



THE UNCOMFORTABLE OXFORD PODCAST
A VERY BRIEF INTRODUCTION TO THE BRITISH EMPIRE

Episode 1 - Thursday, April 9th, 2020

DISEASE AND EMPIRE

With Paula Larsson (P), Olivia Durand (O) and Manikarnika Dutta (M)

Full Transcript:

P:

Hello and Welcome to the Podcast 'A Very Brief Introduction to the British Empire'. This is a podcast run by *Uncomfortable Oxford*, which is a student led social enterprise in the city of Oxford.

My name's Paula Larsson and I'm one of the cofounders of *Uncomfortable Oxford*.

O:

And my name is Olivia Durand, I'm also the co-founder and co-director of *Uncomfortable Oxford*.

P:

So today we're doing a special edition lecture in light of the current Covid-19 crisis. And we hope you're all safe and healthy at home, social distancing, just like us. Please forgive us if the audio quality is variable in this podcast, we did have to record most of it over Zoom.

The topic today is going to be 'Disease in Imperial Context'. This is actually an area that I personally study. So my area of expertise is in public health policy and also the history of vaccination and epidemics and pandemics like we're seeing today throughout most of modern history.

O:

My area of expertise is in Global and Imperial History. So today's lecture is on empire and diseases. It will be divided into three parts. First, Paula will give us a background on



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the disease theory since it is her area of study. Second, we will give a few case studies about how diseases acted as agents of Empire. We will think about North America and the Caribbean, and how diseases impacted settlement. Finally, we will talk about the social impact of diseases: how they were fundamental in framing race theory and modern day racism, and how they were used to justify policies by Western colonial powers, some of which we can still see the legacies of to this day.

P:

Our understanding today of germ theory is a very new concept. For much of history, there was no such thing as germ theory. Europeans believed in something called humoral medicine. This involved the four humours, which were four vital fluids of the human body. Black bile, yellow bile, phlegm and blood. And the belief was that you needed these humours to be in balance. So, if you had, for instance, a really high fever, or you're just in general, a hot tempered person they often would let blood so that you could come back into balance. Balancing in general is a concept that tends to exist in many different medical traditions.

This is more of a learned theory, meaning it was mostly known by physicians who followed or studied medicine in a professional sense, like they came to the University of Oxford, for instance. There's also something called the miasmatic theory. And that's the belief that there is something called miasma that exists in the air, which is a disease causing agent and it was considered to be basically bad smells.

Miasma directly translates into unpleasant. The idea was that bad smell itself could actually cause disease. There's quite a lot of logic to that. Actually, if you think about things that smell bad, they usually aren't things you want to be near because they're generally unhealthy. So human waste, for instance, smells quite terrible things that are going rotten or putrefying. You wouldn't want to eat that type of food so the connection between bad smells and disease is actually quite logical. One that does in some way reflects later germ theory. Because now we know that those bad smells are actually caused by bacteria. Only difference is they thought the actual bad smell itself is the cause of disease. Have you ever seen an image of the Black Death? For instance, you'll see these images of very scary looking doctors with giant bird-like beak helmets on and they would stuff those beaks full of different smelling items. Flowers, herbs that would smell good in order to block the bad smells. So in lots of ways easier these are the early, you know, the 95 masks used today to block viruses, they thought that if you could



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block the smell with something smelling good, instead, you could block the disease that way.

Humoral medicine and miasma are both European concepts of disease. We definitely want to get away from this dominant belief that Europeans were the only ones who ever practiced medicine. Modern medicine is currently Westernized. But historically, there have been many different medical traditions worldwide which have informed our concept of medicine today. For instance, the North Americans had a very sophisticated system of traditions around medical practice, nutrition especially and belief in that balance again.

O:

Did any of those indigenous practices, in particular North American medical practices influence European medical practice?

P:

Yeah, definitely. Especially with the case of scurvy. Many of the Europeans when they came over the Atlantic Ocean were on these long journeys by sea and on these long journeys there would be a lack of fresh fruit and vegetables of course, and scurvy is caused by a deficiency in vitamin C, over long periods of time.

