

The Culture and Practice of International Health in Asia and the Pacific

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My work at the Rockefeller Archive Center evolved into a study of the making of an international community of public health experts and researchers across imperial Asia and the Pacific. My initial interest lay with the history professional associations, particularly the Far Eastern Association of Tropical Medicine (FEATM) and the Pacific Science Association (PSA). The FEATM was established in Manila in 1908, largely through American initiative, whilst the Pacific Science Association developed out of a similar dynamic in Hawaii in 1920. In addition to fostering the exchange of ideas, research, and practices, these associations also proclaimed the goal of cultivating international understanding, fellowship, and ultimately peace through cooperation. Many of the personnel of the International Health Board (IHB) of the Rockefeller Foundation were either founders or enthusiastic participants in these associations, whilst the IHB supported many of the institutions, projects, and students across Asia and the Pacific that presented their work at their international congresses. I thus hoped to use officers diaries, correspondence, and reports held at the Rockefeller Archive Center to trace the movements and connections between health officials and scientists in Asia and the Pacific. The official publications of the FEATM and PSA promoted the goodwill of international conferences, so it was important to consult more private and confidential sources to discover what tensions and hostilities coexisted with cooperation and exchange.

There are several broad issues or themes that have emerged from my examination of the sources I collected and which could become the major topics of publications. Few historians have studied the FEATM or PSA, and those that have, have tended to focus on discovering either concrete contributions they have made to international relations or the major points of conflict. In other words they have sought to assess their "importance" in history. In my research at the Archive Center and my analyses of these sources I have been trying to develop complementary accounts of such professional associations that attend to more diffuse, minute, or fleeting trans-imperial relations in technology, ideology, and affections and enmities. In this way I feel my work has shifted away from such associations as

institutions towards a larger sense of epistemic and governmental networks transcending imperial boundaries.

The diaries of Victor Heiser are key sources, given that Heiser helped to create the FEATM and travelled through Asia and Pacific extensively in his role as Director of the East for the International Health Board between 1915 and 1934. In his tours he interviewed local officials, participated in regional congresses, inspected health institutions, facilities, and projects. His diaries are therefore rich with observations, reflections, and records of brief encounters with health discourses, practices, and less prominent people who were involved with public health in one way or another. What I have tried to do in reading these sources is to go beyond the technical impact of any specific organization and ask about the culture of a trans-imperial epistemic community and the tensions across it. In this way I'm not aiming to produce an institutional or even diplomatic history but a history of a dynamic assemblage of people, transport and communication links, and spatial imaginaries. In other words I am asking about how experts related to each other across an imperial region, whether they shared a sense of collective mission, what means they had for sharing knowledge and practices, how empire involved both collaboration and competition, and how this epistemic community imagined the future of colonial territory in different ways.

American Colonialism and the Limits of its Influence

Heiser often claimed that colonial public health in the Philippines had become a model that European colonies and other states in Asia and the Pacific wanted to emulate. He was instrumental in establishing the FEATM at a 1908 meeting in Manila of health officials and researchers from around the region and hoped it would remain a vehicle for disseminating American ideas and practices. “Much

ridicule,” he wrote, “was cast upon the efforts of the American government to better the sanitary conditions of an Oriental population.”¹ After success in the Philippines, however, “the achievement of American sanitation in the tropics has produced a profound impression.” Thanks to the Association of Tropical Medicine, “Instead of viewing the medical men of the Philippines with suspicion, their brethren of other countries now meet with them in full fraternity.”² For Paul C. Freer, Director of the Philippines Bureau of Science, the FEATM would “cement together the medical and scientific fraternities,” of Asia. “Oriental governments,” he wrote, “are dealing with peoples whose prejudices and traditions work against the general scientific application of the art of medicine,” and to change those peoples would require “the best energies of the most prominent scientific workers of the world.” As part of widening state responsibility for social welfare across colonial Asian society, public health would aid the “gradual removal of the causes which underlie certain phases of their stagnation.”³

The real nature of American influence is likely somewhere between dominance and rhetoric. When Wickliffe Rose visited Manila in June 1914 to ask Heiser about becoming Director for the East of the International Health Board, he echoed the claims that Heiser made himself:

In all the countries I visited [Heiser] is recognized as a leader... Health officers in neighboring countries smiled at the early efforts in the Philippines. But when things were accomplished which they had not dared undertake and which had been regarded as impossible with Asiatics, they came to see.⁴

The Philippines meetings and the development of the FEATM had created personal connections, such that, “The Philippines, without intending it, has thus become an important center of influence for the whole of the Far East.”⁵ Heiser eventually accepted this position with the IHB, becoming a kind of public health diplomat and consultant.

