

The LSHTM and colonialism: history and legacy – *Draft protocol*

Introduction

An increasing number of academic and research institutions, in the UK and globally, are responding to calls to decolonise the university. Starting at the University of Cape Town in 2015, the *Rhodes must fall* movement made its way to the University of Oxford. More recently, in the summer of 2019, the University of Glasgow signed a historic agreement with the University of the West Indies acknowledging the former's historic links with slavery and setting out to raise and spend £20 million over the next 20 years on research and events highlighting the history of enslavement (University of Glasgow, 2019). In London, University College London (UCL) is currently in the midst of a one-year process to investigate UCL's links to the British eugenics movement. These processes, crucially, place an emphasis on 'decolonisation, not diversification' (RMFO, 2015), that is to say they demand an in-depth engagement with the colonial and racist history that has and continues to shape knowledge production and institutional development at these universities, rather than the mere 'tokenistic' hiring of BME staff.

Medical courses and institutions have not been excluded from these processes. In 2018, the Wellcome Collection hosted a one-day symposium entitled 'Decolonising Health' (Wellcome Collection, 2018). Also, in 2018, UCL was host to a 'Decolonising the medical curriculum' event, which sought to highlight the disproportionate influence of 'white, male, heterosexual, western attitudes' (UCL, 2018) in medical curricula. Finally, earlier this year, students from Harvard's T.H. Chan School of Public Health organised a 'Decolonising Global Health' Conference in order to challenge the 'depoliticised, un-critical and ahistorical ways' in which global health is taught (Saha et al., 2019).

At LSHTM, the *Decolonising Global Health* group formed in March 2019 with the aim of creating a space to (self-) reflect and discuss how colonial legacies still shape global health internationally and at the school. A particular focus was hereby placed on colonial legacies in research, career progression and learning and teaching. These questions have particular salience in light of LSHTM's 120th anniversary, which celebrated the school's founding by Sir Patrick Manson in 1899. Manson, then Chief Medical Officer to the Colonial Office, is one of the most obvious links between the School and Britain's colonial Empire. The *Decolonising Global Health* group was consulted in the writing of this protocol.

In light of these parallel and interconnected developments, at the school, in British academia and globally, LSHTM's commitment to researching its colonial history is timely and necessary. As one of the leading public health universities in the world, and importantly, as a London-based institution with an explicit focus on research in formerly colonised countries, exploring LSHTM's colonial legacies has the potential to inform research, teaching and working at the school. As such, this research project draws on and situates itself among wider calls and movements to decolonise the university as a site of Eurocentric knowledge production. At LSHTM it builds on reflections and thought processes that emerged from the *Decolonising Global Health* group and the wider student and staff community. Specifically, it draws on LSHTM's own archives to critically interrogate and explore the school's colonial entanglements between 1899 and 1960. The project aims to understand the consequences of

LSHTM's engagement with the British Empire for research, teaching and the institutional development of the School. A particular emphasis will be placed on funding, governance, functioning, teaching and partnerships at the School as well as on the underlying geographies of LSHTM's colonial engagement.

This protocol is structured as follows: Part 1 presents a brief review of relevant literature, which is itself split into three sections. The first section (1.1) focuses on literature on the critical study of imperial and colonial medicine. This is followed by an overview of literature on the emergence of tropical medicine as an academic discipline and its institutional development (1.2). 1.3 considers existing literature on LSHTM, seeking to foreground the colonial history of the school as far as it has featured in published works. Part 2 lays out a provisional plan for the research project. In 2.1 I present the project's aims and objectives, a brief overview over my archival methods and the overall conceptual and practical framework of this research project, including some initial thoughts and suggestions on the advisory committee. In 2.2. I discuss the different themes, which will direct my research in and outside of LSHTM's archives. Finally, in 2.3 I end with a brief discussion of dissemination strategies.