It was quite a disgusting disease. It causes really bad bleeding in your gums. And eventually, if you go without eating any vitamin C, you will die. But the good thing about scurvy is it easy to treat.

All you have to do is ingest the vitamins you're deficient in. There's a case in 1535 where the European explorer Jacques Cartier was sailing with his ship of men, and they all came down with scurvy.

About 25 of them died. And another 40 or so were on their way. But Cartier had kidnapped and enslaved a Huron indigenous man named Dom Agaya. Dom Agaya had gotten sick, but then he managed to cure himself. And Cartier asked for the cure. Dom Agaya knew that if you use the bark of the anneda tree you could recover from scurvy.



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The bark had a lot of vitamins in it so it was quite nutritional. So this I cured the Europeans of scurvy and became a treatment that was used. A very effective treatment to stave off the effects of scurvy, which could definitely kill sailor's quite often as well as indigenous people if they were left too long without proper nutrition.

And of course Indigenous North American traditions aren't only medical traditions in general. You have Ayurveda India, which utilizes complex remedies of herbal mixtures, especially massage, which we definitely used quite often today in recovery from injury. And also those of course traditional from Chinese medicine, which utilize a similar concept of the balance. We have the balance of the Chi, which is another vital energy, which circulates through what's called meridians of the body, and it regulates things like digestion, organ function and just general health. And acupuncture is quite often used by chiropractors, for instance, in recovering from an injury and it comes from ancient Chinese medicine as well.

So to sum, we have not just the humoral moral and miasmatic theory, which comes from European understandings. We also have indigenous practices. Ayurvedic medicine in India and also the traditional Chinese medicine and all these are very well established medical traditions that existed during the imperial period.

O:

So you talked about a lot of medical traditions, medical practices and also some medical beliefs. How do you think that the Empire or the different Imperial projects coming into play?

P:

So one of the classic examples of how disease shapes imperial conquest is the case of when Europeans first arrived in the new world, bringing with them many deadly diseases that had never before been seen across North, Middle and South America. Especially, for instance, smallpox.

This is referred to as the virgin soil thesis and the idea that when a community of individuals have never had exposure to a specific disease, the first arrival of that



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disease means a devastating pandemic that affects every person because the disease is able to continue spreading and finding new hosts upon new hosts.

And it's very effective in neutralizing those hosts while still being able to spread onwards. For instance, this happened in Europe during the Black Death when plague was brought along the Silk Road. But this theory was put forward by Alfred Crosby and has really been accepted as one of the most influential ways in which disease really

devastated the populations of North America, Middle America and South America. For instance in North America there is a lot of debate about how many people actually existed before contact. Some estimated it could have gone up to as high as 20 million. There's been a general agreement that at least 7 million existed before the Europeans arrived. Seven million people, tribes of very different, diverse backgrounds and cultural traditions. And it's kind of hard to tell because we don't have written records that could help us determine the size of populations before Europeans arrived because Europeans may have made contact with indigenous populations in certain areas. But the disease spread far faster than they did.

As the disease spread to a new community, people would take sick and then start to die. And then people would flee from the disease and then the disease would travel with them to the new communities and more people would die again and they flee again. And so there's really spread that it is much faster than the Europeans ever spread across North America.

This isn't just smallpox which impacts New World. Europeans also introduced plague, new strains of typhus and influenza, yellow fever. Malaria had never been seen in the new world until the Europeans arrived. Pertussis and measles as well.

O:

The Virgin Soils thesis is quite an interesting concept, but I imagine as any handy concept it probably has some problems. Can you tell me more?

P:



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Yes, there are some critiques of this thesis, especially that it's very deterministic. It kind of theorizes that the introduction of disease will always be in vast suffering and destruction, so it's very fatalistic.

Most importantly, it ignores the actual conscious actions of Europeans who brought disease to the new world because although they did so initially without knowledge of it, they definitely saw the effects of disease, understood that they brought it with them. And they often themselves did not get sick at least early on, and they knew that this was a weakness of indigenous populations, which they definitely sought to exploit.

