Introduction

Late Colonial Biopolitics

Beginning in the early 1920s, mass produced forms of contraception became commercially available in the major towns and cities of Tamil-speaking south India. This book outlines the careers of contraception in south India, c.1920–1940. This region saw intense activity around contraception during this period. Madras was also home to multiple reform initiatives that engaged actively and creatively with the new set of emancipatory possibilities that contraception represented to a colonized population. In particular, this book examines the period during which Indians incorporated the arrival of modern, mass-produced and commercially available forms of contraception into on-going political and cultural debates and into emergent commercial cultures. Whether as members of south Indian associations like the Madras Neo-Malthusian League or the radical anti-caste, atheist Self Respect movement, as representatives in the late colonial Legislative Councils, or as erotic entrepreneurs who marketed mechanical contraceptive appliances alongside a host of sex books and potions to increase sexual appetite and pleasure, Indians incorporated contraception into an array of debates. Despite the diversity among Indians and their contraceptive agendas, one thing was constant. Contraception consistently figured in these conversations both as a way to ask as well as to answer a number of pressing questions specific to time and place. In particular, in their conversations about contraception, Indians in the Tamil-speaking south continually drew on and contributed to on-going debates about the nature of the relationship between health and governance—a relationship that was as much about asserting an engagement with a global scientific modernity as it was about contesting the social and political conditions produced by colonial rule.

In emphasizing the distinctiveness and divergences that characterized south Indians' contraceptive agendas as much as their overlaps and convergences, this book locates the history of contraception outside a popular understanding of population in India. It cannot be denied that over the course of the twentieth century, "the question of contraception" has functioned less as a question and more as an answer. That is to say, in popular parlance as well as in policy framing and analysis, contraception has received an extraordinary amount of attention due to the algebra of social engineering that is population control. Poverty has been framed by many official and non-official commentators as India's most pressing problem for the history of its successive colonial and independent administrations. The corollary cause of this poverty and its perpetuation has been understood to be a large and growing population. As a result, contraception has, particularly since the 1960s, been framed as the solution, not

simply to curtailing the constant growth of a large population, but as an integral part of the solution to the poverty question at large.[1]

Even if I believed that the multiplicity of early twentieth-century south Indian agendas in which contraception figured added up to a coherent tale, this book does not investigate the early south Indian reception of contraception in order to write a pre-history of population control in India or elsewhere as it gained prominence during the second half of the twentieth century. In particular, this book does not attempt to tell the story of a convergence of networks of meaning created by contraception's south Indian interlocutors into the broader post-independence sets of institutions, discourses and practices arrayed around the problem of "overpopulation."[2] The "population problem" that came to dominate in the second half of the twentieth century was an immensely powerful iteration of debates about the relationship between health and governance in India. Yet in late colonial India—that is, the period between the devolution of local government courtesy of the Government of India Act in 1919 until formal independence in 1947—anxieties about India's population problem, and agreement over indeed what exactly that problem constituted, were far from fixed.[3] Instead, this book attempts to understand contraception as articulated by Indians as part of other agendas and sets of meanings—including those completely unconnected to questions of population—that mediated the relationship between health and governance in the late colonial Tamil south.

In so doing, this book asks: What question *did* contraception answer? In other words, what was at stake in the regular return of contraception's sundry conversations to questions and claims about the relationship between health and governance? The following chapters demonstrate that the history of contraception produced bundles of concerns about the relationship between health and governance. These concerns in turn illuminate a biopolitics particular to late colonialism in India. By looking at

1 I make this argument more fully in Sarah Hodges, "Governmentality, Population and the Reproductive Family in Modern India," *Economic and Political Weekly*, 39, 11 (13 March 2004), 1157–64.

2 Readers in search of the history of population in modern India should consult Mohan Rao, *From Population Control to Reproductive Health: Malthusian Arithmetic* (New Delhi: Sage, 2004), Rahul Nair, "The Discourse on Population in India, 1870–1969." Unpublished Ph.D. dissertation, University of Pennsylvania, 2006. Histories of global population control include Alison Bashford, "Nation, Empire, Globe: The Spaces of Population Debate in the Interwar Years," *Comparative Studies in Society and History* 49, 1 (2007): 170–201; Matthew Connelly, "Population Control is History: New Perspectives on the International Campaign to Limit Population Control," *Comparative Studies in Society and History* 20 (2003), pp. 122–47; idem, "Seeing Beyond the State: The Population Control Movement and the Problem of Sovereignity," *Past and Present* 193 (2006): 197–233; idem, "To Inherit the Earth: Imagining World Population, from the Yellow Peril to the Population Bomb," *Journal of Global History* 1, 3 (2006): 299–319. For a critical and comprehensive and historically-informed review of twentieth-century theories of fertility change, see Christophe Guilmoto, "Fertility Decline in India: Maps, Models and Hypotheses," in Christophe Z. Guilmoto and S. Irudaya Rajan (eds), *Fertility Transition in South India* (New Delhi: Sage, 2005), pp. 385–435.

3 David Arnold, "Official Attitudes to Population, Birth Control and Reproductive Health in India, 1921–1946," in Sarah Hodges (ed.), *Reproductive Health in India: History, Politics, Controversies* (Delhi: Orient Longman, 2006), pp. 22–50.

the history of the early reception of contraception in Tamil-speaking south India, this book argues for an understanding of colonial biopolitics that can move beyond the formal boundaries of the colonial state. This is a pressing task given that the broader canvas of colonial biopolitics as it was produced and reiterated in late colonial India operated as much if not more outside the state arena than as part of late colonial statecraft. I seek to locate the biopolitics of contraception alongside apposite set of practices related to understanding areas of social action and knowledge production such as food (correct diets, methods of food preparation, the instruction of scientific menu planning)—or housing (correct layout to achieve optimal social interaction, the possibility of conjugal privacy, surveillance of children, ventilation and *vastu*).

In short, this book seeks to understand how Indians' contraceptive conversations about relationships between health and governance both produced and were mediated by a particularly late colonial biopolitics that drew authority and legitimacy from the global contours and reach of scientific modernity during the first decades of the twentieth century. That is to say, the relationships between health and governance produced out of Tamil south India's late colonial contraceptive encounter were deeply inflected by the conditions of late colonialism. Yet they were simultaneously constructed *outside* the formal boundaries of the colonial state. As such, contraception's interlocutors both produced and traded on a late colonial biopolitics that drew not primarily on the colonial state for its legitimacy and authority, but instead, drew regularly on the discursive traces and practical networks of the global circulation of a scientific modernity.

