

IMPERIAL CONTAGIONS



**Medicine, Hygiene,
and Cultures of Planning in Asia**

Edited by

Robert Peckham and David M. Pomfret

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Introduction: Medicine, Hygiene, and the Re-ordering of Empire

Robert Peckham and David M. Pomfret

Fears of contagion played a critical role in the re-ordering of British and French colonial societies in Asia from the mid-nineteenth to the twentieth centuries. *Imperial Contagions* explores this key theme in the history of empire, investigating connections between the reconceptualization of disease and the construction of colonial cities in Europe's expanding empires. It shows how new, laboratory-based understandings of infection challenged and informed sanitary and environmental approaches to disease and health, and provided often contradictory rationales for the re-creation of colonial space. How were locales such as schools, clinics, and bacteriological laboratories—as well as apparatuses of governance such as censuses, sanitary interventions, and migration controls—implicated in this process? How did they connect with new meanings of disease? And to what extent was disease management intertwined with forms of social ordering, cultures of colonialism, and the disciplinary organization of new medico-scientific knowledge?

This book elaborates on the mutual idioms of medical science and empire, with their common focus on 'cultures' and 'colonies,' and examines the entanglement of medicine, public health, European overseas expansion, and entrenchment in the nineteenth and twentieth centuries. It explores this entanglement as a spatial predicament in Asia through a number of case studies that address intersecting themes in different settings and, in so doing, contribute to the "spatial turn" in the history of science and medicine.¹ The emphasis is on the emplacement of scientific and medical practices, the pathologization of colonized places, and spatial responses to colonial anxieties about contagion. Against this background, many of the chapters collected here demonstrate how colonial medicine and regimes of hygiene in Asia were constituted, not only to deal with infectious diseases, but to manage apprehensions that these 'tropical' afflictions induced in colonial communities.

To be sure, notions of empire had very different meanings in British, French, German, Spanish, and Portuguese contexts, as Nancy Leys Stepan has shown in her discussion of tropical nature, disease, and race.² The focus in this volume is predominantly on British and French colonial settings in Asia, ranging from the Indian Subcontinent to Indochina and Hong Kong. At the same time, *Imperial Contagions* contributes to current discussions about the extent to which, as Charlotte Furth has recently observed in the context of Chinese East Asia, “different regimes of empire [...] do not produce an overarching narrative of imperialism.”³ Although medicine and public health tend to be understood as state- and nation-building projects, there is good reason, as Furth suggests, to “trace global genealogies of scientific practices in interaction with highly local situations.”⁴ Consequently, *Imperial Contagions* seeks to explore the dynamics between local situations and transcolonial and metropolitan networks, thereby problematizing neat divisions between colonizer and colonized and challenging the idea of colonialism as “a coherent symbolic order.” As Nicholas Thomas has remarked, if colonizing projects were “frequently split between assimilationist and segregationist ways of dealing with indigenous populations,” so “colonizing constantly generated obstacles to neat boundaries and hierarchies between populations.”⁵

The book examines the contradictory impulses that informed colonial planning policies between approximately 1880 and 1949. Colonial administrators strove, on the one hand, to protect the integrity of colonial spaces from external and internal threats of contamination, while, on the other hand, facilitating mobility across and between colonial states with a view to safeguarding the economic vitality upon which empire was predicated. Each of the essays in the volume investigates the “frictions” and contradictions of empire through these themes, but from different vantage points.⁶

In the 1880s, the word ‘pathogen’ gained currency, reflecting a new understanding of disease and its etiology. The rise of germ theory and laboratory science informed the implementation of state-sponsored measures designed not only to protect public health, but to manage and make legible governed populations. The term ‘medicine,’ however, with its suggestion of internal coherence, continued to obscure the complex and often conflicting interpretations of disease that persisted well into the twentieth century, and the tendency for overlap between the new laboratory science, medical practice, and hygienic and sanitary approaches to health. Thus, in 1931, when the bacteriologist Aldo Castellani published *Climate and Acclimatization*, he felt able to condemn what

he saw as the “fashion” for denying that “climate has any injurious influence on the health of Europeans living in the tropics.”⁷ Castellani—noted for his work on the cause and transmission of sleeping sickness—did not deny the role played by parasites and hygienic conditions in the dissemination of disease, but he reasserted the influence of telluric agents in contagion, arguing that “there have been signs in various quarters tending to show that the importance of climatic factors is again going to be generally recognised.”⁸ This example is suggestive of the way in which older ideas and technologies continued to influence newer scientific particularities, even as they were being extrapolated into colonial policy. Beyond the new disciplinary and spatial infrastructures through which public health was advanced, this book considers the enduring significance, after the “bacteriological turn,” of older models of disease transmission and the hygienic enclaves they produced.⁹