There are cases of biological warfare by the British during the French and Indian war. Sir Jeffrey Amherst, the commander in chief of the British forces during this war, for instance. He advises one of his colonel's Henry Bouquet to give us a gift, blankets derived from a smallpox infirmary to Aboriginal emissaries in order to cause infection. So that tells you that disease in the new world isn't just the consequence of some kind of accidental infection. There is a lot of conscious choice by the Europeans to actually do this.

But disease transmission is not just a one way street. It does go two ways on the other consequences of brain diseases like smallpox, typhoid, influenza, pertussis, etc is that a lot of them are amplified in virility.

A lot of these interests have previously been endemic in Europe, and they often happened for a short period of time in childhood, and it was quite mild and people gain immunity and therefore never get it again.

Once you have the spread across the new world, a lot of diseases are able to increase their impact and therefore then reinfect Europeans who previously had immunity to it. So Europeans definitely started to die of smallpox as time went on, and the smallpox epidemic became not just a feature of indigenous experience, but also a future of most settlers across North America.

There is also the argument made that the New World itself sent diseases back to Europe to harm populations there, specifically syphilis. There's evidence on some early indigenous bones far before Europeans arrived of tertiary stage, syphilis missing in America, and it's thought that syphilis itself was then caught by Europeans.



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And then, of course, that had a devastating impact on European history for a very long time. Syphilis is a horrendous disease. It was actually called the great pox. Early stage results in pox like scars all over the body, which then develop into these seeping wounds and the longer it progresses, it goes through different stages, and by the tertiary stage of syphilis it often affects the brain stem itself making one just completely brain dead before they die. Syphilis killed many important people in Europe over time as it spread, and so it had a very big impact on European life as well. It's often said that while smallpox struck Americans, syphilis struck back.

So to sum up smallpox devastated populations. This wasn't only accidental, there was definitely biological warfare happening. And diseases went both ways, into the New World originally, but also back into the Old World. So that's a summary of North America, Olivia, can you tell us of what was going on in the Caribbean at this time

O:

In the Caribbean, first came the almost total erasure of the indigenous populations. The Tainos and the Carib in particular. And then came the transformation of the ecology and environments of the Caribbean. So the Caribbean used to have huge jungle-like forest lots of hills on their islands. But with the developments of the large scale plantations, most of the trees were removed.

And this made the tropical islands already prone to very, very annoying insects: mosquitoes. And mosquitoes in the context of the 16th, 17th, 18th, 19th century Caribbeans were a much bigger worry than we could imagine today.

Because most indigenous populations had been decimated through European diseases such as smallpox, and also very brutal military conquest, the workforce had to come from somewhere else. There was no way to enslave indigenous people if they're all gone.

At the time, it was a common practice for Europeans to use indentured servants. Indentured servants being white labor often coming from disenfranchised groups.

But these indentured servants died very fast upon arrival and barely survived the journey across the Atlantic. The islands of the Caribbean offered a lot of promise, very high economic promises, in particular, with the conservation of sugar, sugar being a very valuable crop and something that Europeans started to be very fond of.

At this point, eyes turned towards the west coast of Africa, where Europeans had already started trading slaves. Before bringing slaves across the Atlantic they had



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already started to use slaves as labor on some of the atlantic islands off the west Coast of Africa. The idea was that similarity of climate between the Caribbean and what was then called Senegambia, so the west Coast of Africa, this similarity of climates suggested that African born slaves would be the most suitable population to work the land.

Now remember when Paula mentioned the syphilis that strikes back. That's one exchange coming from the New World into Europe. Well, another exchange happens

with the start of the slave trade, and this time it came the African continent into this so called New World.

By starting to bring many, many ships filled with African slaves to the Caribbean and to the American mainland. Another ecological exchange took place.

Slave ships brought yellow fever and malaria through their main hosts. The famous mosquitos, now we know that mosquitoes are vectors for such deadly diseases as yellow fever and malaria, but we only started understanding that in the early nineteen hundreds. And for several centuries that very tiny carrier helped disease disrupt a lot of settlement projects and killed hundreds of thousands, if not millions of people over the course of several centuries.

