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Sex and Control

Venereal Disease, Colonial Physicians, and Indigenous Agency in German Colonialism, 1884–1914

Daniel J. Walther

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

To Linda, for your unflagging support and patience.

Contents

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)

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;

and educational programs. Their tactics and motivations varied, but collectively their nonviolent, nonconfrontational actions contributed to limiting the success of these various measures aimed at reducing the spread of venereal diseases, at least according to German health officials. Simultaneously, some indigenes did willingly register as prostitutes, allowed themselves to be examined for VD, underwent treatment until cured, and heeded the health advice shared by German colonial physicians. Like those who did not conform to German expectations, they had their own motivations, but nonetheless they did contribute in part to the success of these measures.

In both types of responses, their actions did not necessarily need to be viewed exclusively as either resistance to or compliance with German requirements and expectations. Rather, those who took a particular action also did so in accordance with their own agenda.[14] As the works of James Scott[15] and Detlev Peukert[16] have shown, opposition to a hegemonic power manifested itself in a wide array of often apparently insignificant ways. Obviously, outright resistance did take place in the colonial setting. However, there were also actions taken that were often nonviolent and individualistic, usually amounting to nonconformity and not outright opposition or resistance. And even if there was an act of outright protest, it may not have been directed at the colonial system per se, but rather at a particular policy or action on the part of the authorities. However, when viewed collectively, these individual acts had a substantial impact on the colonial enterprise and revealed the degree to which the objects of control accepted or rejected the values being imposed upon them by colonial authorities. According to Scott, "whatever the response [of the colonized], we must not miss the fact that [their] action[s] … changed or narrowed the policy options available to the state." He called these acts "*everyday forms of resistance.*"[17]

However, it is extremely difficult to access the voices of indigenous commoners, individuals who often had direct contact with colonial authorities, and hence had numerous opportunities to be influenced by them and to shape colonial policy. Generally speaking, historical documents that directly record their experiences often do not exist. Rather, their lives and experiences are recorded in the writings of others, often their colonial rulers. As Subaltern Studies has demonstrated, it is possible to discern "fragments" or "traces" of suppressed narratives, i.e., the stories of the subaltern, in the records of colonial officials.[18] These voices can often be found in the slippages that occur in the application of colonial authority and the responses to them.[19] Thus, in the case of German public health policies, in particular the fight against the spread of venereal diseases, the actions and behavior of indigenous commoners is found in the reports and essays of German colonial physicians.

Such an approach facilitates, therefore, a deeper understanding of the colonial situation from the perspective of the colonized. Specifically, insights are gained on the practices employed by everyday Africans, Asians, and Pacific Islanders in response to the German public health measures to stop the spread of venereal diseases, how their actions caused colonial authorities to adapt their approaches to

combating this health concern, and ultimately how their behavior impacted the efficacy of these measures. Moreover, by looking at the sources in this manner, a glimpse into the motivations of the various actors is achieved.

Overwhelmingly, the literature on indigenous responses to German colonialism explores the more obvious forms of opposition, namely armed and collective. Moreover, those that do explore individual actors tend to focus on male elites.[20] These approaches are readily apparent in the burgeoning historiography of the Nama and Herero Wars in German Southwest Africa.[21] Thus, most do not examine the everyday encounters of commoners with their colonial interlopers. Eckert does do this to a degree in his *Grundbesitz, Landkonflikte und kolonialer Wandel,* but ultimately he also focuses on male elites within society.[22] In one case study, Philipp Prein does investigate nonviolent opposition to German colonialism in Southwest Africa, yet he concentrates on collective action and not individual acts that had a cumulative effect.[23]

Few studies exist that address similarities and differences across the German colonies (pancoloniality). The most notable exception is George Steinmetz's book,[24] which demonstrates how precolonial perceptions of non-European peoples and the socioeconomic background of colonial officials resulted in different "native" policies in Qingdao, Samoa, and Southwest Africa. This book, however, shows that perceptions of non-Europeans from a medical perspective were largely uniform. Further, the responses to this medical threat were nearly the same throughout the overseas territories. The main variation was in which groups were targeted, which in turn was often determined by the extent of colonial control.

