

This article maps out the coordinates on syphilis, a major public health concern to colonial administrators, biomedical authorities and mine owners in much of sub-Saharan Africa in the first half of the twentieth century. I argue that colonial responses to syphilis reveal that therapeutic systems and contagion management are governed exclusively by dispassionate scientific considerations that require straightforward pathogen identifications, diagnoses and treatments. Political, economic and cultural factors inform medical questions in complex ways, they influence disease definitions and representations, the choice of therapeutic systems and even their potential reception by society. In much of sub-Saharan Africa the majority of anti-syphilis programmes and policies were based on prejudicial models that assumed Africans and other social categories on the margins of the privileged white colonial community such as poor whites to be sexual deviants.