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TAINTEB BENEVOLENCE: SOURCES OF FUNDING FOR THE LIVERPOOL SCHOOL
OF TROPICAL MEDICINE FROM 1898-1915

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Much to the chagrin of humanitarians throughout history, it is difficult, if not impossible, to make positive change in the world without money. Behind every forward-thinking, people-loving idealist is some source of funding, which may indeed be just as progressive and philanthropic. But ulterior motives tend more often to play at least some role, as societal improvements can pay dividends for those with vested interests in a particular cause. Consider the creation of scholarships by General Motors for college students who major in automotive engineering,¹ or Pfizer's funding of grants for hospitals that carry its products.² A century earlier, consider the case of medical work by the European imperial powers in colonial Africa. As the gift of civilization was lovingly bestowed upon the poor savages of the Dark Continent, the concept of the "white man's burden" was at its peak.³ A frenzy of missionaries, teachers, businessmen, and other proselytizers of the Western Gospel descended on the new territory, some with pure intentions, others with more questionable aims. With this rapid exchange between regions came the introduction of European doctors and scientists to "tropical" diseases with which they lacked familiarity. Thus, the need for a way to train physicians to confront the illnesses of the new territories quickly became apparent.

In 1898, during the height of Europe's golden age of colonialism in Africa, the first ever school of Tropical Medicine was founded in Liverpool.⁴ Its proudly stated mission was to educate a new generation of doctors to save lives in the tropics, and to conduct research into the

¹ "General Motors Scholarships," General Motors, accessed November 29, 2016, <http://careers.gm.com/student-center/scholarships.html>.

² "Transparency in Grants," Pfizer, accessed November 29, 2016, http://www.pfizer.com/responsibility/grants_contributions/transparency_in_grants.

³ Rudyard Kipling, "The White Man's Burden," The Kipling Society, accessed November 10, 2016, http://www.kiplingsociety.co.uk/poems_burden.htm.

⁴ "Liverpool School of Tropical Medicine Historical Record, 1898-1920," Internet Archive, September 20, 2015, *University Press at Liverpool*, 1, accessed November 11, 2016, <https://ia801407.us.archive.org/20/items/liverpoolschoolo00live/liverpoolschoolo00live.pdf>.

nature of the conditions that devastated settlers and natives alike in the African colonies.

However, the identities of the School's benefactors tell a starkly different story. The funding of the Liverpool School of Tropical Medicine by men with commercial and governmental interests in the development of Europe's African territories indicates that its aims could not have been purely humanitarian, as it publicly asserted. Instead, the resources it created were intended to be used, at least in part, for the furthering of capitalist enterprise and European colonialism in Africa.

In 1870, only 10% of the African continent was under European control.⁵ Though the interior of the continent had been explored by the likes of David Livingstone and Serpa Pinto, there was little interest in its development or colonization.⁶ Instead, the European sphere of influence was concentrated almost exclusively around the African coasts, the sole exceptions being some Ottoman incursion in Egypt and larger British and Dutch colonies in present-day South Africa.⁷ Territorial claims at the time were largely strategic, with coastal colonies being used as naval bases, trading outposts, or, as in the case of British holdings around the Strait of Bab-el-Mandeb, connections to more significant colonies elsewhere. The rest of the continent remained for the most part as it had since the 1400s, with a collection of diverse societies but few centralized states.⁸ However, in the 1880s, interest in Africa began to grow. Many European powers, especially Great Britain and France, prized Africa for its natural resources which could

⁵ "Scramble for Africa: How the African Continent Became Divided," Original People, November 18, 2012, accessed November 20, 2016, <http://originalpeople.org/scramble-for-africa-par/>.

⁶ "The Scramble for Africa," The Economist, December 23, 1999, accessed November 20, 2016, <http://www.economist.com/node/347120>.

⁷ "The Colonization of Africa: 1870-1910," Florida Center for Instructional Technology, *University of South Florida*, accessed November 22, 2016, <http://etc.usf.edu/maps/pages/7600/7638/7638.htm>.

