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# Wellcome History

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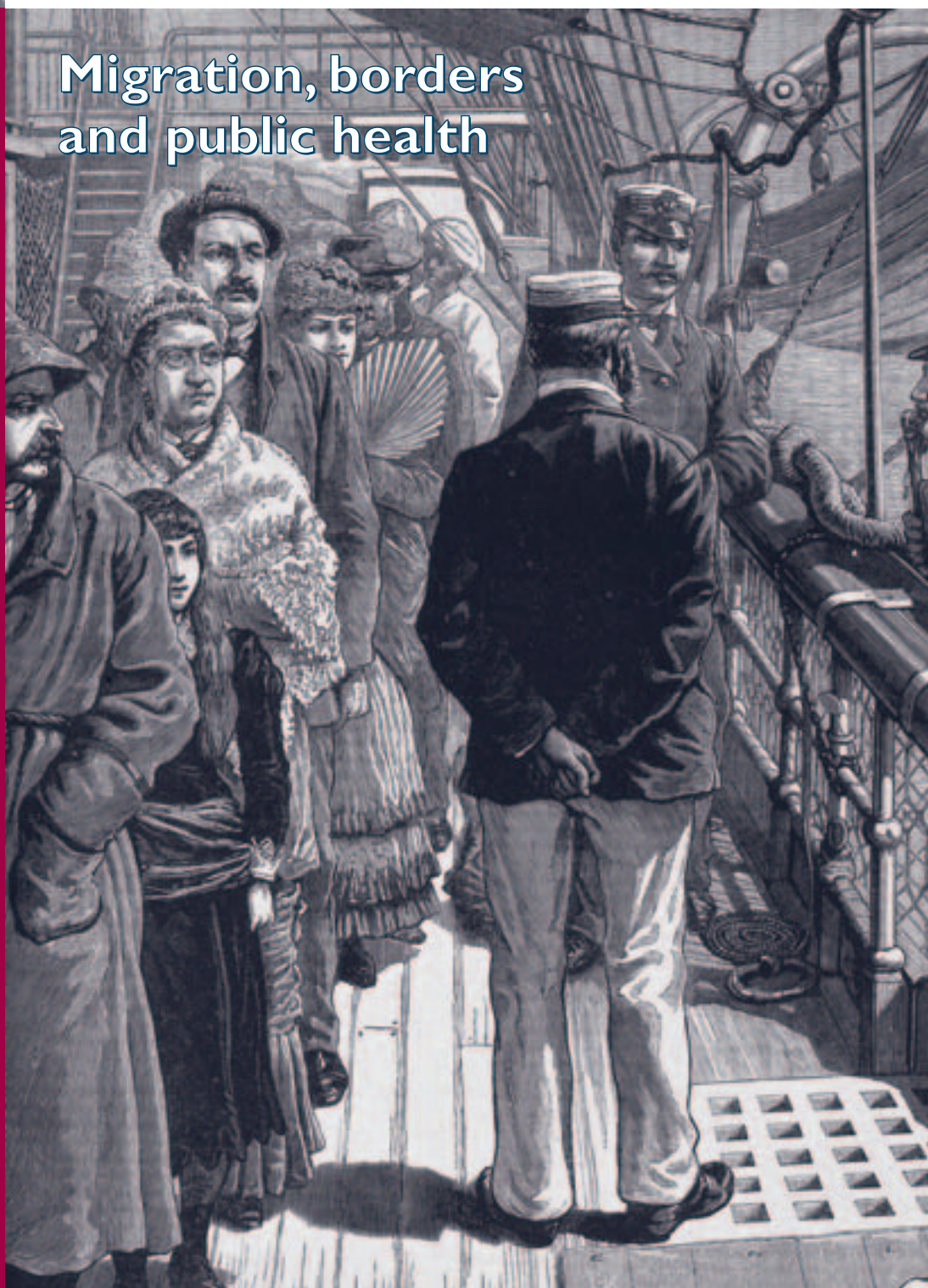
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## Migration, borders and public health



# Migration, borders and public health: Histories of the future?

**While the (in)security of national borders are currently on all our minds, our bodies are really the issue. National governments and international public health bodies are greatly exercised by anthrax and smallpox threats, as well as longer-term difficulties of international movement and multidrug-resistant tuberculosis, for example. What kind of history informs these current global issues and the multifaceted responses? How have the problems of national borders, migration and public health been mutually shaped in the past? And what else has this all been about?**

The health regulation of people crossing borders catches individuals within and sometimes impossibly between different national bureaucracies. At times, people find themselves literally between national spaces, unable or unwilling to comply with various medicolegal entry regulations. A colleague once found herself stranded on a ship in the Pacific Ocean, caught between the USA and Australia in the late 1950s. US health regulations at that time demanded recent smallpox vaccination for entry. Pregnant, she refused and so was turned back to Australia. But entrants into Australia (including citizens re-entering) were also required to be recently vaccinated or vaccinated upon entry. She was (momentarily) stranded off the Australian coast as well, despite her citizenship status. Culturally, medically and bureaucratically literate, and ultimately as a citizen, she was well able to resolve the situation. But many others were not.

While such health regulations were and are often in place as perfectly justified measures of communicable disease control, the instance illustrates the closest of connections between nations, citizenship and public health. Communicable disease control has everything to do with the functioning of nations as geographical spaces and as bureaucratic entities, and the inter/national status of individuals as citizen or alien, as foreign national or refugee claimant, as diplomatically 'immune' or aspiring migrant.

There has recently been a wave of interesting scholarship which has explored these connections empirically, historically and medically. One aspect of my own research has been on the close historical association between health documentation and citizenship/identity documentation, as well as the connection between race-based immigration regulation and rationales of communicable disease control.

## The Sanitary Conferences

Over the last half of the 19th century many public health and increasingly microbiological experts participated in important international sanitary conferences. These were prompted largely by anxieties about cholera epidemics in Europe and their source, plague and with the entry of the US, yellow fever. Movement of people, particularly between the Far East, India, the Middle East and Europe, as well as within Europe itself, was increasingly heavily scrutinized. Various national and colonial authorities sought (not always successfully) to coordinate and standardize methods of infectious disease prevention, in particular quarantine measures where cooperation between governments had long been understood as imperative. But the extent to which they could cooperate was always



Passport photo of a Lilia Hamilton, 1920.

how much intervention was necessary to control the spread of disease and how much was justified in terms of trade, commercial and diplomatic disruption.

Within Europe, along global routes between west and east, across the Atlantic and within the maritime British Empire, blanket quarantine was imposed in certain years after a port was declared 'infected'. Usually, the need for quarantine was assessed on knowledge of the state of health of the port from which the ship had sailed, and only secondarily on the physical state of the passengers. The 'International Bill of Health' for example, which was devised at an 1881 International Sanitary Conference in Washington DC, was a bill of health of and for the vessel, not individual passengers, based on the presence or absence of epidemic disease at its originating port.

Partly as commercial interests opposed strict quarantine, and partly as knowledge of incubation periods and modes of transmission changed, 'rational' or 'limited' quarantine developed whereby the need for detention was qualified to some degree by inspection of the ship and its passengers at port of entry. Medical inspection as a substituting strategy of control meant that irrespective of disease at the original port, if passengers, vessel and goods were assessed as healthy they were allowed to disembark.

The sanitary conferences of the 19th century, attempting to standardize quarantine, grew into national systems of medico-legal border control which shaped populations in terms of health, but also and especially in the 20th century, in terms of citizenship and race. In the interwar years this was formed into a subdiscipline of public health often called 'international hygiene'.

## Bills of health and passports

The historical connection between health documents and modern citizenship-identity documents like the passport is much more intimate than is commonly understood. Identity documents showing the clean health status of either vessels or individuals seeking free movement are in fact old devices. My research suggests that these were appropriated by

modern nation-states alongside, and increasingly as part of the document of citizenship – the passport. Bills of health and health certificates became an integral part of national and international means of identification, movement and surveillance, an under-recognized part of the 'invention of the passport'.

Evidence of the longevity and extent of such health documentation is available not just in government archives across the world, but also in the less likely but extraordinarily rich philatelic newsletter of the Disinfected Mail Study Circle, tellingly titled *Pratique*. Without doubt the gem of my last research trip to the Wellcome Library the newsletter displays health passports and certificates of disinfection from the 18th century to the 20th. Some of these were developed around the time of, and because of the 1830 cholera epidemics, for example a health passport from 1831 stamped 12 times by different authorities as the traveller moved through northern Italy, in the manner of current international travel passports.

One aspect of this history I am interested in is the broad shift from such documentation as methods for the regulation and inspection of vessels, towards the documentation of the movement, restriction, identification and inspection of people, of individuals. One of the reasons for, and means by which, such documents became individualised was the increasing governmental interest in vaccination status. In the 19th century, the vaccine scar and/or its documentation often granted an 'immunity' to travel over national borders. This was strongly policed in places where smallpox was not endemic: Canada and Australia, for example. In both contexts, a vaccination scar or certificate was an early immigration requirement, part of compulsory official documentation.

From 1908 a medical 'Inspection Card' needed to be signed, and kept for three years and 'shown to government officials whenever required'. In these developing and increasingly global and governmental systems of surveillance and of identity documentation, the vaccine-scar as well as vaccination certificates were significant identity documents, before the passport itself was commonly required or even available.

By the mid-20th century the chest X-ray for tuberculosis increasingly accompanied the vaccination certificate as necessary documentation for travel or migration. And it is the chest X-ray which is currently the most common health document necessary for visas internationally. Nonetheless, immunization documents are still required for certain regions, and smallpox vaccination and its recognized documentation may well return worldwide.

### International hygiene: race, health and immigration

Individuals' travel, migration and health documentation became increasingly refined ways of identifying and categorizing people according to many characteristics: nationality, gender, mental state, infectious disease status, vaccination status and in some instances, race.

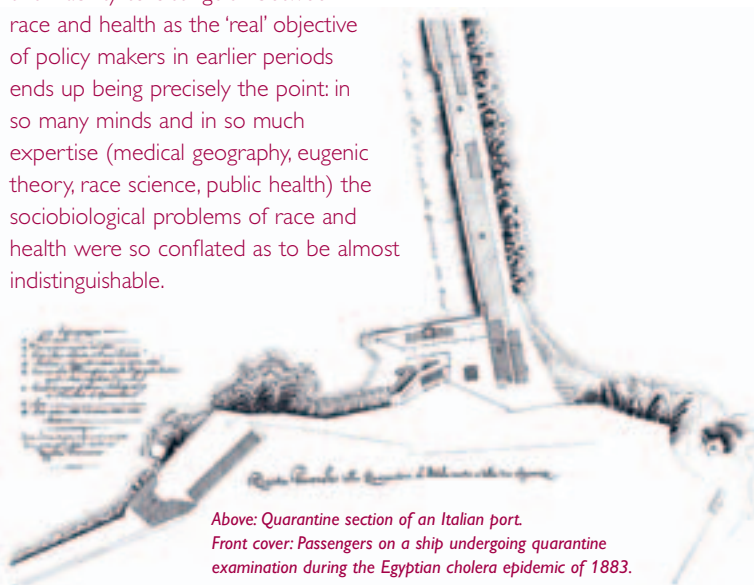
The deep historical and legal connections between quarantine measures and immigration restriction measures formed interlocking legislative tools for the inspection and restriction of imperial and global movement, part of an 'international hygiene', as it came to be called in the interwar period. With the intensification of the nation as a governing entity with authority over entry and exit, and the rigidifying of categories of race and racial difference in what has been called the 'racial century' (1850–1950), this immigration restriction and sometimes exclusion or deportation came to

be explicitly race based. These restrictions tightened until the post-World War II revisions of sovereignty, race discrimination and human rights covenants, but arguably linger in informal modes. What is emerging from current research is the historical connection between race-based exclusions and restrictions on movement, and rationales of communicable disease control.

The most notorious, still, of these exclusionary laws was the White Australia Policy, technically in effect until 1958. The main instrument of this policy was the Immigration Restriction Act (1901), and this Act dovetailed crucially with Quarantine Acts and policies, and had its own public health power; the 'loathsome diseases' clause. The international notoriety of the Australian exclusionary law stems largely from it being essentially the test-case on race-discrimination at the Peace Conference after World War I. In fact it was far more ordinary than extraordinary for the period. There was a sudden rush of race-based immigration restriction in the 1880s. For example, the Canadian Immigration Act of 1885 imposed a restrictive head tax on Chinese people and a more exclusive Act was passed in 1923. Likewise in the USA there was statutory exclusion of Chinese people specifically from 1882. In 1881 New Zealand brought in a Chinese Immigration Restriction Act, with a further Act of 1908, far more race-specific than the (Commonwealth) Australian Act ever was. In South Africa, in Uruguay, in Peru, Chinese and/or Indians were subject to restrictions.

If the cholera epidemics drove the 19th-century international quarantine measures, the fairly sudden concern about leprosy and its association with the Chinese diaspora partly drove the new immigration and emigration restrictions which appeared in so many colonial and national contexts. Chinese migration, goldseeking or indentured labour were understood to be the routes for the entry of leprosy into 'British' space – either the Empire imagined as contiguous territory around which *cordons sanitaires* of immigration restriction/exclusion should be placed, or entry into Australia or Canada imagined as a quarantined, defended and white nations. Race-based immigration restriction was clearly and explicitly understood as one means by which the entry of some infectious diseases could be minimized or prevented.

