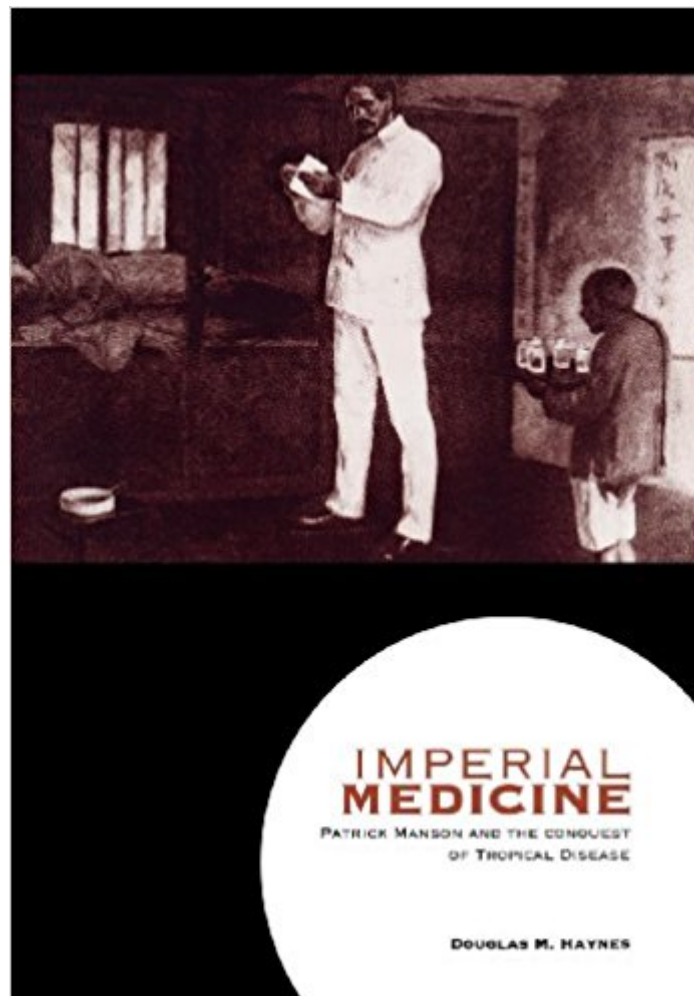




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Imperial Medicine: Patrick Manson And The Conquest Of Tropical Disease



Synopsis

In 1866 Patrick Manson, a young Scottish doctor fresh from medical school, left London to launch his career in China as a port surgeon for the Imperial Chinese Customs Service. For the next two decades, he served in this outpost of British power in the Far East, and extended the frontiers of British medicine. In 1899, at the twilight of his career and as the British Empire approached its zenith, he founded the London School of Tropical Medicine. For these contributions Manson would later be called the "father of British tropical medicine." In *Imperial Medicine: Patrick Manson and the Conquest of Tropical Disease* Douglas M. Haynes uses Manson's career to explore the role of British imperialism in the making of Victorian medicine and science. He challenges the categories of "home" and "empire" that have long informed accounts of British medicine and science, revealing a vastly more dynamic, dialectical relationship between the imperial metropole and periphery than has previously been recognized. Manson's decision to launch his career in China was no accident; the empire provided a critical source of career opportunities for a chronically overcrowded profession in Britain. And Manson used the London media's interest in the empire to advance his scientific agenda, including the discovery of the transmission of malaria in 1898, which he portrayed as British science. The empire not only created a demand for practitioners but also enhanced the presence of British medicine throughout the world. Haynes documents how the empire subsidized research science at the London School of Tropical Medicine and elsewhere in Britain in the early twentieth century. By illuminating the historical enmeshment of Victorian medicine and science in Britain's imperial project, *Imperial Medicine* identifies the present-day privileged distribution of specialist knowledge about disease with the lingering consequences of European imperialism.

