

**HISTORICAL GEOGRAPHIES OF MEDICINE: FROM IMPERIAL HYGIENE  
TO GLOBAL HEALTH**  
GEG6145 (15 credits)



*The Monatti* ('corpse carriers') by Italian painter Gaetano Previati (1852-1920). This haunting image was created for the 1900 edition of Alessandro Manzoni's historical novel *I promessi sposi* (The Betrothed), a romance set during the 1630 outbreak of bubonic plague in Milan (Princeton University Art Museum).

**Module Convenor:** Dr Stephen Taylor | [stephen.taylor@qmul.ac.uk](mailto:stephen.taylor@qmul.ac.uk)

**Schedule:** 2-hour lectures (in-person, weekly). 1-hour seminar (in-person, weekly). Lecture: Mondays (1-3pm, Graduate Centre 601). Seminars (depending on your timetabled allocation): Fridays (10-11am, Graduate Centre 205 or 11am-12pm, Queens LG4).

**Weekly Advice & Feedback Hours (Dr Taylor):** Mondays (10-11am) and Fridays (12-1pm) in Bancroft Building (City Centre) 2.09a or via Microsoft Teams.

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## Course Description

This module explores the relationship between medicine and projects of European imperial expansion. The module examines how European encounters with unfamiliar bodies, places, and diseases led to changes in the practice of medicine as public health increasingly became a 'tool of empire'. Informed by scholarship from medical and environmental history, students learn how a geographical perspective can be used to interrogate the histories and contemporary legacies of these encounters with difference. Key topics that will be considered include: disease and environment; the emergence of racial medicine; sexuality and gender; and the colonial legacies of contemporary global health.

The module aims to:

- Introduce students to historiographical approaches to the geographies of health;
- Examine the relationships between medicine, public health, and imperial power;
- Interrogate critical issues linked to how human difference has been conceptualised, racialised, and rationalised over time;
- Encourage independent research and the development of critical geographical analysis.

Lectures for the class are delivered in-person (2 hours) and seminars are in-person (1 hour). There are an additional two to three hours of independent study expected of students each week. This guided independent study will include a mixture of weekly introduction exercises, pre-seminar readings, wider reading, and assessment preparation.

## Learning Outcomes

By the end of this module, you will be able to:

### *Academic content*

- Examine the application and relevance of geographical approaches to the study of medicine, public health, and power.
- Debate critical issues in the history of medicine and how these vary in impact both socially and spatially.
- Evaluate and critique historiographical debates linked to the legacies of imperial medicine.

### *Disciplinary skills*

- Investigate and evaluate scholarship from a range of different disciplinary perspectives and apply a critical geographical perspective to an interdisciplinary set of issues.
- Produce written and verbal argument incorporating course materials.
- Work independently and within small groups in the classroom setting to understand, present, and discuss key historiographical concepts.

### Attributes

- Think critically and solve problems creatively.
- Consider issues from different perspectives.
- Explain and argue clearly and concisely.

## Attendance and engagement

Attendance and engagement at each lecture and seminar classes is expected.

Attendance is taken using the 'Record my Attendance' tile on the official QMUL mobile app (available in the Apple and Google Play stores) or via your browser (<https://qmul.ombiel.co.uk/campusm/home>). It is your responsibility to log onto the app during the class and to check-in using a unique code that will be shared at the beginning of each session. You must also record any absence (a code is not needed for this).

Your engagement with the online module materials is essential if you are to make the most of the class and the seminars. Dr Taylor will audit usage of QMPlus in Weeks 2, 5 and 9 and check-in with students who have not been engaging with the course across these periods.

## Communication

QMPlus will be used as the main means of communication on the class. Module announcements will be posted each Friday afternoon to provide updates and reminders.

There is a module forum where you can post specific questions (about module content, readings, assessments etc.), and Dr Taylor will respond to these for the benefit of the whole class on Monday and Thursday mornings. If individual emails are received, answers will be posted – minus any personal details – to the module forum on these dates.

If you do want to discuss sensitive or personal issues that are impacting your engagement with the module, please send an individual email to Dr Taylor or come along to his weekly Advice & Feedback hours (no appointment needed).

## Inclusivity

In our discussions, interactions, and research, we will explore challenging issues and increase our understanding of different perspectives. Our conversations may not always be easy or simple and this is part of the challenge of understanding history and its legacies in our present. We will all sometimes make mistakes in our speaking and listening. As a result, we will all need patience or courage to engage with arguments and texts, as well as our own ideas, experiences, and blindspots. In short, we will require respect for others.

To that end, an additional aim of the course is for us all to increase our ability to engage with the difficult conversations that arise as we learn – whatever our backgrounds, experiences,

or positions. Students from all backgrounds and perspectives should feel respected, supported, and well-served by this course. The diversity that students bring to the class is a resource, strength, and benefit for us all.

Please let the teaching team know if there are ways to improve the effectiveness of the course for you personally or for other students or groups.

## Wellness

Mental health concerns or stressful events may lead to diminished academic performance or reduce your ability to participate in learning activities. Free, accessible, confidential mental health services are available to assist you with addressing these and other concerns that you may be experiencing. You can learn more about the broad range of mental health and emotional counselling services available on campus at the Advice and Counselling Service (ACS) website at [qmul.ac.uk/welfare](http://qmul.ac.uk/welfare).

