Why did Western countries attempt to impose their medicine on indigenous societies in the nineteenth century?

What were the results?

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Western countries would not have attempted to impose their medicine on indigenous societies in the nineteenth century without a strong, underlying belief in the superiority of the European race. Racial superiority was translated into cultural superiority, and Western medicine was considered to be a key part of this superior culture. The attempt to impose Western medicine can be viewed in a number of ways: as an attempt to establish the dominance of imperial powers, as trying to bring the benefits of civilisation to indigenous peoples, and/or as an attempt to protect Western interests from the threat of tropical disease. The results of this attempt at imposing Western medicine varied between countries, but were overall a disappointment to imperial powers. Indigenous people viewed Western medicine with suspicion, and it did not result in a radical improvement to the health of the masses, although it did have some limited localised benefits. Developments in the field of 'tropical medicine' brought benefits to medical science, but also contributed to the gaping health inequalities between developed and developing countries which persist to the present day. This essay will attempt to elaborate further on these points.

Western countries legitimised the attempted imposition of their medicine on indigenous societies on the grounds of racial dominance. Edward Said, a cultural theorist, notes the nineteenth century Western belief in "… them/us, inferior/superior, upper/lower, hence also ruler/ruled."[1 (p XIV)] The evolutionary ideas of Charles Darwin contributed to Western belief in a racial hierarchy, as Europeans felt themselves to be more evolved and thus superior to coloured races.[1 (p 6)] Non-Europeans were widely believed to be both biologically and culturally inferior.[2 (p 66)] Colonial doctors supported these views, depicting indigenous people as "dirty, ignorant and superstitious."[3 (p 15)] They believed different patterns of indigenous mortality and differences in anatomy such as brain size reflected the degree of evolution of the race.[4 (p 254)] This gave further credence to Western ideas of racial difference. The perceived inferiority of indigenous races explains why Western countries thought it was acceptable to impose their practices onto other nations.

Medicine was thought to be a powerful "tool of empire".[5 (p x)] It could be potentially effective at a number of levels. Firstly, it could be used to convince the indigenous population of the benevolence of the colonising power.[6 (p 16)] Colonists were outnumbered by the native population, and largely lacked the military presence to rule by force. Western medicine was one way to win over the population, convincing them that the benefits of foreign rule outweighed the more negative aspects. General Compte de la Rue in Algeria in 1836 was quoted as saying: "You can do much more for the Arabs with medicine ... than you ever could with cannons and guns".[7 (p 47)] Medicine provided a point of contact for colonists with the indigenous population. It was a way for colonists to get to know the natives, whilst hopefully establishing respect, and maybe trust. Western medicine helped to legitimise colonisation in the eyes of the imperial powers, who regarded health care as a prime example of the benefits indigenous peoples experienced through the presence of Europeans. Furthermore, medicine was a way of gaining further control over the population through reducing the power of local healers - often highly influential members of indigenous society. Control was taken from rebellious indigenous healers and given to Western doctors with allegiance to the empire.[8 (p 41)] Whilst the motives of individual Western doctors may have been more humanitarian, for colonial powers medicine was a way of consolidating their authority over a subject people.

Western powers believed they were bringing the gift of European civilisation to the primitive world. Western medicine was a "civilising vector" with power to "transform mentalities and traditions by importing a new way of life."[9 (p104)] An attempt was made to impose Western medicine on indigenous peoples in an effort to replace the perceived barbarity of their practices with progressive civilisation. Medicine was one of the aspects of 'civilised' culture that made the most rapid impression on indigenous peoples – a hospital could be set up and save lives much quicker than a new system of law or education would bring observable benefits.[7 (p 44)] Imposing Western medicine was a crucial part in replacing native traditions with the values of the imperial power.[10 (p 1)] Traditional healers were seen to stand in the way of progress towards civilisation.[10 (p ix)] Where the aim was assimilation of the indigenous people, getting them to adopt Western medicine was seen to be a key step in the 'civilising' process.

The late nineteenth century saw many advances in scientific medicine, further encouraging Western powers to attempt to impose their 'superior' medicine on indigenous populations. Early nineteenth century Western medicine had much in common with traditional indigenous healing practices, and recognised its inability to effectively treat diseases such as cholera.[11 (p 66)] This meant it was prepared to interact with and learn from

local healers. However, following Pasteur's discoveries and the development of germ theory, Western medicine grew more and more confident in its own abilities, and correspondingly more willing to dismiss indigenous medicine as nothing more than "charms, amulets and incarnations".[11 (p 69)] The harm native healers could inflict through misguided rituals appeared obvious to colonists. The attempted imposition of Western medicine and corresponding exclusion of other practices was justified on medicine's rational, progressive, and scientific basis compared to the "dogmatic, speculative and ineffective" other systems.[4 (p 256)] It was believed that the dangerous diseases in the colonies could only be brought under control through Western medicine and its unique and absolute truth.[6 (p 3)]