What is difficult to ascertain is the sense in which the real underlying concern was public health (leprosy and other racialized diseases) or the racial constitution of colonial and national populations, that is the dream of whiteness in places like Australia, Canada, not to mention Britain. But this inability to distinguish between race and health as the 'real' objective of policy makers in earlier periods ends up being precisely the point: in so many minds and in so much expertise (medical geography, eugenic theory, race science, public health) the sociobiological problems of race and health were so conflated as to be almost indistinguishable.



Above: Quarantine section of an Italian port.  
Front cover: Passengers on a ship undergoing quarantine examination during the Egyptian cholera epidemic of 1883.

The continuum between such policies in English-speaking locations and the documentation of Jewishness by the Nazi regime is plainly demonstrable. And Robert Proctor's work on the use of quarantine as one of the initial rationales for the containment of European Jews *en masse* – in the Warsaw ghetto for example – is directly relevant here. In times and places where explicitly race-based exclusionary laws became difficult to sustain – for many reasons – discriminatory practices aimed at distinguishing between people physically were constituted in law in coded ways, often as 'assimilability', 'climate and constitution', 'habits of life'. The expertise of medical geographers on race and climate was key here.

By the interwar period, international migration was comprehended – and regulated – as a biological issue. Under eugenics and early genetics, the social body was imagined much more literally (that is to say biologically) than had been the case in the 19th century. Indeed the connections between migration, population, eugenics and genetics were to continue through much of the 20th century. Because immigration shaped populations, sometimes in very marked ways, and created through reproduction the possibilities for a 'better' or 'worse', more or less 'fit' population in the future, policies about the movement of people within the Empire and Commonwealth, as elsewhere, came to be considered very much within a eugenic logic. For example, alien immigration and the documentation of race on passports was constantly a concern of the Eugenics (Education) Society throughout its existence, from the 1926 document *Host or Doormat: British apathy the aliens' opportunity* to 'The Eugenic Aspects of West Indian Immigration' an undated document of the 1950s. It is also the case that this generation of public health and immigration policy makers, strongly influenced by a broadly eugenic culture, were as interested in the fitness of people categorised as 'white' as they were in Chinese, South Asians or West Indians.

There are, then, strong and recent connections between immigration regulation, race and health, the surveillance of people, their bodies and their documents at national borders. My colleague disallowed entry into

Australia because of her refusal to re-vaccinate might well have been disallowed entry on grounds of colour, if she had not been white. And the colour bar of immigration restriction in Australia as in so many other places, had explicitly stated public health objectives, matters of fact which historians of public health should address for reasons of historical accuracy, if nothing else.

This history is alive as we take chest X-ray and blood test results to the Immigration Office for visas. But these health requirements for various visas are often required differentially according to one's citizenship and place of origin. All epidemiologically justified perhaps. But what histories of the future might play out here as borders become ever tighter and more scrutinized places?

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**A full version of this article, with references, is available at [www.wellcome.ac.uk/wellcomehistory](http://www.wellcome.ac.uk/wellcomehistory)**



## Chasing Sara on Christmas Island

**Dr Sara Maude Robertson** died on Christmas Island, in the Indian Ocean, in 1907. She was 30 years old. A graduate of Glasgow University, Dr Sara had been employed to manage a beri-beri epidemic that was devastating the Chinese 'coolies' – the noun of contemporary choice – who worked for the island's phosphate mine.

This 'fickle, evilly-disposed ailment' either bloated sufferers beyond recognition, or reduced them to skeletal wrecks; 'beri-beri' comes from a Sinhalese word for 'debility' (often graphically translated as 'I can't!' 'I can't!') and illustrates the disease's symptomatic enervation. It was recognized as "...one of the most deadly scourges of certain tropical countries... To the medical man its presence has long been a puzzle and its cure by drugs an impossibility. To the merchant and employer of labour the ravages of beri-beri have proved ruinous to many an enterprise; and British traders... know but too well what terrible havoc it plays... wherever it attains a hold."

There's no mention of how 'ruinous' it was to those who contracted it. For most employers, control of the disease was a matter of economic rather than humanitarian import. Its cause – vitamin B deficiency – had not yet been identified, though some connection with diet had been established. Bearing supplies of unpolished rice and fresh pineapples, Dr Sara arrived in 1901 to an appallingly inadequate hospital and an unsympathetic mine manager unwilling to improve conditions. So she promptly burned the old hospital down, on the basis that this would force the manager to build a new one. As indeed it did. In fact he built two. Or so the story went.

I liked this story and wondered how on earth (literally) a woman doctor of the time came to be working for a private company on a tropical disease in the colonies. A husband, Dr William MacDougall, is mentioned on her gravestone. It was exceptional for a woman to be employed as a doctor in a secular capacity overseas so why had she been employed in

1901, not him? Perhaps they worked together. Where and when and how did they meet? How did she die?

Christmas Island is a dot in the ocean, about 350km south of Jakarta, Indonesia, 2700km north-west of Perth, Australia or – to use terms that Sara would have understood – four days' by steamship from Singapore. Sighted and named on 25 December 1643, the island had no human inhabitants until the late 1800s when high-grade phosphate – widely used as fertilizer – was discovered, the island was settled, and mining began. The island was first administered on behalf of the British Empire as part of the Singapore Straits Settlements; was occupied by the Japanese during World War II; briefly became a British Crown Colony in early 1958 and later that year became an Australian territory, which it remains. Island archives are scattered widely, and establishing exactly what information is held where can be a nightmare.

In 1901, when Dr Sara arrived, there were 639 coolies working the phosphate fields, and during the worst of the beri-beri epidemic that year their death rate was an appalling 50 per cent. As well as the Chinese, 21 Malays worked the waterfront. There was also a handful of Indians, Annamese [Vietnamese], Arabs and one Eurasian; with five European overseers, there was a total population of 694. An old Chinese cemetery, assumed to be for beri-beri victims, lies hidden among the forested hillsides, with some tens of stone grave markers. But this does not account for the numbers that died during the epidemics. Until the appointment of a permanent medical officer in 1904 bodies were buried in shallow graves that lead to fear of soil and water contamination; if thereafter deeper mass graves were dug, their locations have been lost.

In preparation for a first working visit to the island in 1994, I'd read a book of oral histories and its companion volume of captioned photographs. The story of Dr Sara burning down the hospital is told alongside a photo dated 1904. This shows one of the new hospitals, a wooden building standing on poles about a metre off the ground. A shaded verandah runs around the sides and the roof is tin covered with atap, a palm-frond material. Men – recuperating patients? – are squatting under the verandah, and a somewhat blurry European figure in a solar topee is about to climb the stairs onto it. The caption identifies this as Dr Sara and she seems to be wearing trousers. So apparently she was not only a well-travelled and educated feisty woman doctor-cum-arsonist, and one who retained her own name rather than take her husband's, but she flouted clothing convention as well.

I arrived towards the steamy close of the wet season. It was very, very hot. This was almost the same time as Dr Sara had landed, though I didn't

know that then. If I had known, I'd have thought that maybe she simply went mad and died from heat exhaustion, wearing all those layers of clothing that decent Europeans wore in the tropics. The old European cemetery teeters on a slope above the waterfront and Dr Sara's tombstone is an ornate affair. A raised stone-sided rectangle encloses what would be a flower bed, if anyone tended it. A broken pillar of imported marble is at the head, and on its square plinth the inscription reads:

**In Loving  
Memory  
Of  
Sara  
The Beloved Wife  
Of  
W MacDougall  
Died 7th June 1907  
Aged 30 years**

In tiny letters at the foot of the pillar, almost obscured by the leaf-litter of the forest pocket in which the cemetery now lies, is a verse from the *Rubaiyat* of Omar Khayyam:

**The Moving Finger writes; and, having writ,  
Moves on: nor all thy Piety or Wit  
Shall lure it back to cancel half a Line,  
Nor all thy Tears wash out a Word of it.**

At the foot of the grave, on the rectangle's stone wall, is inset:

**Sara Maude Robertson MB ChB**

and inset separately, just below that, is (see below left):

**Also  
William MacDougall MA MD  
Of Christmas Island and Singapore  
Who died at Carr Bridge on 23 June 1916  
Aged 43 years**

Perhaps ten graves remain visible. Dr Sara's is the earliest legible gravestone, and there's no evidence of other women there. In 1906 the only European woman on the island was the wife of the ships' pilot; by 1911 their number had risen to three. During the same period there were between ten and 13 European men. It seemed safe to assume that Dr Sara, at the time of her death in 1907, was the only professional woman in a tiny minority of women in a small minority of Europeans in a mostly Chinese population of 1150. But I didn't know those figures then. I also didn't know that it would take the best part of eight years, and several trips half way around the world and back, to fill in at least some of the gaps in her story.

Virginia Jealous was based on Christmas Island between 1999 and 2003, and is a freelance aid-agency worker and travel writer. In 2002 she was awarded a Wellcome Trust History of Medicine travel grant, and went to Scotland for further research on Dr Sara Maude Robertson. E-mail: [vj@altnews.com.au](mailto:vj@altnews.com.au). Image courtesy of Virginia Jealous and M Neale.

References for this article are at [www.wellcome.ac.uk/wellcomehistory](http://www.wellcome.ac.uk/wellcomehistory)



# Moroccan mysteries

**In period before colonialism** really got under way – in the last years of the 18th century and the first decades of the 19th – much of Africa and Asia was largely unknown to Britons. Morocco, so close to Europe, was particularly mysterious. Between the 1780s and the 1840s a series of expeditions travelled through Morocco. Some were for an overt purpose other than exploration, although exploration became one of the by-products; others were simply designed to report on the interior of north-west Africa.

In each case, one problem that faced the explorers was to gain access to Moroccan society, and one route, or opportunity for contact was through medicine. British doctors were extraordinarily popular in Morocco. Doctors went to Morocco on their own account, summoned by the Sultan or other important men, or they accompanied diplomatic missions.

One of the most famous medical men to visit Morocco was William Lempriere in 1789. Lempriere went to treat one of the sons of Sidi Muhammad III, but he had done so without the sultan's knowledge, still less his permission. Sidi Muhammad was very suspicious and when Lempriere finally reached his presence, interrogated him closely both about whether he was acting for his government (Lempriere replied, untruthfully, that he was, "To render my visit of more importance...") and about his credentials, where he had studied, and whether British surgeons were better than French (Lempriere replied "The French surgeons are very good, but it must certainly be allowed that the English are in general superior, being more scientifically educated.") The Sultan then revealed that he had secretly had some of the English doctor's drugs tested "...he had already ordered his Moorish physician to examine very particularly my medicines; who had declared; that he could find nothing improper in them."

On that basis he was allowed to continue to treat not only the Prince, but members of the royal harem. He was one of the very few European men to ever visit the women in a Muslim harem and report in detail on the experience. He wrote one other book, *Popular lectures on the study of natural history and the sciences*, published in 1827, but he is famous for *A Tour from Gibraltar to Tangier, Sallee, Mogadore, Santa Cruz, and Tarudant: And Thence over Mount Atlas to Morocco: Including a Particular Account of the Royal Harem, Etc.* This was first published in 1791, but went through several editions.

In 1826 a military doctor, Mr Brown, was sent down to Marrakesh by the Governor of Gibraltar, at the request of the Sultan, to treat members of the royal family. If he wrote an account of the trip, it does not seem to have been published. However, one of his companions, Captain George Beauclerk, wrote the journey up as *Journey to Morocco* (London: Poole and Edwards, 1828.) They made the trip at the hottest part of the summer and Beauclerk, Dr Brown and other members of the party fell very ill.

The next party, rather more sensibly, travelled at a better time of year. In the winter of 1829–30 the newly appointed British Consul in Tangier, Edward William Auriol Drummond Hay went to Marrakesh to present his credentials. His route took him down the Atlantic coast to Azemmour and then inland to Marrakesh from where he visited the High Atlas before returning home by an inland route to Rabat and then northwards

along the coast. He kept a very detailed journal of the trip, which has never been published, but which is now in the Bodleian Library in Oxford (MS Eng. E346, 347 348 and 349). Another member of his party, a junior Army officer; William Mein Smith, also kept a journal. Mein Smith went on to become the first Surveyor-general of New Zealand and his journal is now in the Alexander Turnbull Library in Wellington [*Narrative of a Journey to Morocco and the Atlas Mountain Performed with E.W.A. Drummond Hay Esquire H.B.M. Consul General at Tangier* (1830) Wellington, New Zealand. Alexander Turnbull Library, MSX-6726]. Yet another member of the party, a naval lieutenant named John Washington, kept a journal. I have not found this, but Washington, later secretary of the Royal Geographical Society, published a fairly detailed account in the *Royal Geographical Society Journal* [John Washington (1832) Geographical Notice of the Empire of Morocco. *Journal of the Royal Geographical Society of London* 1: 123–55].

All these accounts make it clear that the doctor was an extremely important member of the party: he treated Moroccans all the way along his route. This was James Edmund Williams, Assistant Surgeon of the Ordnance Medical Department (OMD). Williams was born on 20 December 1805 and commissioned a Second Assistant Surgeon (AS) in the OMD on 11 May 1827. He was promoted 1st AS in the OMD 14 November 1828, and Surgeon OMD 23 July 1841. He was promoted Senior Surgeon 23 October 1849, and appointed Deputy Inspector of Hospitals 20 July 188 and Inspector General 4 May 1860. He retired on half pay 17 November 1863 and died 7 July 1885.