The biopolitics of "health-and-governance"

Contraception's south Indian interlocutors were by no means alone in their regular return to questions about the relationship between health and governance. The history of the privileged status of health within the practice of modern governance has been addressed by many authors, generally following the analytics of modern power outlined in the work of Michel Foucault.[4] Over the past few decades, the term "biopolitics" has come to refer to modernity's polysemic relationship between health and governance.[5] The resultant "biopolitics" scholarship has produced no shortage of histories of this relationship as it lay at the heart of key discourses, institutions

4 Michel Foucault, *The History of Sexuality Volume 1 An Introduction* (New York: Vintage Books, 1980), trans. Robert Hurley; Thomas Lemke, "'The Birth of Biopolitics', Michel Foucault's Lecture at the Collège de France on Neo-Liberal Governmentality," *Economy & Society* 30, 2 (2001): 190–207; Ann Stoler, *Race and the Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things* (Durham, NC: Duke University Press, 1995).

5 For the most part, the phrase and analytical apparatus of "biopolitics" was launched by Michel Foucault. Many of his works address it, but one particularly direct passage is to be found in *The History of Sexuality*, pp. 139–45.

and practices of the late nineteenth and twentieth centuries.[6] This work outlines how health came to function both as an *object* of governance—that is, a government's remit to improve the health of the people, as well as a *mode* of governance—that is, governing a people by regulating their health practices and diagnosing the health of a regime by examining the vital statistics of its population.[7]

Most scholars' work on the relationship between health and governance has been located, in the first instance, within a set of observations regarding the emergence of the population as an object and target of governance for modern regimes.[8] Over the course of the nineteenth century, states regularly began to gather some form of census-like information. This was because they needed to "know" their object of governance: the population. Thus the population took on a life of its own as something —analogous to contemporary thinking about the nature of markets, for example—that could grow, shrink, be strong, or be weak. Population came to figure in statecraft as a series of statistical abstractions that together formed a coherent, and at times almost agentive, whole. In turn, states could govern by acting upon the population as a whole through various micro-practices of collecting information of individual behavior. The upshot of this was an ability and intention to intervene in individuals' lives to the end of producing an altered statistical abstract of the population, or body politic, as well as an altered state of practices and indeed of practitioners.[9]

In the emergence of "population" as an entity with a political *topos*, equal weight was not given to all of a population's statistical profiles. Health came in for special mention because it was seen to lie along the fault line of individual and social bodies. Hence intervention in individual, bodily micropractices of health was seen to have a disproportionately effective and strategic impact on the population profile as a whole. Reproductive health, and women's reproductive health in particular, as the explicit interface between individual and social bodies came under intense scrutiny—both as a set of statistics to be gathered and in terms of how these statistics were seen to be representative, and diagnostic of the state of the population at large. Reproductive health was seen as indicative of other, underlying tendencies toward health or illness, and thereby as a diagnostic of either good or bad governance. In short, this mode of health-attentive, "biopolitical" governance saw individuals' micropractices

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6 See, for example, Jacques Donzelot, *The Policing of Families* (New York: Pantheon Books, 1979 (trans. Robert Hurley)); David Horn, *Social Bodies: Science, Reproduction and Italian Modernity* (Princeton: Princeton University Press, 1994); Graham Burchill, Colin Gordon and Patrick Miller (eds), *The Foucault Effect: Studies in Governmentality* (Chicago: University of Chicago Press, 1991).

7 Foucault, *History of Sexuality*, p.139.

8 See for example, Ian Hacking, "Making Up People," in Thomas Heller et al. (eds), *Reconstructing Individualism: Autonomy, Individuality and the Self in Western Thought* (Stanford: Stanford University Press, 1986), pp. 222–36.

9 Here it should be clear that the "population" that is the object of biopolitical governance is an abstract entity in the way that the "population" of "population control" functioned as literal and hyperreal.

not simply as productive of individual effects. Health practices were understood to constitute and exist within a totalizing web of self and society.[10]

Biopolitics' technohistories

Mass-produced, mechanical forms of contraception, as techniques for intervening in individual narratives of reproductive health, were from their inception given a privileged place in questions of health and governance, even as they often inhabited contested terrain. But it was not only what has been called the "governmentalization of the state" that created the conditions for contraception to have a charged role in mediating ever-new iterations of the government of health. Indeed, much work that has constituted the history of biopolitics has taken the "bio" to refer only very contingently to new sciences of health that emerged alongside the structures of bureaucracy, knowledge and institutions for intervention in the lives of others, and imperatives for the careful governance of one's own actions.[11] In part this was because the very language of life itself came to infuse many theretofore distinct arenas of action. This is symptomatic of how a logic of health as an object of governance as well as a mode of governance became so naturalized that it produced its own commonsense.

The history of the biopoliticization of health is not only rooted in an understanding of society as a series of individual practices available for collective modification that emerged over the course of the nineteenth century. Biopolitical health was also made possible through a new science of medicine that emerged over the same period. In part what made contraception available to assume many functions within modern governance was the legacy of a successful late nineteenth century that offered up a series of spectacular fruits of medical knowledge.

Microbiology/bacteriology produced a number of medical breakthroughs in understanding (if not necessarily curing) the nature of disease and health within populations and its distribution across the natural world. In a sense, this "laboratory revolution" in medicine can be seen as heralding the onset of vertical interventions and thereby attempting to control for any active role that "society" might have to play in the constitution of its own health profile.[12] By heralding an age of vertical interventions, I refer to the set of practices based on a faith in the efficacy of a top-down approach of single jabs to ensure collective, or "herd," immunity in order to eradicate specific diseases, rather than a bottom-up approach aimed at improving health in general and effected through a series of behavioral changes,

10 See Nikolas Rose, "The Politics of Life Itself," *Theory, Body, Society* 18, 6 (2001): 1–30.

11 See for example, Mitchell Dean, *Governmentality: Power and Rule in Modern Society* (London, 2001); Patrick Joyce, *The Rule of Freedom: Liberalism and the Modern City* (London, 2003); Jack Bratich, Jeremy Packer and Cameron McCarthy (eds), *Foucault, Cultural Studies and Governmentality* (Albany, NY: 2003); Graham Burchill et al., *The Foucault Effect*.