1. Literature Review

1.1 Decolonising medicine

Historians, a great number of them British, began exploring how medicine became a tool of British colonialism and imperialism in the early to mid-1980s. In this literature, India and South Asia dominate in terms of regional focus, with fewer texts dedicated to the study of colonial medicine in Africa and the Caribbean. This reflects a general emphasis in British academia on the study of British colonialism in India in favour of other regions. Medicine constituted a tool of Empire in several ways. Geographical analyses have long focused on how sanitation was used as a pretext for racial segregation and shaped the lives of colonised cities past independence (Bigon, 2012, 2014, 2016; Frenkel and Western, 1988; Cole, 2015, also Keller, 2006). Historians too have written about the longevity of discourses and practices of colonial medicine, the most important of which being the dissemination of biomedicine and the attempted suppression of other forms of medicine. Biomedical discourses, rather than being value-neutral, conveyed ideas of European superiority and were used as a justification for imperial conquest (Chakrabarti, 2014; MacLeod and Lewis, 1988; Arnold, 1993). Colonial conquest, in itself was helped by advances in (tropical) medicine, which allowed imperial troops to better survive in and thus subjugate 'tropical' regions (Headrick, 1981). Colonial medicine thus became a tool in the colonial teleological drive towards Western-style 'civilisation'. It particularly intersected with and fuelled European notions of race and the racism that characterised British (and other) colonialisms (Bashford, 2004, Ernst and Harris, 2002). While historical analyses of colonial medicine cover different regions, time periods and diseases they also challenge the idea of an all-powerful unitary colonial health system that was imposed on colonial societies. As Chakrabarti (2014), Kalusa (2014), Mavhunga (2018) and others point out, colonial medicine took, learnt from, modified and incorporated indigenous knowledge, ingredients and healing practices. Consequently, in order to continue the work of decolonising colonial medicine, analyses need to challenge the 'dominance-resistance' framework, which still characterises scholarship on this topic (Kalusa, 2014). There is also need for more scholarship emerging from African and Caribbean (especially) and Asian authors to contribute new perspectives and challenge the predominance of white European authors in this field.

1.2 (Schools of) Tropical Medicine

While the majority of historical texts have focused on colonial medical practice in the colonies themselves, some authors have explored the consolidation of colonial medicine-related knowledge in imperial centres. The establishment of tropical medicine as a scientific and academic discipline is directly related to Europe's colonial expansionism into 'tropical climates' and the high mortality rate sustained by the imperial workforce (Farley, 2008; Manton, 2011; Lock and Nguyen, 2010). Indeed, Worboys (1988) and Johnson (2010) have argued that tropical medicine, with its focus on vector-borne diseases and infectious disease control, was specifically designed to support the expansion of European colonial Empires. The roots of tropical medicine can be found in European colonies, where colonial (medical) officers and missionaries were confronted with new disease patterns and where colonial subjects offered ample room for study. The lack of ethical guidelines in relation to human trials at the time, combined with racist attitudes towards the value of the lives of colonised subjects turned European colonies into 'living laboratories' (Tilley, 2011, 2016; Lock and Nguyen, 2010). Bruno Latour (1993) for instance describes how it was France's vast colonial empire (and its populations), which contributed to Pasteur's scientific innovations (helped by the establishment of 'Pasteur Institutes in French colonies) (Sun, 2014; Monnais, 2006).

In the UK, Livingstone College, founded in 1893, was the first institution to prepare missionaries and colonial medical officers for their work in the colonies (Johnson, 2010). The Liverpool and London Schools of Tropical Medicine emerged shortly afterwards with the Liverpool School opening in April 1899 and the London School in October of the same year. Both schools were founded on the initiative of Joseph Chamberlain, then Secretary of State for the Colonies in order to advance teaching and research on tropical medicine in Britain and to be better able to exploit Britain's vast colonial possessions (Worboys, 1988).