Throughout the diaries of his tours through Asia, Heiser maintained the claim of American influence. In 1915, whilst visiting Java on behalf of the IHB, he reported that Dutch officials,

Were loud in their praise of the sanitary results accomplished in Manila and said while similar measures were not possible in Java the example of the Philippines encouraged them for the future and made it possible to interest the members of the government.⁶

In Singapore he claimed that the British were "advancing rapidly along modern sanitary lines and everywhere is evidence the Philippines have done much to stimulate the progress."⁷ A year later, Heiser noted with satisfaction that the Singapore sanitary engineer had successfully induced locals to use European latrines:

I recall that just a year ago I had an argument with him in the Singapore Club in which he maintained that this could not be done. It is indeed satisfactory to find our British friends so quickly following the example which we are setting them.⁸

His diaries are peppered with such observations and reports of admiration for US government in the Philippines.

European assessments of American colonial administration were generally more critical than Heiser's comments suggest.⁹ Yet he clearly had some influence on the agendas and practices of public health in Asia, at least for a time. In 1915 he reported that the acting Interior Minister of Siam, Phya Maha Ammat, had carried out most of the health plan he had recommended years earlier during a meeting in Manila.¹⁰ The Straits Settlement institution for leprosy had also taken up the treatment Heiser developed at Culion in the Philippines.¹¹ Heiser, in his capacity as the IHB official for Asia, became part of the connective tissue between colonies.

Perhaps the most striking demonstration of American influence developed in the Dutch East Indies. "We are gradually winning the confidence of the Dutch officials," Heiser remarked in 1926, "and it is not too much to hope that the time may soon come when they will seek advice and guidance in health matters."¹² Dutch suspicion of American motives did give way, and the IHB finally secured an agreement to conduct parallel trials of Dutch and American hookworm control campaigns in Java in the mid 1920s. The Dutch would rely on compulsion, whilst the IHB would stand by its emphasis on education and persuasion. The "'piece de resistance'", as Heiser called it, came when he visited the Dutch hookworm control area:

Treatment and construction of latrines was ordered and no education was attempted. Poor people! They were herded in groups and then made to pass in single file to a table where the medicine was poured down their throats. The villagers are brought in by the head men, much the same as cattle would be driven to market.¹³

The results, measured in terms of the prevalence of hookworm, the number of latrines constructed, and their usage, demonstrated the superiority of the American campaign, which Heiser claimed was "the first time in the history of Java that a large scale undertaking has been attempted by persuasion instead of by order."¹⁴ After this initial trial campaign, IHB officer Dr. Hydrick helped to build up health education for the indigenous public within the Dutch colonial health service, which began producing films and other publicity material on a large scale. A Health Demonstration Unit at Poerwokerto also provided lectures, exhibitions and public health nursing for home visits.¹⁵

Heiser's diaries nevertheless demonstrate that cooperation and American prestige had limits. On one level, Heiser was always aware of mutual suspicions, even hostility, either between European colonies or directed towards the United States. In 1916, Heiser had to report that the Federated Malay States had discontinued his method of leprosy treatment within a year, whilst British and French

representatives in Siam had objected to the appointment of American doctors as advisers.¹⁶ In Singapore in 1925, Heiser noted that, "The feeling against Americans in this country appears to be very strong. The Times publishes vitriolic editorials daily." The IHB officer in Singapore, Dr. M. E. Barnes, even confessed that his feeling of exclusion from British colonial society had led him to contemplate suicide.¹⁷