12 On the laboratory revolution in medicine, see Andrew Cunningham and Perry Williams (eds), *The Laboratory Revolution in Medicine* (Cambridge: Cambridge University Press, 2002), particularly the introduction, pp. 1–13.

such as modifying diet and taking regular exercise, practices that informed the social medicine movement.

Yet the emergence of the biopoliticized "population" of censuses and dossiers cannot in and of itself wholly account for the emergence of a new kind of governmentalized thinking. Rather, the governmentality of health was made thinkable and practicable in large part by the tools offered up from microbiology. Contraception became a "magic bullet" solution to the social condition of poverty that was seen to be caused by overpopulation in large part because of a legacy of social governance that saw social, political and economic problems as amenable to solutions derived from modern science's aspiring mastery over the natural world. Rather than other putative solutions requiring infinite resources and substantial changes to economies, societies and environments, newly emergent, mass-produced contraceptives dovetailed into this magic bulletization of the governance of health.[13] The conjunction of, on the one hand, the rise of the population as a key target of modern government and its allied institutions, discourses and practices with, on the other hand, the specific strategies for intervention in and reclassification of collective risk that the microbiological age and its legacy of "surgical strike" interventions and "magic bullet" cures produced new fields of action and imagination from which contraception's advocates received a substantial rhetorical and material fillip. Crucially for the history of contraception in late colonial India, this set of strategies was just as available for appropriation by erotic entrepreneurs and avant-garde social reformers as it was to formal states.

Contraception's colonial biopolitics

However, none of the foregoing discussion of the provenance of contraception as a privileged field of knowledge and action actually addresses whether or not there were differences between the role of health embedded in liberal forms of governmentality over the course of the nineteenth and twentieth centuries, in nations such as Britain, compared to the role it played in distinct forms of colonial governmentality during the same period. For the most part, histories of the biopolitical have not focused on how these phenomena manifest themselves in the colonial world. For my purposes, biopolitics is an especially generative problematic because it opens up the possibility of thinking about governance as not *necessarily* grounded in formal state action. Indeed, in many of the arenas of biopolitical formations, it is in the non-governmental sectors that one sees these regimes operate most enthusiastically.[14] Briefly put, it is not my aim to attempt to mold the incorporation of contraception into political and social agendas in the Tamil south during the 1920s

13 Allan Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880* (New York: Oxford University Press, 1987); Betsy Hartmann, *Reproductive Rights and Wrongs: The Global Politics of Population Control* (New York: Harper and Row, 1987).

14 See for example, Andrew Barry, Thomas Osbourne and Nikolas Rose (eds), *Foucault and Political Reason: Liberalism, Neo-Liberalism and Rationalities of Government* (Chicago: University of Chicago Press, 1996); Nikolas Rose, *Powers of Freedom: Reframing Political Thought* (Cambridge: Cambridge University Press, 2003); Barbara Cruikshank, *The Will to Empower: Democratic Citizens and Other Subjects* (Ithaca: Cornell, 1999).

and 1930s into some sort of Foucaultian cookie-cutter approach. In tracing out a problematic in which we can begin to build bigger questions into the investigation of contraception—which we can think about contraception's multiple histories in relation to the question of how and why is health both a medium for governing and also a mode of governance—it is my goal both to connect with the Foucaultian scholarship, but also to move forward the ways that biopolitics has been taken up in the fields of colonial and postcolonial studies.

Broadly speaking, this book argues that the careers of contraception in the late colonial Tamil south were marked by particularly colonial conditions. Contraception, insofar as it received attention from the state at all, operated in a broader field of colonial welfare. Colonial welfare, as I have argued elsewhere, was itself a strange beast.[15] A brief rehearsal of this strangeness will undergird a larger set of claims about the nature of a colonial biopolitics. Succinctly, in the colonial Indian context, there existed neither institutions nor the desire to gather the kind of totalizing knowledge about the Indian subject population, nor was there either the political will to engineer large-scale transformations in the overall health profiles of the population.[16] This is not to say that there was no knowledge-gathering. Nor do I mean to imply that the vast range of work generated out of a colonial power/knowledge rubric is baseless or misguided. On the contrary, one cannot account for the forms and logic of colonial governmentality without seeing how the power of representation authorized by

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15 Sarah Hodges, "Looting the Lock Hospital in Colonial Madras during the Famine Years of the 1870s," *Social History of Medicine*, 18, 3 (2005), pp. 395–8.

16 Instead, as Bernard Cohn has demonstrated, the Indian census produced information in general and colonial categories in particular that were in many ways most powerful when mobilized by Indians in their own identity politics. See Bernard Cohn, "The Census, Social Structure and Objectification in South Asia" in his *An Anthropologist among the Historians and Other Essays* (Delhi: Oxford University Press, 1987), pp. 224–54. Here I present an alternative argument to that put forward by Arjun Appadurai about what was strategic about knowledge created by the operation of the Indian census. See Arjun Appadurai, "Number in the Colonial Imagination," in Carol Breckenridge and Peter van der Veer (eds), *Orientalism and the Postcolonial Predicament: Perspectives on South Asia* (Philadephia: University of Philadelphia Press, 1993), pp. 114–35. This lack of a colonial biopolitics of surveillance does not seem to be echoed in scholarship on the history of reproductive health in other colonial settings. See Alice Conklin, "'Redefining 'Frenchness': Citizenship, Race Regeneration and Imperial Motherhood in France and West Africa, 1914–40" in Julia Clancy-Smith and Frances Gouda (eds), *Domesticating the Empire: Race, Gender and Family Life in French and Dutch Colonialism* (Charlottesville and London: University Press of Virginia, 1998), pp. 65–83; Nancy Rose Hunt, "'Le Bebe en Brousse': European Women, African Birth Spacing and Colonial Intervention in Breast Feeding in the Belgian Congo," *International Journal of African Studies* 21 (1988): 401–32; Lenore Manderson, "Colonial Desires: Sexuality, Race and Gender in British Malaya," *Journal of the History of Sexuality* 7, 3 (1997): 372–88; idem., "Migration, Prostitution and Medical Surveillance in Early Twentieth-Century Malaya," in Lara Marks and Michael Worboys (eds), *Migrants, Minorities and Health: Historical and Contemporary Studies* (London and New York: Routlegde, 1997), pp. 49–69; Susan Pedersen, "National Bodies, Unspeakable Acts: The Sexual Politics of Colonial Policy-Making," *Journal of Modern History* 63 (1991): 647–80; Carol Summers, "Intimate Colonialism: The Imperial Production of Reproduction in Uganda, 1907–1925," *Signs* 16, 4 (1991): 787–807.

colonialism had enduring, central and material effects in the lives of the colonized.[17] Rather, my argument is that those who commandeered a language of population and national efficiency traded in a currency that was not necessarily legitimated, or even meaningfully recognized, by the colonial state.

