

## HI34i: Medicine, Empire and the Body



*Image: Charles R. Browne, 'Anthropometry in Inishbofin', 1893.*

### Module Handbook 2017-2018

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Office Hours	Wednesday, 10-11 and Thursday 2-3
Seminar Time/Location	Wednesdays, 11am-1pm, H3.02 (Humanities Building)

### **Description:**

This module explores the fundamental transformation in attitudes about health and the body in the age of European imperial expansion. Focusing on the period 1750 to 1914, it examines how encounters with unfamiliar bodies and diseases led Europeans to rethink both the theory and practice of medicine, and the nature of human diversity. From week to week, we will see how such ideas were deeply intertwined: from the mid-eighteenth century onwards, European medical practitioners questioned whether the constitution of their countrymen fundamentally differed from the indigenous inhabitants of the wider world, rendering some more prone to disease and degeneration than others. By the nineteenth century, these ideas hardened into the scientific racism that not only held the superiority of Europeans over non-Europeans, but, as part of natural selection, the 'extinction' of populations weakened by high mortality rates after decades of violence, sickness, and displacement. Fueled by new genetic theories, Europeans came to treat intermixing with native populations as dangerous to their own racial survival. Despite the prevalence of sexual encounters between colonisers and the colonised, racial mixing remained a transgressive act.

As this module will demonstrate, once geopolitical ambitions led to European (and American) control over vast tracts of land, the problem of adapting to warm climates in which diseases such as malaria and yellow fever flourished, grew more urgent. Tropical medicine was born to address the lethal environments of Africa, South Asia, and the Caribbean, with the aim of finding remedies that would ensure continued imperial domination. European helplessness in the face of such scourges led to renewed questioning of the Europeans' own vigour. The issue of difference preoccupied medical and anthropological thought yet again. Students will therefore learn that notions of race, health, and differences among peoples evolved over time, driven both by circumstances and by theories that sought to rationalise them.

### **Learning Outcomes:**

- To evaluate and critique the role of natural knowledge in the production of imperial ideology between 1750 and 1914.
- To explain how notions about race, health, and human difference were conceptualized and rationalised against the backdrop of European imperialism.
- To analyse and compare different types of sources, and enhance their ability to develop a historical argument.
- To engage with historiographical debates and think about the history and legacy of different historical concepts.
- To understand how imperial, medical and scientific history can be accessed through a diverse range of textual, visual, and material sources.
- To encourage independent research, historiographical engagement, and the development of critical analysis.

### **Teaching Methods:**

'Medicine, Empire, and the Body' is taught via weekly two-hour seminars. Students will select ~3-4 readings each week to focus on, and during meetings will be prepared to discuss and analyse these texts. Starting in the second week, students will work in pairs to introduce the weekly topics through a 15-minute presentation. In addition to the general discussions,

students will be occasionally be asked to interpret primary sources within the framework of that week's topic. In weeks 10 and 15, we will have half-sessions devoted to developing research and writing skills.

### **Presentation Guidance:**

Students will work as teams of two to cover some of the following points **about the required readings** in a short (15-minute) presentation each week:

- Who wrote the texts, and what historical approach can you identify in their work? (e.g. postcolonial, feminist, revisionist, or social/cultural/economic/political/etc in focus)?
- What do you think their main argument is? **\*Be brief!**
- Do the various readings agree/disagree with each other in any fundamental way? Why or why not?
- Which evidence/arguments/interpretations did you find most persuasive?
- Did you find any of the readings controversial or surprising (in content or interpretation)?
- How did the readings relate to the seminar discussion questions?

Please develop **two questions** to prompt discussion (you can refer to the existing list for each topic, but also be prepared to supplement some discussion points of your own—this is an opportunity to shape the discussion around the themes you found most thought-provoking)

**\*\*You must use a powerpoint (which will be shared with the rest of the group).** Please see me if you have any questions or would like further guidance in advance of your presentation.

### **Workload and Assessment:**

Departmental guidance on the assessment and submission of formal assignments can be found here: <http://www2.warwick.ac.uk/fac/arts/history/students/assessment/>  
This page will be regarded as definitive, as the information presented below may be subject to change.

#### **Non-assessed assignments:**

Students will submit **three** non-assessed written assignments.

The **first** of these will be a standard 1500-word essay relating to a discussion question listed for each weekly topic. Due date: Thursday, Week 8, Term 1. The **second** will be due Thursday, Week 4, Term 2 and must be chosen from either of the following two formats (and should ideally be tied to your long essay/dissertation research):

- A) **Primary Source Analysis:** 1500-word essay on a medical or anthropological source (it could be a book/journal article/image/object/film), putting it into historical context, and describing its significance to the history of science, medicine, and empire. **All sources must be approved by me in advance.** I can help you locate a suitable source if needed.
- B) **Book Review:** 1500-word critical review of a book (chosen from the module reading lists or to be approved by me), that analyses its key arguments and approaches, and relates its findings to core concepts and readings covered in this module.

The **third** will take the form of a mock exam, and will be due in Term 3.