But what people understood at time was where the diseases came from and who were the people who were affected and who were not.

P:

Just to give some background information on malaria and yellow fever. There are both mosquito borne infectious diseases.

Malaria is caused by a type of parasite known as Plasmodium which incubates for seven days in the liver before it causes severe fever and then depending on what strain it is, can include complications such as chills, headache, muscle weakness. And if it's a deadly version, or if you have any complications, it can lead to coma and death. Yellow fever, on the other hand, is caused by a virus, and it's called yellow fever because it often results in liver damage, which causes jaundice, making the skin white yellow, where it got its name.



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We're working on vaccinations and other types of preventive measures for Malaria but we do have an effective vaccine for yellow fever.

O:

So two different diseases but two diseases that existed for a long time on the African continent that are both carried through mosquitoes, mainly and because you can actually gain immunity after having had yellow fever quite a few of the Africans who

had been captured and enslaved on the west coast of Africa and sent across the Atlantic tended to be a lot more resistance to that very deadly disease compared to the European settlers and planters who are coming all the way to the Caribbean.

The rise, the sudden rise of yellow fever and malaria, that was kind of concomitant with the arrival of the first slave ships, disseminated the idea that European constitutions could not really survive in such tropical latitudes and further encouraged the importation of enslaved people on ships.

But there's a nuance there. It's not because African people tended to be more resistant to yellow fever because they might have gained immunity or more resistant to malaria, because having had it a few times, they were able to build resistance...

P:

Was it just that the Europeans didn't really notice because, if slaves died, they didn't really care?

O:

There was an idea that slaves could easily be replaced. Actually, that's a very good point, as on the plantations, just the workloads and the privations that the slaves were enduring were so acute that adults were brought to plantations and had a life expectancy of 10 to 12 years after their arrival.

This might be weird if you think about how big the slave population became on the plantations. But this rapid population increase stemmed almost exclusively from the rise in the scale of the slave trade. So it became very much a big business across the



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Atlantic towards South, Central and North America, and also because of the expansion of the plantation economy. So the more plantations were created the more states they needed. There was a very low increase in the slave population from natural birth and actually there are very few women going to the region, both enslaved or free.

For all these reasons, the historian John McNeill, wrote a very seminal book called *The Mosquitoes Empire*, nicknamed the Caribbean, a sinkhole for humanity. Because it had many deadly epidemics that killed most of the adult Europeans and were coming to the Caribbean. But obviously it was also a space that was the end destination of kidnapped and enslaved Africans. Many millions of them ended their lives on the shores of the Caribbean.

So you can see the diseases helped shape the geographics of the region quite significantly. And on large sugar colonies, the ratio of three Europeans to African slaves was generally one European to 10 slaves.

The reason for this ratio we understand now quite easily is because of the lethality of yellow fever and malaria and of the assumed greater resistance to the diseases. Even though again, there was very little understanding of how diseases worked.

P:

So clearly disease impacted demographics in the Caribbean, what were the political impacts?

O:

As you have understood. Yellow fever and malaria did attack some people, much more than others, and the people that attacked tended to be the European born planters and traders rather than the enslaved Africans and well, the political consequences are quite easy to see because the immunity or non immunity to disease is a key part in the determining challenges to imperial control in parts of the Caribbean.

Basically if you were more sensitive to diseases, if you didn't have immunity, if there was a revolt, there were just as many chances of you being killed by the disease as by the Army, and that really gave a lot of strength to people who are rebelling against imperial rule against slavery, and that's the example to bring forward.



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So this one is not a British example. But it is probably the most famous one and it plays quite an important role, in challenging a wider European role in the Caribbean. So the example is the Haitian revolution that gave birth to modern day Haiti.

It took place in an island that was called Saint Domingue. At the time it was a French possession from 1791 to 1804, so right after the start of the French revolution. And the outcome of the Haitian revolution was the birth of the first Independent Black Republic.