⁸ "Pre-Colonial Africa," Slavery and Remembrance, accessed December 1, 2016, <http://slaveryandremembrance.org/articles/article/?id=A0001>.

be used to power their burgeoning industrial sectors.⁹ Products such as cotton, rubber, palm oil, cocoa, diamonds, and tin had become essential in European markets, but could not be reliably produced in Europe itself. Imperial governments therefore began sending scouts to form treaties with native groups that could help to secure their commercial interests.¹⁰ In Belgium, King Leopold II desired African land to increase his personal wealth, and appointed agents to claim large portions of central Africa. Feeling threatened, Chancellor Otto von Bismarck of Germany, who had previously had little interest in the continent, followed suit.¹¹

The “Scramble for Africa,” as a *Times* reporter dubbed the phenomenon in 1884, had now begun in earnest, and tensions between the colonizing nations rose.¹² Heated disputes emerged between the Portuguese and the British in East Africa, the French and King Leopold II in central Africa, and the British and the French in West Africa.¹³ It was the latter of these three conflicts in which German Chancellor Bismarck felt inclined to intervene, calling for a conference of European powers to determine how Africa could be peaceably distributed. The meeting was set for November of 1884, and would take place in Berlin.¹⁴ Representatives of thirteen European nations were invited, including Belgium, France, Italy, the Netherlands, the Ottoman Empire, Portugal, Spain, and Great Britain. Over the following months, formal terms by which trade and colonization in Africa would take place were established. The decisions of the

⁹ Ehiedu E.G. Iweriebor, "The Colonization of Africa," *Africana Age*, accessed December 1, 2016, <http://exhibitions.nypl.org/africanaage/essay-colonization-of-africa.html>.

¹⁰ "The Colonization of Africa: 1870-1910."

¹¹ Iweriebor, "The Colonization of Africa."

¹² "Scramble for Africa: How the African Continent Became Divided."

¹³ Matthew Craven, "Between Law and History: The Berlin Conference of 1884-1885 and the Logic of Free Trade," *London Review of International Law* 3, no. 1, accessed December 2, 2016, <http://lrii.oxfordjournals.org/content/3/1/31.full>.

¹⁴ Courtney Faal, "The Partition of Africa," *The Black Past: Remembered and Reclaimed*, accessed December 2, 2016, <http://www.blackpast.org/gah/partition-africa>.

conference were summarized in a six-point “General Act,” released in early 1885.¹⁵ Among other stipulations related to division of the continent, the Act assured freedom of trade in the Congo Basin, unrestricted travel along the Niger and Congo Rivers, and the end of slavery by African powers. However, its most significant proposition was the Principle of Effective Occupation, which would determine whether a nation could lay claim to a territory. Chapter six, article thirty-five of the General Act stated that “The Signatory Powers...recognize the obligation to insure the establishment of authority in the regions occupied by them on the...African continent sufficient to protect existing rights, and, as the case may be, freedom of trade and of transit under the conditions agreed upon.”¹⁶ This portion of the Act was meant to prevent the creation of nominal colonies wherein possession was claimed but no direct rule was established.¹⁷ It also asserted that in order for a Power to have authority over an area, it must be able to effectively enforce international law there.

The Principle of Effective Occupation presented European nations with a series of challenges that may not have otherwise been as substantial. As colonial empires in Africa grew, unforeseen obstacles to the enforcement of imperial rule became numerous. One of the most considerable of these was the rise of tropical diseases with which few European doctors or scientists could claim expertise. Malaria, sleeping sickness, guinea worm, and other conditions that had not been endemic to Europe for decades, if ever, were now of high concern to its empires. Death from disease was frequent in the African colonies, among both natives and travelers. In a documentation of her travels through West Africa, Mary Kingsley, a figure after

¹⁵ "General Act of the 1885 Conference of Berlin," General Act of the 1885 Conference of Berlin, accessed December 2, 2016, <http://courses.wcupa.edu/jones/his312/misc/berlin.htm>.