The "colonial" in colonial biopolitics has broadly been taken to refer to the relationship between the colonial state and its subject population. As this Foucaultian frame has been taken up by scholars such as Ann Stoler, colonial biopolitics has generally opened up the question of "race" in new ways.[18] Stoler and others have addressed the way that race served as both a marker of colonial power as well as a mode through which colonial power operated. In this vein, Stoler has pursued an investigation of colonial sexuality. This "colonial sexualities" approach to colonial biopower has given us much to consider, in particular, its attention to why "the micromanagement of sexual arrangements and affective attachments was so critical to the making of colonial categories and deemed so important to the distinctions between rulers and ruled."[19]

A rule of racial or colonial difference was clearly central to the operation of colonial power. However, if we frame a problematic of colonial biopolitics through the related and broader lens of colonial governmentality, the career of colonial welfare (rather than race per se) also becomes a key site to investigate to understand the particular operations of colonial power. More to the point, the career of welfare under late colonial conditions provides a more productive framework for the history of contraception during this period. In the "welfarization" of colonial sexuality, sex remains significant but less in terms of the precise acts and parties involved and more in terms of how sex was mobilized to connect individual practices to a broader social body. Where miscegenation serves as a key site for policing in Stoler's colonial biopolitical analytics of race and colonialism, the management of colonial health, and reproductive health in particular, lies at the heart of a biopolitical analytics of colonial welfare.

Yet an investigation into the colonial management of maternal and infant health and welfare in India in the 1920s and 1930s turns up a remarkably un-fraught tale. There were few unmentionable anxieties of rule and what anxieties there were, by the 1920s, received more neglect than fixation. For the most part, the colonial management of health was characterized by a set of exclusions, hesitations and deferrals on the part of the colonial state. Insofar as a colonial governmentality of welfare can be said to have existed at all, it lay in the management of crises. Indeed,

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17 On the broader historiographical point of materiality as central to the history of colonial discourse, see Bernard Cohn, *Colonialism and its Forms of Knowledge: The British in India* (Princeton: Princeton University Press, 1996). See also Sudipta Kaviraj, "Modernity and Politics in India," *Daedalus* 129, 1(2000): 137–62.

18 A key early work is that of Ann Stoler, "Making Empire Respectable: The Politics of Race and Sexual Morality in Twentieth-Century Colonial Cultures," *American Ethnologist* 16, 4 (1989): 634–60. See also Philippa Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire* (London and New York: Routledge, 2003).

19 Ann Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule* (Berkeley and Los Angeles: University of California Press, 2002), p. 8.

the colonial management of health normativized crisis management as a key mode of its operation and as a defining characteristic of colonial governmentality.[20]

One of the implications of all this for the study of contraception in late colonial south India is that we might like to think somewhat differently about the constraints and possibilities at work in the emergent field of "colonial medicine." Studies in colonial medicine have been largely preoccupied with formal, state medicine and the role of the colonial state in the management of particular diseases.[21] As has been widely documented, the colonial state looked after its colonial enclaves of the army and its prisons. For the most part, the health of the civil population received little attention and fewer resources. The state was moved to act always at the last minute with the barest minimum of resources diverted to the task.[22] These studies of colonial medicine have largely addressed the "colonial" in colonial medicine less as an analytic category and more as a chronologically descriptive category. In contrast, this book seeks to take on board the possibility of re-thinking "colonial medicine" as medicine practiced under colonial conditions, rather than medicine practiced by the colonial state. In so doing, this book seeks to reorient the analytic possibilities of the category of colonial medicine away somewhat from formal, state medicine and instead toward voluntary, generally Indian-led attempts to intervene into Indians' health practices.

For the purposes of understanding the career of contraception in late colonial India, thinking carefully about what we mean by "colonial medicine" matters because, by the late colonial period, the continual deferral of the health of the colonial population at large had became an opportunity and a rallying point for nearly all Indians who wrote or spoke publicly about the abject conditions under which their countrymen and countrywomen labored.[23] That the government of the health of populations occupies a strategic place all forms of governance—colonial or otherwise—played out in late colonial India to somewhat idiosyncratic effect. The abysmal state of

20 Hodges, "Looting the Lock Hospital," p. 396.

21 See for examples of the history of medicine in colonial India, David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley and Los Angeles: University of California Press, 1993); Mark Harrison, *Public Health in British India: Anglo-Indian Preventative Medicine, 1859–1914* (Cambridge: Cambridge University Press, 1994); Radhika Ramasubban, *Public Health and Medical Research in India: Their Origins and Development Under the Impact of British Colonial Policy* (Stockholm: Swedish Agency for Research Cooperation with Developing Countries, 1982).

22 See Sunil Amrith, *Decolonizing International Health: India and Southeast Asia, 1930–65* (Basingstoke: Palgrave, 2006), pp. 21–46. On the legacy of governmentalized disposition toward health in independent India, see Sunil Amrith, "Political Culture of Health in India: A Historical Perspective," *Economic and Political Weekly* (13 January 2007): 114–21, and V.L. Muraleedharan, "National Pipedreams," *Humanscape* 6 (1999): 6–8.

23 Some of the most high-profile examples included Katherine Mayo, *Mother India* (New York: Harcourt, Brace and Co, 1927) and the slew of responses it generated, such as C.S. Ranga Iyer, *Father India: A Reply to Mother India* (London: Selwyn and Blount, 1927); Lajpat Rai, *Unhappy India: Being a Reply to Miss Katherine Mayo's "Mother India"* (Calcutta: Banna Publishing, 1928); Dhan Gopal Mukerji, *A Son of Mother India Answers* (New York: Dutton and Co, 1928).

the health of the colonized was both served up *by* the colonial state in the form of decennial census reports and served up *to* the colonial state by its critics.