Finally there was John Davidson, the most famous of them all at the time. In late 1835, he set off on an expedition to Timbuktu, passing through Morocco. The expedition was backed by John Washington and the Royal Geographical Society, but Davidson was murdered in December 1836, before he reached his destination. His journals and other papers, which were recovered, were later published in the *Journal of the Royal Geographical Society* and in a book [John Davidson (1839) *Notes Taken During Travels in Africa*. London: J L Cox and Sons]. His journal provides the most complete medical information that I have seen. A sample, that shows the detail and the extent to which being allowed an outside observer intimate contact with the local population is in his journal entry for 16 December 1835:

"As soon as it was known that I was a doctor, I was requested to go to an Arab tent, a quarter of a-mile [sic] off, to see a little girl. This was an event of distressing interest, as few Christians have ever been inside the tent of an Arab. There I saw the mother and grandmother of a fine little girl; she was past all human aid. To allay the severity of the convulsions I gave some doses of camomel and James's powders, but without the least benefit, as she died at midnight. This failure, however, did not lessen their confidence in my skill. In the morning I had a host of patients; it seemed as if the whole people were sick. A singular instance of Nyctopia occurred in the case of a fine little boy, who could see most distinctly in the night, but was stone blind during the day. I told the father to bring him to Tangier, and I would see what I could do for him."

In Marrakesh, he treated 1200 people including the Sultan, and taught local doctors how to make up medicines and treat certain diseases.

He also wrote detailed descriptions in his letters of the medical conditions of Morocco. Some of these were reproduced in passing in an edited collection of his correspondence in the *Journal of the Royal Geographical Society* [volume 7 (1837): 144–72] although the medical details are edited down to the minimum.

I would be grateful for any information about these doctors (what biographical material I have is given above) and for information about the whereabouts of any manuscript material by them (or about them). I have been unable, for instance, to discover even the first name of Dr Brown, and I have no idea what happened to the papers of any

of the others, apart from some material from Davidson. It would be interesting also to know details of their medical training and education. If you can help me, please would you contact me at:

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# From Information to Knowledge and the Construction of Medical Heroes:

## Oliver Wendell Holmes, Ignác Fülöp Semmelweis, and puerperal fever

**I**n the spring of 2000, with the help of a Wellcome Trust grant, I began a cross-cultural, comparative/contrastive study of Oliver Wendell Holmes and Ignác Semmelweis with reference to their respective work on puerperal fever. The aim is to use this complex story as a case study to illuminate two questions I believe have general significance today as well as in medical history: How is medical knowledge transmitted (and, prior to that, created out of new information)? And what are the connections between these modes of transmission and the way medical heroes are constructed? I believe that using the Holmes and Semmelweis stories in this way can contribute to the public understanding of science by providing insights into how the work of practising physicians and physician-scientists is perceived and how that affects society today.

Just as medical researchers sometimes speculate on who among them has the best chance of winning a Nobel Prize, the general public honors those responsible for major medical innovations with sometimes unfortunate results. Heart-transplant pioneer Christiaan Barnard became a cult figure and media hound; more recently, the world witnessed an unseemly debate between supporters of Luc Montagnier and Robert Gallo over who deserved credit for establishing HIV as the cause of AIDS. Further, our eagerness for progress often means we act on medical breakthroughs prematurely. Thousands of women were enthusiastically encouraged to use hormone replacement therapy (HRT) before the double-blind, longitudinal studies were undertaken that led to an abrupt reversal of opinion on the advisability of HRT.

The work done a century and a half ago in the USA by Holmes (1809–94) and in Europe by Semmelweis (1818–65) is generally credited with having saved the lives of thousands of mothers. For more than 100 years, these two have been considered pre-eminent among the

many physicians with theories about childbed fever. Both promoted a startlingly simple but effective prophylactic measure: Doctors should wash their hands before examining their obstetrical patients. Curiously, however, the full story of the influence of this work has never been told in an adequately thorough and sophisticated fashion. Semmelweis has too often been the object of hagiography; writers on Holmes typically pass over this part of his career.

By analysing their lives and contributions to the puerperal fever story in a more balanced manner, I hope to shed light on how new information in medical science becomes knowledge on which medical practice is appropriately based. Once novel therapies and procedures have been introduced, the innovators responsible for them tend to be elevated to prominence; this is the connecting thread to my second topic, namely, what determines who

*A Vanity Fair caricature of Oliver Wendell Holmes, 1846.*

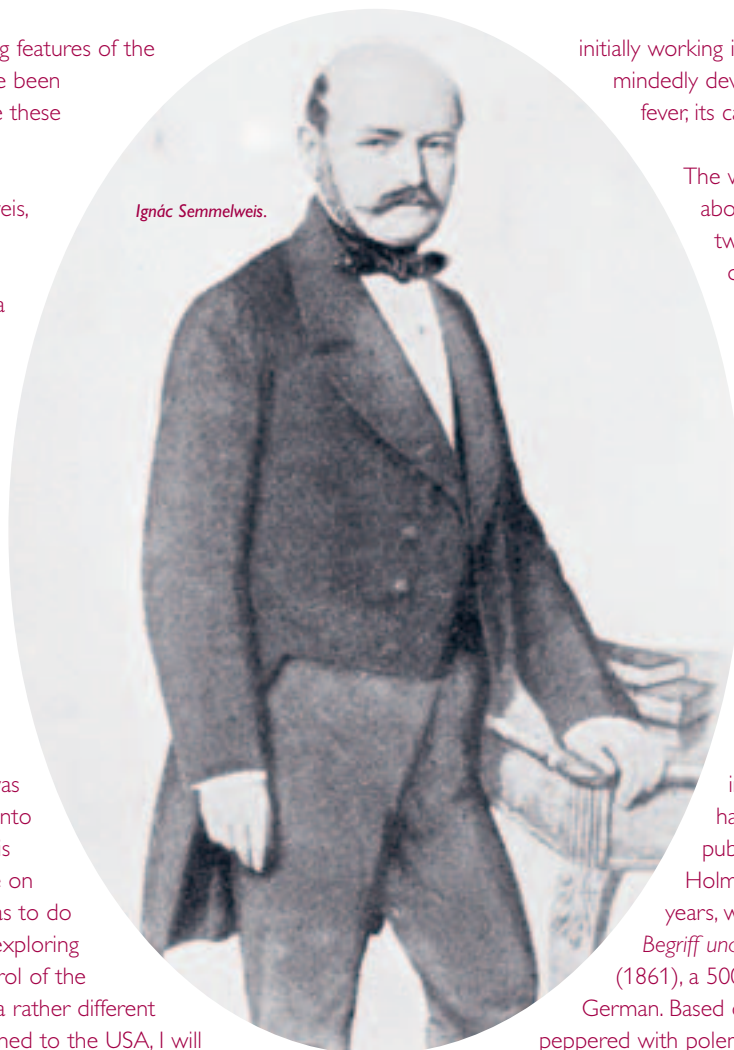


becomes a medical hero. Investigating features of the Holmes–Semmelweis story that have been neglected will permit me to privilege these matters in a novel way.

I am currently focusing on Semmelweis, taking advantage not only of the relevant holdings of London libraries but also of the ease of visiting Vienna and Budapest (where Semmelweis studied, lived, and worked) from London. Tracing the route followed by his theory about the importance of hand-washing prior to examining and delivering pregnant women is no easy task. Initially supported by some physicians but excoriated by perhaps even more, Semmelweis was accorded hero status (designated “the savior of mothers”) only long after his death. Meanwhile, Holmes wrote a single essay on this subject, for which he was much praised – though he, too, ran into opposition; at least he lived to see his views widely accepted. The literature on Holmes is immense, but little of it has to do with his puerperal fever essay; thus exploring his role in the progress toward control of the puerperal fever scourge is a task of a rather different nature. Next year, when I have returned to the USA, I will turn my attention to that aspect of my project.

A central part of my study is looking at the nature of fame and the formation, development, and persistence of reputation. Considerable work has been done in this area; much of it points to chauvinism as a factor in determining who becomes a medical hero. The paradigm example is the flag-waving usually associated with accounts of work done in the nineteenth century by Robert Koch (German) and Louis Pasteur (French). More recently, there were serious repercussions for hemophiliacs especially in the debate between the French and the Americans over testing blood supplies for HIV. Given the rapidity with which new medical information emerges nowadays, and the urgency of disseminating it and determining when it has been validated, a greater appreciation of the role international politics can play in this arena is critical.

I intend to concentrate on the social, intellectual, and medical-historical contrasts in the settings within which Holmes and Semmelweis worked, using cross-cultural comparisons to elucidate not only their lives and careers, but the reactions the life and career of each elicited. The differences in nationality are obvious; others are less so. Holmes – the son of a clergyman and a member of the social, intellectual, and medical elite of New England – wrote on many subjects and had an enormously successful career as an admired man of letters; his essay on puerperal fever, written with journalistic dash, reflected his heartfelt but passing interest in a contemporary crisis but constituted only a tiny fragment of his oeuvre. Semmelweis – a grocer’s son and a Hungarian outsider



Ignác Semmelweis.

initially working in the Austrian capital – single mindedly devoted his entire career to puerperal fever; its causes, and how to combat it.

The written evidence of the concern about childbed fever shared by these two physicians also takes distinctly different forms. In 1843, Holmes read a paper on the subject before fellow members of the Boston Society for Medical Improvement. His talk was soon printed (in a short-lived medical journal); 12 years later he re-issued the article with a long, passionate, and eloquent introduction. The resulting 50-page pamphlet, *Puerperal Fever as a Private Pestilence* (1855), is routinely hailed as a classic of medical literature. The ideas promulgated by Semmelweis first appeared in brief journal notes written by some of his colleagues in 1847/48 and 1849; he seems to have been too busy to bother with publication himself. His follow-up, like Holmes’s, came after a gap of a dozen years, when he published *Die Aetiologie, der Begriff und die Prophylaxis des Kindbettfiebers* (1861), a 500-page treatise in often-turgid German. Based on careful statistical records but peppered with polemical excess, the book has been called one of the most frequently cited and least-often read works of importance in medical history.

Social and literary factors do not by themselves explain the radically dissimilar responses to the work of Holmes and Semmelweis and the way (medical) history has treated them; equally certainly they do play a role. Another feature of my undertaking is a review of political, geographical, and linguistic factors that affected the efforts of these two physicians. The places they lived and labored, and the languages they spoke and in which they wrote, are thus of particular interest to me. I will rely on primary sources – largely in English, German, and Hungarian – and review secondary literature contemporaneous with the work of Holmes and Semmelweis, as the germ theory was emerging and then coming into its own in medical science.

Medical heroism is a complex and fraught concept, one to be approached cautiously. This project provides an opportunity to do just that by exploring the way medical information becomes medical knowledge and how that leads to our paying obeisance to those deemed worthy of hero status. I expect to write a book accessible to general readers but of particular interest to scholars in medical, cultural, and intellectual history.

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# The Manchester Royal Infirmary, 1945–2002

In 1952 the Manchester physician William Brockbank published his *Portrait of a Hospital* as part of the 200th anniversary celebrations for the Manchester Royal Infirmary. Fifty years on, staff at the Centre for the History of Science, Technology and Medicine and the Wellcome Unit for the History of Medicine at the University of Manchester have worked to produce a commemorative historical volume covering the recent, post-World War II history.

The popular and accessible style of the book reflects our intention to appeal to a local audience familiar with the hospital and the city, but we anticipate that the relative lack of recent histories of British hospitals will ensure that the book will be of general interest to historians of medicine and the medical and nursing professions. Certainly, Manchester's rich archival record has ensured that our look into the life and workings of its largest and most prestigious hospital is also a look into the turbulent and ever changing life and workings of the NHS. Furthermore, our extensive use of oral history accounts has brought together voices – doctors, administrators, nurses, porters, telephonists – not typically considered within a single account.

Like many other British hospitals, the Manchester Royal Infirmary entered the post-World War II years with a collection of bomb-damaged and time-worn buildings. The flood of servicemen returning to begin or resume medical studies, and the appointment of numerous new 'whole-time' clinical professors (partly a result of the recommendations of the 1944 Goodenough Committee) saw space and resources stretched beyond capacity. A 1955 review of buildings on the Infirmary site urged a programme of demolition, but tight finances meant the work crawled along.

Enoch Powell's *Hospital Plan*, published in 1962, appeared to be the answer to Manchester's hopes as the Minister promised a rise in funding for a comprehensive network of district general hospitals across the country. Powell's plans were soon scaled back, and the Manchester Royal Infirmary saw little substantial new development. The late 1980s and 1990s did see new buildings planned and built

as a result of new novel partnerships with industry and other bodies, but it was not until the advent of PFI agreements that the main body of the hospital began to receive its total overhaul. This work continues.