¹⁶ Ibid.

¹⁷ Craven, "Between Law and History: The Berlin Conference of 1884-1885 and the Logic of Free Trade."

whom the Liverpool School of Tropical Medicine would later name an award, wrote that a veteran resident of the region had warned her:

When you have made up your mind to go to West Africa the very best thing you can do is to get it unmade again and go to Scotland instead; but if your intelligence is not strong enough to do so, abstain from exposing yourself to the direct rays of sun, take four grains of quinine every day for a fortnight before you reach the Rivers, and get some introductions to the Wesleyans; they are the only ones on the Coast who have got a hearse with feathers.¹⁸

This sentiment was common to many European colonists, and led to the advent of Africa's unseemly moniker, "the White Man's Grave," originally coined in 1888 by a British author referencing Sierra Leone.¹⁹ High rates of illness and little knowledge of how it could be prevented, treated, or controlled in the novel circumstances that Africa posed was not only a danger to individual settlers, but also to the progress of colonial development and commercial activity on the continent. Imperial and industrial leaders often found their work frustrated by the sicknesses of laborers, soldiers, or administrators.²⁰ As such, the development of a medical force trained to combat these sicknesses was soon acknowledged as a necessity. Titans of business and politics alike began to call for the creation of a school where physicians could be trained to practice "tropical medicine" and then sent off to protect inhabitants of the new colonies.

In March of 1898 Joseph Chamberlain, Colonial Secretary for Great Britain, wrote a letter to the British General Medical Council and the country's leading medical schools imploring them to address this concern:

The great mortality among Europeans in such climates as those of the West African Colonies and Protectorates has not failed to attract my notice from the first...and towards the end of the year 1897...my attention was more definitely directed to the importance of scientific inquiry...and special education in tropical medicine for the medical officers of

¹⁸ Mary H. Kingsley, *Travels in West Africa* (London: Macmillan & C., 1897), 4.

¹⁹ George A.L. Banbury, *Sierra Leone; Or, The White Man's Grave* (London: S. Sonnenschein, 1888).

²⁰ "British Empire: Medicine," The British Empire, accessed December 4, 2016, <http://www.britishempire.co.uk/science/medicine/medicine.htm>.

the Crown Colonies...It is clearly advisable that a special Training School in Tropical Medicine should be established.²¹

A response to this entreaty was rapid, and came in the form of two British schools of tropical medicine. The school most directly tied to Chamberlain and the colonial office was opened in London in 1899, but the first school to be established, in November of 1898, was the Liverpool School of Tropical Medicine.²² The school's location in Liverpool was highly strategic; by the early 1800s, more than 40% of the world's trade passed through the port city.²³ A school of tropical medicine would be well-placed in an international shipping center such as Liverpool, facilitating transportation to and from tropical regions and providing opportunities to care for recently arrived patients. The founders of the school were certainly conscious of these advantages. The school was initiated mainly by two men: Alfred Lewis Jones, a Welsh businessman and ship-owner,²⁴ and Rubert Boyce, the Chair of Pathology at University College, Liverpool.²⁵ The purpose of their school, as stated in a series of resolutions passed by the School's appointed committee of directors, would be to "promote the study of Tropical Diseases"²⁶ in order to prevent "the loss of life in African and other tropical possessions."²⁷ The Liverpool School was, in short, to be a scientific and humanitarian initiative, devoted to the expansion of mankind's knowledge in the field of tropical medicine so that lives could be saved around the globe.

²¹ "Liverpool School of Tropical Medicine Historical Record, 1898-1920," 4.

²² *Ibid.*, 5.

²³ "A Brief History of Liverpool," City Portal: Liverpool, accessed December 5, 2016, http://www.liverpoolcityportal.co.uk/history/history_index.html.

²⁴ "Alfred Lewis Jones," University of Liverpool, accessed December 6, 2016, <https://www.liverpool.ac.uk/library/sca/colldescs/lstm/jones>.

