

## Medicine, Empire and the Body



Kwasi (right), renowned black healer, Suriname, 1797.

When Christopher Columbus landed in the West Indies in 1492, one of his first remarks was about the apparent bounty of medicinal plants in the newfound land. He was, after all, hoping to make it to the East Indies, where so many legendary drugs were said to originate in the Medieval imagination. Since that time, European imperialists were acutely tuned in to matters of health and healing in the colonial enterprise. The survival of colonists and soldiers, the migration of disease vectors between the Old World and the New, the decimation of indigenous populations, the mortality rate of slaves, and the potential for novel medicines were all chief matters of concern in expanding, exploiting, and governing an empire. New advances in medicine developed in tandem with their imperial applications. But also, as we will see in the case of The Great Kwasi, pictured above, subaltern groups could find surprising moments of power and agency in negotiating with the dominant medical regime and its representatives. With myriad medical traditions stemming from

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Africa, Asia, Europe, and the Americas meeting in the colony, the result was an amazingly diverse plethora of medical cultures.

In this course we will explore the relationship of the development of medicine and the advancement of European imperialism from Columbus to the twentieth century. This course aims not to tell the whole story of the history of medicine; instead, we will investigate significant themes and subjects relevant to modern day issues. In particular, we will focus closely on 1) the development of racism and the idea of race; 2) indigenous and slave medical knowledge and forms of exchange, appropriation, and hybridity; 3) gender, public health, and colonial governance.

A few of the questions we will address include: How, when, and by whom was orthodox and unorthodox medicine defined? How and when did diverse medical traditions become blended, and how and when was orthodoxy enforced? How did subaltern peoples use their knowledge of local environments and healing practices to resist and advance under colonialism? How did ideas about race affect the development of medical institutions and interventions? Why were women's bodies critical to imperial ambitions of regulating the health of dominated peoples? How and why have imperial uses of medicine changed over the ages?

Although any prior coursework on European imperialism will be helpful in this course, it is not required.

The **goals** for this course are for students to emerge with a strong understanding of the historical relationships between the development of medicine and political power, of comparative and global methods in history, and of diverse modes of interpreting sources. Further, by the end of the semester students should feel that they are resourceful and capable interpreters of the past, with ample skills to analyze historical arguments and sources, to seek out and implement their own lines of inquiry, to represent their interpretations in engaging ways, and to work in a constructive group research environment.

## Course Requirements

**Class Participation.** Students will be expected to participate regularly in class discussions. Additionally, once throughout the semester each student will open discussion of the week's readings with a short introduction and opening questions.

**Reflection Essays.** Each week students will be expected to submit a short (1 page) reflection essay on the readings.

**Individual Research Proposal.** Much of the intellectual work historians (and other researchers) do happens *before* research begins. Defining what research questions are important and how they might be answered is often the most difficult part of any research agenda, requiring the full array of intellectual skills of the field.

The final project for this course is a proposal for historical research relating to the main themes of the course. Students will identify which themes of the course they find most intriguing, choose a

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historical time and place in which to investigate these themes, develop an annotated and thorough bibliography of primary and secondary sources, conduct preliminary research with a few choice sources, use these to define a series of research questions and hypotheses, and explain how their sources will help answer the research questions.

Our goal will be to foster a *collaborative research environment* in the classroom. Nearly every week, students will informally discuss their projects with the class and will be expected to help solve research, writing, or other problems with their classmates' projects.

Proposals will advance in 6 steps:

Topic Proposal: Early in the semester students will work with me to define a theme, a historical focus, and initial areas of interest. Students will write a short explanation of their intended project.

Academic Bibliography: Each student will complete a bibliography of secondary sources for your proposal. In consultation with the professor, each student will choose 3 or 4 sources to thoroughly review. In 500 to 750 words, the student will explain how historians have attempted to answer similar research questions to your own and how these historians' work helps you elaborate your own questions and hypotheses.

First Research Proposal: This first draft of a proposal will articulate with precision the historical context and the historical questions under examination. Students are encouraged as well to describe research sites where this project could be carried out (libraries, archives, etc.). The proposal *must* explain what sources, kinds of sources, and/or sites of research would allow you to answer your research questions (we will spend a lot of time on this together in class). (3 to 5 pages)

Preliminary Research 1: Working with the professor, each student will choose 1 or 2 primary sources and write a 500 word explanation of the sources and how they help to answer your research questions.