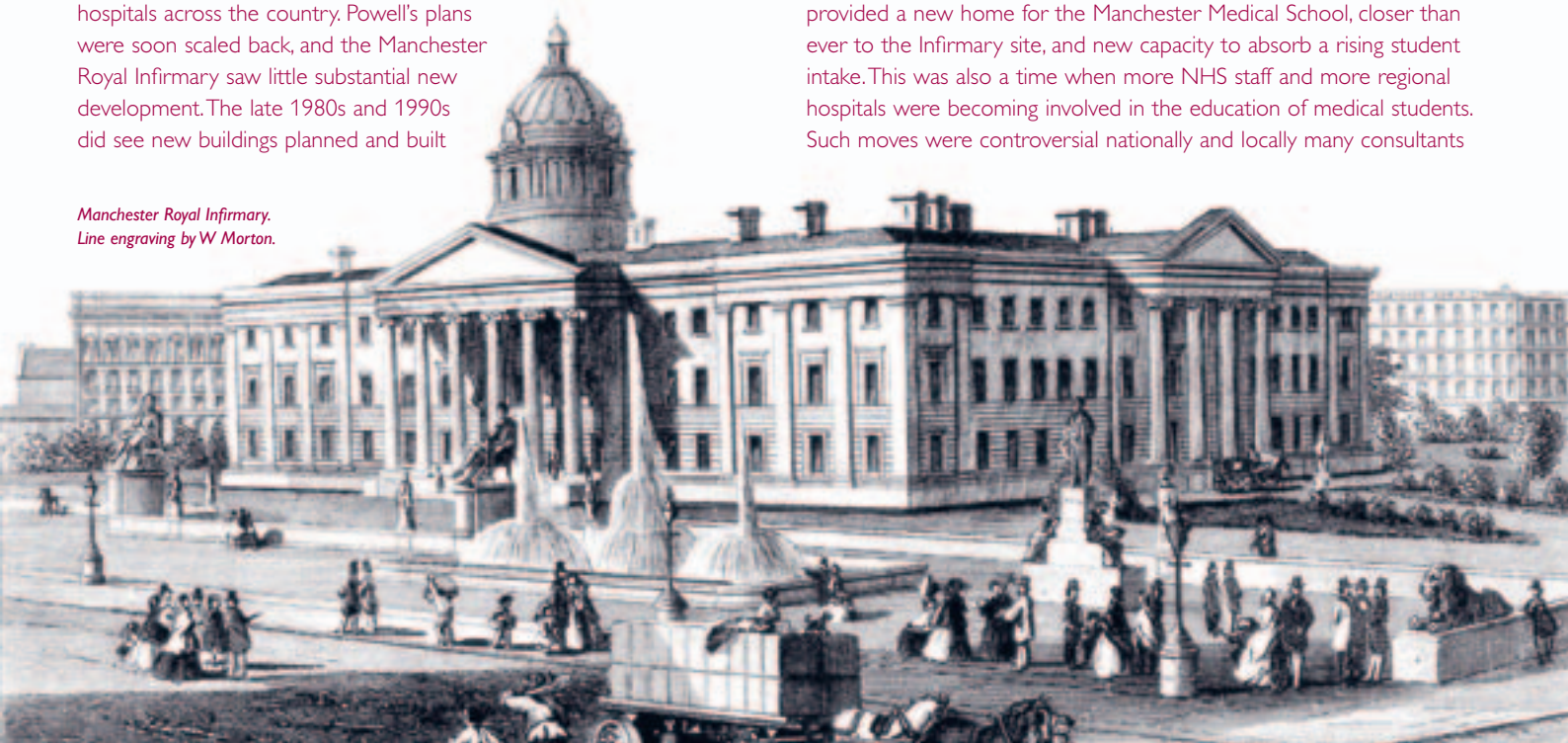
Another feature of the Manchester Infirmary common to other (teaching) hospitals in the immediate post-war years, was its incorporation within a Goodenough-inspired 'hospital group'. The United Manchester Hospitals covered five hospitals in total (the Infirmary, the Royal Eye Hospital, the St Mary's Hospitals for Obstetrics and Gynaecology, the Dental Hospital and the Foot Hospital), grouped close together a few hundred yards away from the University and the Medical School. The close geography of the hospitals makes for fascinating insights into the internal workings of such associations, and it seems clear that although grouped by name, the hospitals remained somewhat independent by nature until the late 1960s.

A delightful feature of a single-institution history such as this is that we have been able to look across the hospital and bring in the viewpoint of other, non-clinical, hospital workers, providing us with some unusual perspectives on the mechanics of change within huge local (that is, United Manchester Hospitals) and national (the NHS) organizations.

For historians and others interested in the recent history of the health service, changes to NHS structures can make for dry and confusing reading. It is really on this point that the single-institution focus comes into its own. Following the changes in management of the Manchester Royal Infirmary through all the transformations of the 1974, 1982 and 1990 NHS reforms, provides a reasonably straightforward account of the change from membership of Area Health Authority (Teaching) to Hospital Trust.

As the largest of the provincial teaching hospitals, the Manchester Royal Infirmary has an important part in the history of British medical and nursing education. The completion of the new Stopford Building in 1972 provided a new home for the Manchester Medical School, closer than ever to the Infirmary site, and new capacity to absorb a rising student intake. This was also a time when more NHS staff and more regional hospitals were becoming involved in the education of medical students. Such moves were controversial nationally and locally many consultants

Manchester Royal Infirmary.  
Line engraving by W Morton.



worried over the quality of teaching and cases to be found outside the United Hospitals group.

Others, however, worried that if students remained solely within the ever more sophisticated and subspecialized teaching hospitals that their views of medicine and disease would be skewed through unrepresentative medicine practised on unrepresentative patients groups, undermining the future well-rounded practitioner! This latter group largely won out, and by the 1980s and 1990s medical students routinely went out to hospitals outside of the teaching group. In the case of postgraduate training, such hospitals led the way in the Manchester region.

Changes in nursing education in the postwar period reflect a much changed profession. The introduction of the 1967 Salmon report's recommendations were criticized by some doctors, who concerned that

more administrative responsibility for senior nurses would rob nursing time from the wards. The efforts to improve the status, education and structure of the nursing profession introduced as a result of the Salmon recommendations in many ways first introduced the issues over the proper and appropriate role of the nurse as administrator, manager, and provider of patient care that would resonate within the health service right up to the present. Manchester's pivotal role in other nursing innovations such as the training of nurse specialists and nurse-practitioners, and the introduction of the Nursing Process and Nursing 2000 initiatives also generated considerable enthusiasm and controversy, and once again local voices reflect issues of key national importance in health service history.

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RESEARCH RESOURCES

# Metropolitan Asylums Board Archives

**T**he London Metropolitan Archives houses the archives of numerous London hospitals and health authorities, for example the Foundling Hospital, the Elizabeth Garrett Anderson Hospital and Great Ormond Street Hospital for Sick Children. The records are preserved and made available to researchers of all disciplines. As part of ongoing work to increase accessibility to collections, a seven-month project has been completed, the aim of which was to update the Metropolitan Asylums Board catalogue. The project was funded by Wellcome's Research Resources in Medical History Scheme and involved writing introductions and contextual notes for each of the 44 groups of records which form the collection.

The Metropolitan Asylums Board was the largest health authority of its time. It was established by a special act of parliament in 1867 to provide hospital services for poor Londoners and had specific responsibilities for infectious diseases and epidemics, mental health issues and, over the years, it developed extensive facilities for the care of children. The Board often devised unusual and ground breaking solutions to the large-scale problems encountered in London, and became a benchmark for many other health authorities in the country. The Metropolitan Asylums Board represents the beginnings of State responsibility for the health and welfare of the population.

Around half of the collection comprises minutes of the Board, where policy development and high-level management are recorded, and the various Committees which managed institutions and functions on a day-to-day basis. The remainder of the collection comprises the records created as part of the management of the organization. Perhaps the most complete collection is that of the *Training Ship Exmouth* run by the Metropolitan Asylums Board from 1875–1930, when it was taken over by the London County Council. It was upon the *Exmouth* that poor law boys were trained for sea service. From 1876 until the end of 1929 16 070 boys were received and trained on the *Exmouth*. Of these 4624 joined the Royal Navy, 6386 joined the Mercantile Marines and 1580 entered the Army as musicians. Records include registers, applications for admission, personal record books and case papers, reports of visitors and inspections, annual



A school class aboard the *Exmouth*, 1937.

reports of the Committee, various staff reports, photographs and press cuttings relating to the management of the *Exmouth*.

Metropolitan Asylums Board members were often instrumental in introducing reforms, especially with regard to the treatment of children. William Crooks represented Poplar Board of Guardians on the Asylums Board and served as chair and vice-chair on the Children's Committee 1898–1907. He called for dramatic reforms in the treatment of young offenders, such as the establishment of separate courts for children. These recommendations were included in the Probation of Offenders Act 1907 and in the Children Act 1908.

The Metropolitan Asylums Board was responsible for the management of remand homes between 1902 and 1909. Until the Industrial Schools Act 1866, young offenders had been remanded to prison. The Act stated that remanded children should be sent to workhouses run by the poor law

## RESEARCH RESOURCES

Guardians, but they met this responsibility inadequately so the Metropolitan Asylums Board took over. It was established that around 3000 children were remanded annually and that the maximum number received at any one time was 273. The Board planned to accommodate these children in three separate homes each housing 150 children. However, London magistrates were unable to remand children to the care of the Asylums Board until the Youthful Offenders Act 1901 stated that children should be remanded "into the custody of any fit person named in the commitment who was willing to receive him". Remand homes in Pentonville Road, Harrow Road and Camberwell Green were opened on 1 January 1902.

London Metropolitan Archives holds records of the remand homes managed by the Metropolitan Asylums Board which include punishment books, medical officers' reports, gate books, superintendent's report books, matron's report books, and registers. Later related material can be found in the London County Council collection also held at London Metropolitan Archives.

The original catalogue is available on the National Archives' Access to Archives website ([www.a2a.org.uk](http://www.a2a.org.uk)). The updated version, which includes the introductions and contextual notes, is available for consultation in the London Metropolitan Archives search room and will appear on the Access



The boys band on deck of the Exmouth, 1900.

to Archives website in due course. Details of the hospital records held at London Metropolitan Archives can be found on the Hospital Records Database and on the National Register of Archives, both of which can be accessed via the National Archives website ([www.nationalarchives.gov.uk](http://www.nationalarchives.gov.uk)).

For more information about the Metropolitan Asylums Board or any of the hospital collections held at the London Metropolitan Archives please contact: London Metropolitan Archives, 40 Northampton Road, London EC1R 0HB; Tel: 020 7332 3820; E-mail [ask.lma@corpoflondon.gov.uk](mailto:ask.lma@corpoflondon.gov.uk).

# Opening up the Francis Crick archive

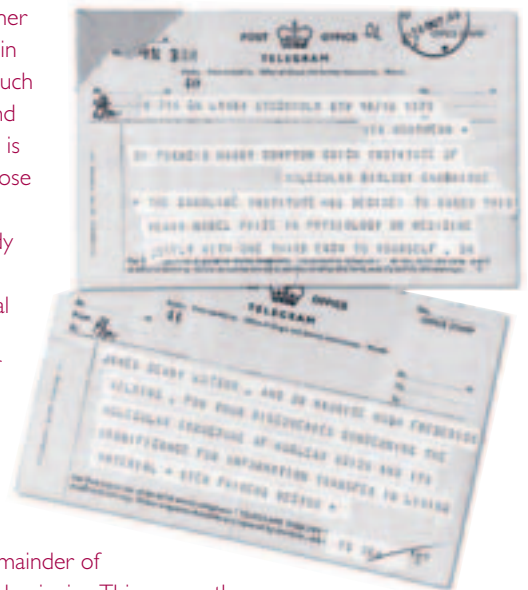
At the beginning of March 2003 the on-line catalogue of the papers of Nobel Laureate Francis Crick went live. The Wellcome Trust purchased Dr Crick's scientific archive in December 2001, with the assistance of a grant from the Heritage Lottery fund. Papers covering the first half of Crick's career are now catalogued and available for study in the Wellcome Library. The catalogue can be consulted via the Wellcome Library's website (<http://library.wellcome.ac.uk/>, choose the Manuscripts & Archives option and search for reference PP/CRI). (A detailed discussion of the papers just released can be found in Chris Beckett (2004) For the record: the Francis Crick archive at the Wellcome Library. *Medical History*, 48: 245–60.) This newly available resource comprises over 1000 files of correspondence, research notes and other material, mainly relating to Crick's work in molecular biology and in particular his elucidation, with James Watson, of the structure of DNA. Selected material, such as Crick's pencil sketches of the structure of DNA, drafts of the famous Watson and Crick paper in *Nature*, and the telegram announcing Crick's Nobel Prize (right), formed part of a major Wellcome Trust exhibition in 2003 marking the 50th anniversary of the ground-breaking publication: this exhibition can still be viewed online (see [http://library.wellcome.ac.uk/events/rf\\_crick\\_pr.html](http://library.wellcome.ac.uk/events/rf_crick_pr.html)). Copies of the images can be ordered via the Wellcome Library's image collections website (<http://medphoto.wellcome.ac.uk/>, search on the phrase 'Crick papers').

Plans are now underway to create an online digital archive drawn from the Crick papers. The project will focus on the discovery of the DNA double helix and Crick's career up to his relocation to the USA, and will be accessible via the US National Library of Medicine's Profiles in Science site (<http://profiles.nlm.nih.gov>). The project will vastly increase access to an archive of major research interest, and will allow researchers to 'step over' the Atlantic and place Crick's papers in context

alongside those of other 20th-century leaders in biomedical research such as Oswald T Avery and Linus Pauling. The aim is to design a dual-purpose archive acting as both a comprehensive study resource for general students of biomedical science, and an invaluable jumping-off point for more in-depth research in the recent history of the subject.

Cataloguing of the remainder of Crick's papers is now beginning. This covers the second half of Crick's career, in which he relocated to the USA and switched the focus of his work to the neurosciences. Regular progress reports on this cataloguing and ongoing developments in the digitization project will be posted on the Wellcome Library website.

For further information contact:  
Archives and Manuscripts  
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E-mail: [arch+mss@wellcome.ac.uk](mailto:arch+mss@wellcome.ac.uk)  
Web: <http://library.wellcome.ac.uk>



# A Social History of Western Medical Practice in Sri Lanka

**T**his book is the latest addition to the expanding literature on history of western medicine in Sri Lanka. Earlier work on the subject include Vanderstraatten 1975, Wijerama 1947, Dias 1980, and Uragoda 1987. Of the various studies undertaken so far the monograph by Kamalika Pieris comes closest to a sociology of medical profession in Sri Lanka. Following the lead given by Kamalika Pieris, one has to venture into the history of medical profession in Sri Lanka in order to ascertain the significance of past personalities that continue to figure in the contemporary urban landscape and social history of Sri Lanka.