An important focus in *Imperial Contagions* is on the contestation of colonial medical knowledge and on challenging assumptions that remain prevalent about medicine’s appropriation by colonial government as a critical “tool of empire.”¹⁰ The book draws attention to the complex outcomes of the situated encounters between ‘Western’ medicine and non-Western contexts. It does so by showing how imperialist exploitation took a variety of forms, extending from coercive interventionism to outright neglect. Medicine and public health were never simply diffused from ‘center’ to ‘periphery’ or imposed upon colonies in any straightforward way. At the same time, as several chapters in the volume make clear, colonial authorities were acutely aware of the shortcomings of public health initiatives launched from within colonial states. Indigenous agents sometimes appropriated—but could also act as a brake upon—the professional practices being imported into their midst. Discourses and technologies of health used to delimit and define subject peoples’ identities and to manage urban populations also produced indigenous engagements with such framings.¹¹ This book thus moves beyond the dichotomies of dominance and resistance to illustrate how medicine and health, as key dimensions of European colonial culture, were transformed, re-oriented, and reproduced through contact with local agency and indigenous practice.

Laboratory science, as Bruno Latour has noted, provides a suggestive way for rethinking agency in a colonial setting. Bacteria, as agents of identifiable diseases, were never simply natural ‘objects’ to be studied; they were also in some sense ‘subjects,’ since they were construed as being equipped with a capacity and volition to infect. As such, following Latour, bacteria might be

deemed “quasi-objects.”¹² The ambiguous status of microbiological life, which underpinned scientific medicine, mirrored, it might be argued, the similarly equivocal status of the colonial subject within imperial planning policy, remaining at once a pliable object of government and a recalcitrant agent of disruption: in short, a “quasi-object” and “quasi-subject.” In developing this theme, which links colonial cultures of planning with notions of agency, the essays in the volume explore colonial economies of scale, which ranged from the microscopic bacterium to macroscopic realms of empire. In different ways, each contributor engages with such questions as: How did these different levels connect with one another? How were they studied, mapped, represented, and responded to? How were scientific particularities, from there, extrapolated into colonial policy—or, indeed, were they?

In existing scholarship on colonial medicine and public health, discussions of the shift away from enclavism have tended to be framed in teleological and exclusivist terms, but the essays collected here suggest that it was precisely as colonial authorities began to extend the scope of their policies outwards that enclavist ideals became most clearly articulated, in carefully controlled and purportedly ‘pure’ or ‘hygienic’ spaces: schools, clubs, hospitals, botanical gardens, hill stations, and laboratories. In other words, *Imperial Contagions* argues that no straightforward shift from enclavism to public health occurred. On the contrary, the institutionalization of health and the refashioning of the urban environment were coterminous with the creation of circumscribed spaces, exemplified by the laboratory, wherein privileged bodies—those of children, scientists, and administrators—were protected from the threat of contamination. From this perspective, *Imperial Contagions* maintains that the era of colonial public health should perhaps be understood, not in terms of the demise of enclavism, but rather as its radical reaffirmation.

The debates surrounding the establishment of public gardens in Hong Kong, first mooted in the 1840s, and the subsequent drive to extend the plantation with a comprehensive program of afforestation, illustrate the impetus to push the ‘enclave’ outwards into the colony at large. As the British Empire expanded, so satellite Kew Gardens were set up across its dispersed dominions, forming “a network that circulated living plants, specimens, and information across the globe.”¹³ These botanical gardens were sites of scientific research, economic return (with the planting of valuable crops such as tea, sisal, and cinchona), as well as leisure.¹⁴ They were also models of a ‘healthy’ environment and a reminder of the need for cultivation. As the colony’s governor, Hercules

Robinson, noted in 1861, the formation of “Public Gardens” would “contribute to the embellishment of the City of Victoria and the health and enjoyment of its inhabitants.”¹⁵