Late colonial biopolitics were particular to the interwar years because during this period assertions about health wrestled with the tension between increased expectations of the state in terms of delivering on welfare and a constant move to retrench and rescind welfare measures. Combined with an impulse among Indians (following on from the social reform initiatives of the nineteenth century) to exert a measure of self-governance, particularly in terms of governing the welfare of the population, the voluntary sector became an increasingly significant realm of action including staking claims over their ability and right to self-rule.[24] Due to the constant state deferral and retrenchment of health, the semiotics of the health of the colonial population fell largely to Indians for both discursive and material appropriation. Yet asserting an ownership over the "health" of colonial subjects was open to multiple appropriations, particularly as this was mobilized by Indians in their public conversations about contraception. In Indian nationalist discourse, ruling over one's health was sutured to a claim over national sovereignty.[25] In less overtly party-political social reform discourse, self-rule over health was crucial to a broader program of individual self-improvement. In the hands of erotic entrepreneurs, augmenting individuals' bodily practices could deliver not only a distinctly Indian health sensibility but also a distinctly modern set of pleasures.[26]

In late colonial India, contraception's colonial biopolitics had two key characteristics. The first concerned the state's vision for managing the colonial population. The state had neither the apparatus nor the will to create the total vision of a biopolitical logic of rule. Individual micropractices were neither regularly monitored nor intervened in systematically. As a result, the biopolitical imperative of rule was open to appropriation and rearticulation by Indians themselves, generally outside the formal structures of rule. Inheriting a legacy of decades of neglect, the governmentality of colonial welfare emerged as a new figure in which Indians attempted to mobilize colonial structures—such as the Indian Medical Service, municipal governments and services—albeit largely without significant success. The most potent sites of India's late colonial biopolitics tended to exist in a structural exteriority to the formal practices of rule. Yet, as the following chapters demonstrate, because of this relationship of exteriority to bureaucratic information-gathering apparatuses, the attempts of late colonial Indians at totalizing knowledge-creation

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24 See Carey Watt, *Serving the Nation: Cultures of Service, Association and Citizenship in Colonial India* (Delhi: Oxford University Press, 2005).

25 Maneesha Lal, "'The Ignorance of Woman is in the House of Illness': Gender, Nationalism and Health Reform in Colonial North India," in Molly Sutphen and Bridie Andrews (eds), *Medicine and Colonialism: The Politics of Identity* (London and New York: Routledge, 2003), pp. 14–40. Charu Gupta makes very similar points in her "Procreation and Pleasure: Writings of a Woman Ayurvedic Practitioner in Colonial North India," *Studies in History* 21, 1 (n.s.) (2005): 17–44.

26 For the comparative case of colonial north India, see Charu Gupta, *Sexuality, Obscenity, Community: Women, Muslims and the Hindu Public in Colonial India* (Delhi: Permanent Black, 2001), pp. 30–84.

were episodic eruptions of desire rather than sustained by formally institutionalized depots or regular collection practices.

The second key characteristic of contraception's colonial biopolitics flows from this structural exteriority to the state outlined above. Given that the colonial state variously either withheld or was unconcerned with (or both) orchestrating a biopolitical tactics or strategy of rule, Indians who wanted to focus attention and concern on the relationship between health and governance as particularly strategic had to look to sources beyond the colonial state to legitimize their pursuits and from which to draw inspiration. What they regularly turned to instead was the authority of a global scientific modernity and a presumed community of like-minded progressive thinkers and principles. At the close of the First World War, it is unlikely that such a coherent institution of "global scientific modernity" existed, much less some formal association of clearly identified members. This, however, did not impede in the slightest its felt reality for biopoliticized Indian reformers. Nor did it preclude the usefulness in invoking a global scientific modernity and allied community of modern scientific global citizens—who held a shared allegiance to higher ideals of rational knowledge as much as they held national affiliations—for legitimating their varied pursuits in the absence of state support. Contraception's advocates could and regularly did invoke contraception's status as a technology of modernity, authorized by a Western science and scientific community.[27]

Contraception history across India

South India was by no means the sole region in which Indians engaged with contraception during the years 1920–1940. Barbara Ramusack has outlined the all-India identification of the most prominent Indian birth control advocates during this period, particularly as they operated in Bombay and Madras.[28] Within that frame, Sanjam Ahluwalia has studied birth control advocates in colonial north India.[29] Supriya Guha and Mausami Manna have addressed Bengal as a site both of formal birth control advocacy as well as discussed evidence about a more informal set of knowledge networks among women for methods of controlling fertility in modern

27 The broader history of Indian elites' engagement with scientific modernity in the nineteenth and twentieth centuries is dealt with at length in Gyan Prakash, *Another Reason: Science and the Imagination of Modern India* (Princeton: Princeton University Press, 1999).

28 Barbara Ramusack, "Embattled Advocates: The Debate over Birth Control in India, 1920–1940," *Journal of Women's History* 1, 2 (1989): 34–64.

29 Sanjam Ahluwalia, "Controlling Births, Policing Sexualities: A History of Birth Control in Colonial India, 1871–1946," Ph.D. thesis, University of Cincinnati (2000).

India.[30] Finally, S. Anandhi has written about the birth control milieu of south India during precisely this period.[31]

These scholars' work sets out some areas connected to studies of contraception that the present study does not address. One concerns the connection or lack thereof between the history of contraception and broader debates about the emergence and causes of overpopulation.[32] Another area is use of gender as a key mode of analysis. Particularly since the 1970s, contraception, and in particular its relationship to a politics of reproductive choice has been central to mainstream first-world feminist discourse.[33] While the relationship between women's freedom and the availability of affordable, safe and reliable contraceptives has been regularly asserted, a feminist ethics of contraception cannot be attributed to any of the main characters who populate the chapters of this book. As a result, this book does not dwell on analyses of gender, nor is it populated by vociferous women.[34]

The arenas in which contraception found a place in South India had substantial points of overlap with other regions in India during the period. In particular, all advocates of contraception positioned themselves in relation to the state's rejection of integrating contraceptive services into its fledgling institutional infrastructure for maternal and infant welfare.[35] Substantial overlap also existed in terms of birth control advocacy conforming to an all-India idiom of social reform in the late colonial period. Like other movements such as that for the eradication of *devadasis* and child marriage, birth control advocates tended to be educated, bourgeois, professional urban men and women who were also adept at garnering international publicity for their causes. For the most part, the medical profession as a distinct body

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30 Supriya Guha, "The Unwanted Pregnancy in Colonial Bengal," *Indian Economic and Social History Review* 33, 4 (1996): 403–35; Mausumi Manna, "Approach Towards Birth Control: Indian Women in the Early Twentieth Century," *Indian Economic and Social History Review*, 35, 1 (1998): 35–51.

