



**The Wellcome Unit for the History of Medicine,
University of Oxford**



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Imagining and Practising Imperial and Colonial Medicine, 1870-1960

10-12 January 2008

Nissan Lecture Theatre
St Antony's College
University of Oxford
Imagining and Practising Imperial and
Colonial Medicine, 1870-1960

Organised by
The Wellcome Unit for the History of Medicine,
University of Oxford
Hosted by
St Antony's College, University of Oxford

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THE WELLCOME UNIT FOR THE HISTORY OF MEDICINE

On behalf of the Wellcome Unit for the History of Medicine and St Antony's College, I would like to take this opportunity to welcome you to Oxford and thank you for participating in our conference.

The theme of the conference – Imagining and Practising Imperial and Colonial Medicine, 1870-1960 – is a theme which will bring together researchers and scholars working on diverse contexts and topics within imperial and colonial medicine. The goal of the conference is to challenge boundaries defining imperial and colonial medicine, questioning and expanding upon recent historiography concerned with relationships between 'metropole' and 'periphery' in the construction and diffusion of medical and scientific knowledge. As more research reveals further networks and linkages between diverse people, places and ways of knowing disease, health and hygiene, ideas that constitute our current understanding of imperial and colonial medicine are coming under closer scrutiny.

I look forward to meeting you all during the conference and hope that your time in Oxford will be agreeable and stimulating.

Mark Harrison
Professor of the History of Medicine
Director of the Wellcome Unit for the History of Medicine

Imagining and Practising Imperial and Colonial Medicine, 1870-1960

Nissan Lecture Theatre, St Antony's College
10 – 12 January, 2008

PROGRAMME

Thursday 10 January

- 08:45 to 09:25 **Registration opens:** Foyer, Nissan Lecture Theatre, St Antony's College
- 09:25 to 09:30 **Conference Welcome**
Dr Sloan Mahone
Deputy Director, Wellcome Unit for the History of Medicine, University of Oxford
- 09:30 to 10:30 **Opening Lecture**
Professor Waltraud Ernst
Oxford Brookes University
Beyond East and West: From the History of Colonial Medicine to a Social History of
Medicine(s) in South Asia
- 10:30 to 11:00 **Coffee and Tea**
- 11:00 to 12:30 **Session One: Claims to Authority: East and South African Medical Communities
and Education**

Moderator: Dr Sabine Clarke, University of Oxford

Professor Howard Phillips
University of Cape Town
A Medical School Diagnosis of Colonial Identity

Dr Walter Bruchhausen
University of Bonn, Germany
Medicine by Non-doctors? 'Tribal dressers' in Tanganyika Between Health Care and
Politics, 1926–1951

Dr Vanessa Noble
University of KwaZulu-Natal
A Medical Education with a Difference: The History of COPC Training of Black
Students at the University of Natal Medical School in Durban, South Africa, 1950-
1960
- 12:30 to 13:30 **Lunch**

13:30 to 15:00 **Session Two: The Evolution of Imperial and Colonial Hospitals**

Moderator: Dr Margaret Jones, University of Oxford

**Dr Julie Parle, *Professor Catherine Burns, Dr Vanessa Noble and
*Ms Carol Brown**

University of KwaZulu-Natal

My Patients Are Zulus: Imagining and Practising a Century of Medicine at McCord Hospital, Durban, South Africa

Dr Harriet Deacon

University of Cape Town

Clinical Research at Groote Schuur Hospital, South Africa, 1938-2000

Dr Samiksha Sehwat

University of Strathclyde

The India Office and Military Hospitals for Indian Troops, c.1870-1925: Shaping Policy at a Distance

15:00 to 15:30 **Coffee and Tea**

15:30 to 17:00 **Session Three: American Empire and Imperial Medicine**

Moderator: Mr Ryan Johnson, University of Oxford

Dr Paul Sutter

University of Georgia

Pulling the Teeth of the Tropics: U.S. Imperial Medicine and the Construction of the Panama Canal

Dr Mariola Espinosa

University of Southern Illinois

Idealizing Imperial Medicine: U.S. Constructions of the Conquest of Yellow Fever

Dr Jean Kim

Dartmouth College

Plantation Medicine and U.S. Imperial Power in Territorial Hawai'i, 1898-1946

17:00 to 17:15 **Discussion Break**

17:15 to 18:15 **Keynote Lecture**

Professor Mark Harrison

University of Oxford

The Leventine Plague of 1873-9: An Imperial Moment

18:30 to 20:00 **Wine Reception**

Museum of the History of Science, University of Oxford

Sponsored by the British Society for the History of Science (BSHS) and the Society for the Social History of Medicine (SSHM)

* denotes non-attending author

Friday 11 January

09:00 to 10:00

Keynote Lecture
Professor David Hardiman
University of Warwick
Constructing Indian Medicine

10:00 to 10:30

Coffee and Tea

10:30 to 12:15

Session Four: Negotiating Health and Hygiene in Late Colonial India

Moderator: Ms Amna Khalid, University of Oxford

Professor Barbara Ramusack
University of Cincinnati
Professionalisation, Politics and Gender in the Madras Child Welfare Centres, 1917-1940

Dr Projit Mukharji
Newcastle University
From 'Public Health' to 'Jono Swasthyo': Vernacularisation and the Emergence of Anglo-Bengali Medicine, 1860-1930

Dr Nandini Bhattacharya
University of Warwick
Locating the Vector: Malaria Research in the Darjeeling Foothills

Ms Erica Wald
University of Cambridge
Venereal Disease Control, Medical Journals and the Construction of Race in 19th Century India

12:15 to 13:15

Lunch

13:15 to 14:45

Session Five: Healing Bodies, Saving Souls? Encountering Medical Missionaries and Western Medicine

Moderator: Dr John Manton, University of Ulster

Dr Helen Sweet
University of Oxford
The Patient, the Porter, the Probationer and the Preacher: Changing Perspectives of the Mission Hospital in Rural KwaZulu Natal

Dr Shang Jen-Li
Institute of History & Philology, Academia Sinica, Taiwan
Miraculous Medicine in a Heathen Land: Protestant Medical Missions to Nineteenth-Century China

Ms Laura Ishiguro
Simon Fraser University
'An Almost Insurmountable Problem': The Role of Distance in the Implementation of Colonial Mission Medicine in Canada's Eastern Arctic, 1929-1945

14:45 to 15:15 **Coffee and Tea**

15:15 to 17:00 **Session Six: Emblems of Empire: Imperial and Colonial Nursing**

Moderator: Dr Helen Sweet, University of Oxford

Professor Anne Marie Rafferty

Kings College, London

Emissaries of Empire: British Nurses and the Overseas Nursing Association, 1896–1946

****Dr Rosemary Wall**

Kings College, London

The Orient Express: Colonial Nursing in the Far East, 1896-1966

Dr Margaret Jones

University of Oxford

From Servant to Nurse: the Hesitant and Belated Development of a Nursing Profession in the British West Indies, 1840-1960

Professor Sioban Nelson

University of Toronto

Manifest Destiny: the Rockefeller Foundation's Mission to World Nursing in the First Half of the 20th Century

****Panel Convenor**

17:00 to 17:15 **Discussion Break**

17:15 to 18:45 **Session Seven: Locating Psychiatry in the Colonial Context**

Moderator: Dr Neil Carrier, University of Oxford

Dr Sloan Mahone

University of Oxford

Trauma and Personhood in Late Colonial Kenya

Dr Julie Parle

University of KwaZulu-Natal

Family Commitments and Economies of Emotions: Madness and the Family in Natal, 1916-1960

Dr Rakefet Zalashik

New York University

Jewish Psychiatrists and Psychiatry in Mandatory Palestine

19:00

Conference Dinner

University Church, The Vaults & Garden Restaurant

Saturday 12 January

09:00 to 10:00

Keynote Lecture

Professor David Arnold

University of Warwick

Colonialism and Class as Medical Paradigms: Beriberi and Diabetes in India, 1880-1947

10:00 to 10:30

Coffee and Tea

10:30 to 12:00

Session Eight: Health and Governance in Late Colonial India

Moderator: Professor David Arnold, University of Warwick

****Dr Sarah Hodges**

University of Warwick

Health Citizenship Among Colonial Subjects

Dr Rachel Berger

Concordia University

From Medical System to Health Practice: Ayurveda and Governance in Late Colonial United Provinces

Dr Stephen Legg

University of Nottingham

Social and Moral Hygiene: Meliscent Shepard's Sexual Health Campaigns in 20th Century Colonial India

****Panel Convenor**

12:00 to 13:00

Lunch

13:00 to 14:30

Session Nine: Chemicals, Colonies and Control

Moderator: Dr Karen Brown, University of Oxford

Dr Sabine Clarke

University of Oxford

Insecticides Research in British East Africa, 1940-1960

Dr Noémi Tousignant

Université de Montréal

'The Stubborn Chaulmoogrists': Locality, Authority, and the Judgment of Therapeutic Value of Leprosy Medicines in French West Africa, 1920s-1950s

Ms Katherine Foxhall

University of Warwick

'M.Ds or A.S.Ses?': Smallpox Diagnosis, Fumigation and Vaccination in Quarantine, New South Wales, 1872

14:30 to 15:00

Coffee and Tea

15:00 to 16:45

Session Ten: Between ‘Metropole’ and ‘Periphery’: Exploring Professional and Personal Medical Networks

Moderator: Professor Mark Harrison, University of Oxford

Dr Douglas M Haynes

University of California, Irvine

‘Hewers of Wood and Drawers of Water’: Managing Overseas Doctors in Post-War Britain (1966-1975)

Professor Robert J Perrins

Acadia University

Networks of Colonial Medicine in Southern Manchuria, 1905-1932

Dr Helen MacDonald

University of Melbourne

‘In the Interests of Science’: Government Corpses and the Anatomy Inspector

Dr Sally Wilde

University of Queensland

Is Ours Worse than Yours? Post-Colonial Angst and the Surgical Diaries of Archibald Watson

16:45

Concluding Remarks

**ABSTRACTS
AND
BIOGRAPHIES**

David Arnold
University of Warwick
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**Colonialism and Class as Medical
Paradigms: Beriberi and Diabetes in India, 1880-1947**

By comparing two very different (though not unrelated) diseases, beriberi and diabetes, this paper seeks to assess the varied impacts and constraints of class and colonialism on medical priorities, perceptions and practices. Despite the growth of historical scholarship on health and disease in British India in the past twenty years, beriberi and diabetes remain largely neglected subjects. This neglect is perhaps unsurprising since neither was a major epidemic disease nor had a direct impact on European or army health. Both existed in India from an early date and yet were decidedly modern in their etiologies and social constituencies. The spread of beriberi, understood primarily a disease of the labouring poor, was aided by the international rice trade, by mechanized rice-mills, and the rise of rice-dependent populations; diabetes (type II), which was particularly seen as affecting the professional middle classes, was associated with the stress of modern urban existence. Both diseases came to be understood as connected with dietary change, but, while beriberi entered the canon of 'tropical diseases' and attracted a concerned international response, diabetes did not. Through its connection with labour and rice diets, beriberi was subject to official enquiry and helped stimulate major investigations into Indian diets and their effects, while diabetes, despite being the cause of high-profile mortality, remained largely beyond the purview of state medicine. The comparative history of these two diseases thus poses wider questions as how we relate question of class, materially and perceptually, to studies of colonial health and medicine.

