

# Constructing Colonial Benevolence: Portraits of Persons with Leprosy in British Malaya

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## **Abstract**

Images of leprosy produced in British Malaya offer a way to explore connections between medical photography and colonial ideology. Using postcolonial history of medicine and critical visual studies, this article looks at the role of visual images in the formulation of colonial policy on leprosy. Viewing photos of leprosy against the background of colonialism, the politics of segregation, and the global migration of Chinese and Tamil labourers, I argue that medical photos of leprosy during British Malaya were not only objects of clinical significance but also a site of colonial representation of racial Others and pathogenic migrant bodies. As a critical engagement with historical photos, this article re-reads images of leprosy along and against the grain of colonial narratives to shed new light on colonial benevolence.

## **Keywords**

Colonial medicine, critical visual studies, representation of racial others, pathogenic bodies, metaphors of leprosy, medical gaze

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## Introduction

In many non-fiction publications, historical or otherwise, academic or non-academic, photographs are used and treated as immediate evidence of history and a testimony of the past. The uncritical engagement of old photos in self-evident fashion has been problematized by historians of visual arts, who see photographs not as neutral or ideology-free matter, but rather as ‘an aesthetic, material, cultural, and psychic object of social attachment’,<sup>1</sup> and maintain that pictures are ‘cultural constructs requiring examination in their own right.’<sup>2</sup>

Informed by the rich conversations among historians and scholars of visual arts, this article aims to examine the use of images and the place of visualization in the treatment of leprosy and people afflicted with the disease in British Malaya, at a juncture when the emergence of photographic technology coincided with the rise of colonial medicine. How can we make sense of the portraits of leprosy-afflicted people, images of therapeutic intervention, and photographs of leprosaria produced in colonial Malaya? In what ways did colonialism and other social, cultural and ideological forces influence and play out in the imaging of leprosy and people afflicted with the disease during the late nineteenth and early twentieth centuries? Instead of using images as self-evident testimony of the outbreak of disease and as immediate evidence of the past, I am interested to interrogate the practices of imaging in legitimizing colonial intervention of leprosy.

As pointed out by Franz Ehring,<sup>3</sup> imaging has always had a central place in depicting and treating leprosy, long before the invention of the camera and photography, in societies East and West, past and present. Whether in paintings, engravings, or photographs, the disease itself and its visual representation are saturated with multiple meanings, depending on the contexts in which these imageries are produced, used, circulated, and interpreted. Situated in the context of colonial medicine, this article is also interested to unearth colonial ideologies invested in the photographs of leprosy and leprosarium and portraits of leprosy-afflicted persons and ask: What did the imaging of leprosy, of people afflicted with the disease, of therapeutic intervention and of leprosarium tell us about the colonial regime and its ideas about the colonial Others?

To answer these questions, I examine selected portraits of leprosy in British Malaya. There are, in fact, hundreds of portraits of leprosy and images of therapeutic intervention, drug trials, and lives in the leprosaria produced during the colonial period. I focus, however, on photographs with known origin and usage, specifically: two sets of portraits, published in 1871 and 1924 respectively, and a few pieces published in the newspaper in 1936. The stories of these images are contextualized against a combined local and global backdrop, namely, the colonial fear of massive global emigration of Chinese labourers, the global emergence of tropical medicine and the international politics of segregation, and local contestations over segregation and centralized control of leprosy institutions. I also include written texts for discussion and analysis for, as argued

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<sup>1</sup> Tucker and Camp (2009, 4).

<sup>2</sup> Stepen (2001, 150).

<sup>3</sup> Ehring (1994).

by Manderson,<sup>4</sup> language plays a critical role in constructing images. Sometimes captions or written texts are supplemented for explanatory and framing purposes, while at other times vivid textual depictions stand alone to portray the subject of discussion. Both imagery and language have their respective roles in constructing the understanding of leprosy.

### **Framing the Narrative: Leprosy Images as a Tool of Empire**

Recent scholarship on medicine and visual culture points out that medical photography, like other forms of imagery, are social products. Medical illustration conveys far more than just clinical and scientific messages.<sup>5</sup> In the context of faith promotion, the portrayal of leprosy at the altarpiece was used to illustrate the work of divinity and miracle.<sup>6</sup> In the secular context of science and medicine, picturing diseases, including leprosy, is a useful way of capturing and approaching bodily disorders and pathologies.<sup>7</sup> As aptly articulated by Kerr, 'how the skin was displayed offers important clues to the ways medicine could construct the meaning of disease.'<sup>8</sup>

The birth of photographic technology in 1840, however, changed the way scientists thought about medical illustration. Assuming an equivalence between images captured through the lens of the camera and the photographed subjects, scientists and physicians viewed and made use of photography as a documenting technology that was far more accurate than artistic representation, like painting, in order to record clinical observation and medical 'facts.' However, critical visual studies argue that photography is not a neutral medium that communicates merely or purely scientific knowledge. It is, rather, a *representational technology* that generates messages other than the scientific ones, while dramatizing the objectivity and magic of modern medicine.<sup>9</sup> By challenging the notion that photographs are an objective reflection of reality and truth, this corpus of scholarship calls for more critical engagement with medical photography and an interrogation of the relations between image and reality. These works are particularly concerned with how image is used to communicate certain ideologies, construct certain scientific ideas, and structure the way(s) we see reality.

Drawing from postcolonial scholarship, the history of medicine, and visual art studies, some scholars have gone even further to argue that medical photographs are a site of colonial representation of race and imperial benevolence, and hence a tool of empire.<sup>10</sup> They maintain that medical imaging forms an integral part of the larger discourse of colonialism conveyed in the visual vocabulary of medicine. Following this strand of postcolonial inquiry, I read photographs of medicine and

<sup>4</sup> Manderson (2010).

