

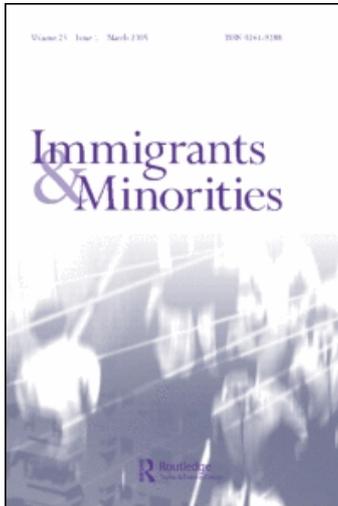
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# “The People Have No More Love Left for the Commonwealth”: Media, Migration and Identity in the 1961–62 British Smallpox Outbreak<sup>1</sup>

Roberta Bivins

*In the last days of 1961, with a Conservative government gingerly guiding highly controversial immigration restrictions through Britain’s Parliament, another unwanted immigrant to the UK suddenly made its presence felt: smallpox. Media reportage, in both Pakistan and Britain, immediately intertwined legislation and outbreak. This article explores the interplay between these two sets of events, and their mutual impact on public, political, and medical perceptions of and responses to post-colonial immigration and immigrants in Britain.*

In the second week of January 1962, a Pakistani man arrived at London airport from Karachi. He travelled to Birmingham by taxi, and from there took a train to Cardiff, where his relatives had established a restaurant and hotel. He arrived late on 13 January, probably cold and damp, certainly exhausted and under the weather. He was still unwell the following day. Nonetheless, as a recent arrival he was the centre of attention among Cardiff’s small, but growing, Pakistani community. Its members were worried by the political situation in their homeland, where border tensions with Afghanistan, not to mention Ayub Kahn’s new more secular constitution and revisions of family law, seizure of Waqf (private Islamic

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trust) funds and continued regime of martial law were producing considerable disquiet.<sup>2</sup> Late into the night, men staying at or visiting the hotel for a variety of reasons gathered around his bedside to get the latest news from “home”. By the 15th, he was no better; someone called a National Health Service general practitioner, who visited the sick man – care to which he was entitled as a Commonwealth citizen. He was sent immediately to Cardiff’s Lansdowne Infectious Disease Hospital, and on the 16th he was diagnosed with smallpox and quarantined at the Penrhys Smallpox Hospital, feverish and in pain. His translator, almost certainly his brother-in-law, accompanied him into isolation.<sup>3</sup>

Cardiff’s public health machinery went into overdrive, tracking contacts from the restaurant, the community, the train and the taxi drive. There was a short-lived run on smallpox vaccine, and widespread publicity urging contacts to come forward. Sixteen days later, with considerable relief and modest satisfaction, Cardiff’s Medical Officer of Health announced that the city was once again safe from the spectre of the pox. Cardiff, he said, had been “fortunate” in escaping a serious outbreak: “there were no less than 72 intimate contacts of the patient in Cardiff before he was admitted to hospital”.<sup>4</sup> The city, with its then-small community of subcontinental immigrants, seemed to have escaped the worst effects of a British smallpox outbreak that sickened 70 and claimed 26 lives across the UK.<sup>5</sup> As medical practitioners, civil servants and parliamentarians all observed, these numbers were small, and the outbreak was rapidly contained, even in areas with much higher rates of immigration from regions with endemic smallpox. Smallpox was, after all, still a well-known disease. Although younger practitioners might miss modified forms of the disease, its typical pattern of rash distribution, high fever and pain were usually recognisable; the British had considerable recent experience in controlling outbreaks.

Medically manageable, the outbreak nonetheless coincided with and coloured a turning point in attitudes towards post-colonial immigration and indeed the Commonwealth itself, not just in Britain but in Pakistan.<sup>6</sup> It prompted over a million Britons to seek vaccination or re-vaccination for smallpox, leading to 18 additional fatalities from complications of the vaccinations themselves.<sup>7</sup> Many were angered by the imposition of new documentary requirements for their holidays on the continent and – at least in areas with high levels of immigration – the general public was infuriated by the fact that smallpox had been brought to British shores by immigrants. Meanwhile in Pakistan, post-imperial tensions were heightened and national (and nationalist) pride battered by what were perceived as hostile and racist British responses: it was the Pakistani people

who had “no more love left for the Commonwealth”, at least according to their journalists. When British travellers expressed humiliation that their homeland was classified as an “endemic area” alongside developing nations in Africa, Asia and Latin America, they were echoing uncannily the sentiments of the outraged Pakistani press.

The story of this outbreak, its spread, and the responses it evoked in both British and Commonwealth onlookers is complicated and revealing. Here, using publicly-released, internal, and confidential state documents, as well as the popular press, I will focus on the ways in which political, professional and public responses to this outbreak of this particular disease reflected the changing relationship between Britain and her former colonies in the era of decolonisation, the Commonwealth, the European Community and the Welfare State. I should note that here my concern is primarily with British responses to the perceived “threats” of mass immigration and the importation of disease by migrants, and with the creation of a new British identity in the post-imperial gloaming. Thus, the complex situation in 1961–62 Pakistan – struggling simultaneously with epidemic smallpox, with tensions on its borders with India and Afghanistan, and with efforts to build a national identity across its two very distinctive and geographically separate units (all in the context of the Cold War) – will appear only through the lens of the smallpox epidemic and the Commonwealth Immigrants Act.<sup>8</sup>

By briefly comparing this outbreak with those that preceded and post-dated it, I will explore the identification of post-colonial immigrants with the diseases they might potentially carry. Of course, as many historians have demonstrated, post-war and post-colonial immigrants were far from the first to experience the negative effects of being distinctive, whether in culture, living conditions, language or race.<sup>9</sup> The case study I present here will extend that literature in two directions. First, most studies of smallpox in the 20th century have focused on its eradication, and eradication efforts in the developing world. But smallpox also manifested in post-war Europe and North America: no longer a mundane domestic killer, it was now a “tropical”, imported threat brought by immigrants to increasingly vulnerable shores. Nor have many scholars studied the close relationship between the Commonwealth Immigrants Act and the gradual medicalization of Britain’s borders. John Welshman, working on tuberculosis, has devoted considerable attention to delineating UK exceptionalism in this period, and in particular, the choice to institute medical inspection not at Britain’s ports and airports but through a diffuse web of internal sites: general practice surgeries at migrants’ destinations.<sup>10</sup> In relation to smallpox, however, the UK looks considerably less exceptional, and policy

responses are far more continuous with those of the former colonial nations, with their external or rigorously policed port health borders. Indeed, the 1961–62 smallpox outbreak offered a test run of much tighter border health controls, with all their advantages and disadvantages. Finally, this case illustrates the close relationship between post-imperial European efforts at defining an exclusive citizenship – through medical as well as political means – and non-European anger at such exclusionary policies, whatever their basis.