The story of the Haitian revolution infections such as Yellow Fever and Malaria, actually made sure that the former slaves were successful because well, they're fighting very large forces off adults, many soldiers who were freshly sent out from Europe to stop them, and all of them were newcomers to the Caribbean islands again already.

You can already probably presume what difference it made in addition to the military strength, even though the French, British and Spanish army we're a lot better trained, had a lot more weapons. They also had a lot more men because Saint Domingue, the future Haiti, was a very, very high priced Island which produced a lot of sugar. It represented a lot of capital.

Despite the numerical force of the European armies, the Black Revolutionaries. The former slaves were victorious. In total, France, which was the power that was initially controlling the Island sends in between 50'000 and 65,000 men to suppress the said revolution.

About 50,000 died, so it's an estimate of 80 to 85% off the soldiers. And even though it was a very bloody revolution, there are lots of massacres of combat. The median guesses is that in between 35'000-45,000 of the soldiers died of disease, most of them of yellow fever, which was a lot more lethal than malaria.

One of the revolutionary leaders - his name is Toussaint Louverture, he was one of the leaders of the black Revolutionary armies for most of the war - was credited for having a very good understanding of the power of yellow fever. He saw yellow fever as the supreme weapon for the weak.

And sometimes she decided to abstain from battles that would be very deadly for his own troops, and he preferred let the climate work its magic on the European forces.



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But the Haitian revolution is maybe if exception in a space that was still overwhelmingly relying on slavery. Slavery itself was only abandoned as a practice much later in most of the other colonies, yellow fever and malaria, shaped a lot political struggles between Europeans. And people were fighting for independence in North, Central and South America and even though people of the African descent play a prominent and central role in nearly every case. In most of the other stories, it's mostly struggles between European forces as the descendants of settlers who have been living for generations in the colonies, such as in the United States in Mexico and in most of the South American Republics that were created in the 19th century.

So the Haitian revolution is very unique when it comes to an example of a successful slave revolution that ends up creating an independent republic. But if we think about diseases in the Americas this revolution, this revolt is quite similar to other revolutions. That shows how the immunity of people who were born and raised in the Americas helped them eventually overcome and gain independence from imperial powers because of preferential immunity.

P:

So just to sum all that up, we have the Europeans who come over North America they bring with them many diseases especially smallpox, which clears vast portions of land, which they can then seize from the indigenous populations and smallpox itself comes with a massive loss of life of indigenous people.

And this is followed by the need to import more individuals for working in areas considered to be tropical and therefore dangerous to Europeans, and that sparks the major increase in the slave trade coming from West Africa.

As time goes on, we have ecological changes, as plantation society really clears large portions of land. We have the introduction of mosquitoes and malaria and yellow fever with it.

And then, lastly, preferential immunity ends of working against Europeans when they come over to Haiti during the revolution, ultimately killing many many Europeans

So throughout this whole conversation, we can see the disease itself it shapes how individuals interact with each other in ways that are often unpredictable, especially in a



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time when they didn't understand what caused disease but also it has a power that is utilized very consciously by individuals on both sides.

So that leads us into a conversation about social ramifications of disease. And Olivia has some really good insight into the development of these social ramifications.

O:

So because there are so many diseases that we're killing, a lot of people, both the colonizers and the indigenous populations in the different colonies. A lot of colonial

writers and physicians described tropical nature as a sort of purgatory that was disguised as an Eden. And the idea was that it was not a place for a white man or a woman but in a sort of paradox, it was at the same time the very place for white dominion over men and nature. And during the 19th and 20th centuries, physicians tried to formulate and to resolve this dilemma.

In doing so, they created a mix of race theory, geographical pathology and global politics. They call this mixture the study of acclimatization (or seasoning, acclimation or even sometimes creolization, according to the different spaces they were going into). This was very much a climate focused medical study. By focusing on the climate, the scientists were focusing on the interactions between racial constitutions and regional environment. It was very useful in helping to shape colonial ideology.

The end result was a superposition of frames for diseases, the environment and race in most imperial contexts, so disease, environment and race often meant different aspects of the same thing.