David Arnold is Professor of Asian and Global History in the History Department at the University of Warwick: he previously taught at the School of Oriental and African Studies in London. His work includes various aspects of the history of modern India, including the history of medicine in the 19th and 20th centuries. His books include *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India* (1993) and *Science, Technology and Medicine in Colonial India* (2000).

Rachel Berger
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**From Medical System to Health Practice:
Ayurveda and Governance in late colonial United Provinces**

The historiography of medicine in colonial India has concentrated mainly on the introduction of biomedicine to the subcontinent, and on the multi-layered meanings of this phenomenon. In so doing the relationship between health and governance has been framed within the paradigms of encounter, conflict, political dominance and cultural hegemony that characterize explorations of empire and resistance in this period. At the same time, the position of those medical experiences – and, in fact, those diseases and conditions – that fell outside of the purview of the Public Health infrastructure remain relatively unexplored.

This paper seeks to explore these latter themes through a survey of the unlikely career of Ayurveda in the post-war United Provinces. Largely ignored by the Public Health machine of the nineteenth century, Ayurveda rose to political prominence after the transfer of responsibility for medical services from the central to the provincial governments under the dyarchic structure of governance introduced in 1919. The newly-expanded provincial government was forced to rely upon pre-existing infrastructure as it could not afford to maintain its biopolitics while still employing biomedicine; while the disciplining of the intimate lives of its subjects was still a central focus of state medicine, the tools were no longer affordable. From the mid-1920s on, Ayurveda and its institutions – namely, Vaid (practitioners), Dawakhana (pharmacies), and Vaidacharyas (educational programs) – were employed by the Provincial government as key components of their medical plan.

It is through the adaptation of Ayurveda to fit state purposes – along with a transformation of the regulatory framework of medical legislation to accommodate Ayurveda – that the negotiation of ‘medical services’ transformed into a more profound discussion of the responsibility of the state to its subjects. As the U.P. Medical Board hashed out the boundaries of the Ayurvedic ‘tradition’ – spelling out the limits and conditions of practice, the means by which practitioners would be trained, registered and legislated, and plans to reinforce and invest in Ayurvedic institutions were drawn up – it ultimately engaged in a conversation about the *condition* of the population of the province, and the role of government in improving its well-being. The idea of ‘health’ thus emerged primarily as a category of governance, and was central, from the 1930s on, to the political and popular discussions of anti-colonial nationalisms, North Indian nation-building, and projects of class and identity-formation. Ultimately the persistence of ‘health’ in official and popular discussions of power allowed for the refashioning of biopolitics to suit new modes of late colonial governance.

Rachel Berger is Assistant Professor of South Asian History at Concordia University in Montreal. Her doctoral work addressed the history of Ayurvedic medicine in colonial North India, comparing political discourses of public health and development with popular discussions of health, medicine, gender and sexuality. She is beginning work on the idea of medicine and decolonization in early independent Uttar Pradesh, as well as on the history of medical advertising in the Hindi belt. She is also working in collaboration with historians of French colonial medicine and science on a transnational history of pharmaceuticals in India, Senegal and Vietnam between 1920-1975.

Nandini Bhattacharya
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Locating the Vector: Malaria Research in the Darjeeling Foothills

The tea plantations in sub-Himalayan colonial Bengal were sites of intense medical research and practice in the early twentieth century. The various illnesses prevalent among the immigrant labourers included cholera, dysentery, hookworm, respiratory diseases, and most frequently, malarial and 'blackwater' fevers. Both government funded research and entrepreneurial interests contributed to the medical explorations and experiments intended to reduce morbidity among the labourers.

Institutional bases for malarial research in India were set up gradually from the first decades of the twentieth century, but various malarial theories jostled for recognition and miasmatic principles persisted for a long time. The tenacity of sanitarian theories and the importance of the locality emphasised by the officials who controlled much of the policy-making within the IMS in the late nineteenth century, have been explored in the context of cholera. The logic of location, so pervasive in British Indian medical discourse, outlasted the sanitarian epidemiological models and became a significant factor in malaria research as well.

By studying malarial research and the implementation of anti-malarial policies in this region, the paper will problematise 'locality' in medical research. At one level, it will study the ways in which local disease environments impacted on medical theory. This included the application of the emergent idea of 'species sanitation' which emphasised the influence of local ecology on malarial fever. At the same time malariologists like SR Christophers involved in the experiments in this region corresponded with a wide network of researchers which ultimately lead to the diffusion of the broader theory of 'tropical aggregation of labour' or the contribution of the 'human non-immune factor' in the causation of malaria in an industrial population. This paper will focus on the site of disease in these various priorities of international medical theories and local experimentation and implementation.

Nandini Bhattacharya is a historian of colonial India and has taught at various universities in India. She recently defended her PhD at the Wellcome Trust Centre for History of Medicine at UCL, where she was the Roy Porter scholar. She is presently Research Assistant at Warwick University and Honorary Research Associate, Wellcome Trust Centre for the History of Medicine at UCL.

Walter Bruchhausen

University of Bonn

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**Medicine by Non-doctors? 'Tribal dressers' in
Tanganyika Between Health Care and Politics, 1926–1951**

As one of the major differences to biomedical health care in industrialised nations, the central prerogatives of the medical profession, i.e. making diagnosis and deciding on therapy including prescriptions, are widely delegated to non-doctors in “developing countries”. The introduction of this new type of health care employees who are neither doctors nor nurses in British African colonies after World War I was accompanied by heated discussions touching questions of curative bias, drug safety, medical law, scientific approach and education of Africans. Beyond their function as medical and cultural “middle figures” (Nancy Rose Hunt) this new type of health professionals, in Tanganyika Territory developing from “tribal dressers” to “medical assistants”, also catalysed the struggle between the local (African) governments (first: “Native authorities”) backed by political administrators and the central (colonial) government with its medical department. Especially the question of injections by these medical auxiliaries was debated and led to a temporary victory of “political expediency” over the claims of “public health”.

Based on research in mission and government Archives in Tanzania, U.K. and Germany during a three years research project on past and present medical pluralism in East Africa, the main developments and arguments will be presented and analysed. As the fundamental issue whether the medical auxiliaries should be regarded as a discriminating colonial legacy or an element of a responsible health policy is still under debate the paper will not try to give an answer, but to situate the various aspects in their origin and early history.

Walter Bruchhausen is the senior lecturer at the Institute for Medical History, Bonn University. His studies include medicine, theology, philosophy of medicine/health care ethics and anthropology at the universities of Bonn, Würzburg and Glasgow; Medical, archival and field work in Rwanda and Tanzania. Publications on the development of health-related practices in the context of medical pluralism, in Christian mission, German and British colonial and East African "traditional" medicine.

Sabine Clarke
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Insecticides Research in British East Africa, 1940-1960

A Colonial Insecticides Research Unit was established at Arusha, Tanganyika in 1950 with the aim of undertaking research into the control of mosquitoes and tsetse fly using DDT and dieldrin. This institution was a novelty for the British Colonies. It was the only major scientific centre solely devoted to research related to disease control by insecticides with 150 members of staff by 1955, including entomologists, chemists, botanists, physicists and plant pathologists. One main goal of the research was to investigate the possibility of malaria control through spraying of village huts. As part of this work the experimental hut was created; this was a brick version of a traditional hut into which known numbers of insects could be released and then assessed after spraying.

This paper will consider the research undertaken by the Research Unit in the light of a literature that has criticised expert interventions in Africa during the period of colonial rule. This literature talks of a tendency amongst European scientists to impose disruptive, wide ranging and intrusive measures upon African peoples and their lands without a good knowledge of the complexity of the conditions present. At the same time a literature on the global malaria eradication programme of the WHO states that post-war enthusiasm for the 'nuclear weapon' of DDT led to a decline in research related to mosquitoes and malaria. How does the history of the post war expansion in colonial research across the British Colonial Empire fit into these existing stories? Does the history of insecticide use in British East Africa conform to the picture that is given in the existing literature of an ill conceived, and ultimately pointless, application of the technological quick fix?

Sabine Clarke finished her PhD in 2005 and is departmental Lecturer at the Wellcome Unit for the History of Medicine until 1st April 2008 when she takes up a Wellcome Trust Fellowship. She is interested in the relationship between scientific research and economic planning for the development of the British colonies after 1940.

Harriet Deacon
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Clinical Research at Groote Schuur Hospital, South Africa, 1938-2000

This paper offers a social history of clinical research at Groote Schuur Hospital (GSH) that forms part of a larger edited volume on the history of the hospital from 1938 to 2000. Research activity at GSH, a public teaching hospital in Cape Town, has been examined in a number of papers, mostly in articles charting the development of research capacity in various specialisms at the associated University of Cape Town Medical School. The paper will show how the framing and execution of clinical research at GSH was shaped by a number of national and international factors. National politics, and government health and research priorities affected funding decisions for hospitals, the balance of tasks allocated to hospital staff, and the way research was conceptualized and evaluated. Other influences on medical researchers would have included trends in international research, medical professionalisation, institutional capacity for research support and record-keeping, technological advances, social factors like racism or gender bias, individual interests and capacities, as well as the disease profile of patients.