### **The 1961–62 Outbreaks: Origins and Precedents**

The 1961–62 smallpox crisis, which would prove to be the last in Britain conclusively traceable to a non-laboratory source, was indeed triggered by the importation of smallpox from Karachi in late 1961 and early 1962, at the height of that city's epidemic. The first cases of smallpox were identified among the adult passengers of a plane arriving into London from Karachi, on Christmas Day, 1961. By the end of the outbreak, it was clear that five Pakistanis had unwittingly carried the pox to Britain and in dispersing to their own final destinations – the London district of St Pancras, West Bromwich in the Midlands, Bradford in industrial West Yorkshire, and Cardiff in South Wales – spread it across the country. All of them carried international certificates of vaccination (required by Pakistan before the issuance of exit visas). All but one of these migrants had been quite quickly traced and isolated by Britain's public health network, following well-established standard procedures. Only the fifth source, a little girl who immigrated with her family to Bradford, escaped primary public health detection. Masked and modified by a case of malaria, the illness that killed this child was only identified after the discovery of clear cases of smallpox among children treated in the same hospital ward and the physician who carried out her post-mortem. It was her case and its rapid spread that triggered both the largest outbreak, and the greatest public panic. But even in Bradford, the outbreak claimed few lives, and public furore and disruption had ended by March. Only two mysterious outbreaks in Wales prolonged this disease episode into the spring; in neither case was any direct link to Pakistani migrants or other "foreign" sources of smallpox ever confirmed. The last cases were isolated on the 22 April 1962, and Britain's period as an "endemic area" ended 28 days later (that is, twice the incubation period of smallpox) when no further cases had emerged.

This was not the first time that smallpox had been imported to Britain from her former colonies, or even from Pakistan in particular. Britain

regularly experienced scattered cases and outbreaks of smallpox in the post-war period (in Western Europe, only Britain had seen rates of smallpox rise in the interwar period).<sup>11</sup> As G.E. Godber, Chief Medical Officer for England and Wales, detailed in a rather defensive memo,

Between 1951 and 1960 smallpox has been imported on six separate occasions causing 204 cases including the initial cases and 22 deaths. On two occasions the source was unknown, but infected raw cotton was suspected; on one occasion modified smallpox in a vaccinated R.A.F. officer from India was the cause; on one occasion a Wembly resident returned from W. Africa in the incubation period; one importation was a member of a ships' crew diagnosed before arrival; the last case was a traveller from the Far East and the diagnosis could not be confirmed by laboratory tests.<sup>12</sup>

In fact, as recently as 1950–51, smallpox had arrived in the UK by air from Karachi, and then spread along Britain's transport system from Fifeshire in Scotland to Brighton, on England's southern coast – marking out a transmission pathway very similar to that of the 1961–62 outbreak. This earlier case of imported smallpox and its British sequelae required the mobilization of substantial public health resources, and led to at least 15 cases of smallpox and one death.<sup>13</sup> Thus, while the 1961–62 outbreak was bigger and more deadly, the difference between these two episodes in practical and medical terms was one of degree rather than kind. Public and political responses to the episodes, however, were far from identical. Observers at all levels defined the 1961–62 situation as both novel, and entirely *sui generis*. Novel or normal, the 1961–62 outbreak did emerge from a concatenation of events and circumstances which themselves provoked substantial debate, both nationally and internationally. At the heart of this debate were questions of how to define and protect citizenship, nationhood and identity in a post-colonial world.

### **The UK Context: Post-Colonial Citizenship and Commonwealth Immigration**

In the late 1950s and early 1960s, the British – population and politicians alike – were engaged by what might be described as a national identity crisis. British politicians awoke from the dream of a coherent Commonwealth seamlessly replacing the old Empire as Britain's major global trading and cultural partner. They found instead that the exigencies of trade were binding the United Kingdom ever closer to continental Europe. The British populous, meanwhile, had successfully (if grudgingly) assimilated the waves of European refugees produced during and after the

paroxysms of World War Two. However, in the tightening labour market of the late 1950s, and with a growing tax-supported welfare state, native Britons responded to yet more incomers – incomers apparently unwilling or unable to assimilate – with considerable hesitation and occasional hostility.<sup>14</sup> An internal Government report on the 680 pieces of unsolicited correspondence related to the proposed Commonwealth Immigration Bill received by the Home Office between October and December 1961 illustrates these points of tension. As the report's author noted, 426 letters (roughly two-thirds) supported the Bill: "All express resentment against immigration, the most common causes, other than the housing shortage, being the availability of jobs, and of state-aided welfare services ... to immigrants at the expense of British citizens".<sup>15</sup> Individual correspondents – who described themselves predominantly as working class – were clear: "Our absurd social system makes us particularly vulnerable. Half of us are paying income tax and working hard to keep the other half"; or, even more forcefully, "hardworking respectable coloured families ... we welcome but I am afraid our Welfare State is attracting more of the other kind". It is worth noting that 83 of the respondents also objected to the exemption of Eire from the proposed controls, some with considerable bitterness against a population that in their view deliberately and violently set themselves against a British identity: "The Southern Irish are foreigners by their own wish" noted one correspondent, while another fumed, "many are shocked that a country whose nationals make a habit of killing and maiming British citizens should have preferential treatment in the matter of immigration". It seems likely that such sentiments would attach equally to nationalists from the New Commonwealth – if and when those new nations began to express anti-British sentiments in parallel ways.<sup>16</sup>

Although some saw the new Bill as a betrayal of the ties of imperial citizenship ("they were loyal when we had our backs to the wall"), for others the rapid pace of decolonization certainly seemed to justify a radical shift in policy towards the citizens of Britain's former colonies.<sup>17</sup> That this alteration sprang from a wider change in the public and political mood seems clear from comparisons with responses to a preceding crisis – the Notting Hill race riots. As Home Office files indicate, before the re-election of the Conservative government in 1959 (on a platform that made no mention at all of immigration, but heavily stressed Britain's role as leader of the Commonwealth with which half of British trade was conducted), the thrust of political responses was towards strengthening the bond between indigenous Britons and their Commonwealth counterparts. Thus, alongside legislation to enable the deportation of criminals and the dispersal of immigrants from established ethnic communities suggested executive and

legislative actions in response to the Notting Hill race riots included enhanced education in schools and colleges about the nature and benefits of the Commonwealth to Britain; proactive hiring of non-whites into the Civil and public services (though not the police); and legislation explicitly criminalizing leaflets encouraging racial violence under criminal sanction.<sup>18</sup> By 1961, internal governmental discussion instead focused on how to institute controls on “coloured” immigration without the appearance of a colour bar; it is perhaps not coincidental that trade with the Commonwealth was in sharp decline (it would slip to 30% by the next election in 1964).<sup>19</sup> As the Working Party on Coloured Immigrants reported to their Ministers in July 1961, “It must be emphasised that the case for restriction is social and not economic. . . . the economic effects of this immigration are beneficial . . .” This group, with a membership drawn from ten departments and ministries and chaired by the Home Office, also acknowledged that

Restrictions could not be imposed without some unfortunate effects on the Commonwealth . . . this country as the centre of the Commonwealth is in a special position and the traditional right of free entry is one of the things that helps to bind the Commonwealth together . . . Moreover, whatever the nature of the control, the fact that its introduction had clearly been occasioned by a steep increase in coloured immigration would inevitably be regarded as evidence of colour prejudice . . . *There is therefore a conflict between Commonwealth unity and the present economic needs of this country, on the one hand, and on the other, the long-term social consequences of the presence in this country of large and growing coloured communities that are unlikely to be assimilated.*<sup>20</sup>

The committee clearly had the racial geopolitics of the Cold War in mind, cautioning: “The effect on opinion in many newly emergent nations of the Commonwealth would be unfortunate”.<sup>21</sup> In fact, as this confidential document’s summary states with startling bluntness, it was *only* their failure to assimilate that rendered it expedient to limit the admission of immigrants from the New Commonwealth:

The immigrants are not being assimilated and tend to become identified with the lowest class of the population. . . . The case for restriction on social grounds cannot at the present moment be related to health, crime, public order, or employment . . . Although the case for control rests in fact on social tensions, presentationally, it is expedient to present it as an employment control. This will mitigate to some extent the bad effect that restrictive legislation is likely to have in the Commonwealth, particularly newly emergent countries.<sup>22</sup>

Thus, the emergence of the “New Commonwealth” from the old Empire coincided with a striking redefinition and narrowing of notions of the “commonweal” as being rooted in an assimilative identity, a unitary

Britishness.<sup>23</sup> Corporate bodies – for example, the individual meetings of the Methodist Circuit, who were responsible for all but 37 of the 243 letters opposing the Commonwealth Immigrants Bill – resisted this remapping of British identity, but they were to be unsuccessful. As one final 1961 letter-writer put it, “What is a traditional right weighed in the balance against suffering, frustration and misery of our own people?” Like the public, the Ministries clearly perceived health as a politically acceptable basis for exclusion – the fortuitous outbreak of imported smallpox provided a trial of such controls (and international responses to them) just as the Government was steering an alternative framework through Parliament.

