

# Tropical Medicine and Inscriptions of Stigma

## The Lessons of Katherine Mayo's *Mother India*

By Judy Whitehead

*L'article est une critique de Mother India (1927) de Katherine Mayo et de son rôle dans la perpétuation des mythes répandus sur l'Inde comme le pays de la maladie, de la pauvreté et du laxisme moral. L'article parle aussi du rôle du développement de la médecine tropicale dans la mise en place d'une base « scientifique » pour ce stigmaté.*

Gender roles and sexual morality continued to be an area of debate between British administrators and Indian nationalists in late nineteenth and early twentieth century India. Despite colonial historians' claims that Britain remained aloof from social legislation after the 1857 rebellion, Oldenberg has shown that sanitation reforms and obscenity laws medicalized aspects of sexuality and reproduction during that period. Through a 'scientific' and 'apolitical' Western medical discourse, such practices as midwifery, *purdah*, *devadasis*, and early marriages were criticized as 'unhygienic'. Metaphors of 'hygiene' replaced those of 'tradition' in more hidden racist contrasts between the 'healthy' (read Western) gender roles of Europe and 'disease'-inducing (read uncivilized) roles of Indian women.

Brahminical and familial controls over women's honour, marriage choices and education were gradually unsettled by the increasing authority of Western medicine. This change in the objects of discourse paralleled the increasing medical control of women's bodies throughout much of the world, as the (Western) medical profession became a more important regulator of social mores and morals, with ambiguous results for women worldwide. Western medicine's apparently transhistorical, apolitical, and scientific

aura also made it an effective agency of cultural colonialism, inscribing the mores and morals of European, middle-class hygiene within daily habits and bodily disciplines of various 'others'.

This expanding medicalized policing of gender roles provides important insights into Katherine Mayo's sensationalist *Mother India* (1927), which purported to be a journalistic exposé of Indian health practices and sexual morality. By the turn of the twentieth century, the germ theory of Pasteur and Koch was gaining ascendancy in medical establishments of England and the U.S.A. One of its consequences for colonialism was to render the 'unclean' and 'unhygienic' tropical environments, if properly managed, inhabitable for Europeans and Americans. Towards this goal, important schools of tropical medicine were established at Greenwich and Liverpool in 1899, as well as at John Hopkins' University in Baltimore, Maryland in 1915. (Farley 21, 83) The latter was largely funded by the Rockefeller Foundation. Diseases discovered as being of microbial or parasitic origin, and controlled in the early twentieth century included malaria, cholera, and bilharzia.

Katherine Mayo's writings sought to legitimate British and American administration of India and the Philippines on the basis of their 'successes' in the fields of public health and hygiene. Published in 1927 by Harcourt, Brace, and Co., *Mother India* painted a sensationalist portrait of gender behaviour among Hindus, much of it unsubstantiated or exaggerated. At many points, the author misinterprets a number of cultural phenomena due to the projection of her own repressed sexuality onto 'others'. Its plausibility for Western



A. Ramachandran, from Yayati, *The Complete Man*, 1986

audiences, however, was largely derived from its medical focus. Her expressed method was to:

Leave untouched the realms of religion, of politics, and of the arts, confining the inquiry to such workaday ground as public health and its contributing factors. I will try to determine, for example, what situation would confront a public health official charged with the duty of stopping an epidemic of cholera or of plague; what elements would work for and against a campaign against hookworm; or what forces would help or hinder a governmental effort to lower infant mortality.... The British administration of India, be it good, bad, or indifferent, has nothing whatever to do with the conditions above indicated. Inertia, helplessness, lack of initiative and originality, lack of staying power and sustained loyalties, sterility of enthusiasm, and weak-



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ness of life-vigour itself all are traits that truly characterize the Indian not only of today, but of long-past history. (Mayo 29)

Calling India a 'health menace' to the rest of the world, *swaraiists* (advocates of Indian independence), were ridiculed as "caring little for the masses of Indians, while cursing the one power which is doing practically all of whatever is done for the comfort of sad old Mother India." (Mayo 25) The association of Hinduism with carnality is revealed in Chapter Two, entitled *Slave Mentality*:

The whole pyramid of the Hindu's woes, material and spiritual—poverty, sickness, ignorance, political minority, melancholy, ineffectiveness—rests upon a rock-bottom physical base. This base is, simply, his manner of getting into the world and his sex life thenceforward. (Mayo 29)