The period covered in this book requires some comment. The story begins in 1843, the year in which the first batch of qualified Sri Lankan doctors returned to the island, after completing their studies in the Bengal Medical School in Calcutta that served as an important training ground for Sri Lankan doctors prior to the establishment of Colombo Medical School in 1870. Kamalika Peiris's account of the history of medical profession ends in 1980 on the declared grounds that the private sector in healthcare reached new heights since that year. Not everybody will agree with this periodization, but nobody can dispute the fact that the Western medical profession in Sri Lanka took its distinctive shape during the period under consideration.

The book consists of nine chapters. The first two deal with the origin and development of Western medical profession in Sri Lanka. The key areas explored include development of medical education, increased popularisation of Western medicine and establishment of a legal framework for Western medicine. In British Ceylon two contrasting agencies, namely military and missionaries, played an important role in the introduction of Western medicine to the island. It would be useful to explore further what distinctive impact it had on the nature of Western medicine introduced to the island and how it was perceived by the public.

Chapter 3 investigates the development of professional organisations and trade unions within the Western medical profession in Sri Lanka. The focus is on the origin and development of Sri Lanka Medical Association (SLMA) and Government Medical Officers Association (GMOA), with the former as a professional association committed to promotion of Western medicine and the latter as a trade union representing the interests of Western medical practitioners in government service. The development of professional organizations must be seen as an important aspect of professionalization of any occupational group.

From this point of view, the development of GMOA as a powerful pressure group can be seen as an important landmark in the professionalization of Western medicine in Sri Lanka.

Chapters 4 and 5 cover development of Western medicine in government and private sectors. The focus is on development of specific

institutions, medical services and categories of healthworkers ranging from medical officers to apothecaries. The first hospitals in British Ceylon mainly catered to well-defined imperial interests such as military, British residents and plantation communities. The health services for the rest of the population were mainly dictated by frequent epidemics of smallpox, cholera, plague and malaria. How this situation finally gave way to a well-developed welfare state with free and at the same time quality healthcare available for a vast majority of population in the country is not fully examined in the monograph.

Even though this book is primarily devoted to the study of history of Western medicine in the country, Chapter 6 titled 'Modern versus traditional healthcare provides a useful analysis of relationship between Western and indigenous forms of medicine within the Sri Lankan context. On the whole the analysis centres on how ayurveda, including *deshiya chikitsa*, is gradually eclipsed by Western medicine. The author attributed this trend to perceived and empirically demonstrated greater effectiveness of Western medicine in the treatment of specific ailments and in the control of devastating epidemics affecting the country. The author rightly points out that the ayurveda renaissance that began in 1910 merely led to an imitation of Western medicine and a dependency syndrome where ayurveda was increasingly measured using standards set by Western medicine. Why a greater mutual enrichment between Western medicine and ayurveda did not occur as evident in the case of the Chinese model of integration, for instance, remains to be addressed in future research.

Chapters 7–9 deal with important sociological issues relating to the professionalisation of Western medicine in Sri Lanka. Since the latter part of the 19th century, ascendance to Western medical profession has been a primary goal of social mobility, particularly for aspiring male students within the educational system. On the other hand, doctors with a thriving medical practice have been particularly sought after marriage partners for eligible daughters in wealthy homes. Ethnic and caste dimensions of the medical profession reveals that in the early period Dutch Burghers and Jaffna Tamils were highly over represented in the medical profession in Sri Lanka. Among the Sinhales, Karawa caste obviously had a privileged access to medical profession. This in turn points to possible significance of family and social class in occupational choice, control of access to prestigious professions and in arranging strategically important marriage



alliances. Following the development of a free education system since 1940s, this situation gradually gave way to a more open pattern of recruitment and greater access to the profession for hitherto excluded sections of society. This, in turn, had implications for overall outlook towards the profession among its practitioners, including the relative significance attached to 'altruism' and 'enrichment' as mutually conflicting aspirations guiding the medical profession.

The author Kamalika Pieris and Visidunu Publishers must be congratulated for bringing out this important volume. It can be a useful guide to

medical practitioners, historians and social scientists alike. As a sociology of medical profession, it answers some important questions but even more importantly raises some issues that need to be addressed in future research.

Kamalika Piens (2001) *The Medical Profession in Sri Lanka 1843–1980*. Boralessgamuwa: Visidunu Publication.

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**BOOK REVIEW**

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Namrata Ganneri

# Western Medicine and Public Health in Colonial Bombay (1845–1895)

**B**ombay has been reclaimed not only literally but also figuratively from the clutches of death and disease: a result of the advancements in modern medicine as well as developments in sanitary science. Both of these are the heroes of the story, in which the actors are not only the British colonizers but also the mosaic of communities that make the city. In this extremely readable account, Ramanna writes with a unique sensitivity to the history of Bombay, so that people and issues come alive instead of remaining mere details.

Mridula Ramanna weaves in stories of the medical practitioners, medical institutions, developments in sanitation and how the colonial government sought to cope with diseases. She examines the twin issues of colonial medical policy and the Indian response. The time span of the study is significant in that the first hospital, Jamsetji Jeejeebhoy, was founded in 1845 and the period post-1895, with its plague epidemic is much studied.

Health has now been accepted as a way of understanding imperialism, but more specifically, to me, it illuminates of the colonial encounter: The government arguably had a 'hierarchized' health agenda, the priorities of the government being the health of their troops and officers. Firmly rooted in imperialistic considerations, one aspect of the colonial policy was belief in superiority of Western medicine and dissemination of the fruits of Western civilization to the natives. Mridula Ramanna shows that the approach of the government was halting and cautious; and interventionist only in the case of epidemics.

Mark Harrison argues in the context of Calcutta that it was the resistance of the ratepayers that was the single most important factor inhibiting "the development of an effective machinery of public health". In the case of Bombay, we are told that colonial government was not ready for a wholesale investment in the health of the people. Unarguably there was

*Bombay street scene.*

government reluctance to make financial commitments in the field of health while on the Indian side there were genuine fears over the diversion of funds into the policing functions of the state or corruption and extravagance. Inevitably the Indians locked horns with the colonial establishment over local self government and demanded greater representation.

Ramanna shows that in the colonial establishment itself there were a cacophony of voices over the record of advancements and charges were traded. It is these contradictory and conflicting versions that enable a critical understanding of officialdom's record of achievements. With the myth of a single monolithic colonial policy long dismantled and the realization of the actual pressures on the government at the local level, the focus is now on the process of the shaping of colonial medical policy rather than the finished product itself.

That the government was not imposing its agenda on a passive populace is evident from the active collusion of the Indians themselves in the process of popularization of Western science. The most powerful theme in Ramanna's work is that of the role of Indians in taking Western medicine to the majority of people as doctors and as philanthropists. The inroads made in the field of women's health: the founding of women's hospitals and encouragement to women doctors were due to Indian initiative.

Western medicine couched in the language of rationality becoming a part of popular 'common sense' can be a major area of interrogation. Here health primers, tracts on hygiene and whether these became a part of school curriculum more so for women's education would be very revealing. The author almost eggs us on to ponder as to who were the votaries of Western medicine. The category of the Western-educated minority (except for the parsis) does not stand close scrutiny, as Ramanna shows us. Even at the turn of the century the indigenous system of medicine was not displaced and the majority still consulted vaidis and hakims. Here one wonders whether attitudinal shifts could be charted at least in the case of some issues.

This is a period of prolific growth with the cotton boom and international trade, and Bombay was rapidly transforming into a megapolis.



Temporary hospital for plague sufferers during the plague epidemic of 1906/07.

It was regularly visited by disease, rural migrants, famine victims, pilgrims, foreigners, travelers merchants and so on, ensuring that the population always remained in flux. The colonial government was, in many ways, when it instituted sanitary measures, reacting to the various pressures imposed upon it. As the author shows, the question of Indian response is difficult to comment on and what is possible instead is a teasing out of the reactions of different groups to individual policies. Some were lauded, the success stories being the smallpox vaccination drive. Discrimination and neglect of Indian quarters routinely criticized. Sanitary policing provoked violent reactions, the classic case being the plague of 1896.

Ramanna devotes a whole chapter to the Contagious Diseases Acts which were specifically aimed at safeguarding the health of the British troops from the 'scourge' of venereal diseases. There were vigorous debates, deviancy and disease clearly tied in the general imagination. With 'prostitute' itself being undefined, there was considerable angst over the in effect collapsing of the categories of the common prostitute and

the high-class kept women. Radha Kumar points out that this clubbing together was resented for, in a way, this lowered the prestige of the men, being turned from patrons and masters to mere clients.

The work is premised on an uncritical acceptance of the categories of the 'Western' and 'Indian' medicine and there is constant slipping between the Indian and the indigenous. The attempt of the Indian doctors to build bridges between the 'Western' and indigenous systems of health and the tensions resulting thereof could have been commented upon in greater detail. Details of the curriculum and the training given to doctors, perhaps drawing insights from her doctoral work, would have added a much needed component to the story. If one had hoped a glimpse to see the problems of a rapidly industrializing city and its concomitant tensions: shanty dwellings, waste disposal, encroachments, and occupational diseases, and accidents: the problems associated with the industrial working class, one is a trifle disappointed. These quibbles apart, the exploratory nature of the work makes it a mandatory reading for those aiming to venture into the challenging field of the history of medicine. The work is very rich and would also help a large number of scholars interested in the history of Bombay.

Mridula Ramanna (2002) *Western Medicine and Public Health in Colonial Bombay (1845–1895)*. Hyderabad: Orient Longman.

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## A 20th-century Quest for Global Public Health

**L**ise Wilkinson and Anne Hardy's immensely detailed history of the London School of Hygiene and Tropical Medicine (LSHTM) is more than a centenary tribute to this celebrated institution. It charts the vast changes in scientific and research attitudes that have occurred in the very different contexts of the imperial and the post-imperial world. Much of the book's richness lies in the use of previously unpublished archival sources that allow the reader to appreciate the behind-the-scenes discussions and the (sometimes bitter) politics underpinning the expansion and development of the School's various departments. They also effectively highlight the particular work of individuals in negotiating and campaigning for change or restructure. Any historian with an interest in the development of British tropical medicine and public health now has a single source that traces the development of the London School from its inception to 1999.

When the London School of Tropical Medicine opened its doors in 1899, it signalled the formal recognition of tropical medicine as an important and burgeoning scientific discipline in its own right. The first

year's intake of students was made up of (predominantly) Colonial Service Medical Officers, as well as a significant number of missionaries and other (government, military and private) medical workers who worked abroad. All were eager to acquire specialist training relevant to the health needs of empire and this metropolitan setting offered an opportunity to extend their knowledge in an atmosphere progressively keen to nurture both tropical medical education and research.

The idea that there were diseases specific to the tropical world was by no means new; concepts of a medicine specific to the tropics had been around since the mid-18th century. The idea for the school developed from the early establishment of facilities for distressed seamen (often made homeless and unemployed after years at sea), and this concern for formal attention to be paid to their health and welfare culminated in the founding of the Seaman's Hospital Society in 1821. The first hospital operated from the Society's hospital ship (first the *Grampus* and then the *Dreadnought*) and then in 1870 transferred to land at Greenwich. Twenty

years later; more extensive premises were required, and in 1890 a branch hospital was opened at a site close to the Albert Dock on the Thames, where Manson was significantly appointed as one of the physicians.

It was the work of Manson (as medical adviser to the Colonial Office) and Joseph Chamberlain (as Colonial Secretary) that brought the issue to the forefront of political and medical attention, and their cumulative efforts resulted in the school opening in a new building on the Albert Dock site in October 1899. Bureaucratic difficulties, however, meant that the Liverpool School of Tropical Medicine had already opened, largely from private funding, six months before.

In the first decade of the 20th century, things became progressively more organized at the London School with the selection of the first Dean, Sir Francis Lovell, in 1903 and the appointment of the first specialized lecturers (in helminthology and protozoology) in 1905. But it was after World War I that the years of greatest change and intellectual expansion occurred. The specialism of tropical medicine itself began to widen, from its initial concentration upon parasites and vectors to a broader knowledge base shown by the establishment, in 1927, of Chairs in Bacteriology and Immunology (held by W W C Topley) and Epidemiology and Vital statistics, (held by Major Greenwood).

Also importantly, from the end of World War I onwards, the study of tropical disease was increasingly and persuasively acknowledged as intimately connected with that of public health and, thanks to the initial financial support from the Rockefeller Foundation, the school developed an important public health focus far beyond just the tropical world. In 1929, a revamped London School, with Andrew Balfour as its first Director, opened in new premises on Keppel Street, with a new title reflecting its widened scope and vision. The first Professor of Public Health was Wilson Jamieson.

This trend of subject expansion, diversification and increased organization continued. The important individual developments are too numerous to mention. By the 1960s the ethos had changed to fit the demands of more modern ideas of international development and the LSHTM began increasingly to work in partnership with outside agencies. It was in this decade that the Ministry of Overseas Development funded some of the lectureships and that UNICEF provided funding for courses in applied nutrition for developing countries. In 1991 the first in a series of Annual Public Health Forums served to reflect the LSHTM's increasingly interdisciplinary and global approaches, although it still found a prominent place for public health issues of the First World.