<sup>5</sup> Heinrich (2006); Jackson (1995); Jordanova (1990); Lynteris and Prince (2016).

<sup>6</sup> Ehring (1994).

<sup>7</sup> Hattori (2011); Imada (2017).

<sup>8</sup> Kerr (2013).

<sup>9</sup> Hattori (2011); Lynteris and Prince (2016).

<sup>10</sup> Hattori (2011); Heinrich (2006); Imada (2017); Manderson (2010); Stepen (2001).

images of diseases produced in British Malaya against the background of and along the grain of colonialism. I put forward three arguments in this article. First, I argue that photography is not a neutral but a representational technology that creates metaphors of leprosy. Second, I suggest that medical illustration of leprosy in British Malaya was not merely an object of clinical significance, but also a site of the colonial representation of the racial Others, pathogenic migrant bodies, and colonial benevolence. Finally, I propose that the illustration of leprosy and its treatment depicts not just the disease itself, but also speaks to the colonial medical regime, which projected its desire onto the treatment of the disease and imposed its ideologies onto the bodies of the racial Others.

There are, however, many varieties of medical photography, including images of medical personnel, medical architecture and clinical facilities, therapeutic activities, epidemic outbreaks, and portraits of persons afflicted with disease. Every single photograph is a complicated representation on its own or, to paraphrase Peter Burke, 'every photo is a genre' that carries socially agreed upon conventions.<sup>11</sup> Where and how imageries of leprosy were circulated are also crucial to making sense of colonial policy on the disease. While photographic portraits of people afflicted with the disease were largely used in academic publications to communicate 'truth' as observed clinically, those of medical doctors, therapeutic interventions, and spatial arrangements of leprosy settlements were often circulated for popular consumption and were used to bolster medical authority and convey colonial benevolence. Taken together, the visualization of leprosy and medical intervention tell as much about the relations between (European) doctors and (native) patients as about people afflicted with the disease.

## **Ethnographic Medical Imaging of Migrant Bodies and Colonial Others**

Beginning from the mid-nineteenth century, colonial authority in the Straits Settlements associated leprosy with the colonial others, especially immigrants from China and India. In 1867, the Royal College of Physicians (RCP) of London published a report, probably the first of its kind, about leprosy in the Straits Settlements'. The report reveals, impressionistically, the prevalence of leprosy among different racial groups: 'In these settlements the Chinese most frequently suffer from the disease, next the Malays... only one case among the Klings (native from the Madras coast), and only one in a European.'<sup>12</sup>

Four years later, in 1871, Andrew Ferguson Anderson, the Assistant Colonial Surgeon at Singapore, published a book entitled *Photographs (Coloured) of Leprosy as Met With in the Straits Settlements*, which contained a set of portraits of seven patients from Pulau Serimbun, an island and a leprosy colony located about five miles off the coast of Malacca in the Malay Peninsula. This was the time when his peers in Europe began to make use of photography to document various medical conditions. Anderson's book was well received as a 'representation of true leprosy

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<sup>11</sup> Burke (2001).

<sup>12</sup> RCP (1867, 198).

as seen in the Straits Settlements' among his peers<sup>13</sup> as photography was perceived as a more accurate representation of the disease. The Secretary of State for the Colonies showed his appreciation of Anderson's work on leprosy by ordering the Crown agents to send several copies for the use of resident officials in British Malaya.<sup>14</sup> Anderson's photographs of pathological and pathogenic bodies of the racial others seemed to satisfy his peers' exotic imagination of the colonies.

Anderson was not the only physician who used photography to document leprosy and produce images of pathological racial types. But his photographic plates were probably the first ethnographic medical imaging of its kind in Malaya. '[P]repared in the hope that they might give a better idea of this disease as met with in the Straits Settlements than any mere written description could afford,' Anderson dedicated his book to George Burrow, President of the RCP.<sup>15</sup> Like the RCP report, Anderson associated the disease with Chinese migrants in Malaya:

The Chinese, the class to whom this form of Leprosy is almost entirely confined, come chiefly from Amoy, Macao, or Shanghai, and on arrival they are employed in various branches of industry, as coolies on the different estates or plantations, or as ordinary coolies about the towns, while some who have acquired a knowledge of any particular trade follow it in preference.<sup>16</sup>

At the same time, Anderson introduced the photographs with a degree of circumspection. 'Of the whole number of Chinese resident in the Straits,' he cautioned, 'a very small proportion is affected with Leprosy,' although the numbers seemed greater because those afflicted with the disease 'frequent the districts most densely populated, and hence, being daily prominent in our streets, we are apt to exaggerate their number.'<sup>17</sup>

All seven photographed subjects were Chinese male coolies, aged between 20 and 58, six of whom originated from Macao and one from Fukian. There were no photographs of women with leprosy because, according to Anderson, 'I have never seen Leprosy in the female, although it is not likely that the sex can be free from it, such cases are most probably concealed, indeed I have reason to conclude that they are.'<sup>18</sup> Apart from this observation, Anderson did not explain how he selected his subjects, although from the explanatory notes attached to the photographs—e.g., 'a perfect type of the Leprosy in this place [Straits Settlements] as occurring amongst the Chinese';<sup>19</sup> 'altogether this is a very good type of confirmed leprosy'<sup>20</sup>—it appears that he chose them because these cases typified the disease. To give several examples, two photographs of each patient taken by Anderson are displayed: one is a portrait of the upper body (Figs. 1 and 3) and the other, of the lower body and

<sup>13</sup> *Medical Time and Gazette* (1872, 300).

<sup>14</sup> *Ibid.*

<sup>15</sup> Anderson (1872, 1).