And the consequences of these discourses were very impactful when you think of colonisation you often think about military conquest and war and conflict.

But discourses were just as important because they fed into a lot of prejudices and preconceptions. But in this theory of acclimatization, there was a sort of shift that happened, halfway through the 19th century. So there's a before and after.

Before the 1830s, most experts of acclimatization argued that human races could eventually adapt their constitutions and their vulnerabilities to new circumstances.

By the mid 19th century, the conception of acclimatization changed quite a bit.

Medical texts changed their stance and at this point they were assuming racial fixity. So they were going against the previous idea that you could adapt to a new



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environment because race was seen as something completely fixed that you couldn't change.

P:

So you're saying is that as Europeans started to solidify the concept of racial hierarchies, they started to come up with characteristics of each race, if you will, and one of those characteristics, would be a response to disease or ability to live in warm climates, so because of the fact that they had to justify things like slavery based on race, for instance, colonial power over countries that were not white and individuals who

were non white, they had to reason that being white had certain inherent characteristics and being not white as well.

O:

Yes, because they were assuming this racial fixity, you were either white and always white, black and always black. There's always this idea if you had one drop of African American blood, there was no way you could become white. Because of this assumption of racial fixity, there was no longer talk of adaptation and whatever was tropical, whatever laid on both sides of the equation, was increasingly framed as non European. And because there was no non-European, it was seen as dangerous to migrate into the tropical colonies; medics and physicians argued that Europeans risked physiological and mental breakdown.

And we can find a lot of these assumptions in colonial fiction. If you just think about Joseph Conrad, Rudyard Kipling, a lot of their stories are about how the monotonous heat and the humidity of tropical spaces, whether in India and Sub-Saharan Africa, how they drive Europeans to despair to murder to suicide.

So to sum up in much of the colonial medical theory after the 1850s, the climate insidiously leads to physical disease and moral degeneracy. And it was not long before these assumptions transferred into a sort of pseudo-scientific, and anthropological understanding of human groups.



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Race itself became pretty much a medical category. Race explained the diseases rather than environmental factors, and it provided a scientific basis for social Darwinism., because it helped justify imperial power by European nations over most parts of the world.

P:

So while we're talking about the concept of disease and race and how they intertwine. we're going to bring on a guest speaker today. Her name is Manikarnika Dutta. She's a PhD student at the University of Oxford and has a lot of insight on how cholera was redefined as a racial disease in the 19th century. Welcome Mani. Thank you for joining us on the podcast today. Could you just tell everybody what you're studying?

M:

Hi I'm a PhD student at the history faculty at Oxford. More specifically, for my thesis, I've looked at the health of the European sea men in colonial port cities, in Kolkata and Bombay. So broadly, I look at public health and during the 19th century colonial India.

P:

So it looks like you know a lot about today's subject and we were wondering if you could give us some idea of how disease affected colonization in the British Empire.

M:

It was in 1757, with the battle of Plassey that the British set their foothold in India and India was in fact considered to be the tropics. Now it's important to understand that tropic as a concept, kind of became a way of defining the cultural alienation on environmental distinctiveness from Europe.

So what we find in the topographical surveys that were conducted by the British on the medical text that were written about this physiological and the pathological consequences of warm climates, it described India as an exotic space. And not just as an exotic space, but also as a dangerous and as an unfamiliar environment. This we see that this idea of Tropics helped to emphasize this difference between the West and the



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East, the Orient and the Occident and the medical discourses talk about how superior the colonizers were and how inferior the natives were.

And that the healthy part of the world was the temperate zone and just opposite that were the tropics. So what you find was towards the end of the 18th century and maybe the first decade of the 19th century, there was the fact that you know the Europeans who were almost obsessed with this idea of enlightenment man, that they would be able to adapt, you know that they had this ability to adapt to all circumstances and conditions which was popularly known to be acclimatization theory or the idea of seasoning.

This kind of climatic determinism and this idea of optimism started dwindling from the second decade of the 19th century related to the outbreak of the Asiatic Cholera in 1817.