Late in 1961, after two years of tense internal discussion over its formulation and justification, and substantial trailing to assess the public response, Harold Macmillan’s Conservative government introduced the Commonwealth Immigrants Bill.<sup>24</sup> The Bill faced significant opposition from such Labour luminaries as Hugh Gaitskell, but the Government held a strong majority, and was expected to drive it through in 1962. Immediately, in a turn of events which should have surprised no one, British ports and airports saw startling numbers of immigrants from the Commonwealth, and in particular, from Pakistan and India. Immigration rates, which had been declining in response to the slowing British economy and shrinking labour market, spiked and remained high, month on month.<sup>25</sup> Most visibly, these immigrants came by air – and the majority were exactly the unskilled ethnic workers against whom the force of the Bill was directed.

In January, just before the return of Parliament from its Christmas break, the left-wing newspaper noted the emergence of “an awful unwanted ally” for the Bill’s supporters:

Before last week’s outbreak of smallpox, in Bradford, the Government was expecting a stiff fight in Parliament . . . over its plan to guillotine the Bill’s discussion. The Opposition will still protest, but the public will be with the Government. The spread within days of an often-fatal disease from Pakistan to Yorkshire has shocked people and frightened them. Many will invest the Ministers with a grim kind of foresight which – to do them credit – they would not want to claim.<sup>26</sup>

Of course, polls suggested that the public already were on the side of the Government in matters of immigration control – but the *Observer*’s view of the disease’s political impact is worthy of note. Certainly, in July 1962, the Commonwealth Immigrants Act passed into law. For the first time, the entry of Commonwealth citizens, Britain’s former subjects, would be restricted to those holding employment vouchers – vouchers that were increasingly and deliberately scarce for unskilled labourers.<sup>27</sup>

### **Migrants, Ministers and the Media**

This, then, was the context in which race, smallpox, and mass migration by air came together under a global media spotlight in 1961–62. Civil servants within the Ministry of Health already perceived Pakistani incomers as a “steerage” class of immigrant, often illiterate and on a scale amounting to that of a pilgrimage, with attendant health problems.<sup>28</sup> They assumed that such immigrants would be an uncooperative population, and knew that they were passing inevitably through a focus of infection, Karachi, in order to board planes to the UK. Moreover, the Ministry of Health had little faith in the health controls imposed by its former colonies on their own émigrés. With grim anticipation, they prepared for a wave of infected migrants to slip the net of a corrupt medical bureaucracy in Pakistan, then wing unknown levels of contagion towards Britain’s own increasingly unprotected shores (for, of course, levels of immunity to smallpox in the British population had been falling since the National Health Act rendered smallpox vaccination voluntary). Anxiously, civil servants at the Ministry of Health sought major changes in the UK’s border screening procedures.

Their initial preference was to make those changes at a distance, in Pakistan.<sup>29</sup> Immediately upon hearing that the first confirmed case in the outbreak had been a Pakistani, the Commonwealth Relations Office (CRO) telegraphed a warning to its High Commission in Karachi: “You will know epidemic has been traced to a Pakistan immigrant child. Possibility that public concern here may lead to demands, in which some M.P.s have already shown interest, that immigration from Pakistan should be completely stopped for time being”.<sup>30</sup> A day later, an aghast Sir Saville Garner of the CRO reported to his colleagues a conversation with Sir Bruce Fraser, Permanent Secretary at the MH:

The Ministry of Health feel . . . that more drastic measures will be necessary. Never in their experience before have they known of a case of mass importation by air, and at the present moment people are arriving from a known infected area (Karachi) at the rate of one hundred a day. The best precautions they can take under existing provisions will not prevent at least some cases getting through. The Ministry of Health are now considering measures which go outside their powers . . .<sup>31</sup>

The civil servants and Medical Officers at the Ministry of Health wanted, essentially, to demand either a ban on travel from Karachi altogether for the duration of the epidemic, or “that people who arrive without an effective scab giving proof of recent vaccination should be returned forthwith to Pakistan”. A nearly-audible sigh of relief accompanies

a subsequent note on file that the Ministry of Health's political chief, Minister Enoch Powell, authorised only the isolation or vaccination and surveillance of "suspect cases".<sup>32</sup> But the CRO was right to prepare for a political storm. By the 17th of January, MP Cyril Osborne, an outspoken campaigner for restrictions on "coloured" immigration, had seized upon the smallpox crisis as solid, albeit tragic support for his view.<sup>33</sup> The views and assumptions about immigrants held within the Ministry of Health reflected those of the broader society from which its civil servants were drawn – and that society thought that health control should begin abroad, or at least at the borders.

Bradford was a major destination city for subcontinental migrants, seeking jobs in its many mills and factories. On 1 January 1962, just before smallpox took hold in the city, its politically liberal local daily paper, the *Telegraph and Argus*, published an unusual article on one medical aspect of immigration. The story "No fears over doctors lack: Doesn't apply to Bradford" noted that Bradford, unlike many other UK cities and towns, had no vacant posts in its hospitals. Most of their newly recruited NHS doctors came from the Commonwealth.<sup>34</sup> Two days later, the paper editorialized about immigration's other medical effects. Noting that "two cases of smallpox among recent arrivals in Britain have aroused public concern about immigrant control", the paper linked immigration (and unmonitored visitors) not only to smallpox, but to governmental laxity:

From a health point of view, Britain is one of the easiest countries in the world to enter . . . It is also impossible to rely upon the health checks that some countries – such as Pakistan – impose upon their own nationals before allowing them to leave.

The *Telegraph and Argus's* conclusion is telling: they argued that Britain desperately needed "effective arrangements with all countries in which infectious disease is a recognised problem", and that the people of such countries "are not going to be accepted in Britain" until reliable health checks were in place.<sup>35</sup>

Nor was Bradford alone. In other high immigration areas – for instance, London – and in the national press, editors clamoured for tighter controls and published news of the smallpox outbreak under increasingly hysterical headlines: "KEEP OUT THE GERMS" shouted the London-based national tabloid *Daily Mail* in a front page editorial on the same day:

Even those who oppose immigration control for people will agree that there should be better methods of keeping out deadly microbes. We are thinking of the two Pakistanis who recently arrived here suffering from

smallpox. They came to Britain by air, walked in without any trouble and *were at once a peril to the population.*

Like the *Telegraph and Argus*, the *Mail* noted that Britain's policies were far looser than those of other nations. Then the editor turned his attention to a matter dear to his readers' hearts: the cost of such policies to Britain's welfare state. "[W]hen immigrants fall sick with one of the major infectious diseases . . . [e]ndless time and money are wasted by police, local official, doctors and hospitals in trying to trace and vaccinate every possible contact . . ." The article described the recently arrived Pakistanis and their contacts as having "escaped the net", and labelled Pakistan and India as "endemic home of the disease".<sup>36</sup> Smallpox, even in 1951 just another part of British life, had become "the oriental killer".