**Assessed Work:**

**Summary:**

**Model 1:** For students NOT linking their dissertations with this module: a 4,500 word essay (due Week 10 of Term 2), and a 2-hour examination (Summer Term)

**OR**

**Model 2:** For students linking their dissertation with this module, the ~9,000 word dissertation (due Week 1 of Summer Term), and a 3-hour examination (Summer Term)

Long-essay titles may be taken from seminar discussion questions, or you may formulate your own title. **In either case, you must submit the title to me for approval no later than Term 2, Week 5.**

Dissertation topics and titles should be discussed with me no later than Week 8 of Term 1. A dissertation seminar group will meet regularly during Term 2 (times TBA), and will give you a chance to discuss your ideas and progress, as well as the research and writing process.

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**Note that overlaps in content between different pieces of assessed work are not permissible and will be penalized. Assessed work should not re-use non-assessed work.**

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**A Note on Dissertations:**

For students considering to write their dissertations in conjunction with this module, please come and discuss possible topics and approaches with me early in Term 1 and before you choose your titles, Week 8 Term 1. Given the available resources, not all topics may be feasible, so it's important to ensure that the topics you choose have a realistic scope and focus.

See also: <http://www2.warwick.ac.uk/fac/arts/history/students/modules/dissertation>

## Seminar Calendar

Term	Week	Topic
Autumn Term	1	Introduction: Science and Empire
	2	The Columbian Exchange
	3	First Encounters and the Origins of Anthropology
	4	Medicinal Plants I: Exploration
	5	Medicinal Plants II: Exploitation
	6	<b>Reading Week – No Seminar</b>
	7	Disease and the Environment
	8	Difference on Display (1 <sup>st</sup> non-assessed essay due)
	9	Evolution, Anthropology, and Racial Science
	10	Depicting the Irish/ <b>Research Workshop</b>
Spring Term	11	Collecting Empire
	12	<b>Field Trip to Pitt Rivers Museum</b>
	13	The Control of the Caribbean
	14	Colonial Medicine in South Asia (2 <sup>nd</sup> non-assessed essay due)
	15	Settling Africa/ <b>Writing Workshop</b>
	16	<b>Reading Week - no seminar</b>
	17	Theories of Racial 'Extinction'
	18	Tropical Medicine
	19	Sexuality, Gender and Empire
	20	Medical Colonisation (Assessed long essay due)
Summer Term	21	Revision (Dissertation due)
	22	Revision (Mock Exam due date TBC)

## Weekly Meetings and Readings

For each session you should choose ~3-4 options amongst the 'background readings' and 'required readings' sections, although you **must** read the selection(s) marked by two asterisks (\*\*). The 'background readings' are all taken from Pratik Chakrabarti's *Medicine and Empire, 1600-1960* (Basingstoke, 2014), which is a key text for this module. It is available as an ebook through the library, and you may also consider purchasing it. Note that not all sessions have a 'background reading', but for those that do, it's a good place to start: it will provide you with an overview of the topic (including key concepts and historiographical issues). All required readings are available online, either as linked digitized selections, or through e-books and e-journals (through the library catalogue). Please let me know if you have any problems accessing any of the readings.

*\*You may also substitute a 'required reading' with a chapter/article from the 'further reading' list, if you have a particular geographic/temporal/topical focus that you wish to develop further.*

*\*\*N.B. There may be minor changes to the required readings listed below, which I will inform you of in seminars and by email, and which will be added to the website.*

### Week 1: Science and Empire

This session will introduce the overarching themes of the module, and will consider some of the frameworks that have been used to consider the role of scientific and medical practices in the history of European imperial expansion. We will look at how these topics have been covered since the mid-twentieth century, and how changing historical approaches have informed the growing scholarship in this field. Key concepts in medical history, environmental history, and global history will be reviewed as we evaluate the main areas of interaction covered by this module. In particular, we'll consider how the history of imperialism and colonisation challenges some of the progressive narratives ordinarily associated with the spread and growth of scientific knowledge.

#### Discussion Questions:

- Why have science and medicine been considered 'tools of empire'?
- What key shifts have characterized the historiography of imperial medicine?
- In what ways did global encounters challenge existing European medical models?

#### Background Reading:

Pratik Chakrabarti, *Medicine and Empire, 1600-1960* (Basingstoke, 2014), 'Introduction', pp. ix-xxxiv

#### Required Readings:

**\*\*David Arnold, 'Medicine and Colonialism' in WF Bynum and Roy Porter (eds.), *Companion Encyclopedia of the History of Medicine, vol 2* (London, 1993), pp.1393-1416**

**\*George Basalla, 'The Spread of Western Science', *Science* 156 (1967), pp.611-622.**

**\*Joseph M. Hodge, 'Science and Empire: An Overview of the Historical Scholarship,' in Brett M. Bennett and Joseph M. Hodge (eds.), *Science and Empire: Knowledge and Networks of Science Across the British Empire, 1800-1970* (Basingstoke, 2011), pp. 3-29**

**\*Shula Marks, 'What is Colonial about Colonial Medicine? And What has Happened to Imperialism and Health?', *Social History of Medicine* 10 (1997), 205-219**

## **Week 2: The Columbian Exchange**

European expansion into the New World precipitated a massive depopulation of the original inhabitants of the Americas. In his influential work, *The Columbian Exchange* (1972), Alfred W. Crosby explored the biological factors underlying this decline, particularly exploring the role of disease as an accompaniment to imperialism. In subsequent decades, Crosby's thesis has been debated by historians of medicine, empire, and the environment—as well as modern epidemiologists—all of whom have sought to explain the impact of European diseases on the 'virgin soil populations' of the Americas. Through a review of these approaches, we will compare current medical understandings of the 'Columbian Exchange' with historical perspectives on indigenous and European health. In the process, we'll consider how decisive a role diseases such as smallpox played in shaping imperial history.