<sup>16</sup> *Ibid.*

<sup>17</sup> *Ibid.*

<sup>18</sup> *Ibid.*, 2.

<sup>19</sup> *Ibid.*, 9.

<sup>20</sup> *Ibid.*, 27.



**Figure 1:** Cheng Ah Teng, age (estimated) 20, from Macao.  
Source: Anderson (1872, 12). Reproduced with consent of the Wellcome Library.



**Figure 3:** Fong Ah Yim, from Macao, age (estimated) 58.  
Source: Anderson (1872, 24). Reproduced with consent of the Wellcome Library.



**Figure 2:** Cheng Ah Teng's limbs.  
Source: Anderson (1872, 14). Reproduced with consent of the Wellcome Library.



**Figure 4:** Fong Ah Yim's limbs.  
Source: Anderson (1872, 26). Reproduced with consent of the Wellcome Library.

four limbs (Figs. 2 and 4), each with a one-page explanatory note containing basic background of the patient, including his age, place of origin, occupation, years of residence in the Straits Settlements, duration of illness, and detailed description of his symptoms.

The photographs, especially those of the lower body and limbs, highlight the deformities resulting from the disease. The explanatory notes of the patients' conditions are generally stated factually.

**Matrix 1:** Summary of Patients' Conditions

Description	Cheng Ah Teng	Fong Ah Yim
Personal background	Estimated age, 20 Originally from Macao Settled in Penang No livelihood	Estimated age, 58 Originally from Macao Settled in Penang 'Light' work in last three to four years
History of disease	Sick with leprosy upon arrival Afflicted for six years Disease began at the feet and spread to hands	Sick with leprosy upon arrival Afflicted for twelve years Disease began at the face and spread to hands and feet
Present condition	Hands severely ulcerated Feet less ulcerated Face totally free of ulceration and tubercular blotches	Ulcerated hands, esp. the left Feet in worse condition Chest and abdomen muscles wasted Dry skin Nodulated facial appearance

Source: Andrew F. Anderson, *Photographs (Coloured) of Leprosy as Met with in the Straits Settlements* (London: J. & A. Churchill, 1872), 15 and 27.

Importantly, these photographs were taken in the mid-nineteenth century when a global racialization of leprosy was underway. In the early nineteenth century, Europeans tended to associate leprosy with bad habits and gross diet rather than with race. T. M. Ward and J. P. Grant,<sup>21</sup> for instance, linked the disease with 'uncleanly habit' and 'gross innutrient food' among the natives of Malacca and the lower classes of Chinese immigrants in Penang who acquired the disease. Two to three decades later, the massive emigration of Chinese to many parts of the world coincided with a global pandemic of leprosy, which had been prevalent in Europe during the Middle Ages but had almost disappeared. When it re-emerged in the mid-nineteenth century, Europeans who worked in different parts of the British Empire began to link the disease to the migration of Chinese and South Asians. For example, John D. Hillis, a British medical doctor in charge of a leprosy asylum in British Guiana, blamed Chinese and Indian immigrants for introducing the disease to the country in the 1850s:

In 1841 immigration commenced from Madeira. The Portuguese suffered much during acclimatization, but do not appear to have introduced the disease of leprosy into the country [of British Guiana]. There can be no

<sup>21</sup> Ward and Grant (1830).

question, however, that it was introduced by immigrants arriving from China and India, and I have from old records gathered proofs in support of this statement that cannot be gainsaid. I should first remark that, in 1858, the lepers were removed to the present institution on the Mahaica river.<sup>22</sup>

Associating leprosy with the Chinese race tells as much about the anxieties over the sudden significant presence of Chinese as the fear of the reappearance of the disease. Consider the data below: in 1829, Penang Island had a population of 37,715, including about 500 Europeans and Eurasians, 13,619 Malays and 9,101 Chinese.<sup>23</sup> In 1851, the population had increased to 43,143, made up of 347 Europeans and Eurasian, 16,670 Malays and 15,457 Chinese.<sup>24</sup> In two decades, Penang's total population had increased by 14%, but the Chinese population had grown by 70%.

Racializing leprosy, which can also be read as pathologizing the racial others, speaks to the anxieties of colonial elites as they encountered cultural differences in the colonies.<sup>25</sup> For example, Henry Press Wright (1814–92), a British church official, put forward his view of leprosy in his 1889 book, entitled 'Leprosy An Imperial Danger':

The islands of the Pacific were attacked by leprosy at a more recent period; and the Sandwich Islands in the middle of the nineteenth century. This awoke Europe to the fact that any country which allows itself to be freely visited by a race infected with the malady, will be sure sooner or later to suffer. The inhabitants of the Sandwich Islands escaped contagion until the above time, but then it was that Chinese emigrants flocked in and so infected Hawaii that, in less than fifty years, every fifteenth of the inhabitants of that unhappy country has become leprous.<sup>26</sup>

These anxieties can partly be explained by the fact that prior to Gerhard Armauer Hansen's identification of the *Mycobacterium leprae* as the causative agent of leprosy in 1873, the disease was often vaguely defined by medical authorities in terms of clinical symptoms. Nodulated appearances and blotches over the surface of the body were considered a tubercular type, while pendulous ears coupled with enlarged and thickened alae of the nose were classified as the dry or anaesthetic type. Nonetheless, photography was helpful not only in documenting visible bodily symptoms but also in exposing the intangible intimate emotional status of people afflicted with the disease. Anderson identified 'a peculiar anxious look' about Cheng Ah Teng (Fig. 1), for example, saying it was 'a symptom very common in this disease'.<sup>27</sup> Anderson's textual description helped make the unseen, such as emotional status, visible but in fact, he merely confirmed an obvious reality: sick persons with severe physical manifestations understandably suffer from anxiety. There was nothing uncommon about this anxious feeling.