## Module Assessment

There is one assessment submission on the module worth 100% of the module marks. This is a 3,000-word (max.) coursework essay in response to the following question:

**To what extent do you agree with Warwick Anderson's (2014: 381) contention that medicine "is constitutively colonial: it derives from colonial practices, becomes a means of managing the colonial aftermath, and functions always in a multiply contested contact zone."**

The essay should engage with the historiographical, conceptual, and empirical material that we have discussed across the course. You should use Harvard-style referencing. More information on unpacking the above question will be provided as we go through the course.

The deadline for submission is **2pm on Thursday 4<sup>th</sup> January 2024**, via the coursework submission dropbox on the module QMPlus page. You should familiarise yourself with the School's assessment policy – including our marking scheme and late submission policies – and the extenuating circumstances policy. All feedback and marks are provisional until approved by the School's Examination Board in Summer 2024.

Dr Taylor will provide brief formative feedback on essay draft plans emailed to him no later than **2pm on Friday 3<sup>rd</sup> November 2023**. More information on this will be circulated in our seminars and via QMPlus.

## Readings and Recommended Texts

You are expected to read an essential reading each week as preparation for the weekly seminar, and it is highly recommended that you read an additional one or two of the recommended/optional texts each week in your designated independent study time. **The success of the course – for you as an individual and us as a collective – depends on your commitment to complete essential readings and to participate actively in class discussions.**

There is an online reading list that provides full-text links for all the essential, recommended, and optional readings on the course. All should be accessible to you as a QMUL student. If you are struggling to access a reading via the reading list, please check that you have logged-in correctly (esp. if off-campus) and refresh your browser if needed.

A list of overview course texts is available in the Week 0 tab on QMPlus. There is no textbook per se, but these texts will stretch and challenge your understanding of the topic beyond the weekly readings. You should aim to read 2-3 of these across the semester in addition to the weekly readings.

## Class Schedule: Week-by-Week

### Week 1

#### Medicine & Empire | Introduction & Course Overview

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

### Week 2

#### Medical Exchanges

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

### Week 3

#### Medicinal Plants: Exploration and Exploitation

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

### Week 4

#### Colonialism, Climate and Race

High levels of morbidity and mortality accompanied the European colonization of the tropics, prompting them to question their ability to successfully settle in a different environment. These ideas fed into contemporary racial theory, as 'polygenists' increasingly posited that different races were different species uniquely adapted to their original environments.

'Monogenists', on the other hand, believed in a process of acclimatization over time, suggesting that Europeans could eventually thrive in the tropics. These ideas were tested out in the colonies as physicians charted the effects on warm climates on the bodies of both Europeans and non-Europeans, as the two groups negotiated their relations to one another.

Week 5  
Imperialism and Disease

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

Week 6  
Colonial Medicine in South Asia

European medicine made inroads into the Indian subcontinent in the late seventeenth century and grew in prominence as the British dominated the region until the mid-twentieth century. In this session we will examine the importation of European medical knowledge, institutions, and practices into India, and will consider how epidemic diseases endemic to South Asia shaped relations between the colonisers and colonized, becoming a contested area around which medicine was wielded both as a means of 'control' and 'resistance.'

Week 7  
Reading Week [No Classes]

There are no lectures or seminars this week. Time for us all to take a well-earned break and prioritise some self-care! If you are feeling particularly studious, you can of course be continuing with your independent reading and preparation for the assessment submission.

Week 8  
Medicine and Colonisation in Africa

The hostile disease environment of central Africa stymied efforts to explore and colonise the continent, with high rates of European morbidity and mortality contributing to the impression that Africa was 'the white man's grave.' Survival rates began to improve in the nineteenth century, allowing for Western powers to compete for territory and resources, often



accompanied by missionaries who used their medical knowledge to establish their place in local communities. In this session, we will look at the part played by medicine in facilitating the conquest of Africa, as well as its role in establishing authority and consolidating control over the indigenous population.

### Week 9 Tropical Medicine

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

### Week 10 Bacteriology and the Civilising Mission

Modern laboratory experiments led to the emergence of the germ theory of disease from the 1880s, predominantly in France and Germany. French chemist and microbiologist Louis Pasteur developed vaccines by partial attenuation of viruses. Soon French Pasteur Institutes spread to the French colonies in Africa and Southeast Asia, and germ theory and vaccines became part of global and imperial medicine. In the colonies, particularly during the period of the New Imperialism in the 1890s, the Pasteur Institutes became part of the French imperial 'civilising mission.' These new developments - combined with the allied growth of tropical medicine - brought a much greater assertiveness in European medicine in the colonies. The importation and spread of modern European drugs and vaccines became an important part of colonial medical policies. Modern vaccines were not only vital in preserving European health in the tropics; they were also presented to the colonies as symbols of European modernity and superiority.

### Week 11 Colonialism and Traditional Medicine

Across the semester, we have looked at various interactions between European and non-European medicine. In this session, we will consider who benefitted from the importation of Western medicine to the colonies, and how successful Europeans were at ensuring the dominance of their own systems of practice. We will also look at how non-Europeans responded to the introduction and incursion of Western medicine into their lives, and how they attempted to adapt to competing knowledge systems that threatened the methods and livelihoods of traditional practitioners.

Week 12  
The Colonial Legacies of Global Health

In this final week of the module, we bring our historical journey in to the present day. Focusing on the early part of the twentieth century, we will see how new forces emerge as key influences in the drive to improve health internationally. Colonialism itself comes under pressure across the twentieth century and it is no coincidence that a new set of global actors emerge in the late 1940s that prioritise global - rather than colonial - health. We will also spend some time considering recent calls to decolonise global health. There will be opportunity to provide feedback on your experience of the module and to answer any final questions that you may have about the assessment.