Preliminary Research 2: Working with the professor, each student will choose 1 or 2 more primary sources and write a 500 word explanation of the sources and how they help to answer your research questions. These drafts will be shared with classmates and myself and students will be expected to provide each other thorough and constructive feedback.

Final Project Proposal: The final proposal will integrate the above elements into a single outline describing the historical context, research questions, secondary and primary sources, and hypotheses. The final proposal *must not consist of the prior elements merely pasted one after the other* (in this case the student will receive an "F"). Instead, the final proposal will reflect how your thinking on this research project has developed over the course of the semester. It is very likely (indeed encouraged) for your research questions to have changed, perhaps drastically, as you encountered primary and secondary sources. Your revised and combined proposal will explain your theme, the historical context, the secondary sources, preliminary findings, further questions for research, and hypotheses. (8-10 pages)

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All research proposals will be required to bring broader historical questions to bear on a specific site, time, persons, etc. Some suggested themes include (but are not limited to):

1. Women's Bodies and Public Health
2. The Health of Slaves
3. Frontier Medicine
4. Collecting and Testing Indigenous Medical Knowledge
5. Persecution of Non-Professional healers
6. Chocolate and/or Tobacco
7. Medicine and Colonial Ethnography
8. Scientific Racism
9. Food, Diet, and Health
10. Public Health and Criminality
11. Visual/Literary/Dramatic Representations of Colonial Health and Dying
12. Syphilis and Sexual Health
13. Indigenous Reactions to Public Health Initiatives
14. Indigenous Perspectives on Epidemic Disease
15. Architecture of Colonial Hospitals

## **Week 1. Week 1: Introduction to the Course**

Why Study Medicine and Imperialism Together? What is an Empire Anyway?

Warwick Anderson, "Postcolonial Histories of Medicine," in *Locating Medical History*, ed. Frank Huisman and John H. Warner (Baltimore: Johns Hopkins University Press, 2006).



**Individual Projects:** Introduction to the project and to finding sources

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**PART 1: BAD BEGINNINGS**

Images of smallpox by native artist, Tlatelolco, Mexico 1570s

In these two weeks, we will look at two big pictures that will color our discussions for the entire semester. First we will survey the unprecedented, wide-scale death of the indigenous populations of the Caribbean and North and South America caused by smallpox, plague, cholera, and other crowd diseases. This would forever shape the path of the European conquest of the Western Hemisphere. We will pay particular attention to how both conquerors and indigenous populations interpreted this disaster and consider the impact of these theories on diverse populations. We will then turn to the vulnerability of European conquerors to the disease environments of their colonies. Why were so many tropical colonies known as "the White Man's Grave"? Did European vulnerabilities impact the development of empires? But Europeans were also not indifferent to the health and mortality of the laborers they sought to exploit. When and how were the lives and health of slaves meaningful to masters?

**Week 2. The Catastrophe: Demographic Collapse of the Americas and Its Interpretations**

David Noble Cook, *Born to Die* (1998) Selections from chapters 1, 2, & 3  
Excerpt from José de Acosta, *Natural and Moral History of the Indies* (1590)  
Primary Source: 16<sup>th</sup>-century Mexica [Aztec] Interpretation