Heiser's work in Asia also coincided with the rise of stronger anti-colonial movements that had the potential to undermine it. In many cases colonial states attempted to incorporate indigenous people into government. In the Philippines an educated elite linked "Filipinization" to a larger campaign to bring about independence, or at least further promises of independence.¹⁸ This aspect of Philippines colonial history has led some to distinguish American colonialism as more progressive. Such processes, however, were always subject to debate amongst American authorities.¹⁹ Heiser vocally dismissed Filipino capacity for self-government and often advised slowing the timeline of independence.²⁰ His diaries often record his concern that handing control of public hospitals and medical schools to Filipinos led to political nepotism and declining standards. In 1916, around the time of the Jones Act that created a Philippines legislature, Heiser remarked that, "the lowering of the standards here in Manila is already the subject of comment in various circles in the Eastern countries." Whilst in Hong Kong he noted a local rumor that Filipino nurses were planning to go on strike.²¹ It is striking, therefore, that Heiser sought to extend American dominance over the ideals and practices of public health in Asia just as anti-colonial agitation in the Philippines began to challenge American political dominance. In Ceylon in 1915, Heiser reported that the chief health officer "was nearly worried to death by native politicians and their interference in his health plans." In fact street riots over local ethnic tensions, which resulted in deaths over the course of a week, made Heiser worry that Ceylon "was on the verge of a serious disturbance."²² A hospital inspection in Java the next year had to be cancelled because patients protesting the food and conditions clashed with armed police in the streets.²³ And later in the 1920s, serious uprisings in the Netherlands Indies, instability in China, and the

further expansion of indigenous political participation by British and Dutch governments prompted anxious discussion by American and European officials.²⁴

Race, Mobility, Nationhood and Development

The growth of cooperation between colonial states and their mutual anxiety over anti-colonial agitation raises questions about the significance of racial discourse and ideas about national development. Early expressions of American imperialism in the Philippines invoked racial affinities with the British as naturally adept governors. Yet this soon gave way to an insistence on the national exceptionalism of the United States, which perhaps explains why, despite sharing a general belief in the basic inferiority of Asian and Pacific peoples, American ideas about Asian nationhood and development seemed to diverge with respect to public health.²⁵ International health discourse shared in colonial representations of primitive superstition, hidebound traditionalism, or childlike imitation amongst Asians.²⁶ The British Consul General in Shanghai, in discussing cooperation with the old Chinese city, said, according to Heiser, that "he is still ready to carry out his country's policy of conciliation, but he remarked that it is like playing with children as partners."²⁷ Euro-American descriptions of East Asian people also leaned on claims of duplicity and treachery.²⁸ The Chinese, he noted, had a reputation for being "thoroughly dishonest in business."²⁹ Japan, however, also stood out as an emerging industrial and imperial power:

The term 'Yankees of the East' appears justified. The insatiable curiosity that makes them natural research workers extends to all fields. It is marvelous that they have not only been able to rise above their own satisfaction with Oriental methods, but, contrary to belief, have been able

to overcome mass inertia in other Orientals wherever they come in contact with them, as in Korea and in Manchuria.³⁰

A range of sometimes contradictory racial discourses thus framed the cross-cultural interactions and practices of international health in the region.

As a colonial official in the Philippines and an officer of the IHB, Heiser exemplified the harder edge of American imperial intervention in Asia. Despite claims that US administration would accelerate Philippines independence, American officials in reality constantly debated its timing and desirability.³¹ Heiser was vocally skeptical about Filipino "capacity" for self-government and often remarked critically on the exclusion of American officials and the falling standards he claimed resulted from it. In 1916 he met with Frank Carpenter, the Governor of Mindanao and an "old friend", who "finally admits that a high standard is not possible for a Filipino unless he is supervised by a capable American."³² He praised Filipinos for "higher medical skill" and "better grade nursing" than that found hospitals in British territories, yet in the same breath exclaimed,

But what an imitator the Filipino is! If we had not faced resolutely the torrent of criticism which resulted in keeping old doctors out of the health service, the hospital I saw to-day never would have been possible. The typical Spanish low standard would have been the type.³³

The assertion of the childlike faults of Filipinos here goes hand in hand with another about the superiority of American colonialism and its collaborative aspects.