But the history of scientific research in Southern Africa in the twentieth century also speaks to the link between research and national identity, between colony and metropole, and between colonial and post-colonial priorities. The history of clinical research at GSH is thus not just a history of good – even excellent – scientific work carried out over seventy years in the face of bureaucratic indifference, political interference and resource constraints. It is not just a history of how science has been influenced by social context. In South Africa, as elsewhere, science also carries with it a burden of meaning. During both the colonial and post-colonial period, science has been deployed by various players as a tangible symbol of national pride and intellectual maturity. The paper explores how clinical research at GSH provided a locus for the expression of these discourses.

Harriet Deacon is a historian with interests in the social history of doctors, nurses, midwives, medical science and medical institutions in the Cape, South Africa, c.1750-2000. She has also worked on HIV/AIDS and intangible cultural heritage management.

Waltraud Ernst
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**Beyond East and West: From the History of
Colonial Medicine to a Social History of Medicine(s) in South Asia**

This conference contribution reflects on theories and methodologies that have characterised the field of the history of colonial medicine over the last couple of decades. It discusses the merits and flaws of hitherto predominant conceptual paradigms that concerned themselves mainly with issues of power, governmentality, the status of modernity and the 'condition' of the colonisers and the colonised. The recent shift in research focus from western or colonial medicine to the multiplicity of indigenous medicines is assessed as a potentially more nuanced, balanced and adequately theory-focused as well as evidence-driven approach. It is argued that the seemingly irreconcilable tension and at times unhelpful hostility between proponents of Fanonian and Foucaultian paradigms on the one hand and archival data-focused historians of medicine on the other needs to be overcome lest researchers continue to be caught up in either ideologically fraught and conceptually misleading east versus west bifurcations or narrowly framed local case-studies. Rather than discerning the end of social history of medicine research on South Asia, the author suggests that there is much scope and indeed urgent need for a social history of medicines in south Asia that is guided by crisp theory and at the same time anchored in the richly textured fabric of a wide range of economic, political, cultural and socio-historical sources.

Waltraud Ernst is Professor in History of Medicine at Oxford Brookes University. She is a former editor of *Wellcome History*, *Social History of Medicine*, and *Asian Medicine, Tradition and Modernity* and former president of the International Association for the Study of Traditional Asian Medicine (IASTAM). She has published widely on issues of race, class, gender, transnational psychiatries and science/magic/religion. She is currently writing a book for Manchester University Press on patients' stories and discourses of power.

Mariola Espinosa
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**Idealizing Imperial Medicine:
U.S. Constructions of the Conquest of Yellow Fever**

The eradication of yellow fever from Cuba, accomplished by the U.S. Army in 1901, was presented at the time and afterwards as one of the principal justifications for U.S. domination of the island. To serve this purpose, the substantial contributions of Cubans to the scientific understanding of the disease and the public health measures that kept it at bay would have to be ignored. Beginning with Walter Reed himself, with but few exceptions, U.S. doctors, public health officials, and other observers consistently exaggerated U.S. achievements while denigrating those of Cubans. Mythmaking regarding the eradication of yellow fever therefore played an important role in the maintenance of U.S. Empire.

Mariola Espinosa is Assistant Professor of History of Medicine and Latin American History at Southern Illinois University. She is the author of "Epidemic Invasions: Yellow Fever and the Limits of Cuban Independence" which was awarded the 2007 Jack D. Pressman – Burroughs Wellcome Fund Career Development Award by the American Association for the History of Medicine, and is under contract with the University of Chicago Press.

Katherine Foxhall
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**'MDs or ASSes?': Smallpox Diagnosis,
Fumigation and Vaccination in Quarantine, New South Wales, 1872.**

In 1872, after an eight-day passage from Auckland, New Zealand, the steamship *Hero* was quarantined in Sydney Harbour following the diagnosis of a case of smallpox on board. During the six-week quarantine that followed, the passengers produced a weekly newspaper, the *Loganiana* (named after the ship's Captain) that was later published in Sydney and sold priced one shilling.

Within its pages, the satirical newspaper reveals deep scepticism of, and resistance to, the bureaucratic and chemical process of smallpox identification, fumigation and quarantine. In particular the release of the passengers from quarantine hinged on their submission to vaccination by a 'true' case of disease – lymph, ironic given the 'suspicion imitations' of disease which had provoked and prolonged their quarantine. To pass the time the passengers advertised in the *Loganiana* a production of 'the screaming farce *The Yellow Flag*', accused the Health Officer of 'dilatatory and shilly-shallying behaviour' and advertised as 'LOST by the Health Officer, every vestige of humanity'.

Whilst this is in one sense a very unique Australian colonial medical story, this paper suggests that the passengers of the *SS Hero* utilised their privileged and literate position within antipodean colonial society to publicly articulate the weaknesses and inconsistencies of smallpox identification and quarantine control. This raised the question of both *how* quarantine could function, and on *whom*.

Katherine Foxhall is in her third year of a PhD at the Centre for the History of Medicine at Warwick. Her thesis is provisionally entitled 'Discourses of Disease at Sea: Bodies, Ships and the Ocean in convict and emigrant voyages to Australia, c. 1800 - 1880.'

David Hardiman
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Constructing Indian Medicine

In recent years, there has also been a growing interest in the ways in which existing systems of what might now be termed the 'classical' indigenous systems of medicine practised in India – such as Ayurved, Unani Tibb and Siddha – evolved and changed under colonial rule. These studies have shown how these 'classical traditions' were to a large extent constructed through the discovery and application of ancient texts. The paper will review this literature, focusing on topics such as the healing practised by indigenous medical workers, the way these practices changed under colonial rule with an adoption of certain allopathic methods and forms, attempts to create an Indian nationalist medicine, the creation of textual medical canons, the counter-creation of local, regional and minority religious traditions, the issue of 'quackery', and the way in which these constructions related to forms of subaltern healing.

David Hardiman carried out his doctoral research on Modern Indian History at the University of Sussex, the thesis being published as *Peasant Nationalists of Gujarat: Kheda District 1917-1934* (OUP 1981). He worked for many years in India at the Centre for Social Studies, Surat, and is the author of *The Coming of the Devi: Adivasi Assertion in Western India* (OUP 1987), *Feeding the Baniya: Peasants and Usurers in Western India* (OUP 1996), and *Gandhi in His Time and Ours* (Permanent Black 2003). He is a founder-member of the Subaltern Studies group, and has published several articles in *Subaltern Studies*, and edited one of the volumes. His edited collection *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa* was published in the Wellcome Series in the History of Medicine in 2007. He is based in the Department of History at the University of Warwick.

Mark Harrison
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The Levantine Plague of 1873-9: An Imperial Moment

In 1873 plague broke out in the Ottoman province of Mesopotamia; the first time in decades that a major epidemic had occurred in the Middle East. For the next six years, the disease spread to many parts of the Levant, affecting parts of Turkish Arabia and Persia particularly badly. By 1878 plague has also reached the Lower Volga region of Russia – the first occurrence of plague in Europe for many years.

Coming just a few years after the opening of the Suez Canal, these outbreaks of plague aroused great unease in many parts of Europe, particularly in countries with Mediterranean coastlines. The prospect of plague travelling quickly and undetected by steamship from Arabian ports through the Canal was terrifying, and led states to take drastic action in the form of quarantine restrictions in an attempt to protect their populations and their economic interests. But the response to the plague epidemics also tells us much about the political situation in and relating to the Middle East at this time. The plague coincided with a new and crucial phase in what was known in Europe as 'The Eastern Question'; the politics surrounding the decline of the Ottoman Empire and the predatory intentions towards it of European powers. The epidemics also coincided with important political developments in Egypt, which was responsible for sanitary regulations in the Suez Canal, and with a difficult phase in relations between the Ottoman Empire and the neighbouring country of Iran (Persia).

This paper explores the connections between the sanitary politics surrounding the plague epidemics and these other diplomatic issues. It does so in particular regard to the consequences for shipping between Britain and its most important overseas territory, India, and in relation to British and other European interests in the Levant. The paper argues that the response to plague was conditioned in large part by the broader political goals of the European powers, the Ottoman Empire and Persia. Sanitary regulation was, in effect, a form of war by other means.

Mark Harrison has published widely on the history of disease and medicine, especially in relation to the history of war and imperialism from the seventeenth to the twentieth centuries. He is currently completing a history of medicine and British imperial expansion, c.1700-1850 (co-written with Pratik Chakrabarti) and is now working on a history of disease and international trade.

Douglas M Haynes
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**'Hewers of Wood and Drawers of Water':
Managing Overseas Doctors in Post-War Britain (1966-1975)**

The participation of overseas doctors in the health care system of the United Kingdom represents a distinctive feature of the National Health Service since the 1950s. But, the very transnational nature of the NHS became a source of criticism about the quality of health care. Post-war government responded with initiatives and policies that sought to politically reconcile the nature of staffing in the hospital service while continuing to access overseas medical professionals. As this paper will show, the 1975 implementation of the Temporary Registration Assessment Board (TRAB) by the General Medical Council (GMC) marked the culmination of interventions that subjected overseas doctors, especially from Indian and Pakistan, to a double standard of professional scrutiny. Until TRAB, overseas doctors, who possessed qualifications that were recognized or registerable by the GMC, were eligible for posts in the hospital service. In response to the rising racialized discourse about the competence of overseas doctors, the Ministry of Health could only invite registered overseas doctors to participate in the attachment scheme, whereby senior members of the hospital staff and profession could assess their linguistic and clinical competence for future appointments. Three years later attachment became compulsory for overseas doctors seeking a post in the service. Still, the uneven capacity of NHS hospitals to support compulsory attachment together with the right of registered overseas doctors to practice medicine made this intervention insufficient in addressing the crisis surrounding the NHS. TRAB not only narrowed entry into the medical market in Britain, but also stamped all overseas doctors as professionally suspect. The withdrawal of recognition of overseas qualifications, most dramatically in the case of India, paralleled a new system of temporary registration that assessed applicants for their command of the English language and clinical competence.