A later story, "The tribesmen who died of shame", drove home the idea of Pakistan as an exotic reservoir of infectious disease, populated by dangerous natives: "Behind Britain's smallpox crisis lies a story of superstition among remote tribespeople 5000 miles away". The tribe in question "the warlike primitive Pathans" of Pakistan's northwest frontier were portrayed as holding beliefs that rendered them an enduring threat, because they ran counter to the needs of public health surveillance:

The gravest danger they present today is . . . their belief that to contract a disease – any disease – is a disgrace . . . To conceal their shame, the Pathans hid their faces as soon as the hideous marks of the disease appeared. . . . By the time some families relented and called doctors to the dying, it was too late – not only to save the victims but to prevent the smallpox from spreading. . . . smallpox is so contagious that immense harm could be done by a single carrier.<sup>37</sup>

This article also noted that while only 2500 Pakistanis emigrated to the UK in 1960, the rate had recently skyrocketed, with 16,500 Pakistanis arriving in the first nine months of 1961.

These stories, like the Ministry of Health's reference to immigrants arriving on "a scale amounting to that of a pilgrimage", uncannily echo late nineteenth century media responses to the episodic spread of "Asiatic" cholera. Compare, for example, with W.W. Hunter's 1872 *cri du coeur*: "The squalid pilgrim army . . . with its rags and hair and skin freighted with vermin and impregnated with infection, may any year slay thousands of the most talented and beautiful of our age in Vienna, London, or Washington".<sup>38</sup> Pakistani responses, particularly to the physical examinations imposed on arriving travellers, likewise echoed those of the colonial era. On the 17th of February, for example, Britain's High Commissioner in Pakistan reported back to the CMO on the concerns of "leading Karachi citizens": "Their main anxiety was to avoid

the delay and the humiliation to Pakistani travellers of being singled out in public at London Airport to join a queue and to remove their clothes to allow of the second scar check”.<sup>39</sup>

The British public response to this crisis varied. In Wales, a region then hosting few Asian immigrants, the outbreak exposed suspicions of the medical profession, possible failures within the health service and tension with central Government, but comparatively little hostility towards incomers.<sup>40</sup> Notably all the deaths, and all but one of the cases of smallpox, occurred in the indigenous Welsh population, among individuals with no traceable contacts with recent migrants. On the other hand, in areas with rapidly growing immigrant populations, like London and Bradford, responses were generally angry – though published expressions of anger rarely targeted the immigrants alone. As early as the first of January 1962, the *Daily Mirror* printed a letter from “Concerned” of Kent:

A foreigner brings smallpox into this country and a Ministry of Health spokesman admits that there is no check that incoming travellers have been vaccinated ... Scandalous! A health check should be rigidly enforced, particularly when a person has come from an Eastern country.

The *Telegraph and Argus* printed an unprecedented number of reader responses to their first leader on the outbreak. Most were enraged by the newspaper’s anodyne claims of racial harmony (an expression as much of civic pride as of liberal hopes), and by the bland pronouncements of central government, including the low-key containment strategies implemented by public health officials. One reader captured the mood and its origins precisely:

Of course the Pakistanis are being blamed for the outbreak, for it originated in a child of that nationality. I suggest that both the “Telegraph and Argus” and [MP] Mr Taylor withdraw their respective heads from the sand and face facts. Racial prejudice is here in Bradford and the smallpox scare is aggravating it in your readers’ minds.<sup>41</sup>

Readers agreed that individual immigrants were not to blame, and argued against racial persecution – but fumed about immigration policy, blamed government ineptitude, and sought harsh restrictions and health controls on new migrants. Many expressed the view that “this smallpox outbreak has been the last straw”.<sup>42</sup>

The Minister for Health, Enoch Powell, and the senior staff of the Ministry of Health, recognized that although smallpox was comparatively manageable and well understood in medical and epidemiological terms, politically, its control remained a delicate matter. Smallpox had been

eliminated from the indigenous populations not only of Britain, but also of Eire, Western Europe, Australia, New Zealand and North America. Thus, the majority of travellers entering Britain from abroad neither merited, nor under the World Health Organization's International Sanitary Regulations (intended specifically to discourage health panics and their effects on the international trade and travellers, and of which Britain was a signatory) were subject to control on grounds of smallpox. On the other hand, smallpox was still present and occasionally epidemic in South and Central America, Africa, and – of much greater concern, given high rates of inward migration from these nations – India and Pakistan. But not only were Britain's relations with these neighbours strained by post-imperial politics, including the planned implementation of the Commonwealth Immigrants Act; the two states themselves were perpetually at daggers drawn, and consequently unusually sensitive to any differences in British attitudes towards their citizens.<sup>43</sup>

In responding to the specific circumstances of epidemic disease in Pakistan during a period of mass migration from the subcontinent to the UK, British policy makers therefore had to chart a complex course between UK commitments under the World Health Organization's International Sanitary Regulations, with their goal of facilitating international travel and trade; the Treasury's pressure for maximum efficiency in all border health checks; high levels of public, professional and parliamentary anxiety about the importation of disease; and the Foreign and CROs' urgings against even the appearance of racism and discrimination – particularly difficult given that smallpox endemicity neatly followed its own colour bar. As an anonymous Ministry of Health background briefer summarised:

We have liberal traditions and a sophisticated Public Health Service. Have therefore been prepared to risk occasional importation knowing ring-fence can be efficiently and rapidly erected. . . . Present troubles due to unprecedented factors – large batches by air, from infected areas, or non-aliens, low social and educational class. (Traffic is of course forestalling Commonwealth Immigrants Bill; passage of Bill will staunch the flow but it was introduction of Bill that started it.)<sup>44</sup>

Constrained by their treaty obligations and much-vaunted “liberal traditions”, and smarting from the accusations of racism already provoked by the Commonwealth Immigrants Bill, the Government had to attend to the sensitivities of those nations whose cooperation was pre-eminently necessary to halt the spread of smallpox to Britain: initially Pakistan and subsequently India.

And every action and response was performed under the harsh glare of an active, often hostile and global media, in the context of a Cold War in which every newly emergent (and thus non-aligned) nation was seen as dangerously susceptible to Communist suasion. When British papers clamoured against “lax” UK border health checks, and inflamed domestic fear and indignation, their stories were picked up by the Pakistani press to whip up anti-British sentiments in Pakistan.

### **Health Controls or Racial Hatred? British Smallpox in the Pakistani Media**

The Pakistani press quite clearly and explicitly connected British popular and political responses to the smallpox outbreak with a wider racist political agenda, manifested in the Commonwealth Immigrants Bill. In Karachi’s *Jang* newspaper, an article on 8th February described various signs of anti-Pakistani sentiment in the UK as “a campaign of hatred” against Pakistani immigrants. “Just realise, how strangely have Pakistanis in Britain been treated? The poor fellows had to pin on ‘safety from smallpox’ badges and thus go about in public places” ... The author argued that

attempts have been made to foster racial prejudices of the people, instead of bringing them to an end. And in this there was the hand of the British Government, who quite gratuitously tried to enact a bill aiming at restricting the immigration of Pakistanis into Britain.