In addition, venereal diseases were not unique to German experience, but rather were prevalent in other imperial powers' colonies. As Philippa Levine[25] and Philip Howell[26] have demonstrated, VD also constituted a threat to and influenced the nature of British imperialism. Thus, the fight against venereal diseases was part of a larger European phenomenon. Indeed, in her recent dissertation, Deborah Neill successfully argued that the activities of German and French doctors in Cameroon were part of European modernization.[27]

Consequently, this book situates the German fight against venereal diseases within the larger context of European imperialism. Specifically, it points out commonalities and divergences between German and British colonialism. Many of the more general conclusions regarding sex, race, and prostitution are similar to those of Levine and Howell. However, in terms of specifics, the German experience differed from the British. For example, British efforts focused on prostitutes and military personnel, while in the German case attention was given to those associated with economic productivity and white rule in addition to military power and prostitution.

The book begins with a chapter describing the situation in Germany and then is divided into three main sections. This first chapter, "Doctors, Prostitution, and Venereal Disease in Germany," explores the role of physicians as public health officials within the context of industrialization and urbanization. It focuses especially on the role of prostitution in German society and its challenges to bour-

geois values and public health because of its association with venereal diseases. It concludes with doctors' responses to this threat, which included the medicalization of German society that allowed for the objectification of the lower classes and efforts to subjectify them. Objectification justified the necessity for specific policies that were intended to reduce the perceived threat and that could also lead to the subjectification of targeted populations.

The second chapter, "Male Colonial Sexuality," examines the perceptions of male sexuality in the colonial situation, colonial sexual demographics, types of sexual contact, and colonial sexual politics. The latter attempted to address the challenges to bourgeois values and colonial rule through mixed marriage bans in some of the colonies, while still providing men with access to acceptable forms of sex. Due to demographics, this meant primarily non-European women through prostitution, which is the focus of the third chapter ("Prostitution in Germany's Colonies"). This chapter explains in detail the growth of prostitution in each territory, the different types of prostitution, and the various reasons for its expansion during the colonial period, including why women engaged in it.

In part 2, chapter 4, "The Threat of Venereal Disease," explores the hazard VD posed to the strength of colonial armies, the vitality of the labor force, and the health of the white, ruling population. The next chapter, "Assessing the Threat Statistically," provides a detailed statistical analysis of venereal diseases in the colonies and the role of statistics in promoting the colonial order of race and health and proper comportment. Chapter 6, "Racial Categories, Venereal Disease, and the Colonial Order," examines how the category of "race" in the statistics was defined through medical discourses and used to objectify Africans, Pacific Islanders, and Asians in order to justify the various policies pursued.

In part 3, chapter 7, "Preventative Measures," explains the various educational efforts doctors directed at targeted populations with the goal of turning them into willing participants in the fight against VD (i.e., their subjectification). These efforts were directed primarily at colonial soldiers (both European and non-European) and indigenes. The next chapter, "Disciplining the Body," explores the various surveillance measures used to identify the infected. Unlike the situation in Germany and the British colonies, medical supervision in Germany's possession included a broader spectrum of the colonial population, including not just prostitutes and military personnel (both European and non-European), but also other non-European female and male groups connected to the economy and white rule. The racial hierarchy and the medical "othering" of these different groups made this possible. Chapter 9, "Treating the Body," focuses on medical treatments as a form of surveillance by ensuring that infected individuals did not contaminate healthy bodies. It also examines how the indigenous body became a site for medical experimentation and the limits of medical knowledge. The last chapter in this section, "Assesseing the Surveillance," assesses the impact of these different policies. I begin with an evaluation of what was accomplished and how, and conclude with an explanation of the limitations of the policies and why. A discussion of indigenous agency runs throughout the chapter as well as an explo-

ration of the more normative measures employed in response to African, Asian, and Pacific Islander actions. Indeed, these populations had a direct impact on the methods German doctors used in the colonies, often causing them to adjust some policies to encourage more indigenes to seek medical treatment or to pursue more punitive measures that served to ensure immediate compliance and to educate the infected that noncompliance was inappropriate behavior.

