

sind etwa ihre Ausführungen über Regelungen während Schwangerschaft und Geburt sehr anschaulich zu lesen. Positiv ist hier auch anzumerken, daß sie den üblichen Sprachgebrauch des Ortes übernimmt und nicht versucht, mit eigenen Worten festgelegte Begriffe zu europäisieren.

Im letzten Teil geht Eva-Maria Herms dazu über, ihre bisherigen Ausführungen direkt mit der Fertilität in Verbindung zu bringen. Im Gesamtkontext ihrer Fragestellung ist dieser Teil zu kurz geraten. Verbindungen zu ihren vorherigen Kapiteln lassen sich nur schwer herstellen. Sie widerlegt jedoch in ihren Ausführungen die gängige Annahme, die Kinderzahl verringere sich mit materiellem Wohlstand. Ihre Ausführungen zu fruchtbarkeitsbestimmenden Varianten zeigen eine Fülle interessanter Ergebnisse. Der Wunsch nach der Geburt einiger Söhne - die Geburt von Töchtern ist relativ unbedeutend - dient nicht ausschließlich der Subsistenzsicherung, dem Status der Familie in der Dorfgemeinschaft oder der Alterssicherung der Eltern. Mit der Geburt von Söhnen ist nicht selten der Wunsch verbunden, durch eine adäquate Ausbildung eine gute Berufsqualifikation zu erreichen und den materiellen Standard des eigenen Haushaltes zu erhöhen. Insbesondere dieser Punkt weist in eine viel zu wenig beachtete Richtung: Familienplanung ist weltweit eine viel individuellere Thematik als gemeinhin bei der Planung bevölkerungspolitischer Programme angenommen wird.

Eva-Maria Herms bietet keine Lösung des sogenannten Bevölkerungsproblems in Pakistan an. Vielmehr zeigt sie durch die Form ihrer Darstellungen ein hohes Maß an Akzeptanz der Vorstellungs- und Lebensweisen in der Gemeinde Muradī Janjil. Daher verzichtet sie auch darauf, jene aus dem moslemischen Glauben entstehenden Komponenten, die Fruchtbarkeit bestimmen, zu weit in den Vordergrund zu stellen. Sie hat bei ihren Forschungen genau hingeschaut und - soweit dies überhaupt möglich ist - eurozentristische 'Plattheiten' vermieden.

Petra Lambrecht

WALTRAUD ERNST, *Mad Tales from the Raj. The European Insane in British India 1800-1858*. (The Wellcome Institute Series in the History of Medicine). London: Routledge 1991. 195 pages, £ 35.- (ISBN 0-415-00940-5)

In his book *Histoire de la Folie* Michel Foucault writes that the foundation of the *hopital général* 1656 in Paris was a new agency of the bourgeois order. It was followed by the establishment of a *hopital général* in

each major city in France. Soon these places represented a new form of repression. They were not meant to be curative agencies of the medical system of the seventeenth century, but imprisonment: a few years after being founded, the *hopital général* had 6000 inmates, which meant 1% of the population of Paris. Foucault points out that the French Classic Age invented large-scale confinement, just as the Middle Ages invented the isolation of the lepers. Victims of confinement were those who did not conform to the bourgeois ideology of "work and prosper": vagabonds, criminals, undefinable women, youth who disturbed their parents and - the insane. Other authors besides Foucault, like Scull, Szasz, etc. have also addressed the problem of the rise of madhouses in Europe and the related problem of the professionalization of the 'mad doctors' who turned into "psychiatrists" in the middle of the 19th century.

Ernst's book is, as far as I know, the first study that addresses the issue described above in the context of colonialism. And it is certainly the first book that takes us into this part of British-Indian history. By limiting her study to the first half of the 19th century the author is able to concentrate on two very interesting points:

1. She presents data from the time when India was "ruled" by the East India Company and was not yet part of the British Empire. This was a period in which the British were eager to export behavioural models that proved their own "civilized status". A part of this was "the great confinement" of people who did not know how to play civilized.
2. This is the period just before psychiatry was invented and psychiatrists started to exist and train more psychiatrists. It is thus obvious that the task of a lunatic asylum was not treatment and cure, although there are statistics that show a successful rate of cured people. Its task was rather a purely political one ("The policy of sending European lunatics back to England, which was made official for all provinces under British rule from 1818 onwards, owed much to [a] street-and mind-cleaning mentality" p. 24), and reminds us of the spirit of the "great confinement" which was thus transplanted into the colonies.