### Discussion Questions:

- To what extent is it possible to estimate the impact of imperial epidemics on indigenous populations?
- How did Europeans explain native susceptibility to disease?
- Why has smallpox been portrayed as a 'weapon' of imperialism in the Americas?
- How useful are modern medical theories (eg. about immunity) in explaining historical events such as the conquest of the Americas? Is this approach anachronistic?

### Background Reading:

Pratik Chakrabarti, *Medicine and Empire, 1600-1960* (Basingstoke, 2014), pp.73-78.

### Required Readings:

- \*Francis Brooks, 'The Impact of Disease' in George Raduzens (ed.), *Technology, Disease and Colonial Conquests, Sixteenth to Eighteenth Centuries* (Leiden, 2001), pp.127-166
- \*\*Alfred W. Crosby, *The Columbian Exchange Biological and Cultural Consequences of 1492* (Westport, 1972), esp. 'Ch. 2: Conquistador y Pestilencia', pp. 35-63
- \*N. Nunn and N. Qian, 'The Columbian Exchange: A History of Disease, Food, and Ideas', *Journal of Economic Perspectives* 24 (2010), pp.163-88.
- \*M. Livi-Bacci, 'The Depopulation of Hispanic America after the Conquest', *Population and Development Review* 32 (2004), 199-232.
- \*W. H. McNeill, *Plagues and Peoples* (New York, 1976), 'Ch. V: Transoceanic Exchanges, 1500-1700', pp.208-241

## **Week 3: First Encounters and the Origins of Anthropology**

As exploratory voyages led to conquest and colonization, Europeans were brought into sustained contact with non-Europeans. These encounters with different population groups were interpreted within the Enlightenment impulse for classification, leading to efforts to describe and categorise human variation. In this session, we'll look at how these encounters shaped perceptions of colonized peoples in the eighteenth century, leading to a variety of conflicting narratives about the nature and meaning of 'race'.

### Discussion Questions:

- Why did a biological concept of race emerge in the Enlightenment?
- What role did the slave trade play in shaping racial ideology?

- Was eighteenth-century racial theory more concerned with classifying differences, or with establishing racial hierarchies?
- What stereotypes about non-European peoples emerged in the eighteenth century?

#### Required Readings:

- \*I.C. Campbell, 'Savages Noble and Ignoble: the Preconceptions of Early European Voyages in Polynesia,' *Pacific Studies*, 4 (1980), pp. 45-59
- \*Seymour Drescher, 'The Ending of the Slave Trade and the Evolution of European Scientific Racism,' *Social Science History* 14 (1990), pp.415-450 [e-journal]
- \*\*Nicholas Hudson, 'From "Nation" to "Race": The Origin of Racial Classification in Eighteenth-Century Thought', *Eighteenth-Century Studies*, 29 (1996). 247-64.
- \*Jennifer L. Morgan, 'Some Could Suckle over Their Shoulder': Male Travelers, Female Bodies, and the Gendering of Racial Ideology, 1500-1770', *The William and Mary Quarterly, 3rd Series* 54 (1997), pp. 167-192
- \*Londa Schiebinger, 'The anatomy of difference: race and sex in eighteenth-century science', *Eighteenth-Century Studies*, 23 (1990), 387-405.

#### **Week 4: Medicinal Plants I—Exploration**

Expansion into new territories offered ample opportunity for European natural historians to encounter new species of flora and fauna. These discoveries contributed to the sense of wonder that such unfamiliar environments inspired, and prompted naturalists to reconsider the limits of creation. Several plants from the new colonies were integrated into the existing pharmacopeia, with some—such as quinine—proving particularly useful. In this session we'll examine how botanical exploration transformed European medicine from the Renaissance onwards.

#### Discussion Questions:

- How did indigenous knowledge and practice shape European notions of the medicinal plants discovered in the New World?
- Did the discovery of new species affect existing approaches to the study of natural history?
- To what extent was European medicine changed by the introduction of new medicinal plants from the colonies?

#### Background Reading:

Pratik Chakrabarti, *Medicine and Empire, 1600-1960* (Basingstoke, 2014), 'Ch. 2: Plants, Medicine and Empire,' pp. 20-39

#### Required Readings:

- \*\*Harold J. Cook, 'Physicians and Natural History,' in Nick Jardine et al (eds), *Cultures of Natural History* (1996), pp. 91-105.
- \*Victoria Dickenson, 'Cartier, Champlain, and the Fruits of the New World: Botanical Exchange in the 16th and 17th Centuries, *Scientia Canadensis* 31 (2008), 27-47
- \*Teresa Hugueta-Termes, 'New World Materia Medica in Spanish Renaissance Medicine: From Scholarly Reception to Practical Impact,' *Medical History* 45 (2001), 359-376.
- \*Andrew Wear, 'The Early Modern Debate about Foreign Drugs: Localism versus Universalism in Medicine,' *Lancet* (1999), *Lancet* (July 10, 1999), 149-151.