So what was unique about cholera was the fact that it struck suddenly and there was this unpredictability about the disease. A person was apparently healthy, at one point might be seized the next by violent, vomiting, uncontrollable purging and that was coupled with massive loss of body fluids.

It was the suddenness of attack that kind of made it destructive and looked upon as a terrifying disease.

P:

And there's a chance they could die because of dehydration and septic shock?

O:

Absolutely, cholera was kind of seen to be this classic example of epidemic diseases that could be comparable only to the Black Death and India was in fact considered to be the epicenter of cholera.

What it is really important to note is that cholera was not just an epidemic disease but rather it took a pandemic form.

It struck India, and more particularly Bengal in 1817. But by the early 1820s, it reached Britain and advanced to Europe by 1830 and in fact it had crossed the Atlantic to New York by 1832.



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Cholera was something that was already known to the British before as well, but what they encountered in India, you know, they considered that to be very different from the cholera that they knew. This is why they identified it as Asiatic Cholera.

P:

So the first cholera pandemic really emerged in 1817, as you were saying. And then this became labelled as Asiatic Cholera, which is different from the Cholera that the Europeans had encountered before but mostly by concept, not specifically by symptoms.

M:

Yeah, Absolutely. So what was unique about the cholera outbreak in 1817 was the fact that this particular disease was considered inherently Indian.

So what Cholera did was in a way, to reinstate the fact that India was this land of death and disease and despair. Identifying India as a diseased zone, gave way to justifying colonial rule, and medicine, in fact, has been identified as a tool of the Empire.

P:

So what you're saying is that the British went to new places with different environments that they weren't used. It caused them to die because they got infected, and they also brought diseases with them. So people there also got infected. And they connected death with these tropical environments and then created racist concepts based on those.

M:

Yes, and specifically, it is kind of proven how the study of diseases and study of epidemics and how important it is to understand what exactly is happening to us, for example, right now.



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I think the biggest take away from the history of cholera would be the naming and labelling of the disease because cholera was always kind of identified to be a Bengali disease.

Similarly, they find in the case of Covid 19, there has been blaming because the disease has originated from China, from Wuhan, and so there has been this blame game that has been going on.

Not only kind of blaming the Chinese government, but unfortunately it has distressed the East Asian People in general, for example, in India also, we find that the northeastern people who kind of look similar to the Chinese having similar facial features, they have also been attacked, even in India.

So this trend is something that continued from the 19th century and unfortunately is still going on in the 21st century.

So hopefully we can learn from our mistakes and stop making such racial comments. And calling out names and so on so forth.

P:

Thanks so much, Mani. I think you shed some really good light on the history of infectious diseases, especially the social labels that are applied to them.

Thanks for joining us on the podcast today and good luck with your research!

M:

Thanks for having me!

O:

So we've talked a lot about the Americas and South Asia. But what about Africa? What's happening?

P:



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That's a good question. The impact of disease and colonization in Africa is much later, mostly because of how Europe interacted with the continent itself. It wasn't till much later that Europeans started to see it as a valuable constant to have physical control over the participants. In the Berlin Congress of 1884-1885 they really partitioned Africa and agreed that possession would require effective occupation. This meant introducing not just soldiers, but traders, missionaries and especially settlers, in order to really validate claims to the territory that the European countries were making.

In both southern and central Africa, patterns of European occupation were affected directly by disease. Malaria was never a total obstacle by this point, largely because medical treatments for it had been developed. Quinine specifically came to generally use the presidents of malaria, but it did still discourage settler occupation in areas where it was widespread. The swampy areas, the wet arias were seen as malaria infected and would be avoided.

Often left out of these conversations about diseases actually was the impact it had on other creatures that existed there for instance cattle. So we often think of diseases as of human to human transmission. But there's also cases of diseases being brought in from cattle or from livestock of Europeans and then affecting livestock of other places.

And a really famous example was the disease Rinderpest, which was introduced into Africa with the Italian invasion of Eritrea in 1889 and it's especially devastating in Tanzania, Kenya, Malawi, Zambia, South Africa. It kills up to 90% of the cattle in these areas, and that's really devastating thing for pastoral societies who relied upon cattle consequences

The initial consequences are starvation, the disruptions of economic structures that existed, social and political dislocation. And, amidst this, European powers are really able to exploit the disease to their benefit, especially British & German colonization takes over.