Notes

1. Katharina Walgenbach, "Rassenpolitik und Geschlecht in Deutsch-Südwestafrika (1907–1914)," in *Rassenmischehen—Mischlinge—Rassentrennung. Zur Politik der Rasse im deutschen Kolonialreich,* ed. Franz Becker (Stuttgart: Steiner Verlag, 2004), 165–183; Birthe Kundrus, "'Weiß und herrlich': Überlegungen zu einer Geschlechtergeschichte des Kolonialismus," in *Projektionen. Rassismus und Sexismus in der Visuellen Kultur,* ed. Annegret Friedrich et al. (Marburg: Jonas Verlag, 1997), 41–50; Fatima El-Tayeb, "Verbotene Begegnungen—unmögliche Existenzen. Afrikanisch-deutsche Beziehungen und Afro-Deutsche im Spannungsfeld von *race* and *gender,*" in *Die (koloniale) Begegnung. AfrikanerInnen in Deutschland 1880–1945. Deutsche in Afrika 1880–1918,* ed. Marianne Bechhaus-Gerst and Reinhard Klein-Arendt (Frankfurt: Peter Lang, 2005), 85–95; Katharina Walgenbach, *"Die weisse Frau als Trägerin deutscher Kultur": Koloniale Diskurse über Geschlecht, "Rasse" und Klasse im Kaiserreich* (Frankfurt: Campus, 2005).
2. Lutz Sauerteig, *Krankheit, Sexualität, Gesellschaft. Geschlechtskrankheiten und Gesundheitspolitik in Deutschland im 19. und früheren 20. Jahrhundert* (Stuttgart: Franz Steiner Verlag, 1999), 428–435; Michael Burleigh and Wolfgang Wippermann, *The Racial State: Germany 1933–1945* (New York: Cambridge University Press, 1991); Robert Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge, MA: Harvard University Press, 1988).
3. For example, Horst Drechsler, *Let Us Die Fighting: The Struggle of the Herero and the Name Against German Imperialism (1884–1915*), 3rd ed. (Berlin: Akademie Verlag, 1980); Jürgen Zimmerer, *Deutsche Herrschaft über Afrikaner. Staatlicher Machtanspruch und Wirklichkeit im kolonialen Namibia* (Münster: Lit, 2002); Trutz von Trotha, *Koloniale Herrschaft: zur soziologischen Theorie der Staatsentstehung am Beispiel des "Schutzgebietes Togo"* (Tübingen: J.C.B. Mohr, 1994); Walter Nuhn, *Kamerun unter dem Kaiseradler: Geschichte der Erwerbung und Erschliessung des ehemaligen deutschen Schutzgebietes Kamerun: ein Beitrag zur deutschen Kolonialgeschichte* (Dessau: Wilhelm Herbst, 2000).
4. For example, see Michel Foucault, *The History of Sexuality: An Introduction* (New York: Vintage Books, 1990); and Foucault, *The Archaeology of Knowledge* (New York: Pantheon Books, 1972); and Foucault, *The Birth of Biopolitics: Lectures at the Collège de France. 1978–1979,* ed. Michel Senellart (Houndsmill, NH: Palgrave Macmillan, 2008). For a more thorough discussion of Foucault's concept of "productive power," see Hubert Dreyfus and Paul Rabinow, *Michel Foucault: Beyond Structuralism and Hermeneutics* (Brighton: Harvester Press, 1982), 126–182. Megan Vaughan provides a good overview of Foucault's position within the context of colonialism in *Curing Their Ills: Colonial Power and African Illnesses* (Stanford, CA: Stanford University Press, 1991), 8–12.
5. Ute Frevert, "Professional Medicine and the Working Classes in Imperial Germany," *Journal of Contemporary History* 20 (1985): 644.