*In-class discussion about topics for the Research Proposal*

## Week 3. Imperial Vulnerabilities

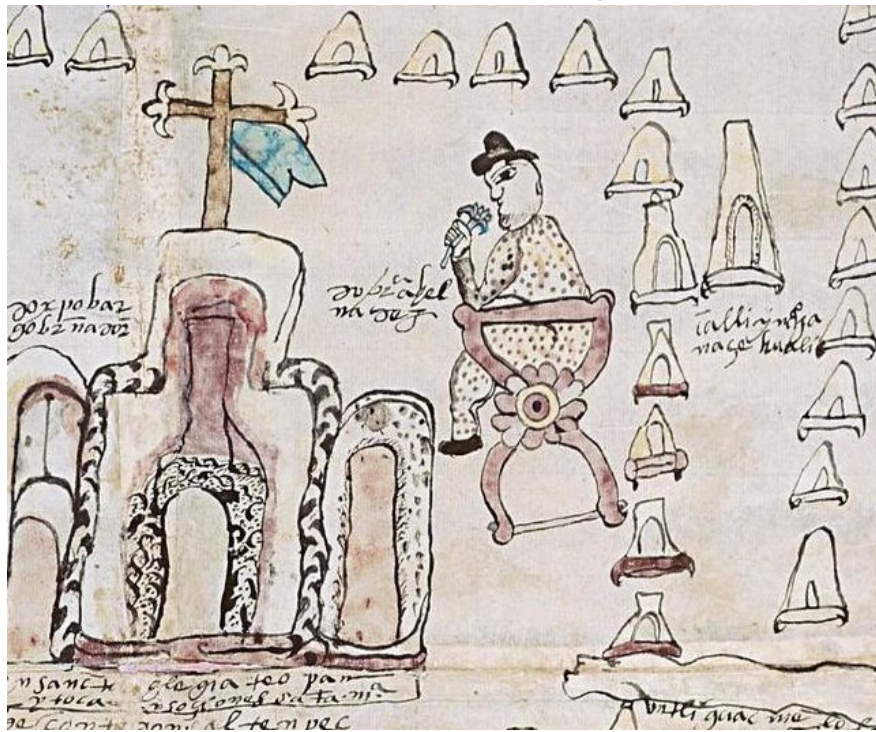
J. R. McNeill, *Mosquito Empires* (2010) selections from chapters 2, 3, & 5

## Topic Proposals Due

*Be prepared to informally share your proposal with the class*

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## PART 2: THE POLITICS OF "HYBRIDITY," THEN AND NOW



Spanish physician and early bio-pro prospector Francisco Hernández dressed in a Mexica (Aztec) jaguar suit and posing with local medical botanicals, circa 1572

During this part of the course we will assess the exchange, mixture, hybridization, appropriation and otherwise diffusion and fusion of medical knowledge within European empires. Why and how did imperialists attempt to suppress alternative medical practices? Why and when did they adopt them? What was the role of medicine in the struggles between the colonized and the colonizer? How did subaltern imperial subjects react to the many medical traditions mixing in the colonies? Using primary and secondary sources, we will examine the image of indigenous and slave medical knowledge in the eyes of the colonizer, European practices in the eyes of the oppressed, and the politics of exchange. We will also examine closely current scholarly debates about the politics and ethics of such term

as hybridity, mestizaje, mélange, creolization, exchange, and entanglement that historians use to characterize and explain mixes and fusions of traditions.

## Week 4. Heresy and Subaltern Healers

James Sweet, Domingos Álvares, African Healing, and the Intellectual History of the Atlantic World (2011) chapter 6

Inquisition trial record in James Sweet, *Domingos Álvares, African Healing*

## Week 5. Hybridity from Above, Hybridity from Below

Marcy Norton, *Sacred Gifts, Profane Pleasures* (2008) Chapter 3

Pablo Gómez, *Experiential Caribbean* (2017) Chapter 2

Primary Sources: Images of Early Modern Tobacco and Chocolate Consumption

## Bibliography Due

## Week 6. Drug Bioprospecting in the Colonies

Londa Schiebinger, *Plants and Empire* (2009) chapter 3

Londa Schiebinger, *Secret Cures of Slaves* (2017) Chapter 2

Images from the Royal Botanical Expedition to New Spain (1787-1803)

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## PART 3: MEDICINE AND THE MAKING OF RACE