This work is the first comprehensive history of the London School since that of Sir Philip Manson-Bahr, published in 1956, and it is quite different in its approach and intention. In contrast to Manson-Bahr's anecdotal account, this is a meticulous and very serious scholarly study. The plans

and machinations involved in the development of the School are laid bare in immense detail and the primary historical focus is in the metropolis. Precisely for this reason it may find critics from more politically orientated historical schools eager to read a contextualized story examining the wider social and cultural milieus of each period.

In a postcolonial academic climate there can be some difficulty in writing a book that considers an international topic at the expense of mentioning its reception in the field either at home or abroad. This work may be criticized from some quarters for its internalism. For example, it would have been interesting to hear about the reception of the new ideas emanating from the School, or to have engaged in a little more reflexive discussion of the broader reasons why certain research agendas were given priority over others. For the 60 years of the history which

covers the period of colonialism, very little is said about the way the practical knowledge gained was received by the colonized peoples of the extensive empire, or influenced the work of the many field laboratories and research stations staffed or visited by those closely linked to the London School. But this is an institutional history, and in those terms it emphatically succeeds.

Historiographical hints addressing the 'medicine as a tool of empire' approach demonstrate the sensitivity of the authors towards the wider issues. The authors are clearly aware that the men and women who attended and taught at the School were generally little interested in

manipulating scientific knowledge for a self-conscious imperialist agenda, even if retrospective reconstructions sometimes suggest that they did so. They were not at the School to prove power or status; they were principally there to learn and research in tropical medicine and public health, and, often, to improve conditions in the developing world.

The major disappointment of this book is its production. The text is illustrated with some fascinating archival photographs, but their reproduction is not up to modern standards. The index contains many typographical errors, including some in persons' names, making them difficult to locate; most frustratingly, after about page 230 page references do not tally with the text. It is a shame that the packaging is so poor because this is a solid and useful work that deserved a better presentation. It is an essential reference point for any historian or scientist interested in the past and present roles of the London School and furthermore it explains to us just how wide, rich and vitally central the quest for global public health has rightfully become today.

Lise Wilkinson, Anne Hardy (2001) *Prevention and Cure: The London School of Hygiene and Tropical Medicine – a 20th-century quest for global public health*. London, New York, Bahrain: Kegan Paul.

**Anna Crozier is a doctoral candidate at the Wellcome Trust Centre for the History of Medicine at UCL. E-mail: [annacrozier@fastmail.fm](mailto:annacrozier@fastmail.fm)**



# Bodily Extremities

This collection of essays had its origin in a collaboration between the Dutch Huizinga Research Institute and the Graduate School of Cultural History as an interdisciplinary study, rapidly becoming an international enterprise with contributions from Holland, Israel, Chile, Spain and Germany.

At the outset the book links the present-day preoccupation with the human body (body art, piercing and tattoos, cosmetic surgery and eating disorders) with similar concerns of the early modern period (monstrous births and physical deformity, body-snatching, dissection, torture and physical punishment), with the authors insisting that interest in physical boundaries and extreme physical manifestations grew stronger during the early modern period. The articles cover a period from the late Middle Ages until the late 17th century and investigate whether this interest can be found in a wide range of cultural experiences. The authors claim that the collection is an effort to re-emphasize the role of visual culture which has been less considered than textual sources in the examination of the body in this period. There is not a traditional cultural history as context and method have not been determined for the contributors beforehand. There is no focus on long-term historical developments and as many of the writers are not historians their own claim is that the work is part of "a historically informed branch of cultural analysis".

The book is oriented by its editors according to a key critique of art historical and literary studies which they contend suffer from a strongly 'internalist' approach. Such studies tend to neglect many useful contextual sources, including visual evidence (but not what art historians would term 'art') and non-literary textual sources. The central claim made for this volume is that it attempts to combine philosophy, literary studies, art history and socio-cultural history and to re-integrate the disciplines. Breadth and variety of sources is therefore a feature of several chapters: Harald Hendrix uses both visual sources and poetry very convincingly in 'The Repulsive Body: Images of torture in 17th-century Naples'. Despite the editors' claims, other contributions remain relatively confined: Daniela Bohde in 'Skin and the Search for the Interior' examines Titian's 'Flaying of Marsyas' and Michelangelo's 'St Bartholomew from his Last Judgement' to consider the pain and shock to vulnerable skin. Robert Zwijnenberg's

study is Leonardo da Vinci's 'St John the Baptist'.

Other contributors employ a thematic approach such as Florike Egmond in 'Execution, Dissection, Pain and Infamy', who builds most directly on the work of Jonathan Sawday. Egmond's compelling argument re-addresses Foucault and Elias, and examines capital punishment in a European-wide context, concluding that pain was of lesser importance than the notion of dishonour in meting out punishment. She goes on to consider the relationship between punishment and public dissection, arguing that the taboo attached to dissection was only relevant in the public arena. The private dissection was a more elevated occasion for advanced students and teachers.

The book title reflects all the authors' interest in the body *in extremis* and there is an emphasis on physical violence including torture and dissection, based on an assumption that the body in this extremity can be particularly revealing. This builds on the work of anthropological studies on the importance of social and symbolic boundaries and the work of Carlo Ginzburg, and attempts to clarify the relationship between the marginal and the core.

There are, however, limitations in the historiographical engagement, those overlooked include, Dorinda Outram and Peter Linebaugh. The lack of a strong theoretical framework for the collection as a whole and for most articles as well as the wide historical period and geographical area under review may compromise the coherence of the volume and the genuine areas of interaction between its contributors. This approach was, however, a conscious choice by the editors in an attempt to give each contributor the chance to explore metaphors of their choice and endeavour to find unexpected connections. The introduction gives notice that readers may find themselves on a 'meandering journey' and while the editors view the myriad of visual and textual sources as a strength the quality of the argument can be patchy and unconvincing. Those who persevere may find something of interest beyond their own specialist area, Jose Pardo Tomas 'Physicians' and Inquisitors' Stories? Circumcision and Crypto-Judaism in 16th- to 18th-century Spain' was a particularly fascinating study for this reader.

Florike Egmond, Robert Zwijnenberg (eds) (2003) *Bodily Extremities: Preoccupations with the human body in early modern European culture*. Aldershot: Ashgate.

Fiona Hutton is a doctoral candidate at Oxford Brookes University.  
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References for this article are at [www.wellcome.ac.uk/wellcomehistory](http://www.wellcome.ac.uk/wellcomehistory)



# Governments, Medical Markets and Patient Choice

5–7 November 2004, Kandy, Sri Lanka

## Introduction

The Department of Sociology at University of Peradeniya, Sri Lanka, in collaboration with the Wellcome Trust Centre for History of Medicine at University College London plans to organize a three-day international symposium supported by the Wellcome Trust. This symposium plans to bring together a major cross section of scholars currently working on the history of medicine in India, Sri Lanka and other countries in the region, and seeks to attract up to 20 participants from all over the world (speakers have to meet their own travel expenses).

The symposium is expected to bring in regional and international perspectives, and also deal with historical debates that are country and time specific. It is also expected that the meeting will help identify future lines of research, which will be interdisciplinary and international in character, and result in the publication of a major edited volume.

## Themes

1. Historiographical issues relating to medicine in South Asia during the colonial and postcolonial periods.
2. The role of Western medicine as a tool of the empire.
3. The development of scientific medicine in colonial and independent South Asia.

4. The interactions among indigenous medical traditions (Ayurveda, Unani and herbal systems) and their complex links with Western medical traditions.
5. The role of indigenous medical traditions in nationalist/political movements in South Asia.
6. The role of international health and research organizations in the promotion of public health, scientific medicine and the development of disease eradication programs.
7. Interactions between countries in the South Asia region in the development and spread of indigenous medical systems.
8. Port, industrial and plantation medicine.
9. The impact of the movement of South Asian health professionals within and outside the subcontinent.

## For further information please contact:

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Fax: +94 81 232517

Last date for submission of abstracts: 30 August 2004.

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## CONFERENCE REPORT

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Sanjoy Bhattacharya

# Interweaving Medical Traditions: Europe and Asia, 1600–2000

**T**he workshop, held in September 2003 at Wolfson College, Cambridge, aimed to encourage a lively and fruitful dialogue about the intricate nature of medical exchanges between Europe and Asia among a group of scholars involved in a variety of exciting research projects. Keen to develop new perspectives, these academics generally tended to move away from the simplistic – but widely held – view that medical knowledge only flowed in one direction, from Europe to Asia, and that it was always imposed in the form originally intended by 'hegemonic' interests on compliant colonial/under-developed societies.

Instead, the meeting's participants pointed to the existence of far more complex trends. Reference was frequently made to the limited success of the many initiatives of healthcare reform launched by colonial regimes, international organizations and 'modernizing' national governments. Here the ability of junior officials of the state apparatus – by no means monolithic in nature in any colonial/national context – and the civilian targets of health schemes, to restructure, and often fatally weaken, the imposition of official immunization campaigns and hospital regimes was underlined. The ability of consumers to play an active and substantive

role in the commodification of a range of medicinal products and in the reformulation of a competitive and ever-changing medical marketplace was also highlighted. Strikingly, the continued presence of these trends were not attributed to supposedly culturally specific Asian mores – ritualism, superstition and a willingness to justify opposition to organized medical interventions on religious grounds were, it was pointed out, prevalent both in Europe and Asia.

The meeting was given a rousing start by panellists who presented papers dealing with the early contacts between Asia and Europe. While Dominik Wujastyk described medical thought and practice among traditional physicians in India during the two centuries before British colonial power was established in India, Hal Cook's carefully researched paper described the significant role played by the Dutch East India Company (VOC) during the 17th century in seeking out information and objects about the medicine and natural history of Asia and conveying them back to Europe. After Rethy K Chhem's broad survey of the nature of Khmer medicine before the onset of French colonialism in Cambodia, the next panel dealt with medical trends in 19th-century Asia.



Workshop attendees in the grounds of Wolfson College, Cambridge.

The first presentation was made by Jong-Chan Lee, who dealt with the work of medical missionaries in Korea. This was followed by papers on the institutional and epistemological bases of the modernization of medicine in Qajar Iran (Hormuz Ebrahimnejad) and British medical research on leprosy in 19th-century China (Dr Shang-Jen Li). The final panel for the first day dealt with medical trends in colonial Asia. The first presentation was made by Cristiana Bastos, who presented the results of her fascinating research relating to the complexities of epidemic disease control in 19th- and early 20th-century Goa. This was followed by an equally thought-provoking paper on the role accorded to indigenous midwives and doctors in the Dutch East Indies in the period between 1850 and 1910 (Liesbeth Hesselink).

The second day included papers on popular resistance against variolation and vaccination in early colonial South India (Niels Brimnes); pharmaceutical and drug use in French Vietnam during the period between 1860–1939 (Laurence Monnais); attitudes of medical missionaries in 19th- and 20th-century India to the question of supernatural healing (David Hardiman); British efforts to politicize the working of the Indian Medical Service's dispensary in Gyantse (Tibet) during 1905–10, whose voluntary schemes were welcomed by Tibetan elites in the region (Alex McKay).

The third day of the workshop started with a panel dealing with medical pluralism in Europe. The first presentation was made by Lyn Brierley-Jones, who described the bitter medical debates that accompanied the spread of homeopathy in Britain and the rest of Europe. Other

presentations included the globalization of Asian medicine, with special reference to the spread of acupuncture and ayurveda in Germany and in the UK (Gunnar Stollberg); how the concept of 'deviant airs' was defined – and kept relevant – in 'traditional' Chinese medicine in different periods and sociopolitical contexts (Vivienne Lo); official attitudes towards indigenous medicine in colonial Ceylon during the 20th century and questioned the wisdom of pre-supposing the 'hegemony' of allopathy/scientific medicine in this context (Margaret Jones); and Japanese efforts to regulate and reshape traditional medicine in modern China with emphasis on the impact of Japanese medical texts in the Republic of China, in the period between 1911–44 (Makoto Mayanagi).

The meeting closed after a fruitful general discussion in afternoon. Publications plans were also deliberated in detail. A vote was taken and the view was that the conference organizers put together an edited book and publish it with a well-known publisher in India, as this would make it affordable to readers in Asia, which was important consideration for all workshop participants.

This workshop would not have been possible without the very generous support of the Asia Europe Foundation, The European Alliance for Asian Studies, the Wellcome Trust and the Wellcome Trust Centre for the History of Medicine at University College London. I am grateful to these organizations, as well as the many members of the International Institute of Asian Studies, the Wellcome Trust Centre and Wolfson College who devoted a great amount of time and energy in making the meeting a success.

The workshop opened up possibilities for future collaborations between European and Asian research institutions. Such tie-ups will without doubt result in important new research and a range of exciting publications, which will take our understanding of medical history and medical anthropology further forward.

**Dr Sanjoy Bhattacharya is Lecturer at the Wellcome Trust Centre for the History of Medicine at University College London.**

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### Visitors

Visitors to the Wellcome Trust Centre, and at the Centre at the time of publication, included:

**Professor Elizabeth Craik** (University of St Andrews), 'The Hippocratic Treatise on the Eye'.

**Dr Cédric Crémère\*** (Paris). Cédric is Vice-coordinator; in charge of museology, of the research team 'Impressions of Human Embryo and Fetus, from Fertilization to Birth', funded by the French Ministry of Research. He is working on 'The Museum of Obstetrical Anatomy of the Clinique Tarnier: Childbirth medicine in France: 1880–1920'.