²⁵ "Obituary: Sir Rubert W. Boyce," *British Medical Journal* 2, no. 2635 (July 01, 1911): accessed December 5, 2016, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2331473/>.

²⁶ "Liverpool School of Tropical Medicine Historical Record, 1898-1920," 6.

²⁷ *Ibid.*

The purity of these stated motives, however, may belie the entanglements that the school had with men whose interest in fighting topical disease was certainly not of altruistic origin. An examination of the School's record of major donations from its founding to 1915 reveals that every one of the school's significant benefactors had a political, commercial, or governmental interest in facilitating colonial development by preventing the annoyance that was tropical disease. Further, the evidence is clear that the investments of these men played a large role in determining which colonies or diseases would be prioritized in the School's research and the implementation of new treatments. This pattern began with the School's co-founder, Alfred Lewis Jones. Jones not only helped to establish the School, but also provided much of its initial funding, committing three hundred fifty pounds²⁸ annually.²⁹ This was no small sum, and signaled Jones' high degree of interest in the School's success. The volume of time and resources that Jones poured into the School's development begs the question of what benefit a School of Tropical Medicine in Liverpool would bring him. Jones had no direct links to the government of the British Empire, but he was a shipping magnate with wide-reaching investments in West Africa.³⁰ As the head of Elder, Dempster & Co., he oversaw a fleet of steamships that ran from Glasgow and Liverpool to present-day Sierra Leone, Ghana, Liberia, Nigeria, Benin, and Equatorial Guinea.³¹ Jones thus acquired a variety of financial interests in West Africa, even being dubbed the "Uncrowned King" of the region by newspaper editor William Stead.³² Due to his business in the territory, Jones undoubtedly would have been familiar with the obstacles to

²⁸ "Historical UK Inflation Rates Calculator," Historical UK Inflation, accessed December 11, 2016, <http://inflation.stephenmorley.org/>. Equivalent to 52,255 2016 US dollars. All subsequent monetary conversions use the cited tool.

²⁹ "Liverpool School of Tropical Medicine Historical Record, 1898-1920," 5.

³⁰ "Alfred Lewis Jones."

³¹ Ibid.

³² Owen Mulpetre, "The Great Educator: A Biography of W.T. Stead," *Attacking the Devil*, accessed December 10, 2016, <http://www.attackingthediabol.co.uk/bio.php>.

profit that tropical disease presented, and surely hoped the School could alleviate them. Under Jones, the School seemed to give precedence to the health concerns of West Africa. While the London School of Tropical Medicine sent scientific expeditions to East and Central Africa, India, Fiji, and Italy during its first few years of operation,³³ every one of the first eleven expeditions conducted by the Liverpool school was sent to parts of West Africa in which Jones held some kind of investment.³⁴ The second director of the School had similar commercial entanglements. In 1910, after Jones's death, William Lever became Chairman of the Liverpool School of Tropical Medicine.³⁵ Lever owned the firm Lever Brothers, which manufactured soap.³⁶ A key ingredient in Lever's soap was palm oil, a commodity widely produced across Africa, but which Lever purchased exclusively from West Africa. Though the school had begun diversifying the geography of its expeditions prior to Jones's death, two lengthy expeditions to West Africa were dispatched immediately after Lever's appointment.³⁷ Perhaps this change in geographic priority was a coincidence, but, if so, it was certainly a convenient one.

Aside from its chairmen, the school's major donors included an assortment of other companies and businessmen. In May of 1901, James Coats donated one thousand pounds³⁸ to the School.³⁹ Again, this sum was substantial enough to warrant questioning of Coats's motives. James Coats was the director of J&P Coats, Ltd., a Scottish company that produced cotton

³³ Seaman's Hospital Society, "The London School of Tropical Medicine: Report for the Year 1899-1900," Internet Archive, 10-12, accessed November 27, 2016.