The attempt to impose Western medicine on indigenous peoples was certainly not motivated purely by a desire to improve native health. Colonists also faced a huge burden of mortality due to tropical diseases. As an example, in the first half of the nineteenth century in India only 6% of deaths occurring in the occupying British Army were as a result of conflict; the rest being due to fevers, dysentery, liver diseases and cholera.[12 (p 39)] Earlier in the colonial period, doctors generally focussed on treating the European population. It was soon recognised that Europeans could not be protected from disease unless attention was paid to the surrounding native population.[6 (p 14)] Science based knowledge of the disease vector that had been gained through the development of bacteriology was still often trumped by racial prejudice. Indigenous people were seen "not simply as mediators of disease, but sometimes as sources of disease in themselves."[13 (p 289)] Indigenous hygiene practices were deemed to be ineffective at cleansing their bodies of disease, lending a focus to 'civilising' efforts. Growing recognition that the apparent immunity of indigenous people to many endemic diseases was due not to their failure to be infected, but rather to the frequent presence of sub-clinical or silently carried disease fuelled Western desire to clean up the 'dirty' natives.[14] Protection of the Western world from indigenous diseases was also a motivating factor. With the increase in global travel and trade, diseases such as cholera from India threatened Europe.[6 (p 14)] Controlling epidemics in the colonies was seen to be of global importance.

Economic factors were also part of the reason why Western societies attempted to impose their medicine on indigenous peoples. Colonising powers required indigenous workers for mines, plantations and agricultural production. Unhealthy workers resulted in decreased productivity, and also posed a health risk to white employees. Medical activity tended to focus on those diseases which impacted most directly upon the ambitions of the imperial power, for example in East Africa malaria and sleeping sickness were identified.[15 (p 8)] In Indochina, indigenous people were used as cheap labour for building roads and railways. The economic viability of these construction projects was threatened by malaria. Consequently, workers were also used as guinea-pigs for Western medical research into the causes of the disease.[9 (p 112)] In order to maximally exploit the wealth of occupied nations, it was crucial to control the spread of illness. This was a motivating factor for Western powers attempting to control disease in indigenous populations.

The discussion of why an endeavour was made to impose Western medicine on indigenous societies would not be complete without mention of the role of the medical missionary. Missionary doctors were often viewed by indigenous people as being quite different to government doctors.[13 (p 295)] This was because the missionary tended to use Western medicine as a tool to assist in evangelism, rather than as a means of domination and empire expansion. Missionaries aimed to serve by bringing the benefits of Western scientific practice to native peoples, building trust and relationships, and spreading the gospel.[4 (p 254)] In Africa, up until the 1920s the majority of Western-style medical care was delivered to indigenous people by missionaries.[1 (p 12)] Missionaries thus made a large contribution to the spread of Western medicine in the colonies, but were motivated to do so more by the gospel than the empire.

By and large, the attempted imposition of Western medicine on indigenous peoples was less successful than had been hoped. Cultural understandings of sickness and medicine were frequently vastly different from the Western view. With the advent of germ theory, Western medicine prided itself on its rational and scientific explanations for disease. When an individual got sick, they went first to the doctor who issued a diagnosis based on physiological observations, and then prescribed a specific treatment for the disease. Indigenous understandings of disease attributed sickness to a much wider range of causes including curses and the will of the gods. Illness required a more communal response, and because causes were not always presumed to be solely medical, visiting the doctor was not necessarily a first reaction. The idea that the progression of symptoms might offer a key to diagnosis was not always recognised, and it was routinely expected that a single given treatment (if it was truly a good medicine), would be able to cure the various ailments of the entire village.[9 (p 106)] Western doctors struggled to get locals to come to hospitals rather than first try out native remedies. Indigenous people found the hospital structures, procedures and expectations completely alien to their cultural norms and thus did not utilise them.[9 (p 105)]

Western medicine in the early nineteenth century was limited in its capacity to cure. In many respects it was no more successful than local remedies. This meant that the benefits of conversion to Western medicine were not always obvious to native populations. Not only was Western medicine not seen to be of benefit, it was sometimes an area of conflict. An example of this was resistance to public health attempts to control the spread of smallpox and cholera. In India, vaccination of indigenous people against smallpox was necessary in order to prevent epidemics and thus protect European settlers. Indigenous medicine already practiced variolation, and the attempt to switch to vaccination met with resistance as it conflicted with religious views attached to the disease.[11 (p 85)] Attempts to control cholera outbreaks through restricting pilgrimages also caused tension. Such attempts as these were seen by the subject people as expressions of imperial domination and persecution, rather than as health measures.[4 (p 256)] Historian Megan Vaughan concludes that, in Africa, there simply were not enough Western doctors for indigenous people to see them as either saviours or oppressors.[13 (p 288)] The small number of health workers relative to the populations of colonised countries, combined with the lack of infrastructure and resources, in the face of wide cultural gulfs and huge health needs, meant Western medicine did not make much of an impact.