**Dr Genevieve Dumas** (Université de Sherbrook, Montreal), 14th- and 15th-century alchemical manuscripts.

**Dr Walton O Schalick** (Washington University, St Louis), *Crippling the Child and Childling the*

*Cripple: A Comparative History of Children with Disabilities in the United States, France, Germany and the UK, 1800–1950.*

**Dr Alan Morton\*** (a freelance author and researcher; based in London), the history of ideas of energy, power; and work from the 18th to the 20th century.

**Richard Barnett** (a former BSc/MSc student) began a PhD on the history of obstetric anaesthesia on 15 March. He is jointly funded by the Centre and the Association of Obstetric Anaesthetists, and his supervisors are Tilly Tansey and Anita Holdcroft (Imperial College).

\*At the Centre at the time of publication.

**Sally Bragg Visitor and Programmes Administrator (with apologies to those of our visitors whose plans were not finalised at the time of providing copy)**

### Conference

## The Health of Towns, 1844–2004

**12 November 2004 at LSHTM's Manson lecture theatre**

**Organizers:** Virginia Berridge and Martin Gorsky.

**Speakers include:** Bill Luckin, John Ashton, Susan McLaurin, David Smith, Chris Hamlin.

**Contact:** Ingrid James ([ingrid.james@lshtm.ac.uk](mailto:ingrid.james@lshtm.ac.uk)) for booking and further details

## Mighty Lewd Books:

### The development of pornography in eighteenth-century England

**E**ighteenth-century writers of erotica were exploring the same fields as scientists when they wrote titillating stories about the sex life of plants, the reproductive process and electrical magnetism. They were inspired to parody the developments of the taxonomical system of the natural world described by Carl Linnaeus in such erotic skits as *Arbor Vitae, Or the Natural History of the Tree of Life* (1732) and *Natural History of the Frutex Vulvaria* (1732), metaphors for the male and female genitalia. Erasmus Darwin would later experiment similar matters in his Botanic Garden in his two poems, *The Love of the Plants* (1789) and *The Economy of Vegetables* (1791). By mid-century investigations reported by the Royal Society on sperm and conception were similarly mocked; by the 1770s, Sir John Pringle and the Royal Society's investigations into electricity were to spark off ribald poems and full-blown parodies of the experiments linking them to further metaphors for genitalia - 'the electric eel' and 'the torpedo' (electric fish).

*Mighty Lewd Books* is based on the study of more than 500 pieces of British erotica is the first comprehensive view survey of scientific developments as seen through the eyes of erotic writers. It explores how medical opinions were not always accepted as wonderful new revelations but were satirised as far-fetched and unbelievable. The book pulls together prominent themes in erotica current in culture, science and religion and examines the emergence of flagellation, previously seen

as a medicinal cure for impotence, become a major pornographic theme from 1770s onwards.

"...well-researched, well-documented, well-argued and coherent... makes a substantial contribution to scholarship". Prof Roy Porter:

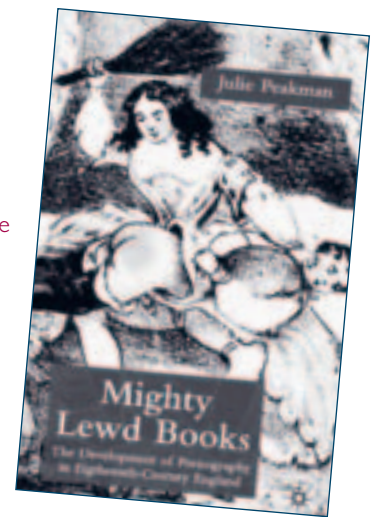
"*Mighty Lewd Books* give us a readable, engaging and comprehensive accounts of the history of eighteenth-century pornography and erotica." Tim Hitchcock, Prof. of Eighteenth Century History, University of Hertfordshire.

#### About the author

As a tribute to Roy Porter, Julie Peakman has recently edited a special edition of *Women's Writing Journal* on sex, gender and the body for (Triangle Press, due out 2004).

She has recently finished her next book *Lascivious Bodies. Sex in the Eighteenth Century* to be published by Atlantic Books in 2004. She studied for her PhD at the Wellcome Trust Centre for the History of Medicine supervised by Prof. Roy Porter and is currently an honorary fellow. Last year she began lecturing at Oxford Brookes University where she set up a course on sex in history 1650–1850.

**Julie Peakman (2003) *Mighty Lewd Books: The development of pornography in eighteenth-century England*. London: Palgrave MacMillan. ISBN 1 40391 500 8**



## Civilising Natures:

### Race, resources and modernity in Colonial South India

This is a deeply local and irreducibly global story about the construction of nature in southern India. In its telling, Kavita Philip reveals how science, both as a scholarly discipline and as a concept in the popular imagination, was critical to building hegemony in the British Empire. Science also inspired alternative ideas of progress by elites and the disenfranchised. These competing spectres continue to haunt postcolonial modernities. Why and how has science so powerfully shaped both the common sense of individuals and the development of postcolonial states? Philip suggests that our ideas of race and resources are key.

Racial constructions of nature and modernity helped criminalise and sedentarise 'unruly natives'. Tribal populations were studied by ethnographers, managed by revenue officials, recruited by plantation contractors, and modernised by missionaries. Nature, natives and modernity were interdependently constituted.

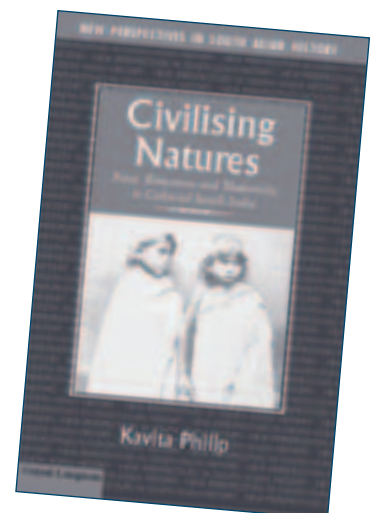
Lucidly and powerfully written, *Civilising Natures* tells us how race and nature are fundamental to understanding postcolonial modernities and subtly reveals the multi-layered and complex relationships that exist between science and religion, pre-modern and civilised, environment and society.

Kavita Philip received her doctorate in science and technology studies from Cornell University, and is currently Associate Professor of Women's Studies at the University of California, Irvine. During 2002–03 she was Senior Fellow at the Rutgers Center for Historical Analysis. Her current research interests are in environmental history; postcolonial and feminist science studies; globalisation, law and human rights; and new media technologies.

She also serves on the editorial board of *Radical History Review*.

**Philip K (2003) *Civilising Natures: Race, resources and modernity in Colonial South India*. Orient Longman. ISBN 0 86311 864 X.**

For more information, go to [www.orientlongman.com](http://www.orientlongman.com) or e-mail [editor@pol.net.in](mailto:editor@pol.net.in).



# Images of Idiocy:

## The idiot figure in modern fiction and film

**T**his book traces the concept of idiocy as it has developed in fiction and film in the 19th and 20th centuries. It focuses particularly on visual images of idiocy and argues that writers as diverse as Gustave Flaubert, Fyodor Dostoevsky, Joseph Conrad, John Steinbeck, Flannery O'Connor and Rohinton Mistry, and filmmakers such as Jean Renoir, Akira Kurosawa, Alfred Hitchcock, Werner Herzog and John Huston have all been attracted to idiot figures as a way of thinking through issues of language acquisition, intelligence, creativity, disability, religion and social identity.

Martin Halliwell provides a lively and detailed discussion of the most significant literary and cinematic uses of idiocy, arguing that scientific conceptions of the term as a classifiable medical condition are much too narrow. With the explosion of interest in idiocy among American

and European filmmakers in the 1990s and the growing interest in its often overlooked history, this book offers a timely reassessment of idiocy and its distinctive place at the intersection of science and culture.

### About the author

Martin Halliwell is Senior Lecturer in English and American Studies at the University of Leicester. He is the author of *Romantic Science and the Experience of Self* (Ashgate, 1999) and *Modernism and Morality* (Palgrave, 2001) and is co-author of *Critical Humanisms* (Edinburgh University Press, 2003).

**Martin Halliwell (2004) *Images of Idiocy: The idiot figure in modern fiction and film*. Aldershot: Ashgate. ISBN 0 75460 265 6**



# Imperial Hygiene:

## A critical history of colonialism, nationalism and public health

**T**his book is about the historical relatedness of public health and governance, hygiene and rule, over the 19th and 20th centuries. It takes as case studies the British colonies in Australasia, and subsequently Australia itself as a white 'settler' society, as a colonising nation. Imperial Hygiene advances, conceptually and empirically, the now extensive literature on colonialism and medicine, and the less developed historical scholarship on medicine and nationalism. It is about the enclosures, boundaries and borders which were the objects and means of public health, as well as of colonial national and racial administration:

island leper-colonies; the tuberculosis sanatorium; the maritime quarantine line; immigration restriction lines; racialized *cordons sanitaires*; and the segregative ambitions of a grafted eugenics and public health. If public health was in part about segregation (of the diseased from the clean, the fit from the unfit, the immune from the vulnerable), so was race a segregative practice in the modern period.

**Alison Bashford (2004) *Imperial Hygiene: A critical history of colonialism, nationalism and public health*. Palgrave MacMillan.**



### READER'S COMMENT

Alan Emery

**D**r Veena Rao's recent communication on the Haldane archives (*Wellcome History*, Issue 24, October 2003, pp. 12–13) was most interesting. While arranging a research conference on medical genetics at Osmania University in 1975, and being particularly interested in Haldane's



work, I took the opportunity to visit his widow, Dr Helen Spurway in her home outside Hyderabad. She was a marvellous hostess and raconteur; if a little eccentric, and took great pride in showing me round her late husband's library. I was very impressed by the range of subjects and of course by the importance of many items including several first editions of works by Darwin, Galton, Haeckel and others. Many of these books were in a poor state, being attacked by ants. With

Professor Garth Nicholson of Australia we had hopes that perhaps the library might one day find a good home and so I am delighted to learn that it is now lodged with the Centre for Cellular and Molecular Biology in Hyderabad, formerly housed in the Regional Research Laboratory.

When visiting Dr Spurway I was more than a little disturbed by her pet jackal which she carried everywhere and which rooted about over the food laid out on the table for our dinner: I was seriously concerned that it might bite and transfer tetanus – and learn from Dr Rao that in fact Dr Spurway later died from tetanus, "possibly due to the bites of her pet jackal".

**Alan E H Emery, Emeritus Professor of Human Genetics, University of Edinburgh. E-mail: emery@beeb.net**

# Women's cancers and the public health

**T**he emergence of cancer as a key object of public health concern in modern Western societies represents one of the most remarkable developments in the history of this disease. The process began in the second half of the 19th century with the redefinition of cancer as a localised disease of 'deviant' cells and the development of the 'early detection and treatment' philosophy that still dominates modern medicine's attempts to deal with the 'dread disease'. By the early 20th century, several national campaigns against the disease were underway. These aimed at educating the public about the early signs of cancer and persuading people to seek early treatment from qualified medical practitioners. This approach reached its climax later in the century with the development of operations such as 'prophylactic oophorectomy', and more recently of 'prophylactic mastectomy', two terms that eloquently illustrate the way in which prevention and treatment became blurred in both medical and public health discourse.

The dynamics of this process in countries such as France, Germany and the USA have already received historical attention, but the British context is still relatively unexplored. Some interesting themes however are already beginning to emerge from the research currently underway at the London School of Hygiene and Tropical Medicine (LSHTM).

A year ago Virginia Berridge, Aileen Clarke and I were awarded a Wellcome Trust project grant to investigate the establishment of cancer as a public health issue. The research, which I am carrying out, benefits from our historical and the medical expertise. Virginia Berridge is well known for her work on the history of public health, health policy and substance abuse in 20th-century Britain. Public health physician Aileen Clarke has worked on the contemporary practice of hysterectomy and prophylactic oophorectomy, focusing in particular on social and psychological sequelae. My historical work has examined the development of gynaecology in 19th-century Britain with special reference to its ideological, professional and institutional dimensions.

Originally stimulated by Aileen Clarke's interest in prophylactic oophorectomy, the project aims to provide a historical context for the development of this procedure. At the same time, the study addresses broader questions about the part played by gynaecology in redefining cancer as a public health problem. Medical concern about cervical

cancer is an important part of this story, as it stimulated the first cancer education campaigns in Britain and the development of non-surgical approaches to treatment – most notably radiotherapy. Enthusiasm for radium therapy in its turn provided a major stimulus for both state and philanthropic activities in Britain after the World War I.

The study builds on other historical work being conducted at the LSHTM on epidemiology, health policy and the role of the media in health and medicine. The location of the project within a school that vaunts a long and distinguished tradition of public health teaching and research is clearly an advantage. The School's archives, which are currently being surveyed and catalogued by the School archivist Victoria Killick, contain material relevant to the history of cancer. The establishment of the Centre for History in Public Health in November 2003, a cross-school network of historians and scientists with an interest in history, creates new opportunities for a fruitful exchange of ideas between scientists and historians.

The project complements the cancer history research that started in Manchester earlier this year. Close links with the group are currently being established. Professor John Pickstone has agreed to act in an advisory role to the London project. The cancer research website that will be created by the Manchester group will provide an important vehicle for the dissemination of the research undertaken in London.

Women's cancers feature highly on the public agenda. This project aims to provide an understanding of the ideological, institutional and professional dynamics that have brought gynaecological cancer to the fore of public and medical attention. Ultimately gynaecological cancer has meanings that go far beyond its explicit content. Its detection and treatment symbolize the manner in which scientific medicine can illuminate the cancer problem as a whole, by lifting the veil of secrecy and modesty that keeps the 'cancer foe' hidden from public view.