## **Week 5: Medicinal Plants II—Exploitation**

The medical potential of many of the new botanical discovered in Europe's colonies led to their active cultivation starting in the seventeenth century. Gardens and plantations were established across the globe to this end, producing botanicals for sale and trade. The introduction of New World *materia medica* to the Old World was lucrative, as the medical marketplace expanded to include new treatments. In this session, we'll examine how imperial trade routes, networks, and commerce facilitated the spread of medicinal plants, and enabled Europeans to exploit the natural environments of their new territories.

### **Discussion Questions:**

- What role did botanical gardens (such as Kew and the Jardin des plantes) play in facilitating the spread of new medicinal plants?
- By what processes were Europeans able to profit from the discovery of *materia medica* found in their colonies? What role did the environment of their colonies play in maximizing the commercial potential of their botanical outputs?
- How did botanical cultivation help consolidate the 'usefulness' of Europe's colonies?

### **Background Reading:**

Pratik Chakrabarti, *Medicine and Empire, 1600-1960* (Basingstoke, 2014), 'Ch. 1: Medicine in the Age of Commerce, 1600-1800,' pp. 1-19.

### **Required Readings:**

- \*Daniela Bleichmar, 'Atlantic Competitions: Botany in the Eighteenth-Century Spanish Empire,' in James Delbourgo and Nicolas Dew (eds.), *Science and Empire in the Atlantic World* (New York, 2007), pp. 225-252 [e-book]
- \*Lucile Brockway, 'Science and Colonial Expansion: The Role of the British Royal Botanic Garden', *American Ethnologist* 6, 3 (1979), 449-465
- \*Paula De Vos, 'The Science of Spices: Empiricism and Economic Botany in the Early Spanish Empire', *Journal of World History* 17 (2006), 399-427
- \*\*Londa Schiebinger, *Plants and Empire: Colonial Bioprospecting in the Atlantic World* (Cambridge, 2004), 'Ch. 2: Bioprospecting,' pp. 73-104
- \*Larry Stewart, 'Global Pillage: Science, Commerce, and Empire,' in Roy Porter (ed.), *The Cambridge History of Science, Vol 4: The Eighteenth Century* (Cambridge, 2003), pp. 825-844

## **Week 7: Disease and the Environment**

High levels of morbidity and mortality accompanied the European colonization of the tropics, prompting them to question their ability to successfully settle in a different environment. These ideas fed into contemporary racial theory, as 'polygenists' increasingly posited that different races were different species uniquely adapted to their original environments. 'Monogenists', on the other hand, believed in a process of acclimatization over time, suggesting that Europeans could eventually thrive in the tropics. These ideas were tested out in the colonies as physicians charted the effects on warm climates on the bodies of both Europeans and non-Europeans, as the two groups negotiated their relations to one another.

### **Discussion Questions:**

- How did monogenist/polygenist theory influence medicine?

- To what extent did Europeans believe it was possible for them to survive and flourish in tropical climates?
- Why did climate and environment become central to medical theory in the eighteenth century?
- To what extent was 'acclimatisation' a behavioural process rather than just a physical/physiological one?

#### Background Reading:

Pratik Chakrabarti, *Medicine and Empire, 1600-1960* (Basingstoke, 2014), 'Ch. 4: Colonialism, Climate and Race,' pp. 57-72.

#### Required Readings:

- \*Mark Harrison, "'The Tender Frame of Man": Disease, Climate, and Racial Difference in India and the West Indies, 1760-1860' *Bulletin of the History of Medicine* 70 (1996), 68-93.
- \*Katherine Johnston, 'The Constitution of Empire: Place and Bodily Health in the Eighteenth-Century Atlantic,' *Atlantic Studies* 10 (2013), 443-466. [e-journal]
- \*Dane Kennedy, 'The Perils of the Midday Sun: Climatic Anxieties in the Colonial Tropics,' in John M. MacKenzie (ed.) *Imperialism and the Natural World* (Manchester, 1990), pp.118-140
- \*Karen Ordahl Kupperman, 'Fear of Hot Climates in the Anglo-American Colonial Experience,' *The William and Mary Quarterly* 41 (1984), pp.213-240
- \*\*David Livingstone, 'Human Acclimatisation: Perspectives on a Contested Field of Inquiry in Science, Medicine, and Geography,' *History of Science* 25 (1987), 359-394

#### **Week 8: Difference on Display**

As the reach of empires expanded in the nineteenth century, metropolitan curiosity grew about the myriad peoples and cultures now subject to European rule. While images of different 'ethnic types' had long been circulated, there was now an increased appetite for entertainments that fed into notions of the 'primitive', 'savage', and 'exotic', spurring the movement of artifacts, human remains—and humans themselves—to Europe for display. In particular, ethnological shows offered spectators a chance to watch foreign peoples enact aspects of their culture, making a performance of racial difference. In this session, we will examine how such entertainments helped to consolidate the sense that non-Europeans were fundamentally dissimilar to Europeans in both body and mind.