The rest of the book is an elaboration of this single, obsessive theme, exaggerating what some in the police and civil service in India had been privately writing about gender roles in India for the past century. Stating publicly as a health danger what had been previously imagined as sexual amorality, Mayo's criticism of the moral regulation of gender in Hinduism acquired a much stronger because more 'scientific' air of condemnation. For example, Shivism was represented as simply the worship of the phallus:

Shiva, one of the greatest of Hindu deities, is represented, on highroad shrines, in the temples, on the little altar of the home, or in personal amulets, by the image of the male generative organ, in which shape he receives the daily sacrifices of the devout. And the followers of Vishnu, multitudinous in the south, from their

childhood wear painted upon their foreheads the sign of the function of generation. (Fanciful interpretations of these signs are sometimes given). (Mayo 25)

The sexual excesses of Hinduism were evident in temple sculptures and newspaper advertisements: "In the Punjab alone, between December 29, 1922, and December 4, 1925, the Government prosecuted vernacular papers eleven separate times for ultra-indecent advertisements." (Mayo 89) Imagined sexual excesses were interpreted as the cause of political agitation for home rule:

Bengal is the seat of bitterest political unrest—the producer of India's main crop of anarchists, bomb-throwers and assassins. Bengal is also among the most sexually exaggerated regions of India; and medical and police authorities in any country observe the link between that quality and 'queer' criminal minds. (Mayo 102)

Supposed sexual indulgence was for Mayo the most significant symbol of India's poor 'health': physical, moral, and political. Mayo does not hesitate to assign to India in general, and Hinduism in particular, the stigma of venereal disease as a metaphor of its distance from 'civilized' nations. On visiting missionary hospitals in northern India, she reported that ninety percent of all female patients were venereally infected. This fantastic statistic was gullibly accepted by Mayo despite the fact that syphilis and gonorrhoea were probably introduced to India by European armies. The British Medical Service in India was hard-pressed to explain much higher rates of venereal disease among British troops than Indian ones throughout the late nineteenth and early twentieth centuries. (Arnold; Ballhatchet)

Carnal excesses were seen to be due to

Hindu child-rearing practices which encouraged an obsession with sex and marriage. Retreating into the incredible, Mayo argued:

Because of her place in the social system, childbearing and matters of procreation are the mother's one interest in life, her one subject of conversation, be her caste high or low. Therefore, the child growing up in the home learns, from earliest grasp of word and act, to dwell upon sex relations...In many parts of the country, north and south, the little boy, his mind so prepared, is likely, if physically attractive, to be drafted for the satisfaction of grown men, or to be regularly attached to a temple, in the capacity of prostitute. Neither parent as a rule sees any harm in this, but is, rather, flattered that the son has been found pleasing. (25)

In this section, Mayo appears to misinterpret Indian mothers' practice of massaging their babies as manual sexual stimulation.<sup>1</sup>

So far are they from seeing good and evil as we see good and evil, that the mother, high or low caste, will practice upon her children—the girl 'to make her sleep well', and the boy 'to make him manly', an abuse which the boy, at least, is apt to continue daily for the rest of his life...Highest medical authority in widely scattered sections attests that practically every child brought under observation... bears on its body the signs of this habit. Whatever opinion may be held as to its physical effects during childhood, its effect upon early thought training cannot be overlooked. And, when constantly practised during mature life, its devastation of body and nerves will scarcely be questioned. (27-28)



Since Mayo associates Hindu sexual obsessions with venereal disease and Indian nationalism, she frequently confuses her premises and conclusions. For example, in the final paragraph of Chapter Two she rhetorically asks:

One is drawn back to the original conclusion: given men who enter the world physically bankrupt out of bankrupt stock, rear them through childhood in influences and practices that devour their vitality; launch them at the dawn of maturity on an unrestrained outpouring of their whole provision of creative energy in one single direction; find them, at the age when the Anglo-Saxon is just coming into full glory of manhood, broken-nerved, low-spirited, petulant ancients; and need you, while this remains unchanged, seek for other reasons why they are poor and sick and dying and why their hands are too weak, too fluttering, to seize or to hold the reins of Government? (32)

In Chapter XXVI, entitled *The World Menace*, she tries to demonstrate that Hindu superstitions were a cause for international health concern. India was caricatured as the 'home' of cholera, as well as a major source of malaria, bubonic plague, venereal disease, and hookworm. For her, this was partly due to indiscriminate use of village tanks for both drinking water and washing, "superstitions which Indian villagers clung to despite the attempts of enlightened British administration at sanitary education and the creation of brick wells." Here, Mayo ignored the increase in swampy areas created by the construction of railway and canal embankments without drainage, a major ecological factor in malarial increase in late nineteenth century Bengal. (Kazi) For Mayo, diseases in India were all caused by irrational Hindu traditions; and diseases were viewed by both Mayo and the Rockefeller Foundation as the cause of poverty. (Farley 81)

Warnings to an unwary and innocent American public were also spelled out. Germs from India could reach the streets of San Francisco or New York in less than a month due to improved transportation.