31 S. Anandhi, "Reproductive Bodies and Regulated Sexuality: Birth Control Debates in Early Twentieth-Century Tamilnadu," in Mary E. John and Janaki Nair (eds), *A Question of Silence: Sexual Economies in Modern India* (Delhi: Kali for Women, 1998), pp. 139–66.

32 On the discursive history of population and overpopulation in modern India, see Rahul Nair, "The Discourse on Population in India" and Mohan Rao, *From Population Control to Reproductive Health: Malthusian Arithmetic* (New Delhi: Sage, 2004).

33 Linda Gordon, *Woman's Body, Woman's Right: Birth Control in America* (New York: Penguin, 1977); Betsy Hartmann, *Reproductive Rights and Wrongs*.

34 I refer readers to the feminist scholarship on the history of birth control in India to the work of Barbara Ramusack, "Embattled Advocates"; idem., "Authority and Ambivalence: Medical Women and Birth Control in India," in Hodges, *Reproductive Health in India*, pp. 51–84, and Sanjam Ahluwalia, "Democratic Rhetoric and Sexual Surveillance: Indian Middle-Class Advocates of Birth Control, 1920s–1940s," in James Mills and Satadru Sen (eds), *Confronting the Body: The Politics of Physicality in Colonial and Post-Colonial South Asia* (London, New York and Delhi: Anthem Press, 2004), pp. 183–202. Unfortunately, Sanjam Ahluwalia's monograph, *Reproductive Restraints*, came out just as this book was going to press.

35 The princely state of Mysore was the exception to this state pattern of ignoring contraception. The Mysore government started birth control clinics in the early 1930s. See B.L. Raina, *Planning Family in India*, p. 91.

of interest and expertise across India were almost entirely silent on the subject of contraception.[36] Thus doctors in particular and the medical profession in general are not main characters in this book for the simple reason that they were rarely active in contraceptive promotion or in public debates over contraceptives.[37]

International birth control

In both form and content, most Indian voluntary efforts to promote contraception coincided with their counterparts in the United States and Britain. International birth control pioneers like Margaret Sanger (1879–1966) and Marie Stopes (1880–1958) both patronized and were assisted by extensive networks of birth control correspondents in India and elsewhere across the globe.[38] In the discursive targeting of India's poor as well as in a belief that intelligent and scientifically based breeding could build a better future, many Indian birth control advocates, like their British and American counterparts, eagerly embraced the era's global discourse of eugenics, particularly as it overlapped and intermingled with a general maternalism, the policy commonsense of biopolitics, which devoted new attention to motherhood as crucial link in producing healthy nations. According to this bio-logic, only healthy mothers produce healthy babies that in turn would build a healthy nation. Eugenics embraced this logic and gave it the underpinnings of scientific research to demonstrate that the scientific basis of this set of observations were rooted in the social world.[39]

Despite a broad convergence around the era's hegemonic discourse of eugenics, Indian birth control advocates, by and large, did not uniformly, or even predominantly subscribe to contraception as a cure for "overpopulation," nor did they uncritically discuss whether or not "overpopulation" was a root cause for India's poverty, let alone suggest that contraception could serve as a solution to Indian poverty. Those advocating contraception from London and New York were generally convinced that India's large and growing population, if not the root cause of its poverty, was certainly an impediment to the eradication of poverty, and that the wide-scale

36 Ramusack, "Authority and Ambivalence."

37 Exceptions include (although these articles describe how medical women were not involved in birth control work in India): Ramusack, "Authority and Ambivalence"; and Ruth Compton Brower, "Learning and Teaching about Birth Control: The Cautious Activism of Medical Missionaries in 1930s India," in Avril Powell and Siobhan Lambert-Hurley (eds), *Rhetoric and Reality: Gender and the Colonial Experience in South Asia* (Delhi: Oxford University Press, 2006), pp. 154–84. Madras Presidency's Dr Muthulakshmi Reddy was another exception—a woman doctor and late colonial legislator who supported measures proposed to incorporate contraception into the Presidency's health infrastructure. My book does not address Reddy or her work in significant detail.

38 See Susanne Klausen, *Race, Maternity and the Politics of Birth Control in South Africa, 1919–1939* (Basingstoke: Palgrave Macmillan, 2004); Elise Tipton, "Ishimoto Shizue: The Margaret Sanger of Japan," *Women's History Review* 6, 3 (1997), pp. 337–55.

39 On eugenics and the Indian birth control movement, see Sarah Hodges, "Indian Eugenics in an Age of Reform," in Hodges (ed.), *Reproductive Health in India*, pp. 131–5; Ramusack, "Embattled Advocates"; Anandhi, "Reproductive Bodies and Regulated Sexuality."

adoption of contraceptives could prove to be a powerful tool in the fight against poverty. In contrast, Indians, by and large, took a much more cautious view of the transformational properties and potential of contraception as a panacea for poverty and its cohort of social ills.

In part, mainstream Indian birth control advocates shared concerns with their colleagues in the US and Britain regarding a growing Indian population and the additional stresses that it would place on India's economy. These concerns received a fillip from both the all-India census reports of 1921 and particularly of 1931.[40] These publications revealed a substantial growth in the Indian population and gave new evidence to support a flurry of Malthusian anxieties. Yet Indian opinion continued to be divided regarding whether or not a large population was a cause of Indian poverty, an effect of it, or itself was the solution to Indian poverty.[41] In part this was grounded in an Indian nationalist commonsense of the first decades of the twentieth century that blamed the colonial government as the root cause of Indian poverty, not Indians themselves.[42] Others, looking to the newly-created Soviet Union, suggested that Soviet strength was in direct proportion to its massive population.[43] Thus although there was substantial overlap and cooperation between Indian birth controllers and those based in the US and Britain, there were substantial divergences between them as well.

Finally, the characters who populate the book's chapters engage with eugenics as it circulated as a global discourse over the first half of the twentieth century. In India, eugenics was embraced by elite educated Indian men not as tool with which to manage the poor. Eugenics in India was more regularly about governing up rather than governing down. The Indian associations who embraced eugenic thinking and writing and a popularized set of ideas about the improvement of society through scientific practices for human breeding are significant for our understanding of the discursive fields into which contraception was incorporated and in which contraception circulated. But these eugenically-inclined Indians were perhaps even more significant insofar as they existed as entities outside the scope of a transnational eugenics agenda, while still being vested in its larger causes and concerns.[44]

Karppatattai: Contraception in Tamil

Just as there were substantial divergences between the agendas into which contraception played in India and those in which it played in other parts of the world,

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40 See Arnold, "Official Attitudes" and Nair, "The Discourse on Population."