#### Discussion Questions:

- What accounts for the popularity of 'racial' entertainments in the late nineteenth/early twentieth centuries?
- To what extent did popular displays of racial difference convey contemporary scientific thinking about biological variation?
- How did ethnological shows shape popular ideas about race?
- Did racial exhibitions in Europe help to justify imperialism?

#### Required Readings:

- \*Pascal Blanchard, Gilles Boetsch, Eric Deroo and Sandrine Lemaire 'Introduction: Human Zoos: The Greatest Exotic Shows in the West,' in Pascal Blanchard et al (eds.), *Human Zoos: Science and Spectacle in the Age of Colonial Empires* (Liverpool, 2008), pp. 1-49
- \*Jan Nederveen Pieterse, *White on Black: Images of Africa and Blacks in Western Popular Culture* (New Haven, 1992), 'Ch. 5: Colonialism and Western Popular Culture', pp.76-101

\*\*Sadiya Qureshi, *Peoples on Parade: Exhibitions, Empire, and Anthropology in Nineteenth-Century Britain* (Chicago, 2011) Ch. 6 'Transforming "Unfruitful Wonder"', pp.185-221

\*Londa Schiebinger, *Nature's Body: Gender in the Making of Modern Science* (Boston, 1993), 'Ch. 5: Theories of Gender and Race,' pp.143-183

\*Andrew Zimmerman, *Anthropology and Antihumanism in Imperial Germany* (Chicago, 2001), 'Ch. 1: Exotic Spectacles and the Global Context of German Anthropology,' pp. 15-27

### **Week 9: Evolution, Anthropology, and Racial Science**

In the mid-nineteenth century, ethnology and anthropology (terms often used interchangeably) began to assume a more formal disciplinary character, with societies, meetings and journals sprouting up across the globe. These fields were concerned with the nature of human difference, although there was some disagreement over whether such studies should be more physical or cultural in orientation. Although biological studies of race took center stage, disputes between monogenists and polygenists over the implications of racial difference continued into this period. With the publication of Darwin's *Origin of Species* in 1859, the new theory of evolution seeped into these debates. While Darwin argued for the fundamental unity of the human species, his ideas were used to justify the notion that some races were more evolved than others—leading to a new biological justification for the creation of human hierarchies.

#### Discussion Questions:

- Why did institutional anthropology emerge in the mid-nineteenth century?
- To what extent did Darwinian ideas transform anthropological theory?
- What role did measurement play in Victorian racial science?
- While racial science is now considered pseudo-scientific, to what extent was it considered a legitimate field of scientific enquiry in the nineteenth century?

#### Required Readings:

Primary:

\*\*Charles Darwin, *Descent of Man*, Vol. 1 (London, 1871) 'Ch. 7: On the Races of Man', pp. 214-250

Secondary:

\*\*Peter Bowler, 'From "Savage" to "Primitive": Victorian Evolutionism and the Interpretation of Marginalized Peoples', *Antiquity*, 66 (1992), 721-729.

\*Philip D. Curtin, "'Scientific" Racism and the British Theory of Empire', *Journal of the Historical Society of Nigeria*, 2 (1960), 40-51. [JSTOR]

\*Thomas F. Glick, 'The Anthropology of Race Across the Darwinian Revolution', in Henrika Kuklick (ed.), *A New History of Anthropology* (Oxford, 2008), pp. 225-241

\*Stephen Jay Gould, *The Mismeasure of Man* (2nd edn. London, 1996), 'Chapter 3: Measuring Heads,' pp.105-141 [extracts]

\*\*Paul Jorion, 'The Downfall of the Skull,' *RAIN* 48 (1982), pp. 8-11 [JSTOR]

### **Week 10: Depicting the Irish**

Ireland was subject to many of the same processes of 'othering' as Britain's further colonies. In this session, we'll look at how Irish bodies were depicted in British caricatures, reflecting contemporary prejudice directed at both the Irish in their own territory, and as migrant labourers. The image of the Irish as degenerate, and prone to higher levels of drunkenness and

insanity, fed into debates around Irish politics, and the particularly their ability to self-govern. As a consequence, there has been some discussion about whether anti-Irish prejudice was 'racial', reflecting a division between 'Saxons' and 'Celts', or whether it was ground in the political, behavioural, and religious differences that shaped English and Irish identity during this period.

#### Discussion Questions:

What stereotypes were particularly associated with the Irish in the nineteenth century, and what evidence was harnessed to support these depictions?

What role did visual culture play in perpetuating anti-Irish prejudice?

Was anti-Irish prejudice focused more on biological or behavioural factors?

#### Required Readings:

\*Patrick Brantlinger, *Taming Cannibals: Race and the Victorians* (Ithaca, 2011), 'Ch. 6: The Unbearable Lightness of Being Irish,' pp.136-156.

\*Catherine Cox, Hilary Marland and Sarah York, 'Emaciated, Exhausted and Excited: The Bodies and Minds of the Irish in Nineteenth-Century Lancashire Asylums,' *Journal of Social History* 46 (2012), 500-524.

\*\*L.Perry Curtis Jr., *Apes and Angels: The Irishman in Victorian Caricature, Rev. Ed* (Washington, 1997), 'Ch. IV: Simianizing the Irish Celt,' pp.29-57

\*\*Sheridan Gilley, 'English Attitudes to the Irish in England, 1780-1900,' in Colin Holmes (ed.) *Immigrants and Minorities in British Society* (London, 1978), pp.81-110

\*Paul B. Rich, 'Social Darwinism, Anthropology, and English Perspectives of the Irish, 1867-1900,' *History of European Ideas* 19 (1994), 777-785.