Douglas Haynes is a member of the faculty at the University of California, Irvine. He is a historian of modern Britain with a research specialty in the history of medicine and allied sciences. His published scholarship and on-going research is chiefly concerned with the development of the modern medical profession in relation to racial and gender politics, the origins and persistence of bio-medical disparities in the developing world, and the meaning and representation of disease and illness in the mass media. Since the publication of Imperial Medicine (University of Pennsylvania Press, 2001), he has continued to explore the relationship of British medicine to its empire in the twentieth century and expanded his interest to include the institutional development of the American Medical Association in the second half of the nineteenth century.

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Health Citizenship among Colonial Subjects

This paper takes up the case of the Madras Neo-Malthusian League, south India's premier birth control organization during the 1920s and 1930s, in order to think through how late colonial subjects forged a peculiar form of what is referred to in contemporary parlance as "health citizenship." I am in particular interested in exploring how, despite not enjoying formal political sovereignty, late colonial Indians used their engagement with health voluntarism to enact relations of governance among themselves and at times, attempted to govern the health of others.

In late colonial Madras Presidency the state did not pursue a health policy with any notable vigour. As a result, health was appropriated both discursively and practically by the voluntary organizations of the Indian middle classes. Although the 1920s and 1930s was a time of significant nationalist mobilization across India, many south Indian health advocates did not promote health as part of a broader anti-colonial agenda. South Indian contraceptive advocacy was not one battle among many in a larger war for national self-determination. Instead, the MNML's founder-members shared common cause with the leaders of the birth control movement across the globe. They held as self-evident that in the mass uptake of healthy practices lay possibilities for improving maternal and infant health and ameliorating the plight of the poor. Not only did MNML members see themselves as participating in an international movement, internationally-recognized birth control advocates eagerly sought to create links with the Madras-based organization.

The emergence of associations like the Madras Neo-Malthusian League speak to how a semiotics of health came to assume new prominence – both for diagnosing and intervening in India's late colonial body politic. The MNML developed a particular mode of engaging with health as a mode of governance. This mode of governance was empowered by their dominant position as Brahmin men in the Tamil south, and via their professional location as elite members of a colonial bureaucracy. However, the particular social and cultural position of MNML members created a peculiar trajectory for their attempts to enact a governance of health. The social body that the MNML sought to govern did not map neatly onto – and regularly was in tension with – both the "public" of state-sponsored public health, and an Indian public imagined by their overseas allies in an international network of birth control advocacy.

Sarah Hodges teaches History at the University of Warwick. She works on the social and cultural history of modern South Asia, specifically the politics of health in colonial and postcolonial India. She has edited *Reproductive Health in India: History, Politics, Controversies* (Orient Longman, 2006) and is the author of *Contraception, Colonialism and Commerce: Birth Control in South India, 1920-1940* (Ashgate, forthcoming 2008). Her current research project, 'Biotrash', traces the contemporary cultural history of the global traffic in medical garbage in a post-genomic age. A substantial part of this work, as with her earlier projects, is based in Chennai.

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“An Almost Insurmountable Problem”: The Role of Distance in the Implementation of Colonial Mission Medicine in Canada’s Eastern Arctic, 1929-1945

The early-twentieth-century implementation of health care in the Canadian Arctic was an exercise in colonial medicine, as it worked to reorder space and deny existing Inuit healing practices. However, the specific manifestations of medical care in the Canadian Arctic reveal a complex interplay between local conditions and the expectations of Southern Canadian policy-makers. This paper will focus on the early history of Ste. Therese’s Hospital and St. Luke’s Hospital, which were government-funded mission hospitals – Oblate and Anglican respectively – in the Canadian Eastern Arctic. More specifically, this paper will use distance as a conceptual tool for understanding the relationship between colony (in this case, the Eastern Arctic) and metropole (Southern Canada) in the implementation of colonial medicine in this context. Taking distance as a multi-dimensional concept, signifying both a measure of physical space and a state of mind, this paper will probe the following questions: How did distance shape the relationship between medical missionaries in the Arctic and the federal government in the South? More generally, how was the implementation of health care in these hospitals shaped by physical distance and a sense of isolation? How did this work through particular relations of power, impacting the imagining of Inuit bodies in comparison to non-Inuit bodies? And finally, how can the “taming” of distance through the extension of medical care into these isolated areas be seen as a motor of colonialism? More broadly, these questions may point to ways in which we can view colonial medicine as being shaped profoundly and complexly by its physical and conceptual distance from metropolitan centres.

Laura Ishiguro is in her final year of a Master’s degree in History at Simon Fraser University, in Burnaby, Canada. Her thesis examines the mid-twentieth-century implementation of health care in Ste. Therese’s Hospital in the Canadian Eastern Arctic. More specifically, it focuses on the role of space and place in shaping discourses and practices in the hospital.

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**Miraculous Medicine in a Heathen Land:
Protestant Medical Missions to Nineteenth-Century China**

This paper examines the controversies elicited by Western medical missionaries in China. Missionaries utilized surgical proceedings which produced dramatic effects to facilitate the conversion of the Chinese to Protestantism. However, this strategy had its dangers. Many Chinese perceived Western medicine as magic and identified medical missionaries as witch doctors. The Chinese anti-missionary propaganda repeatedly claimed that the missionaries gouged out the eyes of the Chinese in order to practice alchemy, and took away the organs of their patients to produce magic pills and opium. Several anti-missionary riots were instigated by these kinds of rumours. This paper analyzes the ways the missionaries imbued their medical practices with religious meaning through rituals and discourse. It also discusses Chinese reactions to the miraculous dimension of Western medicine, especially how the anti-missionary minded Chinese literati perceived Western medical practice as a form of witchcraft through the filter of their own cultural resources such as theories of Chinese medicine, literature, and folklore.

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**From Servant to Nurse: the Hesitant and Belated
Development of a Nursing Profession in the British West Indies, 1840-1960**

In 1943 Sir Rupert Briercliffe, Medical Adviser to the Comptroller for Development and Welfare in the British West Indies commented that “until recently, the nurse was considered as very little above the level of a servant, and the educational and other qualifications were so low, and that the work required of them of such a nature that this concept was largely justified.” This view was also supported by Elizabeth Tennant who visited Jamaica (the largest of the islands) in 1942 on behalf of the International Health Board of the Rockefeller Foundation. Why was nursing in the West Indies, almost at the end of colonial rule, considered so inferior when the need for trained nurses on the British model had long been accepted by the medical authorities? Attempts had been made to produce trained nurses in Jamaica, for example, as early as the 1850s when the short-lived Lady Barkly hospital for women had set out to train local women. After crown colony government in 1867 the Public Hospital in Kingston also trained nurses, as did the other major West Indian hospitals, but the reliance on British nurse trainers, who only came out to the West Indian colonies in small numbers (in 1937, for example, there were only three European nurses employed in government hospitals in Jamaica); and the parsimony of colonial governments greatly hampered these efforts. It was only in the 1940s that effective action was applied to the problem when the Colonial Development and Welfare Act of 1940 freed imperial government money for such ventures; and the Rockefeller Foundation also directed their attention to establishing a model nursing school for the Islands in Kingston.

This paper explores some of the factors which contributed to the slow growth of “Western” nursing in the West Indies and highlights the respective roles of the British and the Americans in both hindering and furthering its establishment.

Margaret Jones has worked and published extensively on the history of Western medicine in Sri Lanka. Her first book *Health Policy in Britain’s Model Colony: Ceylon (1900-1948)* was published in 2004; and her second *The Hospital System and Health Care in Sri Lanka, 1815-1960* will be published 2008 (both by Orient Longman). She is a Wellcome Trust Fellow at the Wellcome Unit for the History of Medicine, Oxford and is currently working on the history of public health in the British West Indies.

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**Plantation Medicine and U.S.
Imperial Power in Territorial Hawai'i, 1898-1946**

Studies of European imperialism have shown that colonies serve as epistemologically rich grounds for buttressing larger claims about power, authority, bodies, and difference. Practically, imperial encounters have also served as the basis for the modernization of medicine, and as important sites for medical and social experimentation, producing technical knowledge and expertise in the realms of public health, economics, and welfare. While the dimensions of medicine as a "colonial" technology have been debated, the linkage between medicine and imperialism has been widely explored throughout many European contexts. The U.S. and its territories, however, remain novel fields for examining the role of medicine in facilitating, treating the consequences of, and either challenging or legitimating U.S. imperialism.

In the bio-medical history of Hawai'i, a colony of the U.S. from 1898 to 1959, official claims about infant mortality, Asian dietary pathology, and racial backwardness as a factor in women's excessive fecundity served to discursively associate Territorial government physicians, plantation medical programs, and acceptance of U.S. law and citizenship with health and wellness, and resistance to U.S. colonial rule and institutions with death. Between 1898 and 1946, plantation medicine, developing partly through scientific research from sugar-producing areas around the world, particularly anchored healthcare in Hawai'i to contemporary European colonies as models and foils in addressing shared problems of managing and reproducing labor, and in producing racial difference. In this paper, I examine how medicine and healthcare in an American colony were informed by and inform our understanding of the imperial politics and power of medicine.

Jean Kim is currently an Assistant Professor of History at Dartmouth College. Her research focuses on migration, medicine, and the broad impact of U.S. imperialism on epidemiology and constructions of race. Kim is currently working on a book manuscript, "Empire at the Crossroads of Modernity: Plantations, Medicine, and Hygienic Assimilation in Hawai'i, 1898-1946." It focuses on the history of healthcare on Hawai'i's sugar plantations from American annexation to the dismantling of corporate healthcare after World War II. She teaches courses on Asian and Pacific Americans in the United States as well as courses on disease and the social construction of bodies.

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**Social and Moral Hygiene: Meliscent Shephard's
Sexual Health Campaigns in 20th Century Colonial India**

Numerous studies have charted the significance of the Contagious Diseases Acts for their impact on both the imperial metropole and colonial periphery, in terms of medico-moral discursive formation, feminist politics, and sexual relations. The variety of measures used to regulate the social and biological threat posed by prostitutes has not, however, been thoroughly traced in 20th century colonial India. This paper will focus on the efforts of the Association for Moral and Social Hygiene in India, as represented by Meliscent Shephard between 1928 and 1946. Shephard tirelessly pursued the abolitionist principals of Josephine Butler, seeking to curb trafficking, the exploitation of women, and venereal disease through seeking the overturn of tolerated brothels by the colonial governments. The mechanisms for achieving this were the Suppression of Immoral Traffic Acts (SITAs) which spread throughout the country from the mid-1920s onwards.