As he noted, “epidemics have been breaking out in Pakistan in the past, and Pakistanis have also been going to Britain in large numbers but no such discrimination has ever been practised before. Whatever has happened this time it was motivated by racial feeling”.<sup>45</sup> A direct connection between the Commonwealth Immigrants Act and a newly restrictive British response to smallpox importations certainly seemed clear when seen from Pakistan.

By 21 February, after a month of what were perceived and reported in Pakistan as intense and intimate health checks, mandatory quarantine or vaccination for the unvaccinated, and close surveillance of all Pakistani travellers and migrants to Britain, the *Daily Telegraph’s* reporter in Karachi produced startling news.<sup>46</sup> Under the title “Call to Quit Commonwealth”, the correspondent reported that Pakistan’s Attorney-General, Chaudri Nazir Ahmad, had not only added his support to a growing boycott movement against British goods, but had demanded that Pakistan withdraw from the Commonwealth, calling the continued association

between the nations “unnatural and incongruous”. Nazir-Ahmad linked his political agenda directly to the smallpox scare: “On a false plea, a virulent campaign of denigration of Pakistan has been launched in England. Pakistanis are being subjected to all sorts of abuses, indignities, and even physical attack, resulting in injuries to several of our brethren”. Although his motives were doubtless political (the story is annotated by an unknown Foreign Office hand, “A humourless ass, who has never commanded any popularity – a political lightweight”), his indignation reflects that of many of his compatriots.<sup>47</sup>

Brigadier M.S. Haque, Pakistan’s Director General of Health, expressed similar concerns in a letter to his British counterpart G.E. Godber.

I am sure you are not unaware of the furore against Pakistan on the issue of smallpox, which has completely departed from its medical aspects, making us wonder if the issue has not been given a completely different tone and character. We have in mind the isolation and detention of people coming to the UK from Pakistan and the systematic press campaign causing all shades of discrimination against Pakistan and Pakistanis ...<sup>48</sup>

Rather less diplomatically, Haque also drew attention to the impact of Britain’s own health policies on their citizens, noting that the UK had abolished mandatory vaccination in 1948 “leaving their population unprotected against this disease”.

Still more outrageous to Pakistani sensibilities was the fact that Indians were not subject to the same regime of control, despite the nations’ nearly identical levels of smallpox morbidity. Like Haque, Pakistan’s Health Minister General Burki repeatedly raised this point in discussions with British representatives in Pakistan. Neither took any noticeable satisfaction from British responses along the lines that no cases of smallpox had been imported from India, and that in any case, Indians migrating to the UK were neither originating in nor passing through a locus of smallpox epidemicity.<sup>49</sup> This distinction was to have enduring ill effects on Anglo-Pakistani relations. A year later, in April 1963, Nasim Ahmed, London correspondent of the nationalist *Dawn* newspaper (also Pakistan’s principal English language paper), inveighed against perceived British favouritism towards India in an article titled “UK Press Silent on Smallpox in Indian Towns. Suspected Case of Pakistani played up”. Ahmed asserted that this was a deliberate effort by the British press and officials “to once again blacken the name of Pakistan, while turning a blind eye to the widespread smallpox epidemic in India”, highlighting Pakistan’s role as “a convenient whipping boy”.<sup>50</sup> As the *Dawn* put it, “Whatever the ruling circles may think, the people

have no more love for the Commonwealth. Pakistan can well dispense with this association. Recent British behaviour has made nonsense of the Commonwealth".<sup>51</sup>

### Imported Infection, Immigration Policy and the British Press

Just as immigrants' accounts of their experiences and of discriminatory treatment in Britain's airports were published to predictable outrage in Karachi, so tales of infected Britons produced petitions and hostile parliamentary questions sparked equally predictable diatribes against both "Asiatics" and government policies towards immigration in all major UK destination cities. One of a series of confidential telegrams from Britain's Karachi High Commission to the CRO, Ministry of Health, and Home Office, sent six weeks into the UK outbreak, grumbled about the impact of the global media on perceptions of the situation:

Home Minister Zakir Husain ... brought up the subject of the "smallpox scare" in Britain, saying that he and his colleagues were disturbed by the possible effects of "anti-Pakistani agitation" which had developed in Britain ... The High Commissioner said that Pakistani newspaper correspondents' reports from London seemed much exaggerated and deliberately intended to spread ill-will. The trouble was that the press in both countries were inclined to play up and magnify bad news and say little about what was going right.<sup>52</sup>

More bluntly, Morrice James, the High Commissioner in Karachi, wrote to Saville Garner of the CRO,

You will know better than I how much anti-Pakistan feeling has in fact been stirred up at home. There is certainly some room for justified indignation against the Karachi health authorities, but from what reports I've seen in the British press, it looks as if many people all over Britain have reacted rather extravagantly ...<sup>53</sup>

He described a range of incidents, primarily from Bradford and the Midlands, which had received press attention in Pakistan – noting too the experience of his own family: after a visit to Pakistan, his daughter had been refused admittance to her own boarding school until well after the expiration of the smallpox incubation period, despite an exemplary re-vaccination record. Even before the return of Parliament – and subsequent vociferous parliamentary debate on immigration controls in the context of smallpox – the CRO was chasing up hostile reportage on the smallpox outbreaks, from *Daily Telegraph* suggestions that the first Pakistani to arrive with smallpox entered the UK furtively (in fact, the man had quite innocently broken his flight in Paris) to angry assertions from

the stricken Bradford's city fathers that Pakistan's own High Commissioner had cancelled a visit. A frustrated civil servant complained,

It seems to me that the Press is largely to blame for whipping up hysteria about this and for being less than scrupulous in presenting the facts. . . . inadvertent misrepresentations . . . are gleefully seized upon and reproduced without any attempt to make an intelligent valuation of them.<sup>54</sup>

Meanwhile, the *Daily Telegraph* shouted "Migrant Danger" and the *Yorkshire Post* rushed to find (or sow) discord, reporting very early in the outbreak: "Pakistanis Blamed in Smallpox City: Anger in Bradford".<sup>55</sup> Even liberal papers like the *Guardian* were drawn into the drama: "Ban on Smallpox Area Immigrants Proposed", claimed one article excitedly.<sup>56</sup> However, as the outbreak drew to its close – and particularly as immigrants ceased to be implicated in new cases of infection – media attention declined. By mid-March, when new cases were confined to the Welsh valleys, coverage in the national papers was nominal and limited to brief factual reports, rare "human interest" stories, and occasional political stories.

### **Once Infected, Twice Shy**

Despite its anticlimactic ending the 1961–62 outbreak had durably changed both public and official attitudes towards the risk of imported smallpox. As we have seen, the regular appearance of imported cases before 1961–62 roused little public concern and provoked no political clamour. Publicity in such cases was largely limited to that solicited by the government as part of contact tracing. Just a year before the 1961–62 outbreak, when a suburban Medical Officer of Health wrote in the Ministry of Health to express concerns about the untraceability of air passengers arriving from Ceylon, he received a fairly standard response:

In view of the facts that only on a very limited number of occasions is it necessary, for health reasons to trace any passenger after arrival, and that several millions of passengers each year are relieved of the duty of completing a form which delayed entry formalities, it is not considered that any amendment to the present system is called for.

Perhaps, that "duty" seemed less onerous when the travellers on whom it was to be imposed were not tourists or returning UK indigenes, but intractable and exotic immigrants.

