

# Inoculation and Colonization: British Medical Activities in Tibet and Their Significance (1900-1907)

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In the early years of the 20th century, Britain sought to compete with Russia for dominance in East Asia, and set its sights on the strategic location of Tibet. Smallpox virus epidemics have been documented in Tibet since the 7th century, and smallpox remained a major public health issue in Tibet until the early 20th century. The British colonizers learned from their experience of passing on biological science and technology in India and carried out a series of medical activities in Tibet, the most influential of which was the smallpox vaccination for the people of Gyantse and other places. This paper examines the history of the fight against smallpox in Tibet from 1900 to 1907, and studies the historical process of British colonial expansion in Tibet, as well as the interaction between the Qing government and the British invaders in medical and healthcare events such as vaccination in Tibet.

*Keywords:* smallpox vaccination, British colonization, Tibet, Qing government, medical diplomacy

## Introduction

At the beginning of the 20th century, in its attempt to invade Tibet, Britain achieved its colonial goals through medical activities such as vaccination. This paper intends to explore the political and cultural background of British anti-epidemic activities in Tibet from the perspective of medical social history, to sort out British medical activities in Tibet from 1900-1907, and to analyze how these activities became an important part of British colonial policy in Tibet.

## Britain's Medical Colonization Policy and the Great Game of East Asia

In the early 19th century, the British medical scientist Edward Jenner led Britain to distribute and promote bovine vaccination around the world. In 1802, the bovine vaccination spread around the world and arrived in India. With the continuous expansion of British colonial power, the colonial government took this opportunity to launch the smallpox prevention and control work in India with the bovine vaccination as the core. Through years of accumulated colonial expansion experience, especially in its most critical colony India, and the implementation of modern health care system in the process of practice, the British profoundly realized that the implementation of free health care services is an extremely effective strategy to construct a harmonious relationship with the local population.

In the 19th century, Britain and Russia were the major powers in the partition of Asia, and in the early 19th century, as Russia continued to move southward into Central Asia, and at the same time, British India was moving northward towards Kashmir, a potential conflict between Britain and Russia began to emerge. Britain and Russia

engaged in frequent exploratory expeditions, intelligence-gathering activities, and intense military and diplomatic rivalries in Central Asia. This period is known as *The Great Game*. Russia expanded into China, Afghanistan, and Iran with the intention of further expanding its empire. Britain used India as a base and advanced along the land and sea, invading China, Afghanistan, Iran, and other countries in Southeast Asia. “Across the Himalayas, behind every country conquered by Britain and Russia, was Tibet” (McKay, 2007, p. 20) at which point Tibet became the focus of Anglo-Russian rivalry.

In 1888, Britain launched the First War of Invasion of Tibet and took control of the Chunpi Valley and other areas, which were the key passages to Tibet. The treaties signed between British, Indian, and Qing governments provided for the opening up of Yadong as a commercial port and allowed Britain to set up a commercial office in Yadong, thus opening the gateway to Tibet. When the conflict with Russia over Tibet intensified, Britain launched the Second War of Invasion of Tibet. After leading the invading army to capture Gyantse, British general Francis Edward Younghusband drove into Lhasa and forced the local Tibetan government to sign the *Treaty of Lhasa*. Under the terms of this treaty, Britain received large amounts of compensation, occupied border areas, and enhanced trade privileges, with the long-term intention of placing Tibet under its direct military and political influence.

### **British Medical Activities in Tibet**

In 1900, the smallpox epidemic broke out in Tibet and spread to Sikkim and other neighboring areas. Trade in the Yadong Customs was once blocked and people were in fear. V. C. Henderson, 4th Director of Yadong Customs Revenue, obtained a large amount of vaccine from the Darjeeling Vaccine Warehouse in India, and taught the middle and senior staff of the border officials the method of vaccination.

Henderson and the border officials threw themselves into vaccination in Tibet, mainly to restore trade in the Yadong Pass as soon as possible. Through this trial of inoculation, Henderson found that Tibetans were not repulsed by bovine vaccination, which undoubtedly facilitated the subsequent continuation of British medical activities in Tibet.