1.3 The London School of Hygiene and Tropical Medicine

There are few texts entirely dedicated to LSHTM's colonial past. The most prominent is Douglas M. Haynes (2001) *Imperial Medicine* which provides a critical history of medicine's imperial uses through a discussion of Patrick Manson's life and so covers the School's early years. Haynes presents the founding of LSHTM as a combination of Manson's professional ambition, his close links to the Colonial Office and Chamberlain's desire to improve the health of colonial service personnel. His work is decidedly the most critical monograph on the history of the School or on Manson. Worboys (1988) offers a comparison between the development of the Liverpool and London Schools anchored in the rivalry between Patrick Manson and Ronald Ross. He (1988, p.25) describes LSHTM as 'being widely regarded as the de facto medical department of the Colonial Office.' Acheson and Poole (1991) on the other hand focus on the School's development in the interwar years and on the Rockefeller Foundation's interest in creating a School of Public Hygiene in London. This ultimately led to the School's development into the London School of Hygiene and Tropical Medicine. *Prevention and Cure* (Wilkinson and Hardy, 2001) offers an in-depth history of the School in the 20th century and makes extensive use of the LSHTM archive. However their analysis marginalises the colonial activities of the school and does not offer a critical post-colonial or decolonial perspective. GC Cook's (1992) monograph adopts a similarly uncritical approach.

2. Research project

2.1 Framework and methods

I begin this section with a brief overview over the aims and objectives of this project before outlining the methods I will employ in my archival research and then focusing on this project's framework.

Aims and objectives

The aims and objectives of this research project have been jointly developed by the LSHTM senior leadership team and the research fellow in conjunction with the Centre for History in Public Health. This draft protocol has also been sent to the DGH group for review and input. As the project progresses and following input from the project's advisory committee, these aims and objectives might be subject to review. In its current state, the aims and objectives are as follows:

- To undertake research into the history of the LSHTM, with special reference to its relationship with colonialism;
- To organise seminars, symposia and other events on the history of LSHTM and the influence of colonialism;
- To work with LSHTM staff and students to further understanding of the history of the LSHTM and colonialism;
- To build a solid epistemic and practical basis for further decolonisation at and of the School;
- To be in conversation with aims and activities of the Decolonising Global Health group.

In the process of meeting these aims and objectives I will be guided by the following research questions:

- What forms did the School's colonial entanglements take between 1899 and 1960?
- How does LSHTM's colonial history relate to the current workings of the school?

Archival methods

The majority of the research will be conducted in the LSHTM archives and I will present my specific approach to this and two other archives in the next section. In general I will approach the archives by using a critical de/postcolonial approach. This means following Ann Laura Stoler (2002, 2009, 2010) and the Subaltern Studies Collective (i.e. Guha, 1983) in reading the archives along and against the grain. In detail, this means first familiarising oneself with the language and discourses of power of the time of writing in order to better be able to critique them. It also means interpreting the silences and language of the archive productively. Indigenous stories and agency are often obscured and silenced in the archive, appearing only as deviance, dependency and absence.

Another focus will be to highlight the stories of people of colour that I encounter in the LSHTM archives. Since its founding, LSHTM has attracted students from Britain's colonies and other foreign nations. Extracting and foregrounding their stories and careers, how and where they applied and modified the knowledge and teaching they received at LSHTM also serves to shed light on the geographies of LSHTM's colonial engagements. It also highlights

subaltern stories that are otherwise absent or silenced in the archive. To extract these stories, one needs to be attentive to the ways in which the subaltern can express itself and similarly, how colonial inequalities and hierarchies are reproduced in the archive.

In order to maximise coverage of archival materials in the LSHTM and two other archives, I will focus my attention in a first instance on the period between 1899-1924, that is the period before the school became the London School of Hygiene and Tropical Medicine. Following this period and depending on the wealth of materials available I will sample materials every 3-5 years to gain an overview over the entire period (1899-1960).

Framework

Although the research project is situated within LSHTM's Centre for History in Public Health, it is to be overseen by an international advisory committee. The aims of the advisory committee would be to provide advice throughout the duration of the project, as well as to help with dissemination towards the end of the project. It has been envisaged that this committee could have two levels: one international level, which might include Srinath Reddy, Olivette Otele and Sir George Alleyne. On a local level we suggest:

- 1) Tunde Agbalaya (Diversity and Inclusion Project Manager at Wellcome Trust)
- 2) Subhadra Das (Curator, Teaching and Research Collections – Biomedical and Galton, UCL; member of UCL's inquiry into history of eugenics commission)
- 3) Rashida Ferrand (Department of Clinical Research, LSHTM, DGH)
- 4) Meera Sabaratnam (Lecturer in International Relations, SOAS)

The make-up of the local level of the advisory committee would ensure representation of LSHTM and non-LSHTM staff and, importantly would include a high proportion of people of colour. This is good in terms of representation, but also so as to include a variety of perspectives in guiding the project.