Even in the 1951 importation of smallpox from Pakistan mentioned above did not spark public calls for changes in Britain's health controls. Brought in by a returning RAF officer, this outbreak contaminated a Brighton hospital and spread (via a laundry) throughout the area.

Responses, however, focused on the poor state of vaccination among medical personnel that had facilitated spread of the illness. Inadequate levels of vaccination among hospital staff also emerged as a cause of dissemination in Bradford in 1962. While it was noted in press and official reports, only the final report on the outbreak discussed it as a significant concern. And while both Bradford's Medical Officer of Health and Edith Pitt (defending the Ministry of Health in Commons debate) noted that Bradford's rate of infant vaccination was the lowest in the UK at only one percent before the outbreak, few in the public saw this as a reason for the city's vulnerability, preferring to look to its rapidly expanding immigrant communities.<sup>57</sup>

Before 1961–62, the Ministry of Health was congratulated for its highly confidential handling of a potential outbreak, via secretly vaccinating 200 people exposed to a suspected smallpox case. Even when the incident came to light, the lone press report praised the Ministry for acting “to prevent panic”.<sup>58</sup> However, (much to the annoyance of the Pakistani press and government) after 1962, even a case of vaccinia rash (a response to smallpox vaccination) in an arriving Pakistani baby prompted a media extravaganza. Smallpox had been well and truly politicized by its close (if coincidental) association with the Commonwealth Immigrants Act during 1962, and every subsequent re-emergence raised again debates about rates of immigration and particularly the power, application and extension of health controls at Britain's borders.

The impact of the 1961–62 smallpox outbreak on public perceptions of New Commonwealth immigrants was likewise lasting, reappearing with each subsequent smallpox episode or suspect case (to that extent, at least the Pakistani press was not wrong). From 1962 onwards, immigrants were – at least in the eyes of the British public and media – implicated in “unusual” disease outbreaks of all kinds, expert statements to the contrary notwithstanding. As one Mary Colthorpe wrote to the Ministry of Health after a typhoid outbreak,

In spite of what the experts say about corned beef being the source of the latest outbreak of typhoid fever many common sense people such as myself are not satisfied . . . Surely there should be a register of typhoid carriers. It is such a terrible disease. *Wholesale immigration such as we have had must be a potential source of all kinds of serious infectious diseases.* Why is there not much stricter control?<sup>59</sup>

Rumoured cases of leprosy and rising rates of tuberculosis provoked similar claims,<sup>60</sup> and like the Ministry of Health in 1962, many members of the public sought to move the locus of control away from Britain to the immigrants' countries of origin. They wanted much tighter health controls, preferably to be administered by British medics abroad.<sup>61</sup>

Concerns about mass immigration from the New Commonwealth that had previously been discussed in terms of “social tensions” and Britain’s limited space and resources could be and were now framed in terms of disease. A 1963 article in the *Islington Gazette* illustrates this trend nicely: it described the “alarming” effects of post-war immigration as “Serious diseases began to flood the country and the medical profession even today is still in the midst of an almost overpowering situation trying to get control of them”.<sup>62</sup>

One particularly telling example of the enduring association forged between immigrants and imported illness by the 1961–62 outbreak emerged in 1966, back in the British Midlands. Smallpox was once again present, this time in Birmingham – like Bradford, a major destination city for subcontinental immigrants. The Ministry of Health was immediately deluged in letters from individuals and local citizens’ associations, protesting against immigration. The comments of D. Finney, speaking for the members of the “English Rights Association” of Smethwick, were typical:

We are informed that once again immigrants have brought this terrible disease to this area . . . I do hope Sir, that you or your department will once and for all take the necessary steps to protect us Midlanders from the continual diseases such as typhoid, smallpox, etc. that immigrants are continually forcing us to bear, do we deserve to have this forced upon us.<sup>63</sup>

Finney and his associates clearly assumed that the outbreak was imported by immigrants. However, no link to recent migrants was ever found. Although there was no formal investigation, the index case of the outbreak was almost certainly a photographer associated with Birmingham University who had frequent contacts with the Virology Department. A subsequent uncannily similar laboratory-linked outbreak in 1978 renders immigrant involvement in the 1966 outbreak implausible.<sup>64</sup> Finney’s letter also reveals the extent to which outbreaks were resented as threats to Britain’s global standing and British prerogatives as citizens of a first-world, European nation: “we the English public going abroad are asked to suffer vaccination against smallpox as though we are unclean. Can you please make a public statement demanding that English people can enter European countries freely, as we allow them to come here” Many other letters raise exactly the same points; E.D. Smith complained:

Years ago we never had these epidemics of smallpox, which burden the already overtaxed medical professions and cause great inconvenience to the residents of this country. I find the whole thing quite incomprehensible. When I visited Canada again last October, I had to

be re-vaccinated, as my certificate had run out, yet I was a white person going to a white country, on that occasion. I should like to know when will it be made compulsory for all immigrants and visitors, of whatever colour, to this country, to have valid certificates. In other words, when are we going to wake up and copy more enlightened countries?<sup>65</sup>

Her conflation of citizenship, race and relative health risk is telling, as is her complete erasure of Britain's 20th century history of smallpox outbreaks. The members of the National Union of Townswomen and the Southall Residents Association added their voices to the choir of nationalist gloom: "This once Great Britain is being ridiculed, and to the natives of this country, this is deeply resented".<sup>66</sup>

### Conclusions

Smallpox neither caused nor even inspired the Commonwealth Immigrants Act of 1962. That Act, as its promulgators acknowledged, was specifically intended to control the composition of Britain's future body politic, not the health of its citizens' individual bodies, nor even of that of the economy. And although the outbreaks certainly promoted vociferous public support for the Act, they were not necessary for its passage. Macmillan's government held a sufficient majority to ensure it, even had the Opposition been unified in rejecting it over the heads of their own electorate. However, responses to the 1961–62 smallpox outbreaks offer a useful window on public fears and feelings in Pakistan as well as the UK. While the British public, egged on by its popular press, envisioned their nation sinking under the weight of the Commonwealth's burdens of disease, poverty and corruption, Pakistani national pride was seriously damaged by what was perceived as an unfair and racist conflation of Pakistani – and only Pakistani – origins with a disease already eradicated from the "civilised" world. On both sides, the bonds of Commonwealth were presented as fetters.

Smallpox also provided an enduring rationale for continuing and expanding surveillance and control of Britain's growing immigrant and ethnic populations long after the threat of epidemic smallpox had subsided. Likewise, the disruption caused by the outbreak, and the medicalisation of immigration control that followed, offered British labour unions (like their US counterparts) new lines of argument in their defence of "British" jobs.<sup>67</sup> Moreover, the impact of smallpox on indigenous Britons' expectations – about their public health network, their ability to move and travel freely, and the status of their nation in the world – offers further evidence of shifts in the meaning of "Britishness" in the

post-imperial era. Clearly, British identity at the end of empire was tied up with Britain's welfare state, and with Britain's technological and medical parity with other Western nations, as well as with the over-heated questions of race. These strands of identity drew Britain closer to Europe, rather than the Commonwealth. Finally, the 1961–62 outbreak demonstrates the emergence of a highly reactive, highly sensationalist global media right alongside the emergence of air travel as the primary vehicle of mass migration and communication – and long before the emergence of the internet. This would have far reaching effects on international organizations, from the WHO to the Commonwealth.