High rates of mortality in Hong Kong were attributed to the insalubrious tropical weather, particularly in the early colonial years, leading the government to afforest the island in the hope that this would reduce disease and improve health.¹⁶ Charles Ford was appointed superintendent of gardens in 1871 and oversaw the afforestation of the colony.¹⁷ Although the focus of *Imperial Contagions* is principally on the built environment, nonetheless the engineering of a hygienic ‘nature’ by colonial agencies and, more particularly, the extension of the ‘garden’ into the pathologized places of the colony, are reminders that the colonial ‘cultures of planning,’ evoked in the subtitle to this volume, involved the co-production of nature and society, and a complex interweaving of political, economic, and hygienic interests.

Empire was sustained, of course, by a fundamental mobility of people, commodities, capital, and information,¹⁸ and by novel technologies of global communication.¹⁹ Much has been written on the “web of empire,”²⁰ and the transnational or diasporic networks that formed within and between colonial cities.²¹ Although the emphasis is often on the competitive nature of medical science, recent research has emphasized the collaborative, transnational network of researchers and clinicians who carried out drug therapy trials, for example, on sleeping sickness patients in African colonies at the turn of the century.²² The theme of technological transference between colonial states and the metropole underlies many of the chapters in this volume. While the Contagious Diseases Acts (1864–69) were exported from Britain to its imperial dominions, the legislation to curb venereal disease had itself been profoundly shaped by Britain’s colonial experience. Similarly, Charles Booth’s survey of life and labor in London (1886–1903), which charted the ‘black’ areas of the metropole, was an important influence on the mapping of colonial cities.

A key focus of the chapters is on the ways in which colonial authorities sought to promote certain forms of ‘healthy’ circulations, even as they endeavored to restrict other forms of potentially ‘unhealthy’ trafficking, including the spread of infectious disease. Writing on the antecedents of contemporary globalization, Michael Hardt and Antonio Negri observe:

The horror released by European conquest and colonialism is a horror of unlimited contact, flow, and exchange—or really the horror of contagion, miscegenation, and unbounded life. Hygiene requires protective barriers.

European colonialism was continually plagued by contradictions between virtuous exchange and the danger of contagion, and hence it was characterized by a complex play of flows and hygienic boundaries between metropole and colony and among colonial territories.²³

The Asian plague pandemic in the 1890s brought these issues of flow and counter-flow to the fore, as colonial authorities in Hong Kong and India sought to curb the movement of people, even as they strove to bolster trade. The report of the plague in Hong Kong published in *The Times* of London on June 13, 1894, is suggestive in this context:

Half native population [of] Hongkong left, numbering 100,000. Leaving by thousands daily; 1,500 deaths; several Europeans seized, one died. Labour market paralyzed. Deaths nearly hundred daily. Government anticipates failure of opium revenue; proposes taking over and destroying all unhealthy native quarters.²⁴

Here, the colonial imperative to keep trade routes open at all costs ran up against colonial fears of microbial invasion. Economics—the “labour market”—was conceptualized in pathological terms (“paralyzed”), while disease was equated with economic deterioration and dislocation: the failure of the opium revenue. In short, the passage attests to a complex conflation wherein movements of the “native” population, the spread of disease, and the destruction of “unhealthy native quarters,” inscribe the connective and disruptive processes seen to lie at the core of empire.

Imperial Contagions is organized into three parts. In Part I, “Building for Health,” the focus is on colonial governmentality and planning. Contributors explore the extent to which the priorities of colonial medicine and planning began to shift during the final decades of the nineteenth and beginning of the twentieth centuries, away from an ‘enclavist’ approach—servicing colonial officials and the military—towards a more all-encompassing ‘public health’ approach that integrated indigenous populations and their spaces into a more centralized colonial regime. Cecilia Chu demonstrates the extent to which colonial sanitary measures and housing reforms were contested by the local Chinese population in Hong Kong in the aftermath of the 1894 plague. More specifically, she considers debates about property rights and argues that an analysis of “the convergence of interests between the Chinese and European property owners and their shifting allegiance to the colonial state also reveals the complex power relations between these agencies.” In his chapter on housing and sanitation in Singapore between 1907 and 1942, Jiat-Hwee Chang argues