<sup>22</sup> Hillis (1881, 161).

<sup>23</sup> Ward and Grant (1830, 11).

<sup>24</sup> 'Pinang', *The Singapore Free Press and Mercantile Advertiser*, 1 July 1851, p. 1.

<sup>25</sup> Leung (2009); Mawani (2003).

<sup>26</sup> Wright (1889, 5).

<sup>27</sup> Anderson (1872, 15).

Concurring further with the earlier 1867 RCP report, Anderson considered leprosy as non-contagious and incurable, and admitted that little could be done for treating persons with leprosy. Regarding the question of segregation, however, he distanced himself from the 1867 report, which had earlier suggested that governments in the colonies do away with all laws or practices that implemented the compulsory segregation of people afflicted with the disease. On the contrary, Anderson argued that the

segregation of Lepers, though not demanded for the purpose of preventing infection, would, at all events, be of immense benefit to themselves (as far as comfort was concerned) and to the public convenience, at the same time affording the only plan which will give us a chance of at least greatly alleviating their sufferings, if not curing them.<sup>28</sup>

In other words, the rationale behind segregation had little to do with medical facts—Anderson himself agreed that the disease was not contagious—but with the social aspect of leprosy. The sight of leprous paupers wandering and begging on the streets of Singapore and Penang was unpleasant and distressing, and ‘placing them on an island in the vicinity of the Settlements,’ he argued, ‘would be the simplest method of disposing them.’<sup>29</sup> Anderson associated leprosy with poverty quite effectively, visually and by text, in an effort to justify his desire to sanitize the streets instantly of beggars, poverty and leprosy—all of them ‘nuisances’ that plagued the Straits Settlements. Anderson countered the ‘horror’ of leprosy with his vision of a leprosy-free future for the East, including the Straits Settlements:

The Leprosy, identical with this [the likelihood of a cure or at least some ameliorative measure] under consideration, prevalent in Europe during the Middle Ages, and common then in our own country, has almost disappeared, no doubt owing to an improved sanitary condition and better diet, and I see no reason, therefore, to doubt that in time we shall find it as rare in the East as it is in Great Britain.<sup>30</sup>

Thus, Anderson’s photographs of leprosy, to quote Imada,<sup>31</sup> were ‘an ethnographical icon of tropical leprosy and the degraded native’, evidence of a selected people’s suffering, which necessitated colonial intervention to bring about improvement. Notwithstanding his belief that the disease was non-contagious, Anderson maintained that segregation,

though not demanded for the purpose of preventing infection, would, at all events, be of immense benefit to themselves [leprosy sufferers] (as far as comfort was concerned) and to the public convenience, and at the same time affording the only plan which will give us a chance of at least greatly alleviating their sufferings, if not curing them.<sup>32</sup>

<sup>28</sup> Anderson (1872, 3).

<sup>29</sup> Ibid.

<sup>30</sup> Ibid., 4.

<sup>31</sup> Imada (2017, 17).

<sup>32</sup> Anderson (1872, 3).

Balancing the needs of persons with leprosy and of the general public, Anderson settled for the rhetoric of colonial charity and medical philanthropy: segregation would be of immense benefit to the segregated. Photographs of the suffering faces of leprosy-afflicted persons were not by themselves sufficient to justify Anderson's desire to build the Straits Settlements after his progressive image of a leprosy-free Great Britain. As Anderson's explanatory notes demonstrate, written texts also played an equally important role in bolstering the logic (or paradox) of colonial benevolence delivered through the harsh measure of segregation.

Notably, Anderson's photographs of leprosy were circulated only in the circle of European elites. They were not for public consumption. Anderson's illustrations of leprosy through racialized lens reflect a broader strand of thought in Britain that linked the disease with social problems (such as poverty and vagrancy), and a sense of anxiety about diseases in the colonies commonly shared by his peers and contemporaries in the imperial centre as well as in capitals of the colonies. Toward the end of the nineteenth century, more and more physicians and public health experts in leprosy colonies, such as Hawaii, Guam, and Culion (the Philippines), were using photographic technology to illustrate clinical symptoms of leprosy and pathological racial types.<sup>33</sup> A large number of images of leprosy were stored in various medical archives. Some were published in medical journals, which circulated among public health experts, doctors, and scientists across continents. Several medical authors began to write in a confident tone about leprosy, as though it were a disease particularly of the Chinese and of warm countries. In 1897, for instance, James Cantlie, a Hong Kong-based surgeon, published the *Report on the Conditions Under Which Leprosy Occurs in China, Indo-China, Malaya, the Archipelago and Oceania*. Under the section on leprosy in the Malay Peninsula, Cantlie wrote: 'Leprosy is rife. Chinese are the chief sufferers. Several aboriginal tribes are non-leprous. Chinese by some considered to have introduced leprosy.'<sup>34</sup>

A year later, Patrick Manson, one of the major founders of tropical medicine, made a sweeping statement about leprosy: 'It may be safely concluded, therefore, that with the exception of a few insignificant islands, leprosy is an element, and often an important element, in the pathology of nearly all warm countries.'<sup>35</sup>

The Sinophobic notion that Chinese bodies were leprous and introduced the disease was expressed with full certainty. James Cantlie's 1897 report, for example, was imbued with a racist tone regarding Chinese migrants in Malaya:

Taking the states of Singapore, Johore, Pahang, Negeri Sembilan, Sungai Ujong, Selangor, and Perak, from which details are available, we find that out of a total population of 739,645 no less than 439,752 are Chinese – that is more than half. We must also bear in mind that this is not a permanent population, but one which constantly changes. The Chinaman's one idea is to amass wealth enough to return to China; hence **there is an enormous yearly influx of fresh Chinese blood, and with it an equally great and constant chance of introducing disease....**

<sup>33</sup> Hattori (2011); Imada (2017).