Heiser nevertheless often claimed that incorporating indigenous people in more deliberate programs of national development distinguished American colonialism in the region. Collaboration was indeed at the heart of American colonial rule in the Philippines, despite American debates over the imminent or indefinite timing of independence. What Kramer has described as politics of recognition involved a promise to end colonial administration but only at a time when Americans

determined that Filipinos were capable of self-government, a time that could always be deferred.³⁴ Whilst in Manila in 1925, Heiser described "air of prosperity and contentment," in which "politicians are having a difficult time to convince the people that their circumstances would be vastly improved if they had additional autonomy."³⁵ Indeed, anti-colonial resistance in the Philippines had never reached the scale or intensity of such movements in the Dutch East Indies, Burma, or French Indochina, largely because American policy incorporated an indigenous elite in government, forestalling more radical politics.³⁶ Heiser fell back on discourses of collaboration and chastised Americans for being hypercritical: "constant faultfinding will lead nowhere, and strong-arm methods cannot be employed with the approval of the American people, nor will the natives submit."³⁷ Nationalism and demands for independence were, Heiser claimed, losing traction with the public, whilst within the government and elite society there was a rapprochement going on: "Filipinos seem to be much more frank, and local Americans seem inclined to meet them fully half way ... The attitude among Americans and Filipinos leans toward admitting that there may be a little merit in the other fellow."³⁸ Yet racism and paternalism were central to the victory of American imperialists after an earlier period of Filipinization and progress towards independence. In a meeting with the Governor-General Leonard Wood, Heiser recorded Wood's claim that Manuel Quezon had "recently admitted that he was swayed by his white blood in one direction, and by his Oriental blood in another, but in spite of himself the predominant sway was toward the white."³⁹ And Heiser remained as paternalistic towards the Philippines as he had ever been:

Never has a serious government appeared to me as a greater joke than on the present visit; it is much like taking a two year old child into the driving seat of an automobile, taking its hand and pulling the various levers so that the machine starts in motion, and the child is exultant over its ability to run the car.⁴⁰

Heiser's assessment of Philippines society thus encapsulated the push and pull of the politics of recognition in American colonial rule, in which Filipino aspirations were always subordinate to harmonious colonial tutelage.

Elsewhere in Asia, Heiser similarly combined racism with an insistence on indigenous and migrant participation in national development. After visiting the Pasteur Institute in Bangkok, he confessed it made him "shudder to think of these tremendous forces being in the hands of half educated natives."⁴¹ Yet he frequently criticized the Dutch and "the older group of British officials," who had "no great sympathy with putting the native in a position where he can become a leader or where he can be heard."⁴² In the early 1930s he encountered British health officials who were either, "very anti-native and opposed to native participation," or, like the superintendent of the general hospital in Malacca, believed "in typical British" fashion, that progress in health, "cannot be successful until after years and years of effort."⁴³

The bored-hole latrines became Heiser's paradigmatic site for grafting modern hygiene onto indigenous culture. Whilst in Java he inspected examples of the design, which consisted of a 16-inch wide and 4 meter deep hole dug with a borer purchased by the village. A 3-inch thick and 20 by 20 inch concrete plate, with a hole in the center, was then placed on top, completing the basic new design that suffered from none of the overflowing, flies and stench of older pit latrine designs. The compacted waste could even be used as fertilizer over time. Beyond these benefits, however, Heiser noted also that the "group work" involved in constructing the latrines "promotes neighborliness and follows village customs." Villagers were also free to build their own decorative superstructure.⁴⁴ Heiser noted a similar pattern in the Philippines, where it was, "amazing to see the number of directions into which this aesthetic feature develops. Am beginning to believe this may prove an outlet for the repressed artistic inclinations of a people."⁴⁵ On some occasions local people participated directly in improvising colonial infrastructure. Bored-hole latrines originally included a woven bamboo basket lining the hole. In Semarang, however, it was later found that heavy rain

washed the sandy local soil through the gaps in the bamboo, filling the bored hole. Semarang health officials collaborated with local tile makers to develop ceramic rings to line the latrines, which then evolved again into specially made tiles after the rings tended to break in transportation.⁴⁶

Increasing participation of Asian communities in community health centers also suggested a deeper engagement with health and social medicine in the region. Whilst touring Java, where Dutch officials were recognizing that "health education must replace force," Heiser expressed his satisfaction at witnessing, "the interest aroused among the natives in the house demonstration lecture and the questions that were asked."⁴⁷ Heiser was especially satisfied with the string of health centers in the Straits Settlements, which were "arranged in typical American style, with plenty of posters" aimed at inculcating ideals of hygiene.⁴⁸ In 1931, the Bukit Mertajam Health Centre in Penang, a result of the IHB hookworm campaign, was,