<https://ia600200.us.archive.org/1/items/b22397462/b22397462.pdf>.

³⁴ "Liverpool School of Tropical Medicine Historical Record, 1898-1920," 15-27.

³⁵ *Ibid.*, 41.

³⁶ "The Story of Lever - A Remarkable Man," Lady Lever Art Gallery, accessed November 28, 2016, <http://www.liverpoolmuseums.org.uk/ladylever/history/lever.aspx>.

³⁷ "Liverpool School of Tropical Medicine Historical Record, 1898-1920," 41-43.

³⁸ Equivalent to \$140,443.

³⁹ *Ibid.*, 24.

thread.⁴⁰ Since the Cotton Famine of the 1860s, British cotton was mainly grown in the Empire's West African colonies. The money that Coats donated was spent on a mission to West Africa that would "endeavour to exterminate mosquitoes from a given district" in the region.⁴¹ Mosquito-borne diseases such as malaria were frequent among laborers on cotton plantations, so an elimination of mosquitoes from one of the districts where Coats's company grew cotton would stabilize his labor force, driving down costs.⁴² Beyond direct financial backing, two companies also provided material support to African expeditions by the School. In 1907, the British South Africa Company offered the School free housing, transport, and a salary to each of the expedition's members if a team was sent to Rhodesia,⁴³ a territory which it had acquired in the 1890s and would govern until 1924.⁴⁴ The School accepted. Later that same year, the German East Africa Line provided the School with free transportation throughout East Africa in exchange for an expedition to Nyasaland (present-day Malawi), through which one of its most prominent railroads ran.⁴⁵

Many other donors to the School had governmental interests in empire-building in Africa, and thus in preventing disease there. King Leopold II of Belgium was one of the School's strongest supporters for precisely this reason. In an 1876 letter to his ambassador in London, he even wrote: "I do not want to miss a good chance of getting us a slice of this magnificent African

⁴⁰ "The Coats Family," Paisley, Scotland, accessed November 19, 2016, <http://www.paisley.org.uk/paisley-history/coats-family/>.

⁴¹ "Liverpool School of Tropical Medicine Historical Record, 1898-1920," 24.

⁴² Ochuko Keyamo, "Linkages Between Malaria and Agriculture," GBC Health, accessed December 5, 2016, <http://www.gbchealth.org/linkages-between-malaria-and-agriculture/>.

⁴³ "Liverpool School of Tropical Medicine Historical Record, 1898-1920," 45.

⁴⁴ "Africa and the British Empire," The British Empire, accessed November 27, 2016, <http://www.britishempire.co.uk/maproom/africa.htm>.

⁴⁵ Sue Swiggum, "German East Africa Line," The Ships List, March 13, 2008, accessed December 7, 2016, <http://www.theshipslist.com/ships/lines/woermann.shtml>.

cake,”⁴⁶ confirming his less than benevolent interest in acquiring African colonies. During the Berlin Conference, Leopold became the official owner of a large territory in the present-day Democratic Republic of the Congo, which he named the Congo Free State.⁴⁷ There, he ran a collection of rubber plantations on which natives were forced to work. When production quotas were not met, villagers were frequently mutilated or killed, and death toll estimates are as high as fifteen million.⁴⁸ Needless to say, Leopold had no humanitarian interest in the health of his workers. Still, the School began accepting donations from Leopold in 1903, its fifth full year of operation.⁴⁹ Leopold contributed six hundred fifty pounds⁵⁰ to the School’s funds in early August of 1903. The donation came in the wake of a major epidemic of sleeping sickness in nearby Uganda the previous year, which devastated British investments there.⁵¹ Fearing the same collapse of economic systems in the Congo, Leopold was desperate to prevent such an outbreak. Information about his brutality as a colonial ruler had also recently come to light, and Leopold hoped that responding to a potential epidemic would improve his international reputation without any real change being made to his practices.⁵² In mid-September of the same year as Leopold’s donation, the School’s first expedition to the Congo Free State was dispatched at his request to study sleeping sickness.⁵³ Three years later, in 1906, Leopold held a personal meeting with Alfred Lewis Jones and Rubert Boyce who were still the chairman of the School’s board and its

⁴⁶ "Belgian King Expresses Desire for Slice of 'African Cake'," History Commons, accessed November 29, 2016, http://www.historycommons.org/context.jsp?item=congo_38.