### Acknowledgements

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### Notes

- [1] The National Archives–Public Record Office [TNA: PRO], MH55/2520 “Inward Telegram to Commonwealth Relations Office No. 251,” 23 February 1962. The quotation is an extract from Pakistan's main English language newspaper. All research for this article was funded by the Wellcome Trust [Grant number: 072160/Z/03/Z], and I gratefully acknowledge their support.
- [2] For a sympathetic contemporary discussion of Ayub Khan's policies and governance in this period, see Sayeed, “Pakistan's Constitutional Autocracy.” For a longer view, see: Talbot, *Pakistan*, and for a summary discussion of living conditions, mortality and morbidity rates, and other matters underpinning population shifts in Pakistan, see Rogers, “Population Growth and Movement in Pakistan.”
- [3] The details of this story are drawn from documents in the following TNA: PRO files: MH55/2520, MH96/1226, MH96/1227.
- [4] See TNA-PRO MH96/1226 “Smallpox Imported Cases January 1962 (Wales 1962–63).”
- [5] By “subcontinental immigrants” I mean, of course, migrants originating in the nations of the Indian subcontinent.
- [6] See Strange, “Postcard from Plaguetown” and Fidler, “Biosecurity,” respectively, for more recent examples of a similarly coincidental but still significant overlap between a disease outbreak (SARS) and public policy making and perceptions of risk.
- [7] By some estimates, as many as 5.5 million were vaccinated; see Tucker, *Scourge*.
- [8] The political context was certainly tumultuous for Pakistan in this period, between the 1960 Gary Powers incident, Pakistan's brief but much criticised conflict with Afghanistan in 1961, and the 1962–63 Indo-Chinese conflict (after which, the US began to supply the loser, India, with weapons on a large scale). For more on the history of Pakistan in this period, see Talbot, *Pakistan*, esp. 153–73; Malik, *Islam, Nationalism and the West*; and Shaikh's useful review article,

“Pakistan between Allah and Army.” There are also several books about the smallpox eradication campaigns in Pakistan and India – see for example, Bhattacharya, *Expunging Variola* (which also briefly mentions this UK outbreak, in footnotes 1–6 on pp. 106–10).

- [9] Immigrants in the nineteenth and early twentieth centuries were similarly associated with disease, and either targeted for intrusive scrutiny, excluded, or quarantined (whether medically, socially, or economically). See for example: Bashford, *Medicine at the Border*; Fairchild, *Science at the Borders*; Foley, *In Quarantine*; Kraut, *Silent travelers*; Markel, *Quarantine!*; Markel, *When germs travel*; Marks and Worboys, *Migrants, Minorities, and Health*; Shah, *Contagious Divides*; Stern, *Eugenic Nation*. But this literature rarely touches upon the post-war period, with its changing patterns and technologies of migration, and complex, multivalent forms of national citizenship and identity.
- [10] Welshman, “Tuberculosis and ethnicity in England and Wales, 1950–70”; and Welshman, “Compulsion, Localism, and Pragmatism.” On the matter of “colonial style” health borders, see Bashford, “The Age of Universal Contagion” in Bashford, *Medicine at the Border*.
- [11] May, “Understanding Smallpox,” 28; and Ministry of Health, *Memorandum on the Control of Outbreaks of Smallpox*, 3–4. For statistics on smallpox, 1950–60, see Mack, “Smallpox in Europe, 1950–71.”
- [12] TNA-PRO MH55/2520 G.E. Godber, “Infant Vaccinations (up to 1 year of age) Acceptance rates before and after repeal of vaccination Acts,” 18 January 1962.
- [13] TNA-PRO MH 96/2341, “Letter to all MOsH, all SAMOs Regional Boards, all Boards of Governors, all Smallpox consultants. From PMOs Ministry of Health and Welsh Board of Health,” no date, circa 3 January 1951. Although the exact cost of the public health containment measures required by this outbreak does not appear in the file, investigations and case finding efforts occurred the length and breadth of the UK, involved repeated radio and newspaper calls for public assistance, and major vaccination/revaccination efforts in Brighton.
- [14] See Holmes, *John Bull’s Island* especially Chapter 5 (209–72), and on West Indians as more enculturated, 220–21. For a political overview see van Harteseveldt, “Race and Political Parties in Britain, 1954–65.”
- [15] TNA-PRO HO 344/5 “Commonwealth Immigrants Bill – Analysis of correspondence received by the Home Office during October to November in connection with the Commonwealth Immigrants Bill,” 1961, 1. The similarity between this response and that of a similar section of the British public to contemporary immigration from Eastern Europe is, of course, striking. Even the specific issues highlighted – the perceived pressure of high immigrant numbers on housing, healthcare, education and the benefits system – are identical, a fact which should raise some questions about the relative importance of race and ethnicity, as opposed to economic, political, and environmental marginality in producing anti-immigrant feeling in the UK.
- [16] All quotations from TNA-PRO HO 344/5 “Commonwealth Immigrants Bill – Analysis of correspondence received by the Home Office during October to November in connection with the Commonwealth Immigrants Bill – Appendix A. Extracts from Letters,” 1961, 1–2.
- [17] *Ibid.*

- [18] See TNA-PRO HO344/44, which documents precisely these measures in 1959. See also the Conservative and Labour party manifestos for the General Election of 1959, won by the Conservatives with a growing majority. See <http://www.psr.keele.ac.uk/area/uk/man.htm> (cited 11 February 2007).
- [19] The files addressing this problem are shockingly explicit about the both aim and the delicacy of this operation. See TNA-PRO HO344, and its constituent files, and the Labour and Conservative party manifestos of 1964. See also, for a retrospective participant account, Deedes, *Race without Rancour*. Deedes states (p. 10): "The Bill's real purpose was to restrict the influx of coloured immigrants. We were reluctant to say as much openly." Confidential Cabinet documents are considerably more blunt, particularly after the passage of the initial Commonwealth Immigrants Act.
- [20] TNA-PRO HO 344/14, "Working party to report on the social and economic problems arising from the growing influx into the United Kingdom of coloured workers from other Commonwealth countries: Report to Ministerial Committee," July 1961. Emphasis added.
- [21] TNA-PRO HO344/14 as above. See also van Hartesveldt, "Race and Political Parties," 129–32.
- [22] TNA-PRO HO344/14 as above, note 20.
- [23] Holmes, *John Bull's Island*, 262–63 also notes the shift of focus from Empire to European Economic Community as a centre of power, allegiance and cultural capital.
- [24] For a concise sketch of post-war policies and legislation, see Geddes, *The Politics of Immigration and Race*.
- [25] See MH55/2520, "Notes on file" 21 February 1962.
- [26] TNA-PRO 175/60 Arnold-Forster, "Not much danger – men at work."
- [27] Holmes, *John Bull's Island*, 260–61. Note that Macmillan's government was also actively drawing Britain closer to Europe and continuing to divest itself of colonies, particularly in Africa. In 1965, the hurdles imposed by the 1962 Act were raised further by a Labour government White Paper intent on an even more selective process. By 1968, the Commonwealth Immigrants Act limited automatic entry to the UK to those Citizens of the UK and Colonies with what were euphemistically called "patrial ties": in effect, to white immigrants. At the same time that Britain was contemplating free entry for all citizens of Common Market nations, the 1971 Immigration Act gave Commonwealth citizens with partial ties free and unrestricted entry and demanded that all others possess a work permit. This act came into effect in 1973.
- [28] TNA-PRO MH55/2520 "Meeting to discuss measures for tightening health control at airports with particular relation to the situation in Karachi. 5 January 1962."
- [29] In the end, the Ministry accepted internal arrangements for immigrant health control but, my research suggests, with some reluctance. See Welshman and Bashford, "Tuberculosis, Migration, and Medical Examination," and Welshman, "Compulsion, Localism and Pragmatism," for a description of these arrangements and their emergence.
- [30] TNA-PRO DO175/60 Confidential Outward Telegram, CRO to Karachi, 15 January 1962.
- [31] TNA-PRO DO175/60 Sir Saville Garner, Note for Record, 16 January 1962, 1.