Book Information

Hardcover: 240 pages

Publisher: University of Pennsylvania Press; 1 edition (April 25, 2001)

Language: English

ISBN-10: 0812235983

ISBN-13: 978-0812235982

Product Dimensions: 6 x 0.7 x 9 inches

Shipping Weight: 1.4 pounds (View shipping rates and policies)

Average Customer Review: Be the first to review this item

Best Sellers Rank: #3,653,120 in Books (See Top 100 in Books) #79 in [Books > Textbooks > Medicine & Health Sciences > Medicine > Clinical > Tropical Medicine](#) #143 in [Books >](#)

Customer Reviews

In recent years, many historians have argued that the development of medicine in Great Britain during the Victorian era took place in an imperial rather than a national framework, but no one has tried to prove the point until now. Douglas M. Haynes's ambitious book, *Imperial Medicine: Patrick Manson and the Conquest of Tropical Disease*, is based on an impressive mining of primary sources. Haynes has set himself a difficult task by working on such a large project through biography, even with someone as prominent and influential as Patrick Manson, the man who found that the mosquito was a vector of many diseases and who began the specialty of tropical medicine. The obvious approach would have been a statistical exercise, mapping the migration of doctors from centers to peripheries and vice versa and charting the operation of formal and informal networks. This approach would have shown the overriding importance of areas such as Australia and British India rather than the informal empire in China and the tropical colonies, where a study of Manson inevitably leads. It would also have shown that clinical care and sanitary improvements were more typical activities than research and institution-building, which became Manson's forte. However, in the specific context of late 19th-century colonial expansion and consolidation, which largely involved tropical areas, Manson was undoubtedly a pivotal figure in British imperial medicine.

Patrick Manson was born in northeastern Scotland in 1844. He was an outstanding medical student at Aberdeen University, and like many Scottish doctors of his generation, he pursued a career abroad. As an imperial customs officer in Amoy (Xiamen), China, starting in 1867, Manson was responsible for inspecting ships and issuing bills of health, duties that left him time to develop a private practice and undertake hospital work. Haynes shows very well how, in ways that were strikingly similar to those of successful practitioners in Great Britain, Manson built up a diverse and lucrative practice, which epitomized the mixed economy of 19th-century health care. On leave in Britain in 1874 and 1875, he tried to find out more about the distinctive diseases that he had encountered in China and was particularly interested in elephantiasis and related conditions. Quite exceptionally for a British doctor, let alone one working overseas, he began to engage in speculation and research on etiologic and pathologic questions, especially the role of filarial worms in these diseases. Haynes tells how Manson's reports on his published studies were read and debated by a group of doctors and scientists that spanned the British Empire. This group, formed initially in an effort to understand the nature and spread of cholera, extended its interests in the

1870s to include the newly recognized germ diseases. Indeed, early histories of germ theories of disease portrayed Manson, along with Koch and Pasteur, as a successful microbe hunter. In the longer term, a more important contribution than the determination of the causative role of the filarial worm was Manson's identification of the mosquito as its vector. It was the vector-borne model of disease transmission that he and Ronald Ross used successfully to achieve the key breakthrough in an understanding of the spread of malaria in the 1890s. Haynes demonstrates how Manson used this "discovery" for political purposes in science, medicine, and colonial affairs. Haynes's account of the establishment of the London School of Tropical Medicine is a well-known story with a new twist -- namely, that instead of representing a successful alliance between metropolitan medicine and the colonial state, the foundation of the school damaged their relationship. The reason for the damage was that the school and the Colonial Office added control over the teaching of tropical diseases in London to the Colonial Office's power to shape the careers of appointees, a move that challenged the medical profession's ideals of control and autonomy by experts. It is true that the London School of Tropical Medicine faced hostility from other metropolitan medical schools and that doctors working for the Colonial Medical Service, like British doctors in state service at home, complained about their conditions. However, these tensions must be seen in perspective. The London School of Tropical Medicine was a small postgraduate enterprise, the Colonial Office was one of the smallest departments of state, and even after 1900, only a small proportion of the doctors who left each year to work in the empire went into state service in the crown colonies. Finally, in discussing the small Tropical Diseases Research Fund that the Colonial Office organized and that Manson more or less ran starting in 1902, Haynes shows how most of the fund was drawn from the periphery of the empire and that it was mainly spent to help build the reputation of the new school. Haynes has clearly begun to make the case that "the health care needs of the informal and formal British Empire contributed to the growth, as well as the institutional development, of the profession at home." Yet there is plenty of scope for historians to continue the project that Haynes has started so well, by exploring the wider fields of imperial medicine. Michael Worboys, Ph.D. Copyright © 2002 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS.

"Imperial Medicine makes a major contribution. . . . It effectively situates Manson in two very different professional and political locations—China and London—and makes informative connections between the filarial and malarial stages of his career."—Victorian Studies

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