<sup>34</sup> Cantlie (1897, 94).

<sup>35</sup> Manson (1898, 386).

The evidence from the Straits Settlements strengthens the opinion that has been forcing itself upon me ever since this investigation began, namely, that the **Chinese are the carriers of leprosy...** and as not one of these Chinese in a hundred is born in Malaya, and few remain many years, and as we know that leprosy is happily very slow of incubation, it certainly does seem more and more likely that **leprosy is being constantly brought in afresh from infected Kwantung and Fokien.**<sup>36</sup>

## **Medical Gaze: The Trope of Before-and-After Treatment and Happy Lives in the Leprosarium**

Meanwhile, in the global arena, the first International Leprosy Conference took place in Berlin in 1897. Here the contagionist view prevailed, which regarded leprosy as transmissible by human touch, even though just remotely so. The conference passed a resolution that proposed compulsory segregation to eliminate the disease. Nonetheless, outside the congress, colonial authorities remained divided as to the practicability of segregation. On 21 June 1899, Joseph Chamberlain, then Secretary of State for the Colonies, penned a report on the origin and spread of leprosy. In Chamberlain's dispatch, he revealed the lack of consensus over how contagious leprosy was, and cautioned against compulsory segregation on the ground that the measure might offend public liberty.<sup>37</sup> Chamberlain was especially concerned about the likelihood of offending non-destitute members of society who were afflicted with the disease and could be persuaded to undergo voluntary self-isolation at home if compulsory segregation were put in place. Despite the lack of consensus, the Lepers Ordinance was passed in the Straits Settlements in 1899, which criminalized people afflicted with the disease. The police were given the power to detain leprosy-afflicted persons if they entered the following trades, public vehicles, or places: hackney carriage, jinrikisha, hotel, boarding or lodging house, and public baths. Four years later, the Quarantine and Prevention of Disease Enactment was put in place in Perak and Selangor to screen migrants and penalize persons afflicted with leprosy. Entering the first quarter of the twentieth century, a new genre of leprosy images emerged to support stricter segregation advocated by these laws and the establishment of a centralized institution of leprosy.

A different set of photographs of leprosy with known origin was taken by E. A. O. Travers, a medical doctor in charge of the Kuala Lumpur Leper Asylum, which was built in 1893 and located about 2¾ miles from Kuala Lumpur, from 1922 to 1925. The environment and events that led to Travers' work help explain the significance and impact of his photographs. On 31 January 1924, the British Empire Leprosy Relief Association (BELRA) was formed in London to coordinate existing relief work for leprosy and to stamp out the disease in the British colonies. The question of compulsory segregation was far from settled and had, in fact, remained as contentious and contested as in the earlier decades. After a field trip to India and

<sup>36</sup> Cantlie (1897, 96, 100, emphasis added).

<sup>37</sup> Origin and spread of leprosy (1899), Arkib Negara accession no. 1957/0085958.

other parts of Asia in 1924, including a visit later in the year to the Philippines and British Malaya, Frank Oldrieve, secretary of the newly formed BELRA, maintained that compulsory segregation would inevitably result in 'driving underground... the cases who are the most important to get hold of'<sup>38</sup> and urged colonial officers in Malaya to learn from India's experience with decentralized clinics. Oldrieve was an old hand in the field of leprosy, having served in the Mission to Lepers for over a decade before his stint at BERLA. The most significant goals, in his view, were to 'bring the latest curative treatments within the reach of all who suffer from the disease' and 'attracting them to come for treatment' rather than forcing treatment upon them.<sup>39</sup> In a letter to the Governor of the Straits Settlements in Singapore, Oldrieve explained his preference for setting up small leprosy clinics manned by specially trained personnel over a single, centralized institution, and for voluntary isolation over compulsory segregation:

If they [people afflicted with leprosy] will voluntarily come forward and take treatment then they ought to be allowed to live in their homes, under medical supervision of course, but if they refuse to be treated then the existing powers ought to be used and the lepers compulsorily segregated and treated. I believe, however, that if up-to-date treatment were available and the lepers did not fear being taken away to the asylum many, if not most, of the early cases would come for treatment. The aim should be to attract them to come to the clinic for treatment.<sup>40</sup>

The absence of an effective treatment of leprosy offered Oldrieve an argument against centralized institutional service. Why set up a central institution when no treatment existed anyway? Oldrieve proposed instead an extensive network of dispensaries to facilitate the detection of early cases. Also underlying Oldrieve's suggestion was his concern about cost. He considered running decentralized dispensaries, as practiced in India, a more affordable option than operating a central institution. Unfortunately, his consideration and suggestions were not well received by colonial medical officers in the Straits Settlements and the Federated Malay States (FMS). R. Dowden, Principal Medical Officer of the FMS wrote a seven-page memorandum to the Under Secretary of the FMS Government dismissing Oldrieve's suggestion, saying Oldrieve did not know local conditions intimately, and proposed instead the establishment of a central institution as a far more efficient and cost-effective option.<sup>41</sup> The contention between European elites in the colonial centre and their medical counterparts in the colonies over the feasibility of segregation and centralized control was heated. It was at this point that Travers' drug trials together with his visual illustrations of leprosy came into the picture to support the argument for a centralized institution.

<sup>38</sup> Oldrieve's letter, 30 September 1924, Accession no. 1957/0233954.

<sup>39</sup> Ibid.

<sup>40</sup> Letter from the Secretary of the British Empire Leprosy Relief Association asking for the news of the FMS Government containing suggestions for the treatment of lepers, 30 September 1924, Accession no. 1957/0233954.