⁴⁷ Mark Dummett, "King Leopold's Legacy of DR Congo Violence," BBC News, February 24, 2004, accessed December 6, 2016, <http://news.bbc.co.uk/2/hi/africa/3516965.stm>.

⁴⁸ Baffour Ankomah, "The Butcher of Congo," *The Butcher of Congo*, December 31, 1999, accessed November 18, 2016, <http://www.hartford-hwp.com/archives/35/181.html>.

⁴⁹ "Liverpool School of Tropical Medicine Historical Record, 1898-1920," 29.

⁵⁰ Equivalent to \$90,465.

⁵¹ David Arnold, *Imperial Medicine and Indigenous Societies* (Manchester: Manchester University Press, 1988), 105.

⁵² *Ibid.*, 106.

⁵³ "Liverpool School of Tropical Medicine Historical Record, 1898-1920," 29.

head professor respectively. The three men discussed “the question of the prevention of sleeping sickness.”⁵⁴ The session concluded with the School again accepting a significant monetary gift from Leopold. Early the following year, Jones announced a series of new studies that would be conducted by the school “chiefly...on sleeping sickness.”⁵⁵

Perhaps most revealing of the School’s questionable financial entanglements are the close ties it kept with Britain’s Colonial Office. The Colonial Office was an administrative department of the British government designed to oversee the affairs of the colonies.⁵⁶ Its primary interests lay in ensuring that British territories remained under the control of the Empire, and were governed to its political and economic benefit. Any concern for public health that it claimed was only as a method to achieve these aims. In 1904, the School began receiving five hundred pounds⁵⁷ annually from the Colonial Office.⁵⁸ This amount would increase to one thousand pounds⁵⁹ per year in 1908.⁶⁰ This grant was made on the condition that the money was donated to “some special project” decided by the Advisory Board for the Tropical Diseases Research Fund.⁶¹ While nominally an entirely separate body, the Board of the Fund was appointed by the Colonial Secretary and served almost exclusively to further the interests of the Colonial Office.⁶² The School’s acceptance of an annual donation from the Colonial Office, along with its agreement to carry out any “special project” a board chosen by the head of the Office selected,

⁵⁴ *Ibid.*, 35.

⁵⁵ *Ibid.*

⁵⁶ Anthony Kirk-Greene, "The Colonial Office," *The British Empire*, accessed November 8, 2016, <http://www.britishempire.co.uk/article/colonialoffice.htm>.

⁵⁷ Equivalent to \$69,589.

⁵⁸ "Liverpool School of Tropical Medicine Historical Record, 1898-1920," 32.

⁵⁹ Equivalent to \$136,647.

⁶⁰ *Ibid.*, 39.

⁶¹ *Ibid.*, 33.

⁶² "Research in Tropical Medicine," *The British Medical Journal* 1, no. 2403 (January 19, 1907): accessed November 28, 2016, <https://www.jstor.org/stable/i20292838>.

guaranteed that it would be obligated to perform nearly any task requested of it by the Colonial Office. Without exception, the main objective of these tasks was connected to the expansion or strengthening of the British Empire. Of the five full-length expeditions conducted by the School “at the request of the Colonial Office”⁶³ from 1905 to 1915, all were to British colonies and all were to an area of significant economic value to the Empire. These included British Honduras (the Empire’s main source of mahogany),⁶⁴ Nyasaland (a major producer of tea, tobacco, and cotton),⁶⁵ and the West Indies (the location of many profitable sugar plantations).⁶⁶ By 1912, the Colonial Office was so involved in the affairs of the school that a member of the Office was permanently appointed to represent it on the School’s governing committee.⁶⁷ Given the Office’s lack of interest in the School’s supposedly humanitarian mission, its heavy involvement in the School’s direction appears somewhat problematic.