### **Week 12: Collecting Empire**

Museums played an increasingly important role in institutionalizing anthropology and ethnology from the mid-nineteenth century onwards. In preparation for our visit to the Pitt Rivers Museum in Oxford, this session will consider the relationship between material culture and racial ideology in past and present contexts. Using Pitt-Rivers' collection as a starting point, we will explore the justifications for collecting, organizing, and displaying the artifacts—and occasionally the physical remains—of peoples around the world.

#### Discussion Questions:

-How did the idea of 'cultural evolution' interact with the idea of 'physical evolution'?

-What role did museums play in bolstering the disciplinary development of anthropology and ethnology?

-Is it defensible to continue to display ethnological artifacts originally collected to present certain cultures as 'less evolved' than others?

#### Required Readings:

\*William Ryan Chapman, 'Arranging Ethnology: AHLF Pitt Rivers and the Typological Tradition,' in George W. Stocking Jr (ed.), *Objects and Others: Essays on Museums and Material Culture* (University of Wisconsin, 1985), pp.15-48 [e-book]

\*Nelia Dias, 'The visibility of difference: nineteenth-century French anthropological collections', in MacDonald, Sharon (ed.), *The Politics of Display: Museums, Science, Culture* (London, 1998)

\*David van Keuren, 'Museums and Ideology: Augustus Pitt-Rivers and Social Change in Later

Victorian Britain,' *Victorian Studies* 28 (1984), pp. 171-189 [e-journal]

\*\*A.H.L.F. Pitt Rivers, 'Typological Museums, as Exemplified by the Pitt-Rivers Museum at Oxford,' *Journal of the Society of Arts* 40 (1891), pp. 115-122 [e-journal]

### **Week 13: The Control of the Caribbean**

The islands of the West Indies were key sites of conflict amongst European powers, who fought successive wars to secure possession of the temperate lands particularly well suited for the cultivation of sugar. Clashes between the indigenous population and European settlers, between European armies, and between imported African slave labourers and Europeans, meant that military medicine was constantly being honed in the region, as armies on all sides battled tropical disease as well as each other. In this session we'll investigate medicine's pivotal position in the control of the Caribbean. We will also examine the interaction between medicine and slavery in the eighteenth century, considering the extent to which the health of slaves was prioritised in the plantation system.

#### **Discussion Questions:**

- To what extent did disease influence the outcome of colonial wars in the Caribbean?
- How did the experience of tropical warfare shape military medicine?
- What medical problems were particularly associated with slavery, and how were they managed?
- What differences characterised the response of the Spanish, French, and British to tropical disease in the West Indies?

#### **Background Reading:**

Pratik Chakrabarti, *Medicine and Empire, 1600-1960* (Basingstoke, 2014), 'Ch. 3: Medicine and the Colonial Armed Forces,' pp. 40-56

#### **Required Readings:**

\*David Geggus, 'Yellow Fever in the 1790s: the British Army in occupied Saint Domingue,' *Medical History*, 23 (1979), 38-58.

\*Kenneth F. Kiple and Krimhild Conee Ornelas, 'Race, War and Tropical Medicine in the Eighteenth-Century Caribbean,' in David Arnold (ed.), *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900* (Amsterdam, 1996), pp.65-79.

\*\*J.R. McNeill, 'The Ecological Basis of Warfare in the Caribbean, 1700-1804', in Maarten Ultee (ed.), *Adapting to Conditions: War and Society in the Eighteenth Century* (Alabama, 1986), pp. 26-42.

\*S. Quinlan, 'Colonial Encounters: Colonial Bodies, Hygiene and Abolitionist Politics in Eighteenth-Century France,' *History Workshop Journal* 42 (1996), 107-125.

\*\*Richard B. Sheridan, *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies, 1680-1834* (Cambridge, 1985), 'Ch. 1: The Disease Environments and Epidemiology,' pp. 1-41

### **Week 14: Colonial Medicine in South Asia**

European medicine made inroads into the Indian subcontinent in the late seventeenth century, and grew in prominence as the British dominated the region until the mid-twentieth century. In this session we'll examine the importation of European medical knowledge, institutions and

practices into India, and will consider how epidemic diseases endemic to South Asia shaped relations between the colonisers and colonized, becoming a contested area around which medicine was wielded both as a means of 'control' and 'resistance.'

#### Discussion Questions:

- What role did cholera play in shaping notions of India as a locus of disease?
- How was sanitation as a public health measure used as a means of colonial control in India?
- How dominant was 'Western medicine' in India during the colonial period?

#### Background Reading:

Pratik Chakrabarti, *Medicine and Empire, 1600-1960* (Basingstoke, 2014), 'Ch.6: Western Medicine in Colonial India,' pp.101-121.