- [32] *Ibid.*, 2–3.
- [33] *Times*, “Letter to the Editor, Cyril Osborne,” 17 January 1962.
- [34] “No fears over doctors lack: Doesn’t apply to Bradford” *Telegraph and Argus: The Yorkshire Observer*, 1 January 1962, 7. It is worth noting that the *Telegraph and Argus* [henceforth *Argus*], as Bradford’s liberal broadsheet, was critical of the Commonwealth Immigrants Act, maintained a moderate tone, and reproached attacks on immigrants throughout the crisis.
- [35] Both quotations from “Health Checks: Two cases of smallpox among recent arrivals in Britain have aroused public concern about immigrant control.” *Argus*, 3 January 1962, 6.
- [36] All quotations from “Comment: KEEP OUT THE GERMS” *Daily Mail*, 3 January 1962, 1.
- [37] Jacobson, “The Tribesmen Who Died of Shame,” *Daily Mail*, 16 January 1962, 2.
- [38] W.W. Hunter, *Orissa* (1872) cited in Arnold, *Colonizing the Body*, 189.
- [39] TNA-PRO MH55/2520 Confidential Inward Telegram to Commonwealth Relations Office From Karachi 17/2/62 No. 216.
- [40] See TNA-PRO MH96/1226 “Welsh Board of Health Minute to Mr Dodds,” 25 May 1962; “Press Notice: History of Smallpox Outbreak 1961–62 Traditional Methods of control again effective” 26 July 1961, et passim.
- [41] “Our Readers’ Views: Smallpox Comments on the ‘T&A’ Leader” *Argus* 17 January 1962, 6, 8, at 6.
- [42] *Ibid.*, at 8.
- [43] For two roughly contemporary accounts of this tense relationship (one from each side of the India–Pakistan border) see: Das Gupta, *Indo-Pakistan Relations* and Choudhury, *Pakistan’s Relations with India*. For more recent assessments, see Talbot, *India and Pakistan* and Harrison *et al.*, *India and Pakistan*.
- [44] TNA-PRO MH55/2520 “Smallpox – some background notes.” 18 January 1962.
- [45] TNA-PRO DO175/60 “Extract from ‘Jang’ dated Thursday 8th February 1962.”
- [46] The extraordinary measures put in place to halt the importation of smallpox did in fact mandate physical inspection of the vaccination site, and at the height of the scare, a high proportion of incoming Pakistani passengers apparently were so examined, though it is impossible to calculate exact percentages. Medical inspections under less extreme circumstances were often cursory at best. See Welshman, “Compulsion, Localism and Pragmatism.” for more detail.
- [47] TNA-PRO DO175/60 “Call to Quit Commonwealth.” *Daily Telegraph* 21 February 1962.
- [48] TNA-PRO MH55/2520 Haque to Godber, 27 February 1962.
- [49] See TNA-PRO MH55/2520, DO175/60.
- [50] TNA-PRO MH55/2518 Ahmed, “UK Press Silent on Smallpox in Indian Towns. It may be worth noting that whereas little or no press attention was paid to the Pakistani epidemic in 1961 before infection was exported to the UK,” in subsequent years considerable space was devoted to WHO and national reports of smallpox epidemics in both India and Pakistan.
- [51] Quoted in TNA-PRO MH55/2520, “Inward Telegram to Commonwealth Relations Office No. 251,” 23 February 1962.
- [52] TNA-PRO MH55/2520 “Confidential Inward Telegram to Commonwealth Relations Office from Karachi, in Cypher. No. 198 By Newsam. To CRO

- Mr E. Walker, Mr Le Bailly, Home Office Mr J.M. Ross, M/Health CRO Jones, Foreign Office Mr J. Cable.” 14 February 1962.
- [53] TNA-PRO DO175/60 Confidential Letter, Morrice James to Saville Garner, 10 February 1962.
- [54] TNA-PRO DO175/60 Memo, E.G. Norris to B.T. Gilmore, 17 January 1962.
- [55] TNA-PRO DO175/60 “MPs Question Smallpox Laws To-Day: Migrant Danger” *Daily Telegraph*, 23 January 1962; *Yorkshire Post* as quoted in Hartmann and Husband, *Racism and the Mass Media*, 121–22.
- [56] TNA-PRO MH96/2341 “Ban on Smallpox Area Immigrants Proposed,” *Guardian*, 27 January 1962. The story itself revealed that this was merely a proposed amendment to the Commonwealth Immigrants Bill.
- [57] For the 1948 Mooltan incident, see TNA-PRO MH55/1907; for the 1950–51 Fifeshire-to-Brighton outbreak, see TNA-PRO MH96/2341. See also Ministry of Health, *Memorandum on the control of outbreaks of Smallpox*. The point about declining rates of vaccination did appear regularly in the medical and public health press.
- [58] TNA-PRO MH55/1831 “200 Vaccinated in Secret” *Manchester Guardian*, 15 December 1960; Letter, A.R. to Ian Sutherland, Department of Health for Scotland, 16 December 1960.
- [59] Emphasis added. TNA-PRO MH148/30 Mary Colthorpe to Ministry of Health, 31 May 1964. For more on the Aberdeen Typhoid outbreak to which this letter refers see: “The Aberdeen Typhoid Outbreak,” *British Medical Journal* (26 December 1964): 1652–55, which extracts Sir David Milne’s report on the incident; and on the role of the media, Diack and Smith, “The media and the management of a food crisis.”
- [60] See, for example, TNA-PRO MH58/671.
- [61] See TNA-PRO MH148/30 Miss J. Gibson to Ministry of Health, 16 September 1964. Gibson, writing from Bradford, expressed typical concerns: “Why is it that immigrants are allowed into the country without proper medical certificates . . . Surely our hospitals are over crowded as it is without having to cater for other countries sick people. Couldn’t we set up medical centres in the countries where the immigrants mainly come from and make it law that anyone coming into the country is certified as being medically fit by these British medical centres.” For further examples relating to tuberculosis among immigrants, see MH148/27–31, and Welshman, “Compulsion, Localism and Pragmatism.”
- [62] Enclosed in TNA-PRO MH148/30 Super to Ministry of Health, 14 August 1963.
- [63] TNA-PRO MH148/30 Finney to Minister of Health, 10 May 1966.
- [64] See Ministry of Health, *Report of the Investigations into the Cause of the 1978 Birmingham Smallpox Occurrence*. See also Pennington, “Smallpox Scares.”
- [65] TNA-PRO MH148/30 Smith to Minister of Health 13 May 1966.
- [66] TNA-PRO MH148/30 G. Woods to Kenneth Robinson, 26 May 1966.
- [67] In a memorable adjournment speech to the House of Commons, MP Arthur Tiley of Bradford, West described the damage to Bradford’s textile trade, making points that were subsequently picked up by unionists. *Official Reports of Parliamentary Debates (Hansard) HC Ministry of Health Question Time* 15 February 1972 Col. 907. See also TNA-PRO MH148/30 for examples of this discourse.

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