

## HIST 263: Plagues of Empire

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Office Hours: Sign-up on Moodle  
Tues: 10:00-11:30  
Wed: 3:15-5:05  
Venue: LH 426  
Class times: Mon & Wed: 11:10-12:20  
Fri: 12:00-13:00

### Course description

The globalization of disease is often seen as a recent phenomenon aided by high-speed communication and travel. This course examines the history of the spread of infectious diseases by exploring the connection between disease, medicine and European imperial expansion. We consider the ways in which European expansion from 1500 onwards changed the disease landscape of the world and how pre-existing diseases in the tropics shaped and thwarted imperial ambitions. We will also question how far Western medicine can be seen as a benefit by examining its role in facilitating colonial expansion and constructing racial and gender difference.

### Grading structure

Class participation: 20%  
3 short papers: 20% each (6-7 pages)  
Group presentations in week 9: 20%

### Due dates and academic honesty

Requests for extensions need to be made the day before the paper is due and will usually only be granted because of medical or other unforeseen problems. *Late submissions will result in a grade deduction.* It is imperative that all students follow the Carleton College policy of Academic Honesty, which includes footnoting the sources of all ideas, quotations, and paraphrases. Confirmed violations of academic integrity will result in a failing grade. For citation format please refer to: <http://apps.carleton.edu/curricular/history/study/citations/>

### Course participation

Please note that you are expected to have done the assigned readings before the class. You should be able to identify the main argument in the reading, comment on the ways in which the argument has been constructed and be able to come up with questions you would like to ask the author. So try and think along the following lines when assessing a reading: What is the main point of the reading? Can you summarize the argument in one sentence? Can you contextualize

the argument? How is the argument substantiated? Is the evidence reliable? Can you identify any biases?

At times the readings may appear short but to distill an academic argument and analyze it you almost always need to reread the piece. So do not leave the readings till the last minute only because they may appear to be short.

A substantial part of your grade is based on course participation which means actively taking part in class discussions: posing questions and responding to those posed by others. You will be required to carry out peer evaluations and will be given guidelines for how to do this.

Please ensure that by the end of week 4 you have all come individually to see me in my office hours. This is important as I need to get to know you all and assess your expectations of the course. So please make sure you sign up for a meeting slot on my office hours sign-up sheet on Moodle.

If for some reason you are unable to attend class please inform me before the class via email.

### **Carleton College Disability Policy**

Carleton College is committed to providing reasonable accommodations to students with documented disabilities. Students requesting accommodation must place documentation on file with the Coordinator of Disability Services who will then inform faculty about student accommodations. College policy is that faculty can and should wait for this notification before making course modifications for students. Disability Services contact information: Andy Christensen, Coordinator of Disability Services – email: [anchrist@carleton.edu](mailto:anchrist@carleton.edu); phone: ext. 4080.

All readings posted on Moodle are only intended for the use of this class. Please do not share them with people outside the Carleton Community so as not to breach copyright laws.

## **CLASS SCHEDULE**

### **WEEK 1:**

#### **Wed Jan 3: Introduction to the course, its aims and structure**

Intro readings

### **MODULE 1: THE COLUMBIAN EXCHANGE**

We begin this course by examining the so-called ‘Columbian Exchange’ – the unequal exchange of pathogens between Europeans and the peoples inhabiting the New World. While few ‘new’ diseases appear to have been transmitted to Europeans (mainly syphilis), the pathogens imported into the New World held grave and devastating consequences for non-immune populations in the Americas and the Pacific, thereby paving the way for European conquest and settlement. Questions to consider as you read for this week:

- How important was the importation of new diseases relative to other factors (military might, etc.) in facilitating European conquest?
- In addition to their purely biological impacts, what were the social and cultural impacts of new diseases in the New World?
- How did Europeans react to the destruction of so many indigenous peoples to disease?
- How did the colonial expansion impact the disease environment in the metropole?

#### **Fri Jan5: The biological impact of the arrival of Europeans in the Americas**

Alfred Crosby\_ Conquistador y Pestilencia\_91-108.

J. Duffy\_Smallpox and the Indians in the American Colonies\_233-250.

### **WEEK 2:**

#### **Mon Jan 8: The other part of the exchange: syphilis comes to Europe?**

Alfred Crosby\_The Early History of Syphilis\_122-165

### **MODULE 2: THE ATLANTIC EXCHANGE & THE SLAVE TRADE**

The Columbian Exchange cannot be fully understood unless considered alongside the movement of pathogens throughout the Atlantic as a result of the slave trade. The conquest of the Americas was accompanied by the growth of plantation agriculture and mining, thus fuelling demands for labour. Since many indigenous Americans had been destroyed by disease, the colonizers drew upon labour supplies in Africa. Shipping such immense quantities of African slaves held profound consequences for the disease landscape of the New World—pathogens like malaria and yellow fever (native to Africa) found a new home in the European colonies. This week we consider the consequences of the Atlantic trade for the New World. Questions to consider as you read for this week:

- How did ecological changes, resulting from economic imperatives, facilitate the spread of pathogens?