#### Required Readings:

- \*\* David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (1993), 'Ch. 1: Occidental Therapeutics and Oriental Bodies,' pp. 11-60 and 'Ch. 4: Cholera: Disease as Disorder,' pp. 159-199 **and** 'Ch. 5: Plague: Assault on the Body,' pp.200-239
- \*Mark Harrison, 'Medicine and Colonialism in South Asia since 1500', in Mark Jackson (ed.), *Oxford Handbook of the History of Medicine* (Oxford, 2011), pp.285-301
- \*\*Sheldon Watts, 'From Rapid Change to Stasis: Official Responses to Cholera in British-Ruled India and Egypt: 1860 to c.1921', *Journal of World History*, 12 (2001), 321-74

### **Week 15: Settling Africa**

The hostile disease environment of central Africa stymied efforts to explore and colonise the continent, with high rates of European morbidity and mortality contributing to the impression that Africa was 'the white man's grave.' Survival rates began to improve in the nineteenth century, allowing for Western powers to compete for territory and resources, often accompanied by missionaries who used their medical knowledge to establish their place in local communities. In this session, we'll look at the part played by medicine in facilitating the conquest of Africa, as well as its role in establishing authority and consolidating control over the indigenous population.

#### Discussion Questions:

- To what extent was disease an obstacle to the colonization of Africa?
- Why did Africa's reputation as 'the white man's grave' alter over the course of the 19<sup>th</sup> century?
- How was medicine used as a tool of colonization in Africa?
- What role did missionaries play in disseminating medical knowledge and practice in Africa?

#### Background Reading:

Pratik Chakrabarti, *Medicine and Empire, 1600-1960* (Basingstoke, 2014), 'Ch. 7: Medicine and the Colonisation of Africa,' pp.122-140

#### Required Readings:

- \*\*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* (Berkeley, 1993), 305-329.
- \*Philip D. Curtin, *Disease and Empire: The Health of European Troops in the Conquest of Africa*

(Cambridge, 1998), 'Ch. 4: Tropical Conquest in West Africa,' pp.74-112.

\*Harriet Deacon, 'Racism and Medical Science in South Africa's Cape Colony in the Mid-to Late Nineteenth Century', *Osiris*, 15 (2000), 190-206.

\*Maryinez Lyons, *The Colonial Disease. A Social History of Sleeping Sickness in Northern Zaire, 1900-1940* (Cambridge, 1992). 'Ch. 7: The Campaign. Part One: Sleeping Sickness and Social Medicine', pp. 102-136

\*\*Megan Vaughan, *Curing their Ills: Colonial Power and African Illness* (New York, 1991), 'Ch. 2: Rats' Tails and Trypanosomes: Nature and Culture in Early Colonial Medicine,' pp. 29-55.

### **Week 17: Theories of Racial 'Extinction'**

In this session we will review the rise of 'racial extinction' theories that were employed in the nineteenth century to explain the rapid demise of indigenous peoples—particularly in North America and Oceania, where disease and conflict had severe demographic consequences. In an effort to come to terms with the consequences of colonization, settlers turned to biological explanations to explain these dynamics. They also used ideas about 'extinction' to justify paternal measures of protection that saw indigenous groups removed from their ancestral lands, policies that were supported by popular depictions of such peoples as the 'last' of their kind.

#### Discussion Questions:

-How did Europeans account for the decline in the indigenous populations of Oceania and/or North America?

-How were theories of racial extinction used to justify policies of removal/separation?

-To what extent did extinction theories lead to more sympathetic representations of 'endangered' peoples?

#### Required Readings:

\*Patrick Brantlinger, *Dark Vanishings: Discourse on the Extinction of Primitive Races, 1800-1930* (Ithaca, 2003), 'Ch. 3: Vanishing Americans,' pp.45-67

\*\*Philippa Levine, 'Anthropology, Colonialism, and Eugenics,' in Alison Bashford and Philippa Levine (eds.) *The Oxford Handbook of the History of Eugenics* (Oxford, 2010), pp. 43-61.

\*Russell McGregor, *Imagined Destinies: Aboriginal Australians and the Doomed Race Theory, 1880-1939* (Melbourne, 1997), 'Ch.1: The Creation and Annihilation of Primitive Man', pp.19-60.

\*Stefan Petrow, 'The Last Man: The Mutilation of William Lanne in 1869 and its Aftermath', *Aboriginal History*, 21 (1997), 90-112

### **Week 18: Tropical Medicine**

With the spread of the germ theory of disease causation in the second half of the nineteenth century, new developments in bacteriology spurred the creation of 'tropical medicine' as a discipline focused on the diseases of warm climates. This specialisation was particularly associated with the pioneering work of Patrick Manson (1844-1922), who identified mosquitos as a vector of disease, and founded the London School of Hygiene and Tropical Medicine in 1899. Yet while research in tropical medicine could be undertaken in Europe, the tropics and subtropics remained key sites of discovery and innovation. They also provided testing grounds for new methods of prevention and treatment, precipitating further divides between Western medical practice and colonial subjects in the twentieth century.

#### Discussion Questions:

- How did the advent of 'tropical medicine' as a modern discipline displace traditional ideas about disease, race and climate?
- Who were the primary beneficiaries of tropical medicine?
- To what extent was the new 'tropical medicine' a tool of empire?
- How did tropical medicine transform medical practice in tropical climates?