India's population was symbolized as a source of dangerous contagion. Mayo

quoted an American public health expert in the League of Nations, who said; "Whenever India's real condition becomes known, all the civilized countries of the world will turn to the League of Nations and demand protection against her." And lest readers forget her major theme, associating Hinduism with sexual licentiousness and venereal disease, she repeated it, now in the voice of 'a respected medical researcher living in India':

Infant marriage, sexual recklessness, and venereal infections further let down the bars to physical and mental miseries; and here again one is driven to speculate as to how peoples so living and so bred can have continued to exist. (379)

Although *Mother India* has already been discussed as the result of a co-operative propaganda effort between sympathetic American journalists and the Home Office, (Jha) there are indications that her

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work also reflected a systematic medical discourse which represented various 'others' as sources of contagion during this period. This process began with the Contagious Diseases Acts in the 1860s which characterized women as the source of venereal infection, and expanded with the development of tropical medicine in the early twentieth century. This emergence of tropical medicine was contemporaneous with America's first colonial expansion into Cuba, the Philippines, and Costa Rica, and not surprisingly, reflected its symbols.

An indication that *Mother India* reflected accepted views occurred when the book reached the American best-seller list in 1928 and 1929, and was reprinted twenty times despite its numerous factual errors. Prominent British officials, such as John Coatman, felt that *Mother India* unveiled the conspiracy of silence sur-

rounding Indian sanitary practices. It was highly praised by British journals, including the *Times Literary Supplement*, *The Saturday Review*, *The Fortnightly Review*, and leftist journals such as *The Nation* and *Athenaeum*, and *The New Statesman*. (Jha 61-65) The latter journal regarded the book as: "certainly the most important and truthful book that has been written about India for more than a generation." (Jha 63) The reviewer quoted an 'eminent official of European Public Health': "The British are to blame for the world threat which India now constitutes as a breeding ground for disease. If the British had not protected them, the virile races of the north would have wiped India out," characterizing Hindus as the "cow-dung-eating sexual debauches of the plains." (Jha 64) Only *The Manchester Guardian* in England and a few pro-Indian newspapers in the U.S.A. were critical, doubting its accuracy in numerous sections.

In India, the book's publication caused a furor. Indian legislators accused the Government of India of collusion in trying to discredit the independence movement a few months before the Simon Commission was to tour India.<sup>2</sup> Gandhi objected to her misrepresentation of his views, characterizing it as "a drain inspector's report." Rejoinders, such as *Father India* (1928) by C.S. Ranga Iyer, and *A Son of Mother India Answers*, by D.G. Mukerji (1928) were published in quick succession. Shrimati Uma Nehru also published a Hindi rejoinder, *Mother India Aur Uska Jawab*, in 1928 from the perspective of the All-India Women's Congress. *Uncle Sham: A Civilization Run Amok* (1929) by K.L. Gauba, caricatured the U.S. as a land of lynching, sexual aberrations, and political corruption. Numerous editorials such as "Pot Calls the Kettle Black" and "Indian Womanhood Maligned" in Indian papers concluded by calling for a boycott of American goods in India. (Jha 104)

Mayo's numerous quotations from members of the international medical establishment, such as Andrew Balfour, then director of the Centre for Tropical Diseases in London, and Dr. V.G. Heiser, Public Health Director of the Philippines from 1902-1913, also indicate that the book was not an aberration from a discursive field, but rather reflected it, albeit in an exaggerated form.