All of this is not to say that the School made no progress towards achieving its stated mission of saving lives and augmenting scientific knowledge of tropical disease, because it clearly did. Over the same period that each of the above contributions was made, three of the School’s most substantial discoveries, which undoubtedly impacted thousands of patients, took place. In 1901, Joseph Everett Dutton found trypanosomes (parasitic protozoa)⁶⁸ in the blood of a man infected with sleeping sickness, leading to an understanding of its cause.⁶⁹ The following year, Ronald Ross, a professor at the School, won the Nobel Prize in Physiology or Medicine for

⁶³ "Liverpool School of Tropical Medicine Historical Record, 1898-1920," 34-49.

⁶⁴ "Africa and the British Empire."

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ "Liverpool School of Tropical Medicine Historical Record, 1898-1920," 46.

⁶⁸ "Human African Trypanosomiasis," World Health Organization, accessed December 4, 2016, http://www.who.int/trypanosomiasis_african/parasite/en/.

⁶⁹ "LSTM History," Liverpool School of Tropical Medicine, accessed November 17, 2016, <http://www.lstmed.ac.uk/about/history>.

proving that malaria is transmitted by mosquitoes, laying the foundation for all future research on the disease.⁷⁰ Then, in 1905, Harold Wolferstan Thomas formulated the first effective treatment for sleeping sickness while on the School's faculty.⁷¹ Thus, it is unquestionable that the School worked to become an institution for positive change in medical practices across colonial territories, in Africa and elsewhere, with the funding that it received.

However, it is also certain that the School's work was influenced by donations from leaders in business and government whose main interests did not lie with the School's scientific or humanitarian mission, but with their own strategic advancement. Every one of the School's major donors from 1898 to 1915, as well as its first two directors, did wish to prevent tropical disease, but only with the aim of facilitating colonial development and exploitation. The question of whether the Liverpool School of Tropical Medicine had any ethical obligation to refuse grants from such benefactors or to isolate their actions from any outside influence, though, still has no definite answer. Indeed, it remains a relevant question to nonprofits today. Should malaria control programs in oil-producing areas continue to accept funds from Exxon Mobil?⁷² Is it moral for Banff National Park to receive donations from Dasani when its rivers are a major point of origin for their bottled water?⁷³ If the Coca-Cola Foundation offers childhood obesity control programs large sums of money, should they agree to place its logo on their materials?⁷⁴ Each of these dilemmas can be distilled to the issue of whether the interests of significant benefactors

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² "Worldwide Giving: Health," Exxon Mobil, accessed November 19, 2016, <http://corporate.exxonmobil.com/en/community/worldwide-giving/worldwide-giving-report/health?parentId=b5244b73-b229-417c-a17e-a7c932d0d2ca>.

⁷³ Kim Tingley, "Forging a New Path," On Earth, September 15, 2014, accessed November 20, 2016, <http://archive.onearth.org/taxonomy/term/347>.

⁷⁴ "Grants Paid in 2015," The Coca-Cola Foundation, accessed December 2, 2016, <http://www.coca-colacompany.com/content/dam/journey/us/en/private/fileassets/pdf/our-company/2015-PIDC-Contributions-Report.pdf>.

should be allowed to influence the direction of an organization which supposedly works chiefly for the good of humanity. Many strict moralists would disavow any charitable organization whose vision is obviously clouded by the less than magnanimous desires of its contributors. But questions of ethical finance become more complex when the desperate need of most nonprofits for increased funding in order to perform any of their humanitarian work is taken into account. Whether or not the entanglement of major donors' interests and the work of philanthropic organizations is inevitable, the early years of the Liverpool School of Tropical Medicine certainly represent an instance where the two became so interwoven that the School's freedom to determine how best to fulfill its mission was impaired.

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