<sup>41</sup> Memorandum on Leprosy, Accession no. 1957/0233954.

Travers started the drug experiment in 1922 by putting over fifty patients in the Kuala Lumpur Leper Asylum on *Tai Foong Chee*, a powder consisting primarily of *hydnicarpus anthelmintica*. There is no information about how Travers selected these patients, and it is likely that he conducted the experiments on their bodies without their informed consent. Altogether Travers took twenty-two images of leprosy patients and compiled them into a booklet, titled 'Tai Foong Chee treatment of Leprosy',<sup>42</sup> which was circulated along with a report on the result of the drug trial. A copy of Travers' booklet and report were first sent to R. Dowden, Principal Medical Officer of the FMS, and then to Leonard Rogers in London, the founder of BELRA.<sup>43</sup>

Despite inadequate funds, Travers managed to individually photograph nine patients before and after more or less one year of treatment (Figs. 5 to 8), and take four group photos of eighteen patients after treatment (Figs. 9 to 12). Like Anderson's photographs, Travers' visual illustrations of leprosy were confined to migrants, but with the addition of Tamil migrants (Figs. 9, 10 and 12). This is because the leprosarium inmates at the time consisted almost wholly of migrants, of whom about 83 percent were Chinese, and the rest, Tamils. According to Travers, these portraits were used for multiple purposes: to illustrate the somatic improvement before and after treatment; to document variation in pathological types; and to capture the psychological status of the patients. Travers' captions highlighted the patients' facial expressions as evidence of psychological improvement after treatment (Figs. 6 and 8). Unlike Anderson's subjects, all of Travers' trial subjects posed with their arms crossed, a typical posture found in clinical portraits of leprosy across continents since the early twentieth century. Physicians and health experts in different colonies must have learned from each other about how to best display the patient's somatic condition, especially digital ulceration, when taking clinical photographs. The arms-crossed posture, intended to expose the clinical condition of the patient's hands, became a symbol of leprosy and immediately reduced the migrants in the portraits into mere leprosy patients or leprous migrant bodies.

Travers' report and photography booklet were circulated within the colonial ruling circles and were well received. For example, Dowden's memorandum cited Travers' positive trial result as justification to argue for a centralized leprosy institution and urged medical officers in other colonies to learn from Malaya's experience instead of the other way around. 'I venture to assert that our Medical Officers [in Malaya] have nothing to learn from Dr Muir of Calcutta, but he might have something to learn from us, concerning the Tai Fung Chee treatment.'<sup>44</sup> Dowden's strongly worded memorandum reveals some ongoing competition between medical doctors in Malaya and those in India. This inter-colony rivalry is further disclosed in one report on a conference convened in Kuala Lumpur on 14 November 1924. The objective of the conference, which was attended by five medical officers from both Straits Settlements and the Federated Malay States, was to consider point by point the proposal made by Frank Oldrieve earlier that year. Commenting on India's method proposed by Oldrieve, page two of the report

<sup>42</sup> Tai Foong Chee treatment of Leprosy', Accession no. 2011/0007964-2011/0007985.

<sup>43</sup> Travers' booklet and report, Accession nos. 1957/0234919 and 1957/0389571.

<sup>44</sup> Memorandum on Leprosy, Accession no. 1957/0233954.



1. Ow Swee Yew, 19 years old.

Five years a leper. Before treatment.

Has patches on face and forehead. Nose is mishapen and left ear swollen. Has ulcerated nodes on arms and hands. Stumps of fingers ulcerated. Physical condition poor and expression of face miserable.

Figure 5

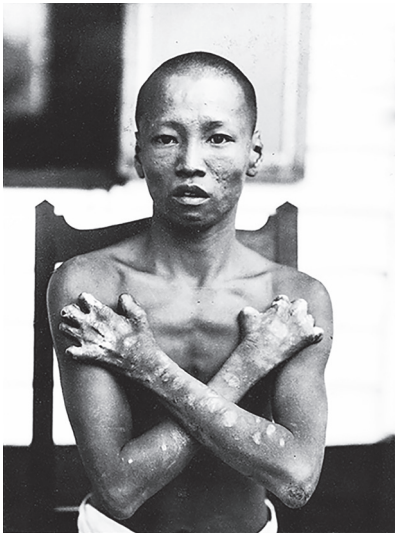


9. Ah Chun, aged 18.

Fourteen years a leper—Before treatment.

Left ear, nose and mouth swollen and distorted—Nodes on lower lip, cheeks, chin and neck, patches on wrists, right hand and arms.

Figure 7



1. Ow Swee Yew, after eleven months treatment.

602 doses taken. Much improved.

Patches on face and forehead have disappeared. Nose is normal and swelling of left ear has gone. Ulcers on finger stumps, hands and arms have healed, leaving scars only. The improvement in facial expression and physical condition is remarkable.

Figure 6



9. Ah Chun, after treatment.

724 doses taken.

Greatly improved. Upper part of face practically well, nose and mouth have almost regained their normal shape—Nodes are rapidly disappearing. Patches on hand and arms show scars only. Facial expression and physical condition much improved.

Figure 8

Source: Travers (1924). Reproduced with permission from Arkib Negara.



10. Four Tamils and one Chinese after a year's treatment.

All were well marked cases of leprosy, especially the fourth from the left, who had raised patches on his face and body with ulceration of the hands—None of these men show any active sign of leprosy.

They were not photographed before treatment.

Figure 9



11. Photograph of four Chinese and one Tamil after approximately one year's treatment. All of these patients had raised patches or nodes on face and body when admitted to the Asylum.

No signs of leprosy are now visible.

Figure 10

Source: Travers (1924). Reproduced with permission from Arkib Negara.