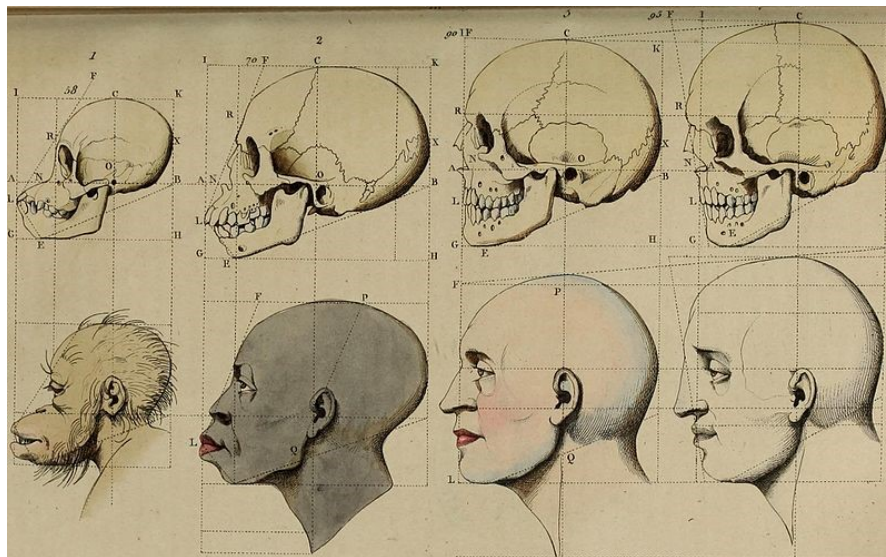


Chart of specious skull types, Paris, 1838

From the beginning, medicine and race went hand-in-hand in European imperialism. Are European bodies different than African bodies, Amerindian bodies, Asian bodies? Does climate, disease, diet and medicine affect all equally? Questions of this sort were pressing matters for colonists, rulers, physicians and other healers.



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However, race also signified many things in many contexts and its meaning was never stable. In this section of the course, we will consider some of the numerous ways that ideas about race developed alongside medical conceptions of the human body. In colonial contexts, where racial regimes were a lived reality and not just a theory, racial medicine also had to meet the exigencies of domination, resistance, and compromise. Medicine was in many ways a tool for racial domination; but it was also a field in which the politics of race and colonialism played out.

## **Week 7. Body and Place the European Empires**

Joyce Chaplin, "Race," in Armitage and Braddick, *The British Atlantic World* (2002)

Nancy Sirasi, *Medieval and Early Renaissance Medicine* (2009) 97-106, 136-137, 149-152

Excerpt from Enrique Martínez, *Reportorio de los Tiempos* (1607)

Primary Sources: Early plate prints of the New World

**First Research Proposals:** Students will workshop their project proposals with the class

## **Week 8. Scientific Racism, Modern Medicine**

Gould, *The Mismeasure of Man*, Chapters 2 & 3

Primary Sources: Phrenological Illustrations

## **Week 9. Whiteness, Race, and Medicine in the Modern Empires**

Chapter from Warwick Anderson, *The Cultivation of Whiteness* (2006)

Primary Source: James Johnson, *The Influence of Tropical Climates on European Constitutions* (1827)

**Preliminary Research 1 Report Due:** These will be shared and discussed in class



## GOVERNANCE, GENDER, AND PUBLIC HEALTH



Plague hospital, Bombay, 1894

Beginning in the late 18th century, the notion of the state's (or empire's) responsibility for the health of its subjects and vassals changed dramatically. New preventative measures like smallpox inoculation, and later vaccination, as well as germ theory and new sociological methods of measuring population health inspired political rulers and the professional class to assume authority over the bodies of the healthy and sick alike. In colonial contexts, this often reinforced and dovetailed with other programs to rule and regulate the lives of colonized peoples. But, especially in the case of vaccination, there were also potential tangible improvements in the quality of life as certain diseases became for the first time truly preventable. The result was immensely complicated. Depended on the local context, imperial subjects found themselves bombarded with white-smocked nurses backed by armed soldiers or by obstetricians persecuting local midwives; but also, at times they could find themselves with surprising new opportunities to compel administrators to satisfy local demands. In this section, we will explore how imperialism employed and shaped public health initiatives.

**Week 10. Threats to Public Order**

David Arnold, "Cholera: Disease as Disorder," in *Colonizing the Body*

Martha Few, *For All Humanity* (Arizona, 2015) chapter 2.

Excerpts and Images from Smallpox Vaccination Campaigns, 1800-1900

**Week 11. Puerto Rico: Gender and Reproductive Health in an American Colony**

Laura Briggs, *Reproducing Empire* (2003) Chapters 4 & 5

Primary Sources: TBA

**Week 12. Making Tropical Medicine**

Warwick Anderson, *Colonial Pathologies* (2006), excerpt.

Primary Sources: Rockefeller Foundation Video on Methods of Malaria Eradication

**Preliminary Research 2 Report Due:** These will be shared and discussed in class

**Week 13. Empire, Famine, and Mass Death**

Mike Davis *Late-Victorian Holocausts* (2001) selections

Primary Sources: TBA

**Week 14. Presentations**

**Final Research Proposal Due**

**This week students will present their final projects to the class**