41 See Hodges, "Governmentality, Population and the Reproductive Family"; Arnold, "Official Attitudes to Population, Birth Control and Reproductive Health."

42 Romesh Chunder Dutt (1848–1909) was the most famous among them. See for example his "The Economic Causes of Indian Famines," in his *Speeches and Papers on Indian Questions, 1901 and 1902* (Calcutta: Elm Press, 1902).

43 See for example, Jawaharlal Nehru, *The Discovery of India* (New York: Harper and Row, 1946), particularly the section "The Problem of Population: Falling Birth Rates and National Decay," pp. 474–9.

44 Thanks to Rachel Berger who pointed this out so eloquently.

there was substantial diversity among Indian regional cultures of contraceptive advocacy. What this study attempts to do is simultaneously insist on the regional specificities of the Tamil south as well as place these specificities within an all-India context. Traditionally, the conceit of asserting that the region stand in for the nation has been reserved for scholars working on north India or Bengal. In part this flows from the relative greater importance and higher status that governing these provinces had in the British colonial administration. In part, too, the traditional narratives of modern Indian history have been grounded firmly in assessments of the Indian nationalist movement, or more recently, communalism and partition; movements and practices that at least formally, that had arguably less to do with the political and social history of the south than in other Indian regions.

Scholars of Tamil south Indian history have attempted to address this tension between national narrative and regional divergence in a number of ways.[45] In the late 1960s and early 1970s, a number of books attempted to write Tamil south India into a recognizable history of Indian nationalism by investigating the most high-profile mainstream nationalist movement based in Madras: Annie Besant and the Home Rule movement of 1916.[46] Two decades later, Sumathi Ramasamy returned to the problem of setting regional Tamil history within the all-India hegemonic narrative of nationalist struggle and communal strife.[47] More recently, M.S.S. Pandian has

45 I do not attempt here to grapple with the historiography of other south Indian regions. In part Tamil south India emerged from the first half of the twentieth century with a higher scholarly profile because of the perceived threat to the nascent Indian nation by the Dravidar Kalagam (D.K.). The D.K., an offshoot of non-Brahmin politics, in the late 1940s briefly advocated south Indian succession from independent India into an independent "Dravidistan." See Marguerite Ross Barnett, *The Politics of Cultural Nationalism in South India* (Princeton: Princeton University Press, 1976), pp. 56–88; Charles Ryerson, *Regionalism and Religion: The Tamil Renaissance and Popular Hinduism* (Madras: Christian Literature Society, 1988), pp. 85–107; Robert Hardgrave, *The Dravidian Movement* (Bombay: Popular Prakashan), 1965, pp. 25–31. Additionally, nineteenth-century philologists claimed that ancient Tamil rivalled Sanskrit for heritage and sophistication, and further, that Tamil was independent of Sanskrit's family of Indo-Aryan languages. Tamil was decreed as the root language for the cohort of south Indian (or "Dravidian") languages (Malayalam, Kannada and Telegu), and as such, occupied a privileged place within south Indian epistemology. See V. Ravindran, "The Unanticipated Legacy of Robert Caldwell and the Dravidian Movement," *South Indian Studies* 1 (1996): 83–110. See also Thomas Trautmann, *Languages and Nations: The Dravidian Proof in Colonial Madras* (Delhi: Yoda Press, 2006).

46 The most significant work in this category includes David Washbrook, *The Emergence of Provincial Politics: The Madras Presidency, 1870–1920* (Cambridge: Cambridge University Press, 1976); Christopher Baker, *The Politics of South India, 1920–1937* (Cambridge: Cambridge University Press, 1976); David Arnold, *The Congress in Tamilnad: Nationalist Politics in South India, 1919–1937* (London and Dublin: Curzon, 1977); and Eugene Irschick, *Politics and Social Conflict in South India: The Non-Brahman Movement and Tamil Separatism, 1916–1929* (Berkeley and Los Angeles: University of California Press, 1969).

47 Sumathi Ramaswamy, *Passions of the Tongue: Language Devotion in Tamil India, 1891–1970* (Berkeley and Los Angeles: University of California Press, 1997).

opened up new ground by attempting to write the history of the social, cultural and political category of "non-Brahmin."[48]

The Congress-led nationalist movement had a far less hegemonic presence in Madras than it did elsewhere across India. Although many prominent Indian National Congress politicians were drawn from south India, and the Congress had a high-profile revolutionary branch in the south, the politics of Tamil south India was not overdetermined by a Congress nationalism. Instead, politics in the south, particularly during the late colonial years, were dominated by an emergent politics of non-Brahminism. Further, the emergent communalized commonsense as a tool of rule for distinguishing and dividing Hindus from Muslims did not find fertile ground in the colonial south. Instead, the commonsense that was the most significant development in the history of Tamil politics was the emergence of the non-Brahmin as a political and social identity.[49] The specific strategies of non-Brahmin politics—that by and large they sought to mobilize rather than reform lower castes—mitigated against the attractiveness or mobilization of contraception as a non-Brahmin tool for large-scale social and political management of populations.

Taken together, this work has sought to address this tension for writing histories of modern south India between regional specificity and national framework. I want to further the discussion of how, in the 1920s and 1930s, the newly-emergent political identity of "non-Brahmin" established itself at the heart of a collective political and social commonsense and how it shaped the formal politics of the Presidency in the final decades of colonial rule. In large part, the assertion and establishment of a specifically non-Brahmin politics, and its corollary, Brahmin politics, forms a crucial context for the entire study.

Outline of chapters

Each chapter charts out a major discursive location for the emergent conversations about contraception in the late colonial Tamil south. Chapter One addresses how, in Madras Presidency, the combination of the non-Brahmin political leaders and the late colonial state chose not to pursue a formal policy of distributing contraceptives or making contraception information available as part of the larger policy and infrastructure of maternal and infant welfare. In so doing, the chapter addresses not only how contraception fared in the formal political administration of public health in Madras Presidency, but also how the formal political administration of contraception (such as it was) was simultaneously the product of a new consolidation of non-Brahmin politics under late colonial conditions.