Nurturing an expansive culture of class and colonial distinctions, tropical medicine provided an important set of symbols differentiating the Anglo-American middle classes from various 'others'. The new disciplines of bacteriology and parasitology evolving under germ theory gave laboratory scientists an opportunity to construct a new pathology of colonialism. Despite a democratic image of germs invading any human body, colonized Asians and Africans emerged as potentially dangerous parts of the zoological realm. They were objectified as carriers of germs and parasites in laboratory reports and public health policies. (Anderson 47)

The change in medicine's objects of discourse due to the findings of bacteriology and parasitology led to new public health policies both at home and abroad. Inoculations—often forced—replaced *cordons sanitaires* as a major medical intervention. Images of infected 'native' hosts replaced those of dangerous tropical environments in early twentieth century literature of tropical medicine. We can see this not purely as a medical dilemma, but also as a question of cultural power: the question of 'others' is often one of anxiety engendered when their ways of life do not conform to the modes of regulation of a dominant group. Territorial segregation and stigma are two methods of resolving anxiety. Through western medicine's theoretically universal, yet actually ethnocentric concepts, contradictions between 'modernist' ideals of equality and cultural anxiety are resolved in practice by 'scientific' policies of exclusion.

Stigma is defined "as representing the biological traits of the stranger as signs of inferiority of character or moral wickedness." (Goffman 210) The essence of stigma is to emphasize a difference in principle beyond repair, because it is biological as well as cultural, collapsing cultural and historical specificities into metaphors of biological difference. It therefore reasserts an impermeable boundary when the margins of inequality, such as colonialism or gender dominance, are threatened by egalitarian social movements.

In bacteriology, the bonding of biological differences with images of cultural amorality has been historically associated with sexually transmitted diseases. It is the ultimate stigma, often symbolizing in

the microcosm of individual gender identities wider signs of decadence or advancement of a national (or class) culture. It is perhaps more than coincidental that the underlying theme of Mayo's book, which equates Hinduism with sexual excesses, political agitation, prevalence of venereal disease, world-wide disease threat, and cultural irrationality was repeated in racist discourse elsewhere. In German medical science of this period, sexually transmitted diseases, especially syphilis, were associated with the Jews, and more particularly with the practice of circumcision. (Gilman 179) The bonding of images of cultural inferiority with the stigma of biological deficiency was established through the symbol of venereal infection in both cases.

Phenomena of stigma may seem to belong to our past, yet they are echoed today in current Euro-American views of AIDS as originating from Africa or through homosexual practices. The powerful discourse of Western medicine, since it appears independent of cultural agency or historical prejudice, becomes a wedge dividing the 'respectable' (healthy) from the 'unrespectable' (diseased). It reinscribes images of difference, primitivity, marginality, or deviance where prior boundaries of inequality are threatened by social movements. As *Mother India* shows, this was a powerful tool which reinforced gender and racist hierarchies in the early twentieth century.

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<sup>1</sup> Recent studies at Lady Sri Ram Hospital in New Delhi have shown that massage is beneficial for newborn, especially premature, infants.

<sup>2</sup> There is considerable evidence to show that Mayo's visit to India was part of a propaganda effort by the Government of India to influence American public opinion. Since they were worried about the popularity of Gandhi and Indian independence in the U.S.A., they set up the British Library of Information in New York, invited American journalists, writ-

ers, and filmmakers to India to produce pro-British works, and paid for a chair at Harvard University to be filled with a former officer of the Indian Civil Service. This history is documented in M. Jha's, *Mother India and the People of India*, 1970.

## References

- Anderson, W. "Where Every Prospect Pleases and Only Man is Vile: Laboratory Medicine as Colonial Discourse." *Critical Inquiry* 18 (Spring 1992): 506-529.
- Arnold, David. *Imperial Medicine and Indigenous Societies*. Manchester: University of Manchester Press, 1988.
- Ballhatchet, K. *Race, Sex and Class Under the Raj*. London: Wedenfeld and Nicholson, 1980.
- Farley, John. *Biharzia: A History of Imperial Tropical Medicine*. Cambridge: Cambridge University Press, 1991.
- Gilman, S.L. "Plague in Germany, 1939/1989: Cultural Images of Race, Space and Disease." *Nationalism and Sexualities*. Ed. A. Parker and M. Russo. London: Routledge, 1992.
- Goffman, Erving. *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, New Jersey: Prentice-Hall, 1963.
- Jha, Manoranjan. *Mother India and the People of India*. New Delhi: People's Publishing House, 1970.
- Kazi, J. *Malaria in Bengal from 1860-1920: An Historical Study in a Colonial Setting*. PhD. Thesis. Ann Arbor: University of Michigan Microfilms.
- Mayo, Katherine. *Mother India*. New York: Harcourt, Brace and Co., 1927.
- Oldenberg, V.T. *The Making of Colonial Lucknow*. Delhi: Oxford University Press, 1984.
- , "Lifestyle as Resistance: The Courtesans of Lucknow." *Feminist Review* 16.