Crowded with men, women, and children of Malay, Tamil, Chinese, and Indian descent; all of them were unbelievable clean; she [Nurse Oates] has made them understand that it displeases her to have them come with anything but clean clothes and bodies.⁴⁹

There is an obvious colonial discourse at work in this passage, which infantilizes Asian peoples under the motherly gaze of a white colonial nurse. Yet there are also strong parallels between these colonial health centers and those in the United States, Britain, and Australia, which similarly aimed to cultivate hygiene amongst white working class communities that officials considered ignorant. Local volunteer school children had prepared health "maxims" and "placards" that covered the walls. "It is gratifying," Heiser wrote, "to find this beginning evidence of Orientals actually serving as volunteers in common public service."⁵⁰ His racism notwithstanding, Heiser drew strong connections between the way public health work served to inculcate values of hygiene and citizenship in communities in both America and Asia.

In addition to offering fellowships to study in the United States, the IHB also facilitated Asian mobility across the region. Heiser arranged for Prince Rangsit of Siam to visit the Philippines in 1916, and according to Heiser was quickly "convinced that the American government truly altruistic and genuinely helped the Filipino people to a realization of their ideals."⁵¹ By 1916 nursing students from Siam had already travelled to Manila for instruction.⁵² Heiser felt it best that Siamese medical students in general be sent to Manila, or "some other tropical center," instead of America, since it,

Would leave a Siamese in his own environment and he would not learn the bad habits of the white man and at the same time he would be greatly stimulated by contact with the Filipinos and other Orientals whom he would meet there.

From there, such students could return and "be in position to exert an influence from native sources for a higher standard."⁵³ Yet indigenous mobility could also have drawbacks. After giving Prince Rangsit a tour of the College of Medicine and Surgery in Manila, Heiser remarked, "At first the Filipino president, Villamor, did nothing, and things went fairly well. Now, since he has been in Japan inspecting universities, he thinks he knows it all and is constantly interfering with the machinery, much to its detriment."⁵⁴ Mobilizing Asian peoples for training and development were thus important aspects of American involvement in international health in the region.

As David Arnold has pointed out, the FEATM was unusual at the time for enabling participation in international organizations by non-Europeans and even subjects of colonial governments.⁵⁵ One interesting example of this dynamic is the Chinese-Indonesian physician Kwa Tjoan Sioe, who attended the Congress of the FEATM in Nanking in 1934. Kwa was part of a Chinese community that had lived in the Netherlands Indies for several generations, much like other Peranakan Chinese groups in the Straits Settlements.⁵⁶ After studying medicine in the Netherlands during World War I, Kaw returned to work in in the General Hospital at Batavia

before establishing the Jang Seng Ie hospital in 1924.⁵⁷ When Kwa attended the 1934 meeting of the FEATM in Nanking, his papers offered both a spirited defense of Chinese medicine and a critique of European colonialism. Noting that European mortality and morbidity were far lower than amongst indigenous and Chinese communities, he concluded that Dutch rule in the Indies had failed to distribute the benefits of "modern hygienic measures": "One is inclined to think," he wrote, "that the mortality-rate of the Chinese and the natives is unfavorably influenced by their poorer economic and social conditions," not any innate inferiority.⁵⁸ He told the Congress that his Child Welfare Center aimed to "take new-born infants and put them regularly under medical control," whilst also teaching "the mothers to care for their children."⁵⁹ Kwa, therefore, was adopting trends in social medicine from developed countries to fill gaps in colonial public health.

For Kwa, participation in the FEATM Congress also helped to foster Chinese cultural networks. One interesting find in the Rockefeller Archives shows that Kwa visited the Peking Union Medical College whilst in China for the FEATM Congress and spoke on the treatment of drug addiction, which according to the Acting Director Roger Greene, was a topic "of special interest, owing to the renewed efforts now being made in the important cities of China to suppress the morphia habit entirely, and gradually to reduce the consumption of opium for smoking."⁶⁰ In this way, Kwa was able to participate in a discourse of great importance at a time when Chinese communities across Asia were trying to strengthen connections. In other words, the FEATM, which was primarily an inter-colonial association dominated by Euro-American officials, nevertheless allowed Asian health officials and researchers to discuss their own concerns across borders.