Chapter Two addresses the role of voluntary associations, principally the Madras Neo-Malthusian League, in promoting contraception in Madras city. This chapter addresses the contraceptive advocacy of Madras's Brahminical elites, in particular, the activities of the Madras Neo-Malthusian League (MNML). Imbricated in the social and political context of Madras Presidency in the 1920s and 1930s, the MNML

48 M.S.S. Pandian, *Brahman and Non-Brahman: Genealogies of the Tamil Political Present* (Delhi: Permanent Black, 2007).

49 M.S.S. Pandian, *Brahman and Non-Brahman*.

sought not to challenge the colonial state through nationalist agitations. Instead, the chapter demonstrates how these elites mobilized their privilege by dint of holding key positions in the judiciary within the devolved administration of colonial rule. Like the non-Brahmin legislators of Chapter One and their counterparts in the colonial executive, the largely Brahmin MNML voiced anxiety and displeasure about what they deemed the reproductive profligacy of the Indian working-class poor. Yet, also like the characters of Chapter One, the MNML's contraceptive advocacy stopped far short of attempts to intervene directly in the reproductive practices of the poor by distributing contraceptives or directing propaganda campaigns at Madras city's working-class poor. Instead, the MNML directed their efforts most successfully at their own members—largely advocates who practiced at the Madras High Court—and at contraceptive evangelists like Margaret Sanger and Marie Stopes who sought to incorporate the MNML into their global networks of birth control advocacy. So the MNML is important because it stepped forth to claim the biopolitical for its own rule, if not as an explicit articulation of political legitimacy. In the end, the MNML was more interested in mobilizing widespread elite anxieties about the reproductive profligacy of the urban poor as a way of authorizing and legitimating their own consumption of contraceptives.

Chapter Three continues to investigate the voluntary sector and social reform movements. This chapter looks in detail at the role of contraception within the broader non-Brahmin anti-caste, atheist politics of the Self Respect movement. In so doing, the chapter returns to the domain of non-Brahmin politics addressed in Chapter One, but this time to the period's radical arm of the non-Brahmin movement, the Self Respect movement. Rather than forming a clearly contrasting counterpoint to Brahminical contraceptive advocacy, however, the Self Respect movement operated within its distinct discursive field of anti-biopolitics. Through a critical engagement with the categories of caste, religion, patriarchy, property and power, the Self Respect movement invoked contraception as one among a set of tools in the struggle to create the possibilities for radical personal emancipation—as a set of intellectual, institutional and bodily practices.

These first three chapters develop a taxonomy of contraceptive advocacy as part of Tamil south India's social and political terrain in the 1920s and 1930s—that is, the chapters develop a taxonomy of the way that the Brahmin-non-Brahmin reframing of the social and political terrain of the Tamil south played out in the specifics of reformist advocacy for contraception. However, in contrast to Sanjam Ahluwalia who has read the caste identity of birth control advocates across India during these years as part of a broader analysis of the caste-d nature of Indian patriarchy (that it was about reinforcing caste and class based hierarchies as part and parcel of the work of Indian patriarchy), I have found only a skewed contrapuntal narrative between the contraceptive advocacy of the Justice Party ministries under dyarchy, the Madras Neo-Malthusian League and the Self Respect movement.[50] Despite the fact that south Indian advocates of contraception throughout the chapters are nearly all men, and that a substantial group of them are either Brahmins or from other historically dominant caste groups, the problem that contraception solved for

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50 Sanjam Ahluwalia, "Demographic Rhetoric and Sexual Surveillance."

contraception's south Indian interlocutors was less about governing the social—that is the non-Brahmin masses and women—and more about forging new modes of self governance under late colonial conditions.

Although Madras was a site of unusually intense activities around contraception, unlike the career of contraception in heavily industrial Bombay, contraception was not uniformly, or even predominantly, mobilized as a tool to manage the poor, particularly the urban poor.[51] Unlike either Bombay or Calcutta in Bengal, Madras industrialized only in the beginning of the twentieth century. Thus the urban residuum, despite creating unruly conditions that incited state action to put them down during the same decades that contraception emerged, did not color the entire landscape of governance.

Instead, the government of health most regularly performed through the medium of contraception was that of self-governance. Chapter Four turns to what was by far the most prominent career of contraception in the interwar Tamil south: its commercial career. In many ways, because the commercial sector was such a prominently displayed arena of broader commercial cultures during the period, the materiality of contraceptive commercialism set the context for the far more discursive careers of the contraceptive reformers of Chapters One, Two, and Three. There was no need to undertake distributing contraceptives; they were already very available. Indeed one could argue that contraceptive advocates emerged in response to this commercial culture rather than the other way around. Further, by outlining the role of the commercial sector in making contraceptives and contraceptive information available to a consuming public, this chapter demonstrates a deep disjuncture between the reformist contraceptive advocacy of the previous chapters and the actual availability of contraceptives in Madras in particular and the Tamil-speaking south in general. It also extends and elaborates the varieties of late colonial self governance possible with contraception. Ubiquitous advertisement for myriad forms of contraceptive products and contraceptive-preoccupied literature went far to create new forms of Tamilians' technologies of the self. The presumed Western provenance of so-called modern contraceptives combined an authority associated with Western science, with the links to liciviousness also associated with Western culture.

The book ends with an epilogue that returns to the question of population, and the possibility for thinking historically about contraception as part of population history.

The period of the emergence and "indigenization" of contraception in Tamil south India—roughly speaking from 1920–1940—produced some predictable, patterned and recognizable discourses, institutions and practices, but it also brings to light substantial surprises in equal measure. Ultimately, the career of contraception in the Tamil south tells us less about the specific properties of the technologies of contraceptives themselves than about the pre-existing fields of action into which contraception was fitted. The relationship between health and society was not just about contraceptives; it was a site of governance and politics. If the history of

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51 For the contrasting case of contraception in late colonial Bombay city, see Kamla Mankekar, *Voluntary Effort in Family Planning: A Brief History* (Delhi: Abhinav Publications, 1974).

contraception in late colonial India provides a privileged vantage point from which to address the question of late colonial governmentality, this book asks: what was the governmentality of contraception? In short, contraception was interpolated into at least three distinct, if interlinked, modes of governmentality: that of the state, that of voluntary associationalism and that of popular commerce.

The reason that the history of contraception matters—the answer to the "so what?" question is that contraception figures not as a story of success or failure rates of births prevented or as a factor in a graph put together by historical demographers, but rather as a peg on which we can begin to build a larger picture of the possibilities and limitations of political and social change, progress and scientific modernity in the late colonial world.