The book is the product of an evaluation of the Records of Pembroke House and Ealing Lunatic Asylum, 1818-1892, available in the India Office records in London. Pembroke House was the East India Company's lunatic asylum near London.



The first chapter gives a description of the development of European society in India which abolishes a few popular myths about the British in India. An example is the following paragraph in which the author discusses the Company's policy of immigration control (to keep the lower European classes out of India) and repatriation of the sick and insane back to England: "Times have changed however, and so did the social composition of the European community in India. By the 1850's about half of the white population belonged to what could be called "poor" Europeans. In the face of such a large number, repatriation was no longer economically viable ... the European community was slowly ... forced to come to terms with the fact that even under the formidable rule of the Raj there could be no European elite without the lower order of their own kind" (p. 39). Lunacy policy as a whole was strongly conditioned by the ambition to discipline and control, and to make the lower strata of the European community in particular fit in with the behavioural demands seen to be appropriate to a ruling elite (p. 40). At the same time treatment of the insane was different from treatment of the poor and other undesired social elements. The insane were treated with care and attention, the reason being that madness, unlike destitution, crossed barriers of social class (p. 41).

The second chapter gives insight into the institutions that were in charge of the mentally ill. We get information on numbers (if available), on the way of keeping the inmates, on differentiating between European and non-European patients ("the native wing"), on the form of the administration of lunacy in the colonies and on the social role of the asylum in the colonial context: "The madhouse was, along with other public institutions such as the hospital and jail, one of the symbolic markers of European superiority" (p. 64).

In the third chapter - "The medical profession" - Ernst shows the development of the medical trade in England and its consequences for the colonies in South Asia. Unfortunately it is a bit too anecdotal and therefore not as informative as could be. Although we are given a lot of information on the medical culture in India of the 19th century, the structure of the professional development of Indian and European medical practitioners remains diffuse. In this context it would have been appropriate to mention the existence of Indian ("native") medical systems and the role they played in colonial India.

The fourth chapter presents for the first time in this study several case studies that help to understand the plight people endured during their time in colonial service.

The fifth chapter, an interesting contribution to the field of medical anthropology, takes us to the cultural context of nosologies and pathologies. It also provides us with interesting information on the scientific activities of colonial doctors who decided that "natives ... are ... less disposed to become the subjects of disease implicating that delicate and highly organized structure, the brain ... (which is) ... more or less susceptible of derangement as we advance or descend in the scene of civilization" (p. 160).

The book is an interesting contribution to the field of colonialism and medicine for readers interested in the medical anthropology of South Asia, history of medicine and colonial history of medicine.

Beatrix Pfeleiderer

KARMA LEKSHE TSOMO (Hg.), *Töchter des Buddha. Leben und Alltag spiritueller Frauen im Buddhismus heute*. Aus dem Englischen von Śākyadhītā-Übersetzerinnenteam. München: Eugen Diederichs Verlag, 1991. 326 Seiten, DM 38.-

Weltweit leben heute etwa 60.000 Frauen als buddhistische Nonnen, aber nur 15.000 von ihnen sind voll ordiniert, und weitere 5.000 sind Anwärterinnen auf eine Vollordination: Nach dem Aussterben der Übertragungslinien in anderen Ländern Asiens wird sie gegenwärtig nur noch in der chinesischen (Taiwan und Hongkong), der koreanischen und der vietnamesischen Tradition praktiziert. In Burma, Kambodscha, Laos, Nepal, Thailand und Sri Lanka können spirituell hoch motivierte Frauen zwar als "Quasi-Nonnen" (oft als "Schwestern" bezeichnet) leben, jedoch ohne die Chance zur Vollordination im eigenen Land zu haben. Gleichzeitig beobachten wir heute, wie sich in den allenthalben entstehenden neuen buddhistischen Gruppierungen des Westens starke Impulse entwickeln, die auf eine Wiederherstellung der spirituellen Gleichberechtigung der Frauen drängen und einfordern, was zu Zeiten des Buddha von ihm selbst gestiftet worden, im Zuge der mehrheitlich von Männern verwalteten Weitergabe und Verfestigung der Lehre aber verdrängt worden war.

Der vorliegende Band, an dem zehn Frauen aus dem "Osten" und sieben aus westlichen Ländern mitgearbeitet haben, ist als ein wichtiges Dokument in diesem Aufbruchprozeß zu sehen. Herausgegeben wurde er (die englische Erstausgabe erschien 1988 bei 'Snow Lion Publications'