My research at the Rockefeller Archive Center has helped to deepen my understanding of international health across imperial Asia and will serve as a strong foundation for future work. In particular, I have appreciated the opportunity to understand a variety of inter-imperial discourse, connections, and mobilities in this period, at a regional scale, at the level of personal interactions, and in terms of technical improvisation in place.

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- ¹ Victor Heiser, "American Sanitation in the Philippines and its Influence on the Orient," *Proceedings of the American Philosophical Society*, 57(1), 1918, p. 63
- ² *Ibid*, pp. 66-7.
- ³ Paul C. Freer, "Editorial," *Philippine Journal of Science*, III B (2), 1908, p. 183.
- ⁴ Wickliffe Rose, "Visit to Manila", June 1-7, 1914, Rockefeller Archive Center (RAC), Rockefeller Foundation (RF) records, RG 5, Series 2, Box 20, Folder 121, p. 3.
- ⁵ *Ibid*, pp. 3-4.
- ⁶ Victor G. Heiser, "Notes on the 1915 Trip", 1915, RAC, RF, RG 12, F-L, Box 138, Folder 2643, p. 47.
- ⁷ *Ibid*, p. 109.
- ⁸ Heiser, "Notes on the 1916 Trip," Vol. I, 1916, RAC, RF, RG 12, Box 138, Folder 2644, p. 263
- ⁹ See for example, Paul Kramer, "Empires, Exceptions, and Anglo-Saxons: Race and Rule between the British and U.S. Empires, 1880-1910," in Julian Go and Anne L. Foster (eds), *The American Colonial State in the Philippines: Global Perspectives*, (Durham: Duke University Press, 2003), pp. 73-6.
- ¹⁰ Heiser, "Notes on the 1915 Trip", 1915, pp. 67, 78.
- ¹¹ *Ibid*, p. 103.
- ¹² Heiser, Diary, 1925-6, RAC, RG 12, Box 216, p. 269.
- ¹³ *Ibid*, p. 273.
- ¹⁴ *Ibid*, p. 267.
- ¹⁵ J. L. Hydrick, *Intensive Rural Hygiene Work in the Netherlands East Indies*, (New York: Netherlands Information Bureau, 1942); See also Terence H. Hull, "Conflict and Collaboration in Public Health: the Rockefeller Foundation and the Dutch Colonial Government in Indonesia," Milton J. Lewis and Kerrie L. MacPherson (eds), *Public Health in Asia and the Pacific: Historical and Comparative Perspectives*, (Abingdon: Routledge, 2008), pp. pp. 147-8; Eric A. Stein, "Hygiene and Decolonization: the Rockefeller Foundation and Indonesian Nationalism, 1933-1958," in Liping Bu et al., *Science, Public Health and the State in Modern Asia*, (Abingdon: Routledge, 2012), pp. 55-6.
- ¹⁶ Heiser, "Notes on the 1916 Trip", 1916, Vol. I, RAC, RF, RG 12, Box 138, Folder 2644, pp. 275, 306-7.
- ¹⁷ Heiser, Diary, 1925-26, p. 224.
- ¹⁸ Vince Boudreau, "Methods of Domination and Modes of Resistance: The U.S. Colonial State and Philippine Mobilization in Comparative Perspective," in Julian Go and Anne Foster (eds), *The American Colonial State in the Philippines: Global Perspectives*, (Durham: Duke University Press, 2003, p. 263.
- ¹⁹ Patrick M. Kirkwood, "'Lord Cromer's Shadow': Political Anglo-Saxonism and the Egyptian Protectorate as a Model in the American Philippines", *Journal of World History*, 27(1), 2016, p. 10.
- ²⁰ Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, (Durham: Duke University Press, 2006), p. 205.
- ²¹ Heiser, "Notes on the 1916 Trip," 1916, Vol. II, RAC, RF, RG 12, Box 138, Folder 2644, pp. 570- 636.
- ²² Heiser, "Notes on the 1915 Trip", pp. 181-2.
- ²³ Heiser, "Notes on the 1916 Trip", 1916, Vol. I, p. 206.
- ²⁴ See for example, Heiser's discussion with Governor Stimson, Diary, 1927-9, RAC, RF, RG 12, Box 217, pp. 160-1.
- ²⁵ See Kramer, "Empires, Exceptions, and Anglo-Saxons", pp. 73-5.
- ²⁶ Anderson, *Colonial Pathologies*, pp. 199-206.

