According to the scholar David Arnold, this meant that "medicine and public health ... formed part of the hegemonic project of the colonial regime, a project aimed at promoting the security and legitimacy of colonial rule, and, concurrently, at eliminating or subordinating all rival systems of authority."[6] Yet, as Megan Vaughan has demonstrated in her study of illness in Africa, the subjectification of Africans was a complicated phenomenon and was often more ideal than realized. Yes, some colonial subjects were "produced," but most remained "objects" and the focus of surveillance. In other words, the system was not primarily "productive," but, according to Vaughan, rather "repressive" like the situation in early modern Europe.[7]

However, I would contend that the "repression" that took place in the colonies within the context of the struggle against VD as a result of noncompliance with public health measures was not necessarily a throwback to the early modern period. Rather, it was modern because the focus, the means, and the rationale had changed. The primary focus was on disciplining the population through surveillance and normalization. Modern medicine sought to transform society and define who belonged in the nation-state and who did not according to the authority of scientific knowledge. The mechanisms for achieving this conformity and responding to incidents of noncompliance relied primarily on medical discourses of health and disease that shaped educational, legislative, and surveillance measures that focused on individuals' bodies and population groups. Under the auspices of protecting the common, greater good and with a didactic purpose intended to shape appropriate comportment, those that did not comply with such measures were removed until they no longer posed a threat to the community.[8]

This was certainly the case during the campaign to stop the spread of venereal diseases in Germany's colonies. Doctors did share their knowledge of VD and public hygiene in an effort to replace indigenous knowledge and attitudes through their medical discourses and practices, but the ongoing spread of the disease resulted in them resorting to increasingly more surveillance and punitive activities in order to achieve their goals and to correct disobedient behavior. Consequently, this book enables us to gain insights into the less obvious ways Germans tried to exert authority in the colonial situation, including the extent of colonial power and the limitations of it.

Because of its focus on medicine, this book also highlights the role of modernity in German colonialism. Of course, there were strong antimodern tendencies

in the German experience, but as several scholars have pointed out, the modern was also present. However, most researchers interpret the colonies as places where modern ideas were tested, the so-called laboratories of the modernity.[9] This book, though, explores the *application* of the modern in the colonial context. The colonies were primarily locations where doctors applied their knowledge and understanding, not where they tested them. Admittedly, doctors did test new medicines and treatments on colonial subjects. Further, the colonial environment did impact the policies they pursued. But, the colonial setting did not change physicians' core beliefs and goals. In both settings, doctors continued to believe in science and that, ultimately, scientific knowledge would prevail. Moreover, because of their faith in scientific medicine, the end justified the means. This did not mean that the colonial setting did not influence the policies they pursued and how they interacted with targeted populations. Quite the contrary, they had to adapt to the colonial environment. Further, because they were not in Germany, they did not face many of the restrictions their colleagues there encountered, at least not with regards to non-European policies. Thus, in the overseas territories, they implemented the policies they did because they could, which in the end went beyond what was possible at home.

Works do exist that examine colonial medicine, but these are limited in number and focus.[10] The majority concentrate on the history of medicine in the colonial environment, and therefore do not contribute much to our understanding of German colonialism. One exception is Wolfgang Eckart's *Medizin und Kolonialimperialismus,*[11] which provides a detailed narrative of the medical actions pursued in Germany's colonies and offers a useful explanation for the motivation of colonial physicians. However, it misses the full extent of how colonial physicians conceived of themselves and their role in the colonies.

As Ann Stoler has argued, "colonial cultures were never direct translations of European society planted in the colonies, but unique cultural configurations, homespun creations in which European food, dress, housing, and morality were given new political meanings in the particular social order of colonial rule."[12] This also applied to the realm of public health and the campaign to fight VD. Due to the colonial setting, doctors were able to go beyond what their colleagues at home could do. Consequently, this book sheds light on what was "shared' and what "differed"[13] between the center (Germany) and the periphery (the colonies), and thus provides additional insights into the tensions that existed between original intensions and colonial realities.

In large part, a significant difference between the two was the racial component, which was invoked not only to justify physicians' actions, but also to account for the ongoing threat posed by VD. Indeed, much to the frustration of these doctors, the success of their measures depended largely on the decisions and behavior of nonelite indigenes targeted by these programs. Some autochthons did not comply with German regulatory requirements for prostitutes; compulsory health examinations for indigenous laborers, soldiers, the wives of soldiers, and prostitutes; enforced medical treatments for those found infected;