This particular case study will highlight broader trends amongst the voluntary health sector in colonial India. Firstly, there was intense competition and rivalry between the non-governmental organisations, despite their shared aims. Shephard and her seniors in London repeatedly clashed with the British Social Hygiene Council, the National Vigilance Association and, to a lesser extent, the All India Women's Conference. Secondly, Shephard emerges as a classic "imperial feminist". Over her 20 years in India she gradually became less of an anti-state campaigner in the AMSH tradition and more of a collaborator with the Government of India, and the League of Nations. This further exacerbated the tensions between Shephard and Indian nationalists, which would eventually disable her efforts in the medical sphere.

Stephen Legg is trained as a cultural and historical geographer and his empirical work has focused on Delhi as capital of the Raj (1911-47). He has published on the nationalist movement in the city, using work on the home and public memory to reflect on the nature of Delhi's social mobilisation. The majority of his published work has examined the colonial governmentalities used to order both new and old Delhi. The landscapes of residential accommodation, policing and urban infrastructure that spanned the two cities were examined in his monograph *Spaces of Colonialism: Delhi's Urban Governmentalities* (Blackwell 2007), which sought to expose the failures and exploitative ethos informing these spatial formations. His current work seeks to extend the histories of prostitution regulation from the 19th to the 20th century in India, charting the movement from social purity to social hygiene narratives in the abolitionist campaigns. This research moves from a local case-study of Delhi to the national extension of abolitionist legislation (the SITAs), to the international campaigning networks of social reformers and the League of Nations.

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**'In the Interests of Science':
Government Corpses and the Anatomy Inspector**

By the end of the nineteenth century, medical men trained in the British way of obtaining bodies to dissect were teaching and practising anatomy in the Australian colonies, several of which had legislated creative, local versions of the British *Anatomy Act, 1832*. The South Australian Act of 1884 was the first to specify the institutions from which most subjects for dissection would be obtained, in the form of lunatic, destitute or other asylums, together with gaols. However, in 1903 a government enquiry revealed that corpses were also being taken from other institutions, and used for activities that fell outside the Anatomy Act's purview. In addition, the enquiry exposed the cavalier use that was being made of the dead by South Australian medical scientists and others, not least the Inspector of Anatomy, Scottish-trained Dr William Ramsay Smith. In the process, Smith amassed a large collection of body parts, many of which he shipped 'over the seas'. This paper will shine a light on such practices, which had become customary for scientifically-minded medical men by the turn of the twentieth century.

Helen MacDonald is an historian and ARC Postdoctoral Fellow at the Australian Centre, University of Melbourne, where she is undertaking a major comparative study exploring encounters between medical scientists, dead bodies and the law in Britain and Australia. Her book, *Human Remains: Dissection and its Histories* (Yale University Press, 2006) won the Victorian Premier's Literary Award for a First Book of History and was short-listed for the Ernest Scott History Prize. As well as publishing in journals and other media, Helen is currently writing a new book, *Possessing the Dead: The Artful Science of Anatomy*.

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Trauma and Personhood in Late Colonial Kenya

This project is about the history of colonial psychiatry in Africa. It is based upon a newly discovered and substantial archive from the estate of Dr Edward Margetts (1920–2004), a Canadian psychiatrist in charge of Mathari Mental Hospital, in Nairobi Kenya, during the 1950s. A clinician of considerable experience, Margetts was also an accomplished photographer; a substantial section of his archive documents the lives of patients within Mathari, the work of 'traditional' healers, and religious ceremonies or rituals. In many regards, Margetts' use of photography is reminiscent of a genre of psychiatric photography that was evolving since the late nineteenth century and had currency in the mid-20th century as a diagnostic tool. His collection is a uniquely detailed record of psychiatric endeavour in the colonial context, and in the period of the Mau Mau war in Kenya. Sections of the collection are presented here as a research and curatorial project in progress.

Sloan Mahone is University Lecturer in the History of Medicine at Oxford University, and is Acting Director of the Wellcome Unit for the History of Medicine and a fellow of St Cross College. Dr Mahone first began working in Africa as a Peace Corps volunteer in the former Zaire (Democratic Republic of the Congo), but has since moved on to work primarily in East Africa, with a specialisation in the history of medical and psychiatric ideas. She is director of a new research project 'Trauma & Personhood in Late Colonial Kenya' in collaboration with Professor David Anderson and Dr Neil Carrier, and funded by the Arts and Humanities Research Council.

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**From 'Public Health' to 'Jono Swasthyo':
Vernacularisation and the Emergence of Anglo-Bengali Medicine, 1860-1930**

The concept of 'vernacularisation' has featured in the historiography of medicine as a key concept in understanding the development of national and regional medical cultures in late medieval and early modern Europe, as opposed to the pan-European, Latin-based medical traditions. Yet the concept has been largely ignored in the historiography on colonial South Asian medicine. This has also contributed to the bifurcation of much of the historiography on colonial South Asian medicine into one on 'western' medicine – which is largely seen to be based on English language texts, and 'indigenous' medicine – which contrarily is seen to be based on vernacular South Asian language texts. The few available studies based on vernacular texts moreover focus on issues of larger cultural politics of translation, rather than on the specific vernacular forms that ideas, identities and institutions come to acquire. Though Bengali books on medicine had been printed since the early decades of the nineteenth century, from the 1860s an increasingly robust Bengali medical public sphere developed. Apart from the large number of Bengali books on 'western' medicine, there also emerged a large number of medical journals. These journals were predominantly, though not exclusively, subscribed and contributed to by the lower echelons of the colonial medical establishment.

Public Health was one of the most important and oft-written about themes in these journals and provides us with a convenient window for studying the emergence of a Anglo-Bengali medicine. This process of a vernacular 'western' medicine in Bengali was shaped by the emergent aspirations of a specifically Bengali modernity, and forces us to re-think categories of imperialism and nationalism, complicity and resistance within a history of multiple entanglements.

Projit Bihari Mukharji is a Lecturer in Modern History at the Newcastle University. He received his PhD in 2006 from SOAS, having worked under Prof David Arnold on 'Medicine and Modernity in Colonial Bengal, c 1775-1930'. He has published on Bengal Dispensaries [**Health and History**, 7:1, 2007], on the Chandshi system of medicine [**Asian Medicine**, 2:2, 2006] and on the politics of Ayurvedic modernization [**Calcutta Historical Journal**, 25:2, 2005]. He has also recently co-edited a special issue of the **Biblio** on the History of Medicine in India along with Prof Waltraud Ernst. He is primarily interested in the issues of modernity, vernacularization, regional variations and subalternity in matters of health and medicine in colonial Bengal and Eastern India.

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**Manifest Destiny: the Rockefeller Foundation's
Mission to World Nursing in the First Half of the 20th Century**

The late nineteenth century witnessed the rapid dissemination of the Nightingale model of nursing. This colonization of hospital care around the world with the ubiquitous 'English' nursing model has been the subject of much research. Less discussed, however, is a second wave of colonization, this time American. During the 1920s the Rockefeller Foundation embarked on an ambitious thirty-year scheme to introduce a highly particular model of North American nursing (the 4-year baccalaureate) from Beijing to Rio de Janeiro, creating a checkered legacy of successes and failures. The Foundation aimed to completely transform nursing from a hospital-based apprenticeship and workforce, to a vehicle for health policy initiatives across the world. This 20th century movement rested upon a 'scientific' western vision of a better world with women, namely nurses, positioned as the active agents of social reform. From the 1920s to the 1950s, 476 hand-picked nurses from about 60 countries were sent to the US and Canada to undertake further training in public health, education and nursing leadership. On their return home they were placed in positions of significant authority, charged with starting schools of nursing, public health programs or establishing programs for intergovernmental agencies such as PAHO and WHO. Using a combination of primary and secondary sources, this paper examines the self-conscious plan of an elite North American nursing leadership to shape the development of nursing education, public health and health care administration throughout the world. Based on Rockefeller Foundation and University of Toronto archival data, the paper presents a series of case studies of individual nurses who were part of this influential cadre. The progressivist and colonial assumptions of the period's Americanisation strategy are examined, and the subsequent legacy of American academic and political influence on the nursing academy and the profession internationally discussed.

Sioban Nelson is a leading international nursing scholar. She is author of two books and four edited collection including the acclaimed *'Say little do much': nursing, nuns and hospitals in the nineteenth century*, University of Pennsylvania Press (2001), a history of hospital foundation and nursing in the nineteenth century, and coeditor, with Suzanne Gordon, of *Complexities of Care: Nursing Reconsidered*, Cornell University Press (2006), a groundbreaking work on the challenges facing contemporary nursing. She is also Editor-in-Chief of *Nursing Inquiry*, a leading international journal published by Blackwell Scientific Press, Oxford, UK; and co-editor of the Culture and Politics of Healthcare Work list for Cornell University Press (ILR imprint). Her current research interests include the investigation of the impact of the Rockefeller Foundation on global nursing in the mid twentieth century; the assessment of competency in professional practice; the regulation of health professionals; and skilled migration issues and healthcare. Professor Nelson came to Canada from Australia in November 2005 to assume the role of Dean of the Faculty of Nursing, University of Toronto. Formerly Head of the School of Nursing, Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne, she was a leading figure in nursing education and scholarship in that country. She also served as Chair of the National Working Party for the Australian and New Zealand Council of Deans of Nursing and Midwifery on research funding models and led the discipline in preparing responses to federal postsecondary education policy initiatives. Her clinical background ranges from acute care, community nursing, to remote area nursing in the far north of Australia. Professor Nelson has a strong background in international nursing and continues to support the expansion of the Faculty's international portfolio to further enhance the international standing of the Faculty.