As stated before, the timeframe that the project will investigate is 1899-1960. Consequently, the MRC units in The Gambia and Uganda are excluded from the scope of this research project. After discussions with Virginia Berridge (History), Claire Frankland and Victoria Cranna (Archives), the possibility of guiding archival research through discussions with contemporary witnesses or family members thereof has arisen. This could lead to the inclusion of personal archives into the research project.

2.2 Research strategies

I will conduct research at the following archives:

- 1) LSHTM Archive
- 2) National Archives (Kew)
- 3) Wellcome Archive

Research will be guided by the following eight themes. These themes are not exhaustive, but researching them will provide insight into the colonial workings of the school and also take important historical events into account. They thus constitute an important starting point for this research project. I have begun looking through early meeting minutes, syllabi and lecturer

notes. Notes on this early period are thus more detailed than notes on the later period of LSHTM's colonial entanglement (post-1914)

- i) Early funding and programmes
 - The LSHTM archives currently have the Seamen's Hospital Society (SHS) Meeting Minutes covering the period of 1899 – 1924 on loan. These minutes contain important information on the provenance of early funding, such as the Colonial Office, private and corporate donors, scholarships as well as on the setting up and management of the School and the School's early programmes. The School sent out representatives to the Empire on several occasions to solicit funds from rich merchants and colonial governments, details of which are contained in the minutes. Accounts are available from 1912-1960 (and beyond), with a few years missing in the early period. Information on accounts is also available in the School minutes, which start in 1924 and continue until nearly present day, in annual reports and reports to the Court of Governors.
 - The National Archives in Kew contain roughly 500 documents relating to the LSHTM. These include documents relating to Colonial Office grants for the school and monies made available for the School by Britain's colonies.

- ii) Student origins and trajectories
 - LSHTM Archives: The student registers have been digitised up to 1924 and the archive has paper copies up to 1952. These list all the students having taken up a course of study at the School, their name, address, their qualification and when it was obtained, which public service they belong to, if any, their date of entry to the school as well as their date of leaving, their attendance and their destination. The registers and the SHS minutes also state how many students left for the Colonial Service, how many were missionaries, representatives of foreign governments or private students. The first volume of SHS meeting minutes also states how many of the students were women. This information can be cross-referenced to the photos of students and staff, which have been digitised on Assetbank until 1939. Post-war, there are group photos for most courses until these were discontinued. There are also general attendance registers and lists of names until 1968 and 2005 respectively, however these don't provide further information on student origins and trajectories.
 - Wellcome Collection: Especially at the beginning a number of students ended up working for the School (i.e. George Low, H.S. Leeson) and became researchers and teachers of tropical medicine in their own right. The Wellcome Collection contains various collections of personal correspondences of medical men and women of the time.

- iii) Staff: origins and trajectories
 - LSHTM Archives: The SHS minutes contain details of new hires, their previous occupation and place of employment. There seems to have been, especially at the beginning a great deal of exchange between the Colonial Office and the School. If lecturers went to work for the Colonial Office or in one of the colonies, the details of this arrangement are usually recorded in the SHS minutes. The 'Lecturer Meeting Minutes' also contain detail on who taught at the School, new hires and in some cases where people moved after they left LSHTM.