11. Photograph of four Chinese after a years' treatment.

All had evident signs of leprosy when admitted—None of them would be now recognised as lepers. They were not photographed before treatment.

Figure 11



12. Two Chinese and two Tamil lepers after a year's treatment.

All are in good health and are free from signs of the disease. They were not photographed before treatment.

Figure 12

Source: Travers (1924). Reproduced with permission from Arkib Negara.

says: 'It may be that the Tai Fung Chee treatment introduced at Kuala Lumpur Leper Asylum by Dr. Travers is more effective than the injection of modification of Chaulmoogra and Cognate Oils in use in India.'<sup>45</sup> Against the backdrop of inter-colony competition, Malaya-based physicians were concerned about how to outperform their counterparts in other colonies in combating leprosy. Shortly before his retirement from the civil medical service in Selangor, after three decades of service in Malaya, an article in *The Malayan Saturday Post* highlighted, among others, the importance of Travers' photographs as a means of offering persons with leprosy the hope of treatment.

Photographs play a great part in the attempt to cure. A patient who is very ill will come in, feeling ill and looking hopeless and seeming to wish but to die. He will immediately be shown photographs of those who like himself came in equally hopeless, but who after a year's treatment were nearly cured. These photographs alone will inspire hope, and a personal experience may illustrate more strongly what we mean.<sup>46</sup>

Portraits of leprosy patients and of the disease thus acquired new meaning. Framed in a before-and-after-treatment trope, they served as evidence not just of suffering, as Anderson's photos tended to convey, and neither merely of the magic of colonial medicine, which produced some positive results, but became, rather, an object of *therapeutic value in itself*. In December 1925, Travers' report and photographs were published under the Section of Tropical Disease and Parasitology of the *Proceedings of the Royal Society of Medicine*, reaching a wider international scientific audience. To this day, Travers' experiment is well remembered in the circle of experts on health and health-related fields.

As the proposal for a centralized leprosy institution gained steam, culminating in the construction of the Sungai Buloh Leprosarium in 1930, more varieties of photographs were taken, this time including images of the leprosarium's infrastructure and facilities, therapeutic activities, and daily life in the leprosy settlement—to illustrate hope for people afflicted with leprosy, instead of showcasing their suffering and misery. In 1936, a set of three photographs (Figs. 13, 14, and 15) was published in *The Straits Times*,<sup>47</sup> together with a tribute in honour of the contribution of the Sungai Buloh Leprosarium's first medical superintendent, Gordon Alexandre Ryrrie. These photographs jointly represent a marked contrast to those of Anderson and Travers for several reasons. First, in place of suffering, the photographs of 1936 show images of joy. Two of the photographs display cheerful faces of youthful female patients in the leprosarium (Figs. 13 and 14). The previous emphasis on anguish, pain, and anxiety are completely replaced by, as one caption puts it, 'a happy face' (Fig. 13). Second, the images of happiness are made possible by advancements in the treatment of leprosy. Another caption reads, for instance: 'Conventional ideas of the repellent effects of leprosy are again refuted by this charming picture taken at Sungai Buloh' (Fig. 14). Notably, the strides taken by

<sup>45</sup> Ibid., 2.

<sup>46</sup> Anon. (1925).

<sup>47</sup> *Straits Times*, 29 November 1936, 9.



**Figure 13:** 'A happy face at Sungei Buloh. Methods of leprosy treatment in Malaya are among the most advanced in the world.' (original caption)

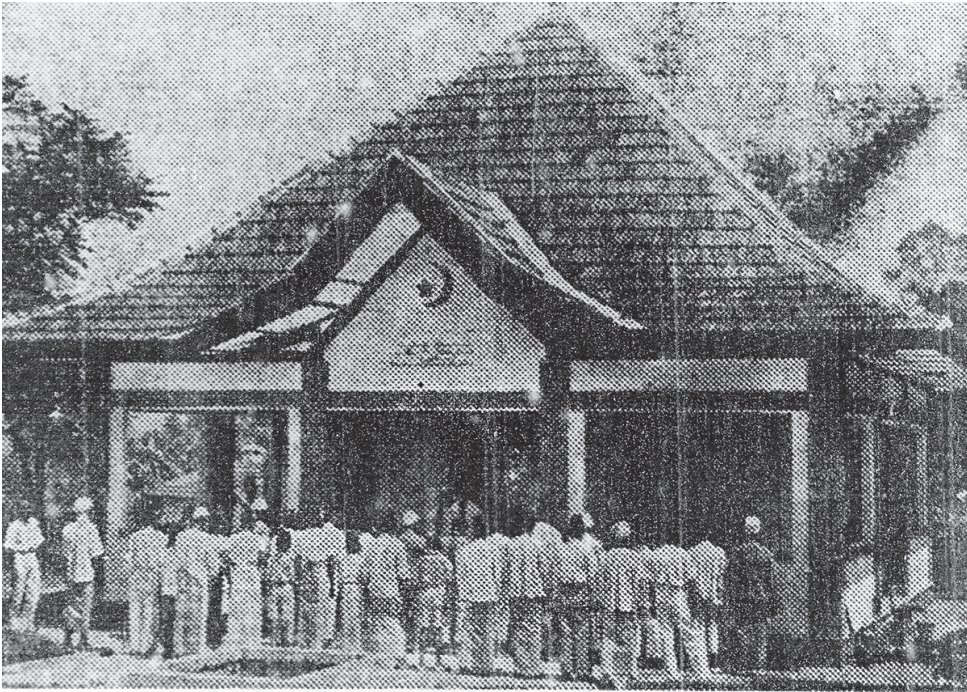


**Figure 14:** 'Conventional ideas of the repellent effects of leprosy are again refuted by this charming picture taken at Sungai Buloh.' (original caption)