With the loss of cattle. You also have the ecological impact of large grasslands, which were usually grazing lands for cattle movement, some of them kind of being left to be invaded by other types of creatures, which brings in hogs, which brings in more swampy areas and overgrowth and large, patchy grasses.



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And this brings in something called the Tsetse fly which brought in sleeping sickness and there were epidemics of sleeping sickness that happened in the late 1800s because of this too.

So one disease harms cattle, Rinderpest, which then changes the environment itself, which then leads to the other disease brought by a new vector, the Tsetse fly. In European minds, these epidemics justified their presence because they were there to bring medicine to bring infrastructure to bring sanitation to lands that, before that, indigenous Africans knew very well how to handle the Tsetse fly. They cleared large areas. They would burn sections of land to get rid of the fly. They had pastoral society specifically because that environment of coexistence really diminished the effect of the fly.

But with the Europeans bringing into the landscape, it changes the environment. And then the Europeans say 'Oh, you need us for sanitation and for infrastructure'

O:

So Paula, your expertise is in the history of vaccination. How does it change this kind of relationship between diseases and empires when vaccines are invented?

P:

It's complicated because vaccines are another way in which European are able to assert control over certain populations in times of crisis, during an epidemic it's easier to just in general assert control. We see that today with quarantine we're all stuck inside so it's a lot easier for the government to pass emergency measures because it is an emergency.

And Europeans are able to do similar things when it comes to smallpox outbreaks or the epidemic of sleeping sickness, and they introduced new vaccination campaigns which build infrastructure to get to areas where there is a sickness, implement vaccination amongst all the people there with or without consent.

Today. We require, of course, fully informed consent. But even in emergency situations such as the Ebola outbreak you have these large teams of external Western doctors and Western public health officials who still go into areas which were formally colonized, using similar routes and have the similar power structure, so it's very difficult for people to trust Western doctors coming in.



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When the World Health Organization initiated worldwide smallpox vaccines to eradicate it in the 1950s and 1960s they utilized these similar strategies en masse vaccines the doctor arrives and there's a lot of pressure to have a vaccine even if it ends up having a lot of fear of backlash.

And there were rumors when the smallpox vaccines were given, for instance, in Pakistan that they were poisoned and that it was a weapon used against the people. So there's a lot of distrust on public health strategies still that are a legacy of this imperial medical power.

So ultimately European movements in the colonial period spread disease like never before, caused epidemics and pandemics which facilitated colonial conquest, they

redefined disease in a social lens, and then they based policies of racial hierarchies and fitness on public health treatments.

Many public health strategies were born during this period, and they still exist today as almost a legacy of imperial policy. It's very difficult to avoid them when the entire basis of your healthcare structure is based upon them, and not sort of the struggles that many people have today when they're doing research in public policy on defining how to get equitable access to health that is culturally sensitive that is not incredibly imperial or Westernized, and that could have affected outcomes worldwide.

That's the end of this podcast. We hope you enjoyed listening.

And we do have a list of recommended readings, if you're interested in getting even further into any of these subjects, we will post it on our webpage www.uncomfortableoxford.com.

My name is Paula Larsson and I was joined today by Olivia Durand, my co-founder from Uncomfortable Oxford and Manikarnika Duta.

This podcast will be releasing episodes every two weeks up until the summer time and it's based on a lecture series that we host in Oxford itself, currently shut down because of social distance and quarantine measures, but it does happen monthly on the first Thursday of every month.



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We will continue to release those lectures, starting with lecture one which we skipped over to release this one which is a special release. We will start with lecture one and move forward in time and it's going to give a very basic instruction to the British Empire, starting with the Atlantic Ocean conquest, and then all the way up until the end of the British Empire officially in the establishment of the Commonwealth.

So tune back in and keep an eye out, subscribe to this podcast and we hope to see you again in two weeks time!