- Secondary Sources: Books and biographies especially complement the information contained in the archives. Another possibility is to conduct a name search on PubMed's Index Medicus.
- iv) Syllabus: tropical medicine and public hygiene
- LSHTM Archive: The syllabus of the early years is available (1899-1925, with some years missing; then 1946-1990). This gives insights into how tropical medicine was taught. The syllabus is also stated in Annual Reports, which are available in the archives. Here it should be possible to look at how the syllabus changed over time and how these changes might reflect broader societal changes with regards to colonialism. Furthermore, a focus on expeditions reveals how these informed teaching at the school. It should also show how knowledge from the colonies informed a standardised metropolitan syllabus and may disrupt the 'centre-periphery'-narrative that characterises much writing on colonial relations. In the early 1930s the School offered a course on 'racial hygiene' within its department of epidemiology and vital statistics and research will aim to unearth further details.
 - Wellcome Collection: The Wellcome Archive also has some LSHTM syllabi as well as lectures on tropical surgery. They also have notes of various expeditions conducted by members of the School.
- v) Research programmes and colonial interests/continuities
- LSHTM Archives: A continued focus on expeditions can inform our understanding of whether and how LSHTM's research was designed to contribute to the expansion and strengthening of Britain's colonial Empire. SHS Meeting Minutes give detailed accounts of early expeditions, which were either initiated by the School to be carried out within the Empire or were invitations from British companies settled in colonies, which wanted specific diseases investigated. This dynamic becomes amplified after the incorporation of the Ross Institute of Tropical Hygiene in 1934. A possible research focus could be on how individual research programmes shaped LSHTM's institutional development (i.e. departments, disciplines).
 - Wellcome Collection: As stated above, the Wellcome Archives contain notes and reports on various expeditions including members of the School.
- vi) Relations with Colonial Office, RSTM, Indian Medical Corps, RAMC
- LSHTM Archive: The archive has Joseph Chamberlain's (Secretary of State for the Colonies (1895-1903)) correspondence relating to LSHTM. The SHS Minutes contain much reference to the Colonial Office. They also reference students who are part of the Indian Medical Corps. One obvious link to the RAMC is H.S. Leeson, a student and later lecturer of entomology at the School. Leeson worked at the School until joining the RAMC. He returned to the School after the 1st World War. The Leeson Collection is part of LSHTM Archives. During his time at LSHTM Leeson also undertook a considerable number of expeditions to Britain's colonies.
 - National Archives: The National Archives' Colonial Office Collection contains a wide variety of documents relating to the LSHTM. They relate to funding, administration, fees and prospective colonial medical service personnel being trained at the School. A thorough review of these documents should give a good overview over LSHTM-colonial relations.

- vii) 1st and 2nd World War/Imperial Wars: LSHTM and conflict
 - LSHTM Archives: The SHS Minutes make reference to LSHTM's engagement (requested by the Colonial Office) in the Boer Wars in South Africa. There is a chance that this was not the only time that the Colonial Office asked for LSHTM's assistance in relation to its imperial wars. H.S. Leeson served in the First and Second World War, where he led a Malaria Field Lab and became Director of the Middle East School of Hygiene. Other students and staff also served in one or both World Wars. George Macdonald's work in a Malaria field lab in the Middle East and Ronald Ross's treatment of soldiers with tropical diseases during the First World War are promising starting points. The School might also have run courses for service men during the First World War, but this still needs verifying.

- viii) Individuals, Publications, Race-related issues
 - This theme builds on recent internal concerns with past expressions of racist or white supremacist attitudes by staff/school representatives, for example in discussion of Cicely Williams' early writing . Several sources have made reference to a Chair of Racial Hygiene, which used to exist at the School and some research will be directed to investigate this as well as racist writings contained in the LSHTM archives. L.W.G. Malcolm, an Australian anthropologist worked as Lecturer on Racial Hygiene at the School in the early 1930s. Major Greenwood, director of the department of Epidemiology and Vital Statistics studied under Karl Pearson, a known eugenicist at UCL, and seems to have been a member of the Eugenics Education Society (EES), although this still needs to be verified in the EES archives, which are held by the Wellcome Archives. Other alumni or past staff members whose writing may yield valuable case studies include Cecil Cook and Kenneth Mellanby.

2.3 Dissemination

So far, the following dissemination ideas have been discussed within the Centre and the Centre Advisory Group and the *Decolonising Global Health* group:

- 1) One internal LSHTM report (to be presented/linked to LSHTM week 2020)
- 2) One peer-reviewed article
- 3) One public engagement event (Being Human/Bloomsbury Festival)
- 4) Presentation of process and findings in lunchtime/PhD seminars and Works in Progress group

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