Source: 'Mainly About Malaysians,' *The Straits Times*, 29 November 1936, p. 9. Reproduced with permission from *The Straits Times* © Singapore Press Holdings Limited.

the British colony are framed within a broader, indeed, global arena of treating Hansen's disease. One caption notes: 'Methods of leprosy treatment in Malaya are among the most advanced in the world' (Fig. 13). Finally, the photographs of 1936 present a testament to the 'success' of the centralized leprosy institution. The Sungai Buloh Leprosarium was 'the most advanced in the world', where treatment was effective, and segregation was legitimate as residents lived happily in their surroundings. The photograph of the mosque with a group of male Muslims in the leprosarium (Fig. 14) is especially significant for it gave the centralized institution a humane character that contrasted sharply with the leprosarium of old. The modern leprosarium considered not just the residents' physical well-being but their emotional and spiritual lives as well, and not merely their individual lives but also their communal life symbolized here by their place of worship. The message rang loud and clear: segregation was not isolation.

Over six decades earlier, A. F. Anderson used the suffering faces of persons afflicted with leprosy to justify their segregation from their loved ones and communities, all in the name of colonial charity. Paradoxically, in the mid-1930s



**Figure 15:** 'The Malay Mosque for the Mohammedans at Sungei Buloh.' (original caption) Source: 'Mainly About Malaysans,' *The Straits Times*, 29 November 1936, p. 9. Reproduced with permission from *The Straits Times* © Singapore Press Holdings Limited.

colonial authority used happy faces of persons with leprosy to legitimize a similar colonial intervention, albeit a milder version than that of the past. Images of cheerful faces in the leprosarium coupled with the triumphalist trope of Gordon Alexandre Ryrrie's story dimmed the background of the criminalization of leprosy and painted confinement as a form of colonial medical philanthropy. What Anderson failed to deliver in visual language a few decades earlier, found expression in this new genre of a portrait of happy faces in the leprosarium: compulsory segregation, treatment, and the centralized leprosarium were of immense benefit to the diseased.

## Conclusion

A large number of visual illustrations of leprosy and leprosaria are available from the colonial period, but few have traceable origins. This article selected three sets of photographs with known provenance to weave a story of the production and circulation of images of leprosy against the context of the global reappearance of leprosy, the fear of massive Chinese migration, inter-colony competition, and the politics of segregation in British Malaya. Each set speaks to the treatment and attitudes Hansenites received during the time the photographs were produced.

In the absence of an effective treatment of the disease during the mid-nineteenth century, A. F. Anderson's portraits of leprosy surfaced as images of suffering and pathological racial types. Associating leprosy with Chinese and with

beggars, Anderson's visual illustrations of leprosy simultaneously endowed the disease with a racial element and treated colonial Others as a pathological disorder. Notwithstanding the RCP's official twin views that leprosy was non-contagious and compulsory segregation was unnecessary, Anderson made use of the portraits of suffering to justify his ideas of sanitizing the streets in the Straits Settlement of leprous paupers to meet his European aesthetic. He was, in Manderson's words, 'shaping the tropics for European habitation.'<sup>48</sup> Portraits of suffering and misery alone were, however, insufficient to justify segregation. Anderson also resorted to textual depiction in order to construct a vision of colonial benevolence and a leprosy-free future: the very grounds on which he justified his desire to dispose of the ugly, undesirable leprous bodies.

Entering the twentieth century, the mandatory notification of leprosy cases and the exercise of police power to detain people afflicted with the disease were put in place in the Straits Settlements and the Federated Malay States. Segregation quickly took form. Yet despite the practice of compulsory segregation, the notion of it remained contested throughout the first three decades of the twentieth century, while the new politics of segregation and a new genre of leprosy images began to emerge. Inter-colony competition over the treatment of leprosy prompted medical doctors in Malaya to adopt stricter and more cautious methods. The positive results of Travers' drug experiment in the Kuala Lumpur Lepers Asylum were used to justify both the establishment of a central leprosy institution and the continuation of compulsory segregation, while his visual illustration of leprosy in a before-and-after treatment trope illustrated the effectiveness of a newly tested treatment. Portraits of leprosy no longer became confined to images of suffering and despair. Instead, new types of portraits with less anguished faces after treatment were used to symbolize hope, in the process transforming the photographs themselves into therapeutic instruments that could entice future patients to undergo treatment. Voices of proponents of a centralized leprosy institution soon prevailed and a central leprosarium was eventually established in Sungai Buloh in 1930. In 1936, cheerful faces of residents of the Sungai Buloh Leprosarium were published in a newspaper for popular consumption. These happy faces were used at once to bestow upon the confinement of leprosy a philanthropic face and to propagandize the achievement of colonial charity.

Whether they portray suffering or of bliss, photographs of leprosy patients and those of the disease must be contextualized to better understand their place and use in different historical stages. The photographs selected in this article demonstrate that both, however contrasting, were deployed to justify the same dehumanizing treatment of persons afflicted with leprosy. By setting these images of leprosy against the historical context of colonialism, this article problematizes the notion and practice of colonial medical benevolence beyond what the colonial elites wanted their audience and colonial subjects to see and to believe.

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<sup>48</sup> Manderson (1999, 102).

## Acknowledgement

This article is fully sponsored by the SEASREP (Southeast Asian Studies Regional Exchange Program) Foundation and the Sasakawa Foundation. I am grateful to Maria Serena I. Diokno, Jo Robertson, and the two anonymous reviewers for their comments and criticism on earlier versions of this article, which were presented in a workshop in Vietnam (2018) and the ICAS conference in Leiden (2019) respectively.

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