Colonialism, Disease and Medicine in the nineteenth and twentieth centuries.

Megan Vaughan

Wednesdays 2pm-4pm

Course requirements:
1. Active participation in all classes (20%)
2. Each student will be responsible for two short class presentations. We will assign these during the first session. You will prepare short analytic papers for each of these two classes, critically reviewing the literature on the reading list. These papers will be circulated to instructor and classmates in advance of the class. (40%)
3. Longer paper (c5000words) on a topic of your choice. Topics to be discussed with me in advance. Papers due 21st May.

Week 1 (29th January): Introductory meeting: Debates and defining the field.
Introduction to the field. Organisation of class presentations for the semester. Please read some or all of the following and be prepared to discuss them in class:

Frantz Fanon, ‘Medicine and colonialism’ in A Dying Colonialism, New York, 1965

Shula Marks, 'What is colonial about colonial medicine? And what has happened to imperialism and health?', Social History of Medicine, 1997; 10:205-219


Megan Vaughan, 'Healing and Curing: Issues in the Social History and Anthropology of Medicine in Africa', Social History of Medicine, 1994, 7: 283-295


Week 2 (5th February): Colonial medicine and the 'tropics' before 1850
In this class we'll look back at the eighteenth and early nineteenth centuries, at the theories of climate and the ‘tropics’ that informed western medicine, at the vulnerability of Europeans in tropical environments and at exchanges and
interactions between western and other medical traditions. We'll examine how war and colonial expansion acted as stimuli to medical innovation.

David Arnold, ‘Introduction’, Warm Climates and Western Medicine, 1996, 1-20

Peter Boomgard 'Dutch Medicine in Asia, 1600-1900', in Arnold ed, Warm Climates, 42-65


Mark Harrison, Climates and Constitutions: Health, Race, Environment and British Imperialism in India, 1600-1850, 1999, chapters 1-2


Nancy Leys Stepan, Picturing Tropical Nature add ps


[12th Feb: Holiday : no class]

Week 3 (19th Feb): The bacteriological ‘revolution’: germ theory and empire.
What difference did the ‘bacteriological revolution’ make to the practice of colonial medicine and its role in colonial regimes? In this class we trace the impact of germ theory and the Pasteur Institutes overseas.

Michael Worboys, Spreading Germs: Disease Theories and Medical Practice in Britain, 1865-1900, 2000, Introduction


Pratik Chakrabarti, Bacteriology in British India: Laboratory Medicine and the Tropics, 2012: 1-60

Anne Marcovich, ‘French colonial medicine and colonial rule: Algeria and Indochina’, in Roy McLeod and Milton Lewis eds., Disease, Medicine and Empire, 1988: 103-119


**Week 4 (26th Feb): Colonial medicine and the politics of epidemic disease**

Epidemic disease posed a major challenge to colonising powers in the late nineteenth and early twentieth centuries. It is in this arena, above all, that colonial medicine often looks like a powerful arm of colonial power. To what extent is this the case?

On BUBONIC PLAGUE:

Sutphen (as above)

Arnold, Colonizing the Body, chapter 5 (200-240)


See also on TYPHUS in South Africa:

Shula Marks and Neil Anderson, ‘Typhus and Social Control: South Africa, 1912-50’ in McLeod and Lewis eds., Disease, Medicine and Empire

On SLEEPING SICKNESS:

Maryinez Lyons, ‘Sleeping Sickness, Colonial Medicine and Imperialism: Some Connections in the Belgian Congo’ in McLeod and Lewis eds., Disease, Medicine and Empire, 242-256


On SMALLPOX in India:

David Arnold, Colonizing the Body, 116-159

**Week 5 (5th March) : Public health, race and the colonial body**

Colonial science and medicine were both informed by, and active in formulating ideas about race and difference. In this class we examine the role of race in public health in a variety of colonial contexts. To what extent did race dominate the thinking of colonial scientists and in what ways did it intersect with other markers of difference?

W. Ernst and Bernard Harris eds., Race, Science and Medicine, 1700-1960, (1999) esp chapters 1, 6 and 7.

David Arnold, Colonizing the Body, 11-61

Paula Michaels, Curative Powers: Medicine and Empire in Stalin’s Central Asia (2003), Ch 1

Leonore Manderson, Sickness and the State: Health and Illness in Colonial Malaya, 1870-1940, 1996 : 66-127


Jean Comaroff, ‘The Diseased Heart of Africa: Medicine, Colonialism and the Black Body’ in Shirley Lindenbaum and Margaret Lock (eds), Knowledge, Power and Practice: the Anthropology of Medicine and Everyday Life, 1993, 305-29

Megan Vaughan, Curing their Ills: Colonial Power and African Illness, 1991, 1-29

Alison Bashford, Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health, 2004

**Week 6 (12th March): Gender, sex and colonial medicine**
Population, reproduction and sex were abiding concerns of colonial authorities and of colonial medical regimes. Why, and with what consequences, did colonial medicine intervene in the gender and sexual relations of colonised peoples?