- How did these new diseases act as agents in shaping the political landscape of the New World?

**Wed Jan 10: Networks of Disease: African pathogens in the New World**

P.M. Ashburn\_*Ranks of Death*\_99-126

D. Alden and J.C. Miller\_*Out of Africa*\_204-230

**Fri Jan 12: Ecology of Disease**

J.R. McNeill\_*Yellow Jack and Geopolitics*\_9-13

J.R. McNeill\_*Mosquito Empires*\_intro, chapters 2 & 5\_15-62; 137-193

**WEEK 3:**

**Mon Jan 15:**

J.R. McNeill\_*Mosquito Empires*\_intro, chapter 6\_ 195-234

**MODULE 3: MEDICAL ORIGINS OF RACE IN THE NEW WORLD**

This week we look at how discourses of racial difference emerged in the wake of colonial encounters in the New World. In particular, we will consider how the prevailing paradigm of disease causation, namely humoralism, structured the corporal experience of colonizers in the New World and how ideas of bodies and their ‘natural’ environments translated into the fear of racial degeneration. Questions to consider as you read this week:

- How did Spaniards make sense of the physical difference between themselves and native Americans?
- What role did the idea of ‘climate’ play in determining regional and physical differences?
- How were ideas of difference and civilization articulated through diet?

**Wed Jan 17: European bodies in the New World**

Rebecca Earle\_*The Body of the Conquistador*\_1-83

**Fri Jan 19: Origins of race – Contested Meanings**

Rebecca Earle\_*The Body of the Conquistador*\_156-216

**WEEK 4:**

**Mon Jan 22: Degeneration & Race**

Nancy Stepan\_*Biology and Degeneration: Races and Proper Places*\_97-120

David Livingstone\_*The Moral Discourse of Climate*\_413-434

**MODULE 4: RACE, CLIMATE, & PROPER PLACES: THE CASE OF INDIA**

The scientific racism that became widespread in many European countries during the nineteenth century, and which was often used to justify imperial rule, was deeply rooted in medical theory. The ideas and practices of medical practitioners in the European colonies were especially influential in framing ideas about the nature of human difference. In fact, through these sources, we can trace the emergence and development of racial thinking. This week we will look at the ways in which human differences were treated in colonial medical thinking from the late seventeenth century through to the end of the nineteenth century in the context of the East. Questions to bear in mind:

- Why did naturalistic explanations of human difference emerge and why did they gain significance in colonial ideology?
- To what extent did theories of human difference change over time and why?
- What effect did racialist thinking have on white colonization in the tropics?
- Do notions of race in the context of colonial India differ from those we encountered in the New World?

**Wed Jan 24: European Optimism and Disillusionment: Theories of Acclimatization**

Mark Harrison\_Climates and Constitutions\_25-57; 58-110

**Fri Jan 26: Medical Topography**

Mark Harrison\_Climates and Constitutions\_111-152

Alan Bewell\_Romantic Medical Geography\_26-51

**WEEK 5**

**Mon Jan 29: Decline & resurgence of climatic explanations**

Dane Kennedy\_The Perils of the Middy Sun\_118-40

Mark Harrison\_Climates and Constitutions\_204-214

**MODULE 5: TROPICAL DISEASE, COLONIAL MEDICINE & EXPANSION IN AFRICA**

Although Europeans benefited from the lop-sided nature of the Columbian Exchange, they nevertheless suffered high mortality in many of their ventures overseas, particularly in tropical regions. West Africa, for instance, came to be known as the 'White Man's Grave' and, after the importation of malaria and yellow fever, many parts of the Americas also proved deadly to white colonists. The East Indies – though deemed less unhealthy than Africa or tropical America – were also littered with the graves of Europeans who survived but a few years in these seemingly unhealthy climates. Quite different patterns of colonial rule therefore developed in the tropical colonies – populated by a small, managerial class of administrators, soldiers and planters – and those colonies in which extensive settlement occurred.

But Europeans attitudes towards tropical regions were by no means unchanging, nor were they fatalistic about disease. This week's seminar examines the evolution of European ideas about tropical regions and the health risks posed by migration overseas. Questions to consider as you read for this week:

- How far did disease circumscribe European activities in the colonies, e.g. warfare, trade, settlement?
- What different strategies were evolved by Europeans to manage disease in tropical regions and how successful were they?
- How far did colonial medicine serve the cause of European expansion?

**Wed Jan 31: Colonial Medicine as Handmaiden of Empire?**

P.D. Curtin\_The White Man's Grave\_64-110

Daniel R. Headick\_Tools of Empire\_58-81

William B. Cohen\_Malaria and French Imperialism\_23-36

**Fri Feb 2: Colonial Medical Discourse and Representations of Africa**

Anna Crozier\_Sensationalizing Africa\_393-415

**WEEK 6:**

**Mon Feb 5: MIDTERM BREAK**

**MODULE 6: COLONIAL PSYCHOLOGY & PSYCHIATRY**

The science of colonial psychology was deeply entrenched in the political and economic imperatives of empire. Faced with anti-colonial uprisings in East Africa, the British were pushed to explain such force as 'irrational' in order to continue the imperial project. The medicalization of rebellion by colonial psychology played a crucial role in creating myths about Africans and their 'nature'. This week we will explore the intersection of colonial mind sciences and the politics of colonial governance. In addition to this we will look at the connection between colonial psychiatry and the management of African American bodies in the United States. Questions to consider as you read for this week:

- How did rebellions expose the fundamental contradiction of colonial ideology and force the need for a new narrative to legitimize colonial rule?
- What role did colonial mind sciences play in its resolution, if any?
- What role did psychiatry play in keeping African Americans in their 'proper places' in post-emancipation US?

