

**Imperial Medicine: Patrick Manson and the Conquest of Tropical Disease.**

By Douglas M. Haynes.

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The relationship between center and periphery provides an ongoing theme in many areas of historical study, whether social, cultural, economic, or political. The roads that led to Rome and the trading routes that led to London, Paris, and the provinces all illustrate the tensions between dependence and control, need and demand, influence and opposition that shape complex, dynamic, and often fractured patterns across broad historical landscapes. In recent years, the center/periphery tension has been a special focus of scholarship on the colonial and imperial activities of Europe and America in the nineteenth and twentieth centuries. In *Imperial Medicine*, Douglas Haynes again takes up this model and applies it to the world of British medicine, using Patrick Manson's career and achievements as a case study.

The focus is narrow. Patrick Manson (1844–1922) is best remembered for his role in the identification of the mosquito transmission of malaria and as the founder of the London School of Tropical Medicine (later the London School of Hygiene and Tropical Medicine). His prominence in the history of tropical medicine was secured by his son-in-law, Philip Manson-Bahr, who dedicated considerable effort to writing the histories that located Manson as the fount and founding father of the specialty. For Haynes, Manson forms “a discursive site for locating the place of British medicine and science in society and the wider world” (p. 2). The book charts the course of Manson's career from his birth in Aberdeenshire through his medical education, his service as a port surgeon for the Imperial Chinese Customs Service, his discovery of the mosquito transmission of elephantiasis, his retirement to London, his relationship with Ronald Ross and their role in the malaria/mosquito story, to his founding of the School of Tropical Medicine and its early years.

Several themes run insistently through Haynes's account. First, he is emphatic about the professional insecurity of British medical men in the Victorian period. Medicine, as Ivan Waddington (*The Medical Profession in the Industrial Revolution* [Atlantic

Highlands, N.J., 1984]) and Anne Digby (*Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720–1911* [Cambridge, 1994]) have shown, was a socially marginal and overcrowded profession, which, Haynes argues, depended in large measure on overseas postings for employment. The Indian army, the Colonial Medical Services, the Imperial Chinese Customs Service, multiple small and large colonial outposts, and the expanding industry of missionary medicine at once created opportunities for medical men and ensured the overproduction of them by medical schools (in terms of the prospects for careers at home) that fed that demand. Hence, in this respect Manson was not unusual in applying for overseas service. Nor was he unusual in engaging in research as well as practice in his colonial outpost; Manson, laboring over his mosquitoes, had much in common with Robert Koch, away in provincial Wollstein, peering at anthrax blood under his precious microscope. In the colonial setting, however, Victorian medical men found themselves engaging with indigenous populations as well as Europeans and encountering in both a variety of problems unknown in the temperate world. Medical service overseas required new skills and new knowledge, both to gain and retain the confidence of local communities and to enable successful practice.

A second theme thus becomes the relationship between medicine practiced on the periphery (colonial/imperial) and that practiced at home, more especially in London, the center of the British medical world. Here Haynes has a mission: through Manson's activities, he argues, "imperial medicine" became "British medicine." Since neither colonial, nor imperial, nor British medicine is specifically described and defined, the precise distinctions between them may be unclear to nonspecialist readers. Haynes argues that, through Manson and through the interested machinations of the Colonial Office, research (science)—and, indeed, teaching—in the field of tropical medicine became centered in England, especially in London. Moreover, the colonies contributed moneys they could ill afford to subsidizing that enterprise. As a result, the dynamic of the discipline shifted to the metropolis, and imperial medicine was subsumed in British medicine: "This diversion politicized tropical disease knowledge. . . . It diminished the resources available for fostering a culture of laboratory research in the empire and enmeshed metropolitan expertise in the subordination of imperial doctors as primary-care givers" (p. 172).

It was, perhaps, a mistake for the author not to have taken a look at the longer history of the London School. One of the strengths of Haynes's book is the way in which he demonstrates the dynamic relationship that existed between center and periphery in the nineteenth century: researchers from the periphery engaged in active dialogue and dispute with researchers in London, and the major metropolitan medical journals "foregrounded" the empire and imperial/colonial medicine. (This enabled them, Haynes argues, to showcase the home country as a healthy, modern society.) The argument seems to be that after 1900 this dynamism disappeared and the colonial medical men relapsed into primary care, abandoning research, while in the metropolis attention focused on the parasitic diseases of classical tropical medicine, neglecting "the emerging infectious disease crisis that accompanied urbanisation" (p. 179). Haynes cites a couple of post-1945 sources in support of his argument here, but these need to be set within the complex background of the competing interests within and around medicine and medical specialties in later twentieth-century Britain. Haynes would plainly have liked a laboratory-based research culture to have been established in the colonies, but, as Victorian colonial doctors sympathetic to this ideal recognized, it was never a possibility financially. Nor, in fact, did colonial doctors cease to do research; they made their own contribution to widening the remit of the specialty. Cicely Williams, for

example, was a medical officer on the Gold Coast when she “discovered” and elucidated kwashiorkor.

Focused on and sympathetic to the colonial world, Haynes does not extend his analysis to the emergence of tropical medicine as a specialty within the canon of British medicine or to the ways in which this emergence may have affected the situation he portrays in the first decade of the twentieth century. The relationship between center and periphery remained complex, dynamic, and changing across the twentieth century.

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