

Conclusion

This thesis has aimed to complicate recent accounts of the culture of tropical medicine in the late 19th and early 20th centuries. These histories have tended to focus on the way in which medicine participated in the construction of racial identity and Otherness, which was part of the broader imperial cultures of Britain and America. They have also tended to de-centre the imperial metropole, in the sense that imperialism did not involve a simple movement of knowledge and culture outwards from the centre to the periphery. In other words, the colonies made careers and empires shaped identities at home. Thus they argue that tropical medicine was a culture of fundamental and specifically colonial difference, in which the tropical colonies and their indigenous people was imagined as alien.

Yet the culture of tropical medicine, as the preceding chapters have attempted to demonstrate, was more a complex mix of discourses of Otherness and ways of framing disease inherited from the urban sanitary tradition, which was taken with public health officials during their careers in the tropics. In this way, rather than making the tropics alien, medicine incorporated the tropics and made it familiar. An analysis of the major work of W. J. R. Simpson, a former health officer of Calcutta in the late 19th century, shows the extent to which discourses of tropical medicine were not solely structured by the imagining of racial Otherness, involving elements of the tradition of urban sanitation and the cultural critique of the metropolis and the slum. This analysis also shows the extent to which the discussion of the safety of milk and

its links with the emerging distinction between public and private worlds, and British cultures of class and gender, were significant factors in the framing of disease in tropical society.

In the 19th century urbanisation and the slum became major interests for sanitary officers and reformers. Environmental theories of disease, in which airborne poisons were believed to arise from waste, led to the centrality of ventilation and thus the width of streets and heights of buildings in public health. Intersecting with this was a moralising vision of the slum, in which disease was linked to immorality and unseen space linked to social unrest. Thus disease in cities was linked to space, immorality and the creation of undesirable and dangerous classes, such the slum reform and clearance became important goals in sanitation.

It is this fundamental interest in slum topography, disease and urban Otherness that one finds in the work of W. J. R. Simpson. In the context of Calcutta, a city the size of Birmingham and Liverpool, tropical hygiene became as much about the city and the influence of disease-ridden streets and back alleys as it was about the white body. When Simpson talked about disease in the tropics, it was in terms of ventilation, the width of streets and the removal of masses of human waste. Simpson talked at length about the centrality of town planning for public health, specifying street widths and building heights, replicating discussions around the issue of slum clearance and urbanisation in Britain. The *bustis*, and their inhabitants, of late 19th century Calcutta posed the same threats to health as the slums, sewer-hunters and bone-pickers of East London. The imagining of the “Indian” in Simpson’s work owes much to the tradition of imagining an urban underclass that lived and worked in the streets and among the wastes of the city. A further exploration of medical literature for insights into the

relationship between race and class in European culture might be fruitful.

Milk and its purity were also major topics of discussion among public health officials and medical men. Infant mortality at the beginning of the 20th century was still high and many doctors commented on the perceived physical degeneration of the British. These aspects of modern urban life were linked to the contamination of milk as many epidemics of typhoid, scarlet fever and tuberculosis were identified as being carried in milk and other dairy products. This discussion of milk was taken to the tropics, with all its themes of urban contamination and gendered meanings. W. J. R. Simpson described tropical dairies as filthy and the image of the dung-laden cowshed and milking yard was common to both the tropics and the cities of Britain. In emphasising the role of women in handling milk and keeping it clean, Simpson and the many other writers that followed were reproducing classed and gendered discourses of the division of the public and the private in the tropics, an example of how important familiar markers of status were for Europeans in the tropics.

This thesis has tried to complicate the usual picture of the culture of tropical medicine as operating along a “native/European” axis in which the colony was made into an alien world for the “white” body. Instead tropical medicine was a mixture of alienating and familiarising discourses. Tropical doctors and sanitarians, in addition to linking race and disease, could also see sickness and health in very familiar ways, incorporating the critique of urbanisation and the sacralisation of the home.