6. David Arnold, "Public Health and Public Power: Medicine and Hegemony in colonial India," in C*ontesting Colonial Hegemony: State and Society in Africa and India,* ed. Dagmar Engels and Shula Marks (London: British Academic Press, 1994), 131–151, 140.
7. Vaughan, *Curing Their Ills,* 10–19. For an example of this early modern repression, see Isabel Hull, *Sexuality, State, and Civil Society in Germany, 1700–1815* (Ithaca, NY: Cornell University Press, 1996).
8. Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Pantheon Books, 1977), especially 184. Though Paul Weindling does not explicitly refer to this as a modern phenomenon, his discussion of health and race in late nineteenth- and twentieth-century Germany suggests a similar conclusion. Paul Weindling, *Health, Race and German Politics between National Unification and Nazism, 1870–1945* (Cambridge: Cambridge University Press, 1989).
9. Dirk van Laak, "Kolonien als 'Laboratorien der Moderne'?" in *Das Kaiserreich transnational: Deutschland in der Welt 1871–1914*, ed. Sebastian Conrad and Jürgen Osterhammel (Göttingen: Vandenhoeck & Ruprecht, 2004), 257–279. For examples, see also Klaus Mühlhahn, *Herrschaft und Widerstand in der "Musterkolonie" Kiautschou: Interaktionen zwischen China und Deutschland 1897–1914* (Munich: Oldenbourg, 2000); Harry Rudin, *Germans in the Cameroons 1884–1914: A Case Study in Modern Imperialism* (New Haven, CT: Yale University Press, 1938).
10. Margit Davies, *Public Health and Colonialism: The Case of German New Guinea 1884–1914* (Wiesbaden: Harrassowitz Verlag, 2002); Hiroyuki Isobe, *Medizin und Kolonialismus: Die Bekämpfung der Schlafkrankheit in den deutschen "Schutzgebieten" vor dem Ersten Weltkrieg* (Berlin: Lit Verlag, 2009).
11. Wolfgang Eckart, *Medizin und Kolonialimperialismus Deutschland 1884–1945* (Paderborn: Ferdinand Schönigh, 1997).
12. Ann Stoler, "Rethinking Colonial Categories: European Communities and the Boundaries of Rule," *Comparative Studies in Society and History* 31 (1989): 136–137.
13. Sebastian Conrad uses the terms "shared" and "divided," but "different" seems more appropriate. Conrad, *Globalisation and the Nation in Imperial Germany* (Cambridge: Cambridge University Press, 2010), 5. See also Conrad and Shalini Randeria, "Geteilte Geschichten: Europa in einer postkolonialen Welt," in *Jenseits des Eurozentrismus: Postkoloniale Perspektiven in den Geschichts- und Kulturwissenschaften,* ed. Conrad and Randeria (Frankfurt: Campus, 2002), 9–49; Shalini Randeria, "Geteilte Geschichte und verwobene Moderne," in *Zukunftsentwürfe: Ideen für eine Kultur der Veränderung,* ed. Jörn Rüsen, Hanna Leitgab, and Norbert Jegelka (Frankfurt: Campus, 2000), 87–96.
14. Andreas Eckert, *Die Duala und die Kolonialmächte: Eine Untersuchung zu Widerstand, Protest und Protonationalismus in Kamerun vor dem Zweiten Weltkrieg* (Münster: Lit, 1991), 8.
15. James Scott, *Weapons of the Weak*: *Everyday Forms of Peasant Resistance* (New Haven, CT: Yale University Press, 1985).
16. Detlev Peukert, *Inside Nazi Germany: Conformity, Opposition, and Racism in Everyday Life* (New Haven, CT: Yale University Press, 1987).
17. Scott, *Weapons of the Weak,* 36.
18. For example, Gyanendra Pandey, "Voices from the Edge: The Struggle to Write Subaltern Histories," in *Mapping Subaltern Studies and the Postcolonial,* ed. Vinayak Chaturvedi (London: Verso, 2000), 281–299.
19. For instance, Ilan Kapoor, *The Postcolonial Politics of Development* (Oxon: Routledge, 2008).
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