Ann Stoler, *Carnal Knowledge and Imperial Power*, 2002, chapters 3 and 4


Lauren Briggs, *Reproducing Empire: Race, Sex, Science and US Imperialism in Puerto Rico*, 1001, chapters 1 and 3

Manderson, *Sickness and the State*, chapters 6 and 7

Michaels, *Curative Powers*, chapter 5


Megan Vaughan, *Curing their Ills*, 129-154


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**Week 7 (19th March): Labour, medicine and the colonial body**
The mobilisation of labour lay at the heart of many colonial economies but created contradictions and dilemmas for colonial authorities, not least in terms of its health consequences. In this class we examine those consequences and the responses of colonial medical systems to them.

Manderson, *Sickness and the State*, chapter 5
Michaels, *Curative Powers*, chapter 6

Nandini Bhattacharyya, *Contagion and Enclaves: Tropical Medicine in Colonial India*, 2012, chapter 6


On mine labour in South Africa:

Packard, *White Plague, Black Labour*


Randall Packard, ‘Agricultural development, migrant labour and the resurgence of malaria in Swaziland’, *Social Science and Medicine*, 22, 8 (1986), 861-867


**Week 8 (26th March): Colonial knowledge: a case study – primary sources to follow**

**Week 9 (2nd April): Colonising the mind?**

In this class we examine the uses of psychiatry and psychological theories in the management of colonial regimes. How much influence did colonial psychiatry have in defining both the ‘normal’ and the ‘pathological’ mind of the colonised subject, and what were the political consequences?

Frantz Fanon, *A Dying Colonialism*, chapter 4


Waltrund Ernst and Thomas Mueller eds., *Transnational Psychiatries*, 2010, chapters 2 and 3

Waltrund Ernst, *Mad Tales from the Raj: Colonial Psychiatry in South Asia, 1800-58*, 2010, chapters 1 and 2


**Week 10 (9th April): Godly Medicine: medical missionaries**

Much colonial medicine was, in practice, delivered by Christian missionaries. This is particularly the case for Africa, but they were also influential elsewhere. What were the characteristics of missionary medical practice? We’ll begin by viewing parts of a film on leprosy made by a Catholic missionary society in the 1940s.

**FILM: Medical Missionaries of Mary: Leprosy in Nigeria**


Mark Harrison, Margaret Jones and James Sweet eds, *Hospitals Beyond the West, From Western Medicine to Global Medicine*, 2009, chapters 5, 6, 10, 11


**[16th April: No Class]**
Week 11 (23rd April): Beyond biomedicine: pluralism, syncretism, and appropriation.
It would be a mistake to assume that biomedicine became hegemonic in colonial settings. In some cases its lack of penetration of medical cultures is striking; in others pluralism, syncretism and appropriation mark the uneven relationship between pre-existing and imported forms of medical practice.

Sokhieng Au, Mixed Medicines: Health and Culture in French Colonial Cambodia, 2011, chapters 1-3

Week 12 (30th April): Postcolonial?: International health and global medicine.
In this class we examine the transformation of colonial medicine into ‘international health’ and ‘global medicine’. What is the legacy of colonialism for global health and how far can today’s patterns of health inequality be traced back to the colonial period?
Sunil Amrith, Decolonizing International Health: India and Southeast Asia, 1930-65, (2006), Introduction and chapters 1,2,3.
Week 13 (7th May) Postcolonial?: new epidemics and chronic disease
In this second class on postcolonial medicine we examine the history of the HIV/AIDS epidemic and the ‘emerging’ epidemic of chronic diseases in the postcolonial world. We’ll examine the role of medical research, the big pharmaceuticals and racial science in its new guises.


Ian Whitmarsh, ‘The ascetic subject of compliance: the turn to chronic diseases in global health’, in Biehl and Petryna eds, When People Come First, 302-325

Ian Whitmarsh, Biomedical Ambiguity: Race, Asthma and the Contested Meaning of Genetic Research in the Caribbean, 2008
Michael Montoya, *Making the Mexican Diabetic: Race, Science and the Genetics of Inequality*, 2013, chapters 2 and 3.


[14th May: No class]

Week 14 (21st May) Final meeting. Final papers due.