**Wed Feb 7: The Making of 'the African mind' & Networks of Colonial Knowledge:  
Psychology, the African 'Other', Post-emancipation US and Colonial Sub-Saharan  
Africa**

Dane Kennedy\_Constructing the Colonial Myth of the Mau Mau\_241-260

Sloan Mahone\_The Psychology of Rebellion\_241-258

Martin Summers\_Suitable Care of the African\_58-91

**Fri Feb 9: CONSOLIDATION**

**WEEK 7:**

**MODULE 7: DEVELOPMENT AND PATHOGENIC PATHWAYS**

The connection between colonial development and disease incidence is a complex one. While the legitimizing narrative of colonial rule always points to the material advancements in the colonies and the introduction of Western medicine (both seen as unquestionably positive), a closer look at disease patterns and colonial public health initiative tell a different story. This week we look at the political economy of disease in Africa and India teasing out the deep strands that link industrial and irrigation projects to the disease ecology of the regions. We will also consider the opening of pathogenic pathways across the globe and the politics of international cooperation to manage and control potential pandemics. Question to bear in mind as you read:

- How have different historians explained the high incidence of malaria in the different colonies?
- To what extent were colonial administrations aware of the environmental impact of development projects? How did the internal politics of the medical service influence public health policy?
- How does the financial imperative of colonial rule influence medical discourses about the ‘Other’? How is the civilizing mission figure in these discourses?

**Mon Feb 12: Colonial Development and Sanitary Reform: Boons of Colonial Rule?**

Amna Khalid\_Of Cholera, Colonialism, and Pilgrimage Sites

Sheldon Watts\_British Development Policies and Malaria in India\_141-181

**Wed Feb 14: Industrial Development and Disease: The Case of Malaria in Swaziland**

Randall Packard\_Maize, Cattle and Mosquitoes\_189-212

**Fri Feb 16: International Conference of 1866**

Valeska Huber\_The Unification of the Globe by Disease?\_453-476

Polu\_ All Eyes on India\_26-49

**WEEK 8:**

**MODULE 8: INDIGENOUS AGENCY AND LIMITATIONS OF COLONIAL MEDICINE**

The narrative of the power Western medicine and its ability to colonize the bodies of ‘Others’ can, if not checked, paint the picture of a totalizing force. Indeed, some historians have presented colonial medicine as omnipotent. However, this was not the case. This week we will consider the limitations of colonial medicine by looking at some of the practical issues ‘on the ground.’ Using case studies

from Africa and India we will look at the significance of indigenous agents in the practice of colonial medicine – as collaborators as well as resisters. Questions to consider as you read for this week:

- What was the nature of the practice of colonial medicine?
- How did indigenous discourses of gender and sexuality interact to heighten or temper the reach of colonial medicine in Africa?
- How did the position of low level British soldiers play into imperial medical policy on venereal disease?
- How does the position of these soldiers impact the way in which you think of the colonizer-colonized divide?

**Mon Feb 19: Prostitution and the Politics of Empire**

Phillipa Levine\_VD Prostitution and Politics of Empire\_579-602

**Wed Feb 21: Managing Syphilis and the Politics of Gender**

Megan Vaughan\_Syphilis and Sexuality: The Limits of Colonial Medicine\_129-154

**Fri Feb 23: Public Health Intermediaries and Subordinates: Nurses and Sweepers**

Anne Digby and Helen Sweet\_Nurses as Culture Brokers in Twentieth-century South Africa\_113-227

Amna Khalid\_Unscientific & Insanitary\_51-66

**WEEK 9: STUDENT GROUP PRESENTATIONS**

**WEEK 10:**

**MODULE 9: COLONIAL LEGACIES OF GLOBAL HEALTH**

In this final week we will look at the vast divergences in global health today and situate them historically. Disease patterns today are rooted in longstanding relations of economic and social inequality. An understanding of how imperial expansion interacted with the different disease landscapes across the world is imperative for initiatives seeking to narrow the global health gap. We need to take into consideration not only cultural factors in different societies that influence understandings of disease and health seeking, but also the historical relations of power that inform them and which have at times facilitated the spread of disease and undermined trust in Western disease eradication programs.

**Mon Mar 5: Presentations conclude**

**Wed Mar 7: Legacies of colonial medicine**

Richard C. Keller\_Geographies of Power, Legacies of Mistrust\_26-48

Greene, Basilio, Kim, Farmer\_Colonial Medicine and its Legacy\_33-73

**Fri Mar 9: Review and Consolidation**