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**A Medical Education with a Difference:
The History of COPC Training of Black Students at the
University of Natal Medical School in Durban, South Africa, 1950-1960**

The training of doctors as “preservers of health” rather than simply “menders of diseased bodies” became a founding principle behind the formation of the first black medical school in Durban. During the 1950s, these students were taught along new lines to become doctors in clinical, curative medicine, but also importantly, in preventing diseases and promoting good health in different communities beyond the walls of their teaching hospital, to appreciate the wider social, political, economic, as well as biomedical root causes/treatments of diseases. This was an innovative new curriculum development that attracted international interest and placed it in the vanguard of other medical schools in South Africa, which did not provide such training. This paper will consider the complicated history of attempts to provide a medical education with a difference i.e. a racially segregated medical education for black students, as well as a curriculum that tried to introduce something new. Constant arguments had to be made that this medical orientation was in no way inferior to the training offered in white medical schools. Certain South African doctors were able to build upon and adapt earlier progressive social medicine ideas and practices coming out of Britain for this experiment. But this did not involve a one-way movement of ideas/practices. The study of black medical education in South Africa highlights the complex existence of international linkages and two-way exchanges between ‘metropole’ and ‘periphery’ in the construction and diffusion of medical knowledge and practices, as COPC ideas and practices, further innovatively developed in South Africa, were then taken up overseas.

As an essential exploratory and regulatory “tool” of empire, colonial medicine was also never a one-way flow of ideas, people and practices from the metropole to the colonies, but was rather in constant dialogue and two-way exchange where in many instances, peripheral ideas, practices and research greatly influenced the metropole. As Arnold argued for the India case, but is applicable to the African colonial context too: “Western medicine in India was always involved in a dialectical relationship, caught between the thrust of metropolitan science on the one hand and the gravitational pull of India’s perceived needs, constraints, and potentialities on the other. It was this intermediate relationship, this need to serve two masters simultaneously, which helped to create the almost unresolvable tensions and contradictions that beset both theory and practice of colonial medicine in India.” (nice quote for COPC paper and the DMS).

Vanessa Noble is a lecturer in history at the University of KwaZulu-Natal (Pietermaritzburg campus) in South Africa. She was awarded a joint Ph.D. in History and Women’s Studies at the University of Michigan in the USA in 2005.

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**Family Commitments and Economies of
Emotions: Madness and the Family in Natal, 1916-1960**

Much of the scholarship of nineteenth and early twentieth century psychiatry in Southern Africa has argued that its discourses, ideology and material practice are an example par excellence of imperial medicine, where mental hospitals were largely sites of state-initiated detention. I argue, however, that in practice in Natal and Zululand, South Africa, as in the metropole, it was often families rather than medical doctors or state officials who played a decisive role in the timing of the committal of patients. Moreover, while South African psychiatric facilities were characterized by neglect and deprivation, they were not “total institutions” and some families were able to negotiate the release of patients into their care, sometimes temporarily, sometimes permanently. I draw on archival records which detail the legal grounds for the committal of thousands of people to the Pietermaritzburg and Fort Napier Mental Hospitals from 1916 to 1960. This set of records is unique for this region for they detail the committal process of persons from all social, class and ethnic backgrounds. I argue that in order to write the history of mental illness we need to document how families imagined the role of institutional psychiatric medicine and mental hospitals and their place in the range of therapeutic options. The paper also raises questions about the changing nature of “the family” by exploring the ways in which notions of privacy, shame, stigma, and of what Catharine Coleborne has called “emotional cultures”, were (re)constituted in South Africa in the first half of the twentieth century.

Julie Parle is a senior lecturer in History at the University of KwaZulu-Natal, South Africa. Her book, "States of Mind: Searching for Mental Health in Natal and Zululand, 1868-1918" was published by UKZN Press in 2007. She has also published on the history of witchcraft and gender in Southern Africa; on the history of suicide; and on the difficulties of teaching human evolution and science to disadvantaged students. She is currently engaged, with colleagues, on a critical history of McCord Hospital in Durban, as well as a study of the role of families in psychiatric patient committal in KZN from 1916-1960.

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Catherine Burns
Vanessa Noble
Carol Brown**
University of KwaZulu-Natal

**My Patients Are Zulus: Imagining and Practising a
Century of Medicine at McCord Hospital, Durban, South Africa**

McCord Hospital in Durban, South Africa, commemorates its centenary in 2009. For nearly a century McCord Hospital has been a key site for patient treatment, medical research, nurse-training and, more recently, in partnering an exemplary HIV/AIDS treatment and care centre. Despite the name “McCord Zulu Hospital”, acquired in the 1920s and still colloquially popular today, throughout its history, patients have been drawn from all sectors of the region’s peoples, including black South Africans who would contest the ethnic designation “Zulu”. We bring together scholarship on hospitals, missionary medicine, health, imperialism, ethnicity, and visibility to explore how the financial imperatives of funding, staffing and managing this Hospital have required campaigns which negotiate the hostility of local white elites, whilst also appealing to the sentiments of donors (especially those from the USA) as well as to its patients who now – as throughout its history – continue to provide a significant portion of McCord’s operating costs. In so doing, visual and textual appeals to the needs of “Zulu” patients as being particularly in need of care have long played a striking role. Focussing on the period from the 1920s to 1960 we draw on commemorative brochures, advertising campaigns, and official and personal correspondence to examine how race, gender and medicine have been represented and deployed so as to forge and cement international monetary support for and clinical collaboration with McCord Hospital. In so doing, we draw attention to the ways in which medicine is both imagined and practiced in an imperial context.

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Networks of Colonial Medicine in Southern Manchuria, 1905-1932

Along with Taiwan and Korea, the Japanese enclave in Southern Manchuria, consisting of the Guandong Leased Territory (Kantô shû) and attached railway network, was one of the keystones in Japan's pre-war colonial empire. In this leasehold and railway lands, Japanese governors and bureaucrats, along with administrators associated with the South Manchuria Railway Company (Mantetsu), sought to demonstrate the modernity that they believed accompanied colonial rule. During the first quarter century of Japanese rule in Southern Manchuria, colonial authorities constructed and ran dozens of hospitals, clinics and laboratories, established a large medical college in the regional capital of Shenyang (Mukden), as well as oversaw rural and urban public health associations that were charged with supervising and enforcing new hygiene and sanitation regimens. While several scholars have recently begun to examine the history of colonial medicine in Taiwan and Korea, little analysis has been done on Manchuria's complex medical past.

Using materials from archives located in both the People's Republic of China and Japan, along with recent work by East Asian scholars such as Liu Shiyong in Taiwan and Iijima Wataru in Japan, this paper explores the development of a unique system of colonial medicine on the northeast border of the Japanese empire. In particular, this paper examines the various professional and personal networks that existed between the metropolitan centre(s) in Japan (including the Colonial Office and research facilities in Tokyo University and the Kitasato Institute) and the Manchurian periphery in the decades prior to the establishment of the puppet-state of Manzhouguo in the early 1930s. Clear personal and institutional linkages existed between physicians and research scientists in cities such as Shenyang and Dalian (Dairen) and their counterparts in Tokyo and Kyoto. However, other less obvious connections also existed and were facilitated through the mechanisms of scientific conferences and workshops that were held in Manchuria, and through the publication of regional medical journals such as the *Manshû Igaku Zasshi* (Journal of Manchurian Medicine) which were widely circulated throughout the empire and back in the Home Islands. This paper challenges the standard paradigm that contends that the relationship between the centre and periphery in the Japanese empire was one in which information and expertise flowed outward from the metropole to the subservient and more passive colonies. Instead, what is argued is that not only was the relationship a two-way conduit, but that it more closely resembled a complex web that facilitated networking between not only the centre and periphery, but also between the various medical and scientific nodes within Japan's various overseas colonies.

Robert Perrins is the Dean of the Faculty of Arts, at Acadia University in Nova Scotia, Canada, where he is also the Director of the Northeast Asia Research Centre, and Professor of History. A specialist in the histories of modern China and Japan, he has served as the editor of the *China Annual Facts and Figures Handbook* (Academic International Press) since 1999. He is also a member of the editorial boards for the journal, *The Social History of Medicine*, as well as H-NEAsia. In 2006, he was a visiting research fellow at the Centre for the Social History of Health and Healthcare at the Universities of Strathclyde and Glasgow Caledonia where he conducted research on the history of the United Free Church of Scotland's mission to Manchuria. His research into the histories of disease and medicine in colonial Manchuria has been supported by the Associated Medical Service's Hannah Institute for the History of Medicine. He is currently completing a major research project that explores the history of plague in modern Asia.

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A Medical School Diagnosis of Colonial Identity

This paper explores the issue of colonial identity through the novel lens of 19th Century colonists' attitudes to the creation of a local medical school. By this time biomedicine was coming to enjoy a reputation as a pre-eminent expression of European science and civilization. Consequently it was felt that training those who would practise it could not be entrusted to institutions unable to do justice to its importance. Nowhere was this more firmly believed than in Europe's colonies of settlement where debates about whether to found a local medical school or not quickly distinguished settlers who identified closely with their colony from those who still looked to Europe as their home. By examining these debates in three British colonies of settlement in the southern hemisphere, Victoria, Otago and the Cape Colony, this paper will investigate the making of colonial identity from an angle which is both fresh and comparative.

Howard Phillips is a professor in the Department of Historical Studies at the University of Cape Town where he pioneered the teaching of the history of health, disease and medicine to both medical and humanities students. He has written on epidemics in South African history (including HIV/AIDS), the history of medical education and early attempts to provide primary health care in South Africa. He currently heads a Wellcome Trust-funded project on the history of Groote Schuur Hospital in Cape Town, where the world's first heart transplant operation was performed in 1967.

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**'Emissaries of Empire':
British Nurses and the Overseas Nursing Association, 1896–1946'**

This paper considers the demographics of demand for, and distribution of, nurses who worked in the British colonies in the early history of the Colonial Nursing Association (later the Overseas Nursing Association). Although the use of prosopography has been used to create collective biographies of scientists, the method has rarely been applied to nursing. This paper explores the potential use of prosopography to explain the careers of an early cohort of British nurses who went to work in the colonies. It focuses on the attractions of work in the colonies for nurses; the appeal of nursing to the colonial authorities and the richness of the subject for the historian. It argues that the motives for nurses were invariably mixed. The desire to escape the class constraints of British society, the stigma of spinsterhood and move from the labour to the marriage market was especially marked in the aftermath of World War 1 and the rise of the so-called 'surplus woman' problem. The colonies combined opportunities for enhanced professional autonomy, a privileged place in the colonial hierarchy with marital prospects beyond those which could be contemplated in the metropole. While the rigours and rituals of colonial life tended to attract women who could command authority over the indigenous population, the independence of spirit and judgement which drew them out to the colonies in the first place could also bring them into conflict with the colonial authorities. The role of nurses as emblems of empire meant that new freedoms were often tempered with new constraints.