Despite the sometimes lofty intentions of colonial powers, by the end of the nineteenth century indigenous health overall had not improved. In India, public health measures were limited by a combination of insufficient resources and unwillingness by colonial leadership to shoulder responsibility. The 'success' or otherwise of Western medicine in India is reflected in the statistics showing that there were still 800 000 deaths due to cholera in 1900.[11 (p 86)] In Algeria, indigenous people accepted certain curative measures, but preventative measures such as smallpox vaccination were not taken up.[9 (p 107)] Overall, medical interventions tended to focus on urban areas and the health of workers essential to the economy, whilst neglecting rural areas and the health of women and children. Interventions tended toward a reactive form of medicine which responded to crisis (e.g. epidemics and acute illness) rather than concentrating on preventative medicine and endemic disease.[6 (p 15)] Some historians argue that not only did tropical medicine (the term by which Western medicine applied to the colonies came to be known) fail both in its attempts to make the colonies more suitable for European settlement and to improve the health of the native population, but it also "…reconciled professional health workers to providing a lamentable and inadequate service".[16 (p 134)] For that reason, overall indigenous health was not vastly improved, with inequalities established and persisting throughout the following century.

The results of the attempted imposition of Western medicine on indigenous medical practices varied between countries. Contrary to expectations, native healing systems did not disappear but rather continued to evolve, adapting elements of Western practice and often giving them new meanings.[13 (p 290)] In Xhosaland "the great contest between science and superstition…. never occurred", and instead in the early nineteenth century a "dynamic, therapeutic pluralism" occurred with Western and native practices learning from each other.[8 (p 42)] This interchange lessened with the

arrival of germ theory after which native practices were dismissed as being primitive. Additionally, as colonists' power over the country increased, they grew more confident in their own practices and needed to collaborate less with indigenous medicine. In some countries an effort was made to use indigenous people to deliver Western-style medicine. An example of this was in Algeria, however racist attitudes limited the opportunities available for indigenous Western-trained doctors and the attempt was unsuccessful.[7 (p 3)]

The field of tropical medicine developed as a direct result of Western medicine being imposed on the colonies. Western powers came to recognise that existing medical knowledge failed to provide answers to the specific health needs of inhabitants in the colonies in Africa, India, South-East Asia, and Latin America.[4 (p 258)] The London School of Tropical Medicine was established in 1899 in an attempt to better understand and treat the diseases encountered in tropical regions. The diseases that were focussed on tended to be the predominantly parasitic infections which were impacting on the growth of the empire – malaria, yellow fever and sleeping sickness.[4 (p 258)] Tropical medicine was driven by the interests of imperial powers. It was focussed on discovering the specific vectors responsible for disease, hence social factors influencing the disease were often neglected. The development and delivery of this peculiar form of Western medicine can be held at least partially responsible for the continued poor health outcomes in the developing world today. The reliance of health care in colonised nations upon Western resources and ideas has contributed to the continued failure of Western medicine to engage with and meet the needs of indigenous peoples worldwide.

Finally, the attempted imposition of Western medicine on indigenous people did have some beneficial results. Hospitals established during the colonial period in many cases still exist today. Certainly, many individual indigenous lives have been saved by the presence of Western medicine. Christopher Booth argues that colonial medicine created '...order out of the chaos…. [at] the corners of an Empire upon which the sun was said never to set.'[17 (p 146)] The exact impact varied between and within countries, with some groups within societies adopting Western practices widely, whilst others remained untouched by, rejected or took a selective approach to Western medicine. Variation existed between different geographic locations, genders and social classes.[3 (p 33)]

In summary, Western medicine was just one of many aspects of European culture which imperial powers attempted to impose on indigenous societies during the nineteenth century colonial period. It had a role in first asserting the dominance of the colonists, and then once their authority was established (and depending upon the individual country), helping either to assimilate indigenous people into Western culture, or at least begin to 'civilise' them. It also allowed European settlers to establish a permanent presence in the colonies, with spill-over benefits to native health in some regions. Western nations believed they had the right to impose their medicine based on a combination of their own racial superiority, and the 'scientific' basis of their medicine. Despite some benefits for select groups of indigenous peoples, the realities of limited resources, racist attitudes, cultural gulfs and indigenous suspicion meant that the portrayal of Western medicine as an effective imperial tool, and/or as a saviour of indigenous health was far from reality. Western countries failed to translate their medicine into a form which met the wider needs of indigenous peoples, contributing to persisting poor indigenous health in the post-colonial era.

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