**For further information about the project please contact:  
Dr Ornella Moscucci, Centre for History in Public Health,  
Public and Environmental Health Research Unit, LSHTM,  
Keppel Street, London WC1E 7HT.  
E-mail: [Ornella.Moscucci@lshtm.ac.uk](mailto:Ornella.Moscucci@lshtm.ac.uk)**

## Health and History: International Perspectives

17–19 February 2005

The University of Auckland,  
New Zealand

This conference aims to cover topics relating to the history of health and medicine in Australia, New Zealand and other British dominions and colonies, as well as Europe, the Americas and Asia. By bringing together scholars from around the world we hope to foster discussion of health and medicine from different perspectives.

Topics will include indigenous health, psychiatry, nursing, hospitals, clinical trials, public health, women's health, and sexuality and health. We are also planning to organize a witness seminar on Auckland's contribution to neonatology.

We are currently negotiating to bring keynote speakers from Canada, Japan and the UK. Expressions of interest in attendance have been received from Europe, North America and South Africa

For programme enquiries contact Linda Bryder  
([l.bryder@auckland.ac.nz](mailto:l.bryder@auckland.ac.nz))

# Outreach activities at the Manchester Unit

**T**he Wellcome Trust are funding a new three-year post in history of medicine outreach at CHSTM, filled by Dr Emm Barnes. We aim to stimulate interest in and increase understanding of the development of medicine through engaging audiences in explorations of the history of medicine.

We are developing a range of resources and events for diverse audiences, including school children aged 11–18 years, the interested public at large, professionals and students in the biomedical sciences, and patients. In addition, as the project continues, we aim to build better links with the local and national media. See our website ([www.chstm.man.ac.uk](http://www.chstm.man.ac.uk)) for outreach news and links to partner organizations.

We are keen to establish an outreach network, building links with other outreach projects in the history of medicine, nationally or internationally. There are funded outreach posts at two other Wellcome-funded units for the history of medicine and at the Wellcome Library. If you're engaged in outreach, please visit [www.topica.com/lists/hofmoutreach](http://www.topica.com/lists/hofmoutreach) to subscribe to our discussion group, or contact [emm.barnes@man.ac.uk](mailto:emm.barnes@man.ac.uk)

Our hope is that all historians of medicine in CHSTM will include outreach projects in their work. Outreach is not something to be delegated to one member of staff, but a commitment from a research body and professional group.

In this report, I want to encourage all historians of medicine to try to reach a younger audience with their work, and to give an account of some of CHSTM's outreach projects.

## Reaching children

There are some excellent opportunities for outreach available to historians of medicine while science education is being reimagined by the UK government and awarding bodies. It has become obvious to these institutions that a major overhaul in science education is required if the UK is to empower citizens in scientific debate and decision making, and to be able to recruit young adults into training courses for careers in science, technology, engineering, and medicine. Some historians of medicine and science have been preaching the need to teach science in its social context for years. Now that the institutions who fix the school curriculum are listening, it's crucial that we do not step back and leave others to define the content.

Since 2000, education post-14 has been changing markedly to include historical and philosophical studies of science and medicine alongside the traditional knowledge-based science teaching specified in more established exam courses. New courses necessitate additional teacher support. Many universities fund departments which aim to support school teachers of science and the humanities. In addition, there are numerous other organizations which provide resources for teachers, including training days and sample lesson plans.

## Outreach is not something to be delegated to one member of staff, but a commitment from a research body and professional group.

The AS level in Science for Public Understanding, developed by the Nuffield Foundation and The University of York, has been growing in popularity since its inception in 2000. A need has been recognized for more teaching resources to help science teachers deliver this radically new form of curriculum. We are creating a series of lesson activity plans which will be available on our website, and on the course website ([www.scpub.org](http://www.scpub.org)). The same partnership is currently engaged in a much larger project, that of revising the GCSE science syllabus (for the latest on this, see [www.21stcenturyscience.org/home/](http://www.21stcenturyscience.org/home/)).

There is a second and in some ways similar AS level currently being developed in Perspectives on Science: History, philosophy, and ethics of science, with support from the Royal Society, the British Society for the History of Science, the Leeds Learning and Teaching Support Network, and the Wellcome Trust.

It would be marvellous to see the state of humanities education at secondary level receive the same degree of attention and funding as received by science, but until then the best way to promote the study of the history of medicine seems to be through stressing its value in delivering the science for citizenship component of the national curriculum.

Working with children, and indeed adult publics, may seem daunting to academic historians. We should remember, however, that many of us have extensive teaching experience with non-specialist undergraduates, and of writing pieces for scientific or medical societies which necessarily are more populist in tone.

## Current projects at CHSTM

### 2003

As mentioned above, staff at CHSTM are producing classroom activities to assist in the delivery of the AS level in Science for Public Understanding.

We are also supporting the attempt to set up Junior Café Scientifique in the north of England ([www.cafescientifique.org](http://www.cafescientifique.org)). The existing network of cafés is sponsored by the Wellcome Trust, and is proving very popular. Increasingly school groups are asking for additional events specifically for a young-adult audience. The guiding principles of this project are that school children should organize these events themselves, and that meetings should take place elsewhere than the classroom, in order that participants get the most out of a café.

## Some historians of medicine and science have been preaching the need to teach science in its social context for years.

We are in discussions with the Schools History Project concerning the possible revision of the specification for their popular GCSE in the history of Medicine

Through Time. Outreach activities at UCL, the Wellcome Library and CHSTM will coordinate such collaboration on any restructuring of the course.

A website for medical professionals treating and patients suffering from *Aspergillus* infections has been developed by a team of researchers

in the School of Biological Sciences in the University of Manchester ([www.aspergillus.man.ac.uk](http://www.aspergillus.man.ac.uk)).

They have collected a large number of historical papers relating to the condition. We are working through this archive to provide histories of what has been known about the nature and treatment of the condition, and of the place of fungi in medicine.

#### For 2004

In April 2004, the Manchester Science and Industry Museum opened its new Manchester Science Gallery. We will be working with their experienced education group to develop packs for use by school groups visiting the new gallery.

An open day to showcase the Medical Archives project at John Rylands University Library will be held in Manchester in September 2004, hosted by CHSTM. There will be a demonstration of how to use the new web-based catalogue of documents in the archive, and a number of speakers recounting the treasures they have discovered within the archive.

#### Working towards 2005

The University's Centre for Occupational and Environmental Health celebrates its diamond jubilee in 2005. The Centre's website ([www.coeh.man.ac.uk/2005](http://www.coeh.man.ac.uk/2005)) contains details of all the celebratory events planned, many of which will be open to the public.

The People's History Museum will stage a special exhibition, 'Occupational Hazards', from January to July 2005, on the history of occupational health in the UK, with particular focus on Manchester and the region, from 1800 to the present day. We are working with COEH and the museum in the collection of resources for this exhibition, including web-based teaching materials which can be used by schools visiting the exhibition.

CHSTM will hold a one-day conference on the history of occupational health, in July 2005.

**Dr Emm Barnes is responsible for History of Medicine Outreach at the Centre for the History of Science, Technology and Medicine at the University of Manchester. E-mail: [emm.barnes@man.ac.uk](mailto:emm.barnes@man.ac.uk)**

# The Centre for the History of Medicine at the University of Warwick

**T**he Centre for the History of Medicine at the University of Warwick has entered an exciting new phase of growth and development. Our success in bidding for a Wellcome Trust Strategic Award will enable us, together with our University of Leicester partner, to expand our activities over the next five years. This generous award of £600 000 will also stimulate new research initiatives under the theme of 'Cultures and Practices of Medicine'.

Two major research areas will be developed in connection with the Award. The first focuses on the health of workers in the 20th century. Rather than concentrating on specific occupational risks and diseases, this project will highlight the responses of employers to the broader health needs and the welfare of the workforce and shifting perceptions about the relationship between health and work. This project will focus primarily on the archival collections of the Modern Record Centre (MRC) at Warwick, particularly the TUC archive and the records of the numerous trade unions held at the MRC.

The second project will explore illicit or informal medicine and the relationships between core medical personnel and charlatans in early modern Europe. One of the aims of the project is to develop an overview of the mobility and itinerancy of charlatans, and trace the circulation of ideas and beliefs as well as personnel and practices.

Overall the Centre will be expanding its range and volume of activity in the coming years, including a series of workshops and conferences organized in connection with the two research projects, and a programme of public outreach events.

On 15 May the workshop 'Ethics, History and Mental Disorder' took place, to coincide with a two-week visit to Warwick of Dr David Wright, Hannah Chair in the History of Medicine at McMaster University, Toronto, Canada. For autumn we have two conferences planned: 'Teeth and Mouths in Historical Perspective' and 'The Health of Workers'. We will also be continuing with our annual seminar series, which this year is on the theme of 'Narratives of Health, Fictions of the Body' and the graduate student-run reading lunch.

To mark the beginning of the new phase of activity, the Centre held a public re-launch event on 9 June. Professor Thomas Laqueur was the keynote speaker at this event, and he also attended the conference 'How Can You Tell?: Interdisciplinary perspectives on sex difference', which took place on the following day.

Staff at the Centre are delighted with these developments, and we also look forward to forging new links with colleagues both locally and internationally. The coming years promise to be an exciting time for the Centre for the History of Medicine at the University of Warwick.

**Hilary Marland is Director at the Centre for the History of Medicine, University of Warwick**

**For more information on the Centre for the History of Medicine at Warwick, please visit our website ([www.warwick.ac.uk/go/chm](http://www.warwick.ac.uk/go/chm)), or contact the Centre Administrator on 024 7657 2601 or [molly.rogers@warwick.ac.uk](mailto:molly.rogers@warwick.ac.uk).**

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## CALENDAR OF EVENTS

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To add an event to the calendar page, please send details to the Editor ([sanjoy.bhattacharya@ucl.ac.uk](mailto:sanjoy.bhattacharya@ucl.ac.uk)).

### September 2004

- 3–20 Wellcome Library closes from 17.15 on Friday 3 September and reopens on Monday morning at 210 Euston Road.  
Information: <http://library.wellcome.ac.uk>
- 10–11 Mediating Biomedicine: Engaging, resisting, negotiating  
University of Manchester  
Contact: Dr Elizabeth Toon ([elizabeth.toon@man.ac.uk](mailto:elizabeth.toon@man.ac.uk))
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### October 2004

- 13 'Asia: Mind body spirit' exhibition opens (closes 12 December).  
Brunei Gallery, School of Oriental and African Studies, London
- 28 Researching the History of Disability: A seminar  
University of Manchester  
Contact: Julie Anderson ([julie.anderson@man.ac.uk](mailto:julie.anderson@man.ac.uk))
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### November 2004

- 5–7 Governments, Medical Markets and Patient Choice: Colonial and postcolonial histories of medicine in South Asia  
Kandy, Sri Lanka  
Contact: Prof. Kalinga Tudor Silva ([ktsilva@slt.lk](mailto:ktsilva@slt.lk))
- 12 The Health of Towns, 1844–2004  
London School of Hygiene and Tropical Medicine  
Contact: Ingrid James ([ingrid.james@lshtm.ac.uk](mailto:ingrid.james@lshtm.ac.uk))
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### December 2004

- 4 Medicine Across Cultures, 600–1600  
Contact: Joel Kaye ([jkaye@barnard.edu](mailto:jkaye@barnard.edu))
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### February 2005

- 17–19 Health and History: International perspectives  
University of Auckland, New Zealand  
Contact: Linda Bryder ([l.bryder@auckland.ac.nz](mailto:l.bryder@auckland.ac.nz))

### March 2005

- 11 UK History of Nursing Research Colloquium  
Green College, University of Oxford  
Contact: Helen Sweet ([helen.sweet@wuhmo.ox.ac.uk](mailto:helen.sweet@wuhmo.ox.ac.uk))
- 21–23 Health, Heredity and the Modern Home 1850–2000  
Centre for Medical History, University of Exeter  
Contact: Claire Keyte ([cfmh@exeter.ac.uk](mailto:cfmh@exeter.ac.uk))
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### April 2005

- 16–17 Sex Education of the Young: A cultural history  
University of Durham  
Contact: Lutz Sauerteig ([l.d.sauerteig@durham.ac.uk](mailto:l.d.sauerteig@durham.ac.uk))
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### September 2005

- 1–4 21st Congress of the British Society for the History of Medicine  
Institute of Arab and Islamic Studies, University of Exeter  
Contact: Claire Keyte ([cfmh@exeter.ac.uk](mailto:cfmh@exeter.ac.uk))
- 7–10 Cultural History of Health and Beyond. Joint Conference of the Society for the Social History of Medicine and the European Association for the History of Medicine and Health  
Ministère de la Recherche, Paris, France  
Contact: Patrice Bordelais ([bordela@ehss.fr](mailto:bordela@ehss.fr)); [www.eahmh.net](http://www.eahmh.net)
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For a fuller listing of lectures, seminars, conferences and other events relating to the history of medicine, visit <http://medhist.ac.uk/events>.

## Submissions to *Wellcome History*

The next issue of *Wellcome History* is due out in autumn 2004. Please send your contributions to Sanjoy Bhattacharya at the address shown. Preferably, contributions should be pasted into an e-mail and sent to the Editor ([sanjoy.bhattacharya@ucl.ac.uk](mailto:sanjoy.bhattacharya@ucl.ac.uk)). Alternatively send the Editor a disk with a paper copy of the article. For more detailed instructions, visit the *Wellcome History* web pages at [www.wellcome.ac.uk/wellcomehistory](http://www.wellcome.ac.uk/wellcomehistory).

### DEADLINE FOR SUBMISSIONS: 30 AUGUST 2004

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