Anne Marie Rafferty graduated with a BSc (Soc Sci) in Nursing Studies from Edinburgh University before working as a staff nurse at the Royal Infirmary of Edinburgh. She then moved to the University of Nottingham and to the Nursing Studies Unit as a staff nurse and was studying part time for an M.Phil (Surgery). Her thesis on *Post-Operative Backache, a Randomised Controlled Trial* was awarded the 3M/Nursing Times national nursing prize for research in 1988. She then graduated with a DPhil in Modern History from the University of Oxford. Her thesis was published as a book, *The Politics of Nursing Knowledge* by Routledge, London in 1996. After lecturing in Nursing Studies at the University of Nottingham she spent a year in the USA at the University of Pennsylvania as a Harkness Fellow, mentored by Linda Aiken. Her Harkness Fellowship focused on *Political Leadership in Nursing* and examined the lobbying tactics used by nursing organisations to influence the Clinton health care reform effort. Her research interests combine history, health policy and health services research. She was appointed Director, Centre for Policy in Nursing Research at the London School of Hygiene and Tropical Medicine in 1995 and Head of the Health Services Research Unit in 2002. In November 2004, she took up the position as Head of the Florence Nightingale School of Nursing and Midwifery, Kings College London. She is a Fellow of the Royal College of Nursing, Queen's Nursing Institute and Honorary Professor at the London School of Hygiene & Tropical Medicine.

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**Professionalisation, Politics and
Gender in the Madras Child Welfare Centres, 1917-1940**

Available research on Indian women trained in biomedicine has delineated their subaltern position within the structure of colonial medicine. The discrimination of British male and many British female physicians towards Indian medical women has been documented. Little attention, however, has been directed to situations where Indian male politicians and medical personnel have been in positions of authority over Indian women medical personnel. My paper will analyse the evolution of child welfare centres that the Madras Corporation began to establish in 1917 to provide ante and post-natal care for women in slum areas. Based on the rarely used proceedings of the Madras Corporation and the reports of the Lady Superintendent of Child Welfare in Madras, it will document how professional prejudices, party politics and gender infected the relationships of Indian male physicians, especially some who were members of Madras Council, toward the Indian women physicians and midwives who operated these child welfare centres. My research indicates that Indian male physicians could be as denigrating of the work of these Indian medical women as their British counterparts. Thus my argument is that significant continuities of professional and gender biases existed within the biomedical profession well into the period when Indian physicians and politicians explicitly began to develop medical institutions that would nurture future citizens of a self-governing India. Moreover, my focus on the municipal level complements earlier, more generalised research that has explored maternal and infant health measures on the provincial and national level in colonial India.

Barbara Ramusack is Charles Phelps Taft Professor of History at the University of Cincinnati. Her major research interests are the princely states of India which culminated in *The Indian Princes and their States* in the New Cambridge History of India in 2004 and women's history. Her current research on maternal and infant health in late colonial South India combined these two topics through the lens of medical history. Two recent essays related to this topic are "Authority and Ambiguity: Medical Women and Birth Control in India," in *Reproductive Health in India: History, Politics, Controversies*, edited by Sarah Hodges (2006) and "Women's Hospitals and Midwives in Mysore, 1870-1920: Princely or Colonial Medicine" in *India's Princely States: People, Princes and Colonialism* edited by Waltraud Ernst and Biswamoy Pati (2007).

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**The India Office and Military Hospitals for
Indian Troops, c. 1870-1925: Shaping Policy at a Distance**

This paper will delineate the role of the India Office in formulating medical policy for Indian troops (also referred to as *sepoys*) employed by the colonial Indian army from 1880 till the 1920s. Military policy regarding hospitals for *sepoys* underwent considerable change during this time and the opinions of the metropolitan India Office played an important role at three junctures. During the period 1870s-1900, debates regarding the most suitable form of hospital care for *sepoys* were influenced by the India Office's concern with military economizing and the constraints over the supply of British medical professionals to India. These concerns continued to dominate the Indian government's decisions in the period leading up to the First World War, although the formal influence of the India Office was less evident. During the early stages of the First World War, the use of Indian troops on the Western Front to buttress the Allied effort ensured that metropolitan concerns came to dominate military hospital provision for Indians. The military hospitals provided under the auspices of the India Office on the Western Front marked a significant improvement which was driven by wartime propaganda in Britain and India, military efficiency concerns and the modernizing ambitions of Indian Medical Service officers. The transfer of Indian soldiers from the Western Front to other Fronts in 1915 brought a reversion to the status quo of pre-War military hospitals. However, the breakdown of medical facilities for both British and Indian troops on the Mesopotamian front thrust the issue once again on metropolitan attention, leading to questions in the British Parliament and the appointment of the Mesopotamian Commission in 1916. The poor state of Indian military hospitals was criticized prominently by the Commission's report, bringing the scrutiny of metropolitan opinion and the closer involvement of the India Office for their improvement. After 1916, the India Office not only supervised a change of military medical policy towards *sepoys* hospitals, it also demanded regular reports on its implementation by the Indian government throughout the 1920s.

This paper will analyse the importance of the role of metropolitan concerns, as represented by the India Office, in formulating decisions regarding military hospitals for Indians and the extent to which these translated into 'imperial' pressures in colonial settings.

Samiksha Sehrawat was appointed to the John Anderson Lectureship in History at the Centre for the Social History of Health and Healthcare, Glasgow in October 2006. Her recent research and publications focus on the history of hospitals, Indian military history and the history of medical professionalization in India. Samiksha has collaborated with the National Library of Scotland (NLS) on the digitizing of their India Papers under a Wellcome Trust funded project to make rare official publications available online to scholars through the website 'Medical History of British India: Disease Prevention and Public Health' www.nls.uk/indiapapers/index.html. She is currently engaged in finalizing a monograph on colonial hospital funding policies in north India, which is funded by the University of Strathclyde Research Excellence Fund.

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"Pulling the Teeth of the Tropics"

Between 1904 and 1914, the United States constructed a canal across the isthmus of Panama, an ambitious engineering project undertaken in the shadow of the French failure two decades earlier. The French experience provided American administrators with a number of lessons, none more potent than the need to mitigate the destructiveness of malaria and yellow fever. The Americans responded with a sanitary program that successfully met that threat; indeed, Americans claimed that they had solved one of the vexing medical – and imperial – problems of the era: settling temperate peoples in tropical environments. In Panama, the Americans had, to use the words of a contemporary commentator, “pulled the teeth of the tropics.”

“Pulling the Teeth of the Tropics” will provide a brief overview of a larger book project: an environmental history of the American era of canal construction in Panama with a strong focus on sanitary policy. I examine how perceptions of what was natural in the tropics shaped and justified the creation of a landscape riddled with social and medical inequities. American perceptions of Panama existed within a venerable Western tradition of seeing tropical places as exotic environments defined, in part, by a particular set of diseases. My first goal, then, will be to examine the instrumental nature of the American discourse on tropicality, particularly as it existed in a vast popular literature on the building of the canal. Second, I will discuss how the newly-acquired mosquito vector knowledge threatened to increase the ideological power of medical racism and the logic of segregation by allowing American officials to target, isolate, and attempt to control non-white populations as potential disease reservoirs. Where, prior to these vector discoveries, the environment shouldered the blame for tropical diseases, afterwards sanitary officials focused not only on the vector mosquitoes and but also on the diseased (and usually non-white) bodies that seemed to serve as disease reservoirs, threatening the health of Americans. Third, while Americans made their sanitary policies appear a response to natural conditions, even a cursory look at the scientific literature on malaria and yellow fever - contemporary to the canal's construction as well as current - suggests that their appearance had as much to do with the environmental and social transformations wrought by the vast American enterprise. Americans passed off as natural what were, in fact, epidemiological conditions of their own creation.

Paul Sutter is an Associate Professor of History at the University of Georgia. He received his Ph.D. from the University of Kansas in 1997, where he studied environmental history with Donald Worster. After finishing his degree, Paul served as a Postdoctoral Fellow in the History of Technology and the Environment at the University of Virginia in Charlottesville from 1997-2000. Paul has published numerous scholarly and popular articles and book chapters on the American wilderness movement, U.S. imperial environmental history, the environmental history of the U.S. South, and other topics, and the University of Washington Press published his first book, ‘Driven Wild: How the Fight Against Automobiles Launched the Modern Wilderness Movement’, in 2002. Paul is also the academic editor of a new book series, ‘Environmental History and the American South’, published by the University of Georgia Press. He is currently working on two book projects. The first, tentatively titled ‘Pulling the Teeth of the Tropics: Environment, Disease, Race, and the U.S. Sanitary Program in Panama, 1904-1914’, interprets U.S. expansion and imperial public health through the lens of environmental history. The second, tentatively titled ‘Let Us Now Praise Famous Gullies: Georgia’s “Little Grand Canyon” and Conservation in the South’, examines the history of soil erosion and conservation in the U.S. South through the unlikely history of Providence Canyon State Park, which preserves a network of spectacular erosion gullies.

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**The Patient, the Porter, the Probationer and the Preacher:
Changing Perspectives of the Mission Hospital in Rural KwaZulu Natal**

The development of hospitals – and of hospital medicine – established and developed outside Europe and North America albeit within a colonial framework, differs in a number of important respects. In particular these include aspects of political economy and social control, and in the case of mission hospitals, religious zeal, competition with other medical and faith systems, and relationships between hospital centred and community focused healthcare.

In the mid twentieth century a large number of mission hospitals representing a mixture of (mostly non-African) nationalities and denominations had been, or were still in the process of being, established in the rural areas of KwaZulu Natal. It was claimed that this was partly in an attempt to provide biomedical healthcare and also part of an evangelical movement aimed at ousting the 'evil witchdoctor'. In the first of these two aims they were largely successful and many survived apartheid to form the focus of primary healthcare in this region today. However, in their second objective – aimed principally at eradicating sangomas and inyangas – they would appear to have failed in their endeavours, with ratification of the Traditional Health Practitioners Bill (2004) providing official recognition of an estimated 200,000 Traditional Healers consulted by approximately 70% of South Africans! This paper will consider the various positions in the early struggle of African patients and staff members and their changing relationships with the (mostly White) medical and nursing missionaries and also with these alternative practitioners. I will draw upon a mixture of documentary and oral evidence to expose the different experiences of treatment and perceptions of disease.