Based on years of colonial expansion, especially the successful promotion of modern medical services in India, the British recognized that the provision of free medical services was an effective way to enhance relations with the local population. In the course of the British invasion of Gyantse, the Tibetans in Gyantse had already shown acceptance of the doctors accompanying the British army.

In the first 10 months of operation, the clinic in Gyantse performed 58 surgical procedures, the archives show. In addition, Sting, who had opened an eight-day temporary clinic in Shigatse to perform cataracts and other operations on local patients, recorded: “The sight restored to the patients had an immediate and lasting effect on the minds of the natives, and was an invaluable propaganda for the British system.” (McKay, 2005, p. 143).

According to archival records, since the clinic opened, in addition to the daily treatment of various diseases, the then British Indian government was most concerned about fighting the smallpox epidemic, which was directly related to the core interests of the U.K. The smallpox epidemic in Tibet in 1900 led to the closure of the transportation port with India and a sharp decline in trade. Drawing on the experience of successful vaccine promotion in India, the British medical official Sting relied on the clinic in Gyantse as a base for promotion and embarked on the implementation of a vaccination program against smallpox in Tibet. By May 1905, the entire staff of the commercial commissioners’ organization in Gyantse had been vaccinated against smallpox. Sting’s records show that thereafter local officials (Zongben) and officials at all levels in Gyantse took the initiative to

consult him for information about the vaccine and helped the British to promote the vaccine in Gyantse. By the end of 1905, a total of 1,320 children in Gyantse and its neighboring regions had completed bovine vaccination (McKay, 2007, p. 245).

Vaccination was resumed in Gyantse at the end of 1907 and was carried out by two trained Tibetans. That year the number of vaccinations jumped to 2,131. According to British statistics, the introduction of the vaccine during this period showed the first signs of success, and the death rate and spread of smallpox in and around Gyantse dropped significantly (McKay, 2005, p. 147).

### Discussion

In 1904, a British clinic was established in Gyantse, Tibet, marking the official entry of British-promoted biomedical technology into the Himalayas with the military invasion. At the beginning of the 20th century, British medical activities in Tibet were not just public health interventions, but also an important part of its colonial policy. Through medical means such as vaccination, Britain sought to infiltrate the local Tibetan population in order to subsequently establish a legitimized colonial rule.

British medical activities in Tibet had a clear political purpose, and officials in Tibet were well aware that pro bono medical services were a means rather than an end, backed by the Empire's most fundamental interest: the creation of a more favorable political and diplomatic environment in Tibet for Britain. Britain supported the establishment of the Gyantse dispensary precisely because it was valuable from a political point of view and it promoted friendly relations in general. By setting up clinics in places such as Gyantse, the Britain not only provided vaccinations, but also established links with local Tibetans through medical activities. The popularity of Sting and other officials in the region is a reflection of Britain's ability to enhance its reputation through public service medical care. Medical activity here is not only an intervention in disease, but also a penetration of the local social structure and political environment.

The Qing government's response to British vaccination also reflected the interaction and competition of medical and propaganda tactics between the invader and the invaded. Realizing the influence of foreign medical treatment, Qing government officials began to push for local public health reforms in response to British medical penetration. This response was not only a resistance to foreign intervention, but also an opportunity to emphasize and reform their own public health system.

Besides Gyantse, the British also set up branch clinics in Chunpi and Pari. Through measures such as vaccination, the British helped improve health care and changed social structure of Tibet to a certain extent, and at the same time provided support for their colonial rule in the region. Medical activities, as a carrier of cultural exchanges, not only promoted the spread of biomedical knowledge, but also provided a cultural and political rationalization for British colonial policy in Tibet.

In summary, Britain's strategy of colonial penetration through medical means reflects the close connection between medical care and colonial aggression. This process was not only an intervention in public health, but also a profound impact on the local social, cultural, and political environment, reflecting the logic of imperialist expansion on a global scale.

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