#### Background Reading:

Pratik Chakrabarti, *Medicine and Empire, 1600-1960* (Basingstoke, 2014), 'Ch. 8: Imperialism and Tropical Medicine,' pp.141-163

#### Required Readings:

\*Alison Bashford, 'Is White Australia Possible? Race, Colonialism and Tropical Medicine,' *Ethnic and Racial Studies* 23 (2000), pp.248-271

\*Andrew Cunningham, 'Transforming the Plague: The Laboratory and the Identity of Infectious Disease', in Andrew Cunningham and Perry Williams (eds), *The Laboratory Revolution in Medicine* (Cambridge, 1992), 209–44

\*\*Nancy Leys Stepan, *Picturing Tropical Nature* (London, 2001), 'Ch. 5: The New Tropical Pathology,' pp.149-179

\*Michael Worboys, 'The Emergence of Tropical Medicine: A Study in the Establishment of a Scientific Speciality,' in Gerard Lemaine (ed), *Perspectives on the Emergence of Scientific Disciplines* (The Hague, 1976), 76-98.

### **Week 19: Sexuality, Gender, and Empire**

Interracial relationships and sexual liaisons had always been a by-product of empire, but in the nineteenth century the racial and gender dynamics of these couplings were increasingly interpreted in a medical framework that emphasized their dangers. Efforts to reduce venereal disease led to restrictions on prostitution throughout the colonies, with local women almost always presumed to be source of infection. Attitudes towards homosexuality, which had been seen as acceptable in some contexts, also began to harden with the importation of European religious mores. Such negative outcomes were coloured by centuries of assumptions about the sexuality of non-Europeans, which was increasingly seen as threatening to the morality and virility of male settlers. In this session we will examine how such views influenced both the rhetoric and legislation around interracial relations in various colonial settings.

#### Discussion Questions:

- How did the regulations around prostitution, intended to curb instances of venereal disease, differ in European and non-European settings?
- How was opposition to interracial relationships and marriages justified from a medical standpoint?
- What racial assumptions and biases underlay attempts to curb interracial sexual relations in the colonial setting?
- To what extent was homosexuality pathologised in the colonial context?

#### Required Readings:

\*Marc Epprecht, "'Unnatural Vice" in South Africa: The 1907 Commission of Enquiry,' *The International Journal of African Historical Studies*, 34 (2001), pp. 121-140 [e-journal]

\*\*Marc Epprecht, 'Sexuality, Africa, History', *The American Historical Review*, 114 (2009), pp. 1258-1272. [e-journal]

\*Donna J. Guy, 'Medical Imperialism Gone Awry: The Case against Legalized Prostitution in Latin America,' in Teresa Meade and Mark Walker, *Science, Medicine and Cultural Imperialism* (Basingstoke, 1991), pp. 75-94

\*\*Philippa Levine, 'Venereal Disease, Prostitution, and the Politics of Empire: The Case of British India', *Journal of the History of Sexuality*, 4 (1994), 579-602.

\*Laura Ann Stoler, 'Carnal Knowledge and Imperial Power: Gender, Race and Morality in Colonial Asia,' in Michaela di Leonardo (ed.), *Feminist Anthropology in the Postmodern Era* (Berkeley, 1991), pp. 51-101

## **Week 20: Medical Colonisation**

Throughout the year, we have looked at various interactions between European and non-European medicine. In this session, we'll revisit some of the themes introduced at the start of the year, and consider the extent to which medicine was a 'tool of empire'. We'll consider who benefitted from the importation of Western medicine to the colonies, and how successful Europeans were at ensuring the dominance of their own systems of practice. We will also look at how non-Europeans responded to the introduction and incursion of Western medicine into their lives, and how they attempted to adapt to competing knowledge systems that threatened the methods and livelihoods of traditional practitioners. A discussion of these issues will take us into the post-colonial period, and the medical legacies of empire throughout the world.

### Discussion Questions:

- How accepting were non-Europeans of Western medical practices such as vaccination and quarantine?
- To what extent were indigenous medical practices displaced by biomedical practices in the former colonies?
- How did local practitioners adapt to the competition provided by Western medicine?
- Was imperial medicine a product of reciprocity and exchange, or did it remain a largely unaltered Western system of practice?

### Background Reading:

Pratik Chakrabarti, *Medicine and Empire, 1600-1960* (Basingstoke, 2014), 'Ch. 10: Colonialism and Traditional Medicines,' and 'Conclusion: The Colonial Legacies of Global Health', pp.182-205

### Required Reading:

\*\*Waltraud Ernst, 'Beyond East and West: From the History of Colonial Medicine to a Social History of Medicine(s) in South Asia,' *Social History of Medicine* 20 (2007), pp.505-524

\*Karen Flint, 'Competition, Race, and Professionalization: Healers and White Medical Practitioners in Natal, South Africa in the Early Twentieth Century', *Social History of Medicine*, 14.2 (2001), 199-221

\*Kent Maynard, 'European Preoccupations and Indigenous Culture in Cameroon: British Rule and the Transformation of Kedjom Medicine,' *Canadian Journal of African Studies* 36 (2002), 79-117.

\*Randall M. Packard, 'Post-Colonial Medicine,' in Roger Cooter and John Pickstone (eds.) *Medicine in the 20th Century* (Amsterdam, 2000), pp.97-112.