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- ²⁷ Heiser, Diary, 1927-9, p. 193.
- ²⁸ Frank Ninkovich, "The Rockefeller Foundation, China, and Cultural Change", *The Journal of American History*, 70(4), 1984, p. 801.
- ²⁹ Heiser, Diary, 1927-9, p. 209.
- ³⁰ Heiser, Diary, 1925-6, p. 61.
- ³¹ Kirkwood, "'Lord Cromer's Shadow", p. 10.
- ³² Heiser, "Notes on the 1916 Trip," pp. 538.
- ³³ *Ibid*, pp. 536-7.
- ³⁴ Paul Kramer, *The Blood of Government: Race, Empire, the United States, and the Philippines*, (Chapel Hill: The University of North Carolina Press, 2006), pp. 18-19; see also Anderson, *Colonial Pathologies*, p. 183.
- ³⁵ Heiser, Diary, 1925-6, p. 133.
- ³⁶ Vince Boudreau, "Methods of Domination and Modes of Resistance", pp. 268-80.
- ³⁷ Heiser, Diary, 1927-9, p. 166.
- ³⁸ Heiser, Diary, 1925-6, p. 133.
- ³⁹ *Ibid*, p. 121.
- ⁴⁰ Heiser, Diary, 1927-9, p. 172.
- ⁴¹ Heiser, "Notes on the 1915 Trip", p. 74.
- ⁴² Heiser, "Notes on the 1916 Trip", Vol. I, pp. 300-1.
- ⁴³ Heiser, Diary, 1930-31, RAC, RG 12, Box 217, p. 77.
- ⁴⁴ Heiser, Diary, 1927-9, pp. 123-6.
- ⁴⁵ Heiser, Diary, 1930-31, p. 90.
- ⁴⁶ Hydrick to Heiser, 18 September 1930, RAC, RF, RG 1, Series 655, Box 2, Folder 8.
- ⁴⁷ Heiser, Diary, 1927-9, p. 126.
- ⁴⁸ Heiser, Diary, 1930-31, p. 76.
- ⁴⁹ *Ibid*, p. 162.
- ⁵⁰ Heiser, Diary, 1930-31, p. 162.
- ⁵¹ Heiser, "Notes on the 1916 Trip", Vol. II, p. 570.
- ⁵² Heiser, "Notes on the 1916 Trip", Vol. I, p. 327.
- ⁵³ Heiser, "Notes on the 1915 Trip," pp. 72-3.
- ⁵⁴ Heiser, "Notes on the 1916 Trip", Vol. II, pp. 566-7.
- ⁵⁵ David Arnold, "Tropical Governance: Managing Health in Monsoon Asia, 1908-1938", Working Paper no. 116, (Singapore: Asia Research Institute Seminar Series, 2009), pp. 1-21.
- ⁵⁶ Leo Suryadinata, *Peranakan Chinese Politics in Java, 1917-1942*, (Singapore: Singapore University Press, 1981), pp. 1-5; Philip A. Kuhn, *Chinese Among Others: Emigration in Modern Times*, (Lanham: Rowman and Littlefield Publishers, 2008), pp. 60-73; Anthony Reid, *Imperial Alchemy: Nationalism and Political Identity in Southeast Asia*, (Cambridge: Cambridge University Press, 2010), pp. 51-60.
- ⁵⁷ Leo Suryadinata, *Prominent Indonesian Chinese: Biographical Sketches*, (Singapore: Institute of Southeast Asian Studies, 1995), p. 65.
- ⁵⁸ Far Eastern Association of Tropical Medicine, *Transactions of the Ninth Congress held at Nanking 1934*, (Nanking: The National Health Administration, 1935), p. 371.
- ⁵⁹ *Ibid*, p. 789.
- ⁶⁰ Roger Greene, Acting Director, Peking Union Medical College, to Alan Gregg, Director of Medical Sciences, Rockefeller Foundation, 30 October 1934, RAC, China Medical Board, Faircervis, W., Box 55, Folder 385, pp. 1-2.