Helen Sweet has recently completed a three-year post-doctoral study of mission hospitals and their roles within the rural communities of KwaZulu Natal, South Africa c.1910-1970 as part of a Wellcome-funded Project: *Hospitals in the Developing World*. She is currently preparing a monograph on the subject: for publication in 2008/9. At this time her research interests are focused around South African nursing and medical history, and the use of oral history. The monograph from her PhD thesis, *Community Nursing and Primary Healthcare in Twentieth-Century Britain*, was published by Routledge (Social History of Medicine Series) in 2007. Helen is a member of the research team of the *Health Pioneers in South Africa Project* which is based at the University of KwaZulu Natal, Durban and in the UK she is a member of the Advisory Board of the UK Centre for the History of Nursing and of the RCN's National Forum for the History of Nursing as well as founder/coordinator of the National Colloquium for Nursing History Research.

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**“The Stubborn Chaulmoogrists:”
Locality, Authority, and the Judgment of Therapeutic
Value of Leprosy Medicines in French West Africa, 1920s-1950s**

In 1948, a majority of experts attending an international conference in Havana asserted the superiority of sulfone drugs over chaulmoogra in the treatment of leprosy. Yet, the delegates from French West Africa (AOF) sided with the minority chaulmoogrists. Going against international and metropolitan opinion, they defended the value of chaulmoogra well into the 1950s. In this paper, I examine how AOF leprologists formulated and justified their eccentric position, and particularly how they mobilized “the local” – as both source and destination of therapeutic knowledge – in their arguments about the relative value of leprosy medicines. This new emphasis on “localness” in the production and evaluation of therapeutic knowledge, I argue, was tied to broader transformations in the distribution of resources and authority within the networks – local, imperial, international – through which this knowledge circulated.

The transformation of chaulmoogra from a “traditional” plant-based remedy into a globally-effective leprosy therapy in the 1920s and 1930s relied as much on mechanisms of standardisation and centralisation as it did on technical innovations. Directed at eliminating local variations from the production and reproduction of both therapeutic substances and knowledge, these mechanisms operated largely through colonial networks and the exercise of authority within them. Why, then, were AOF leprologists emphasizing the importance of local conditions for evaluating therapeutic efficacy in the late 1940s and early 1950s? I suggest this was both an expression of growing local centralisation that gave them new control over therapeutic decision-making, and an attempt to consolidate this control in response to internal and external threats. By emphasizing the local, AOF leprologists repositioned themselves within colonial and scientific hierarchies, but also in relation to the local conditions – the staff, patients and infrastructure – in which they produced and applied knowledge about leprosy medicines.

Noémi Tousignant is a postdoctoral fellow at the Université de Montréal, and affiliated with an interdisciplinary research group on medicines as social objects (MEOS- *Le médicament comme objet social*). Her current project addresses the ways in which State practices and policies shaped the circulation of pharmaceutical substances and knowledge in Senegal, focusing on the period c. 1930-1975.

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The Orient Express: Colonial Nursing in the Far East, 1896-1966

Colonial Nursing Association nurses went from Britain to the Far East in greater numbers than to any other area of the world. However, little has been written on the reasons why and their experiences, or in general on medicine in this part of the British Empire in contrast to India and Africa. The focus for this paper is the work of the C.N.A. in Hong Kong and Malaya, including Singapore and the Straits Settlements. By 1910, Shanghai was also a common destination for the Association's nurses. The demand for British nurses in this area will be explored, and also the surprising lack of demand from India, and in so doing the existing systems of nursing prior to the establishment of the C.N.A. in 1896 will be examined.

In addition to nursing in South-East and Eastern Asia deserving more attention, due to the sheer numbers of nurses who went there, political upheavals such as occupation by Japan during the Second World War, and the subsequent threat of communism, mean that experiences can be compared and contrasted with other areas of the world. In total fifty-five nurses died during the war in this area of the world, and many more were placed in internment camps. The continued buoyancy in numbers of nurses in this area following the Second World War, and accompanying the subsequent State of Emergency in Malaya, will be examined especially in the light of post World War II colonial development and nationalism and decolonisation.

Rosemary Wall is a post-doctoral Research Associate at King's College London where she is researching the history of colonial nursing with Anne Marie Rafferty. She is currently focusing on the Colonial Nursing Association's activities in East and South East Asia. Prior to this position, Rosemary completed a thesis on the use of bacteriology in England in the hospital and society from 1880-1939 at Imperial College London, followed by a post-doctoral position researching the history of late colonial medicine in Kenya at the Wellcome Unit for the History of Medicine, University of Oxford.

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**Venereal Disease Control, Medical Journals
and the Construction of Race in 19th Century India**

Throughout the nineteenth century, the belief that disease followed a path from east to west was taken as a given. A complementary counter-flow to this was the assumption that medical and scientific knowledge traversed the reverse path. While the former idea has been routed, the latter lingers. As this paper will demonstrate, in the years between Darwin joining the Beagle voyage and the eventual publication of his *On the Origin of Species*, men of 'science' in India eagerly participated in the construction of new theories of peoples and 'race', all the while exporting such ideas to Europe. The task of 'ordering' the empire (an endeavour which entailed everything from medical topography to mapping to the collection of local plants and fossils), enabled such men to project their 'unique' theories of Indian peoples. The birth of the medical press in India, combined with the formalised growth of the Medical Boards in each of the three presidencies, gave European surgeons in India the opportunity to distinguish themselves further. The claims many made to possess a privileged awareness of the 'east' were especially stressed by the surgeons who came into weekly contact with the Indian women deemed to be 'prostitutes'. These women were targeted by medical and military officials in an attempt to curb rising levels of venereal disease among the European soldiery and accordingly subject to intrusive police and medical regulation. The close and regular contact between such women and European surgeons prompted a number of the latter to expound explicitly racial theories on the nature of the 'Indian woman' which would be incorporated into many of the racial theories which followed throughout the latter half of the century.

Erica Wald is a PhD candidate at Trinity College, Cambridge. She received her BA in History and Government from Smith College and her MSc in the Politics of Empire and Post Imperialism from the London School of Economics and Political Science. Her current research examines the health of the army, prostitution and venereal disease control in India in the early nineteenth century. She is especially interested in exploring some of the ways in which European conceptions of morality gained popular and legal currency across the three Presidencies.

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**Is ours worse than yours?
Post-colonial angst and the surgical diaries of Archibald Watson**

Australian-born anatomist Archibald Watson trained in Paris, Göttingen and London before returning to Australia in 1885 to become the first Professor of Anatomy at the University of Adelaide. For the next thirty years or so, he spent a part of most days watching his surgical colleagues at work and keeping strikingly outspoken notes. Watson's diaries provide a significant body of evidence on the ways in which new surgical knowledge was constructed through practice, but they also vividly document both the frequency of technical errors and the ways in which, in a rapidly changing surgical landscape, such errors were very often *contestable*. Many of Watson's notes concern arguments surrounding the processes of surgical innovation and his views on what were essentially contestable errors, rather than unequivocal mistakes. Doing things the 'right' way, and finding better ways to do things, were overlapping categories; but it is often difficult or impossible to draw any distinction at all between doing things the 'wrong' way and failed attempts at finding a better way to perform an operation. However, at the back of my mind as I have worked on these diaries over the last few years there has been a nagging sense of post-colonial angst: did surgeons elsewhere encounter these sorts of problems, or were Australian surgeons less skilled than their colleagues in North America or Europe? Fortunately it is possible to at least partly answer this question. Watson spent most of 1911 observing (and making notes about) surgeons in the United States and England.

Sally Wilde was born in England but has lived in Australia for nearly half her life and is currently based in the School of History Philosophy, Religion & Classics at the University of Queensland. She is working on an Australian Research Council postdoctoral research fellowship entitled: "Trust and the Changing Moral Economy of Australian Medicine." Her recent publications include: "The elephants in the doctor patient relationship," *Health & History*, 2007, 9: 2-26. "The English Patient in Post-colonial Perspective, or Practising Surgery on the Poms," *Social History of Medicine*, 2005, 18:107-121. "See One, Do One, Modify One, Prostate Surgery in the 1930s," *Medical History*, 2004, 48:351-366; "Surgical Theatre, Gifted Performance: The moral economy of surgical training," in Christy Collis and Maggie Nolan, eds., *Benevolence*, *Journal of Australian Studies* 85 (Perth: API Network, Australia Research Institute, 2005) 27-36; 194-8.

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Jewish Psychiatrists and Psychiatry in Mandatory Palestine

The Zionist Settlement in Palestine is a special case of a colonial Project: it had no allegiance to any country of origin, Palestine was under a foreign rule (British Mandate) and the country included also Jewish indigenous population that was living there as part of the 'old Jewish settlement'. Lastly, the Zionist settlers were not typical immigrants. They arrived in Palestine having left behind a cultural and economic situation superior to those they encountered in their new country, where instead they faced harsh physical conditions and depressed economy.

Arriving from primarily German speaking countries from the 1920s on, Jewish psychiatrists practiced medicine under these unique conditions. They encountered a new climate, new languages, new customs and a new set of ethnic populations. In the course of their professional duties, they came into direct contact with Arabs and Jews, both indigenous residents and immigrants. These interactions took place for the most part in two distinct locations: governmental psychiatric hospitals and private clinics. In 1922, a governmental psychiatric hospital was established by the health department of the British Mandate in the city of Bethlehem and in 1932, another one was added. In these asylums, where most psychiatric activity took place, mentally ill Jews and Arab were treated together by an ethnically mixed staff. However, many incoming Jewish psychiatrists could not be integrated into the existing mental health system. Therefore they opened private clinics and private institutes, where they too treated both Jews and Arabs.

I will examine the development of psychiatry in Palestine in the first decades of the 20th century, focusing on the activity and perceptions of the new immigrant psychiatrists, as a special case of colonial medicine. The paper is based on archival material and psychiatric literature from the period.

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