

The Dirty Subject of the First World War

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In 1915, soon after Egypt's entry into World War I, the British War Office sent a medical mission to Egypt to investigate the state of bilharzia infection in the country. Bilharzia, also known as schistosomiasis, ran rife among agricultural cultivators in Egypt during the 19th and early 20th centuries.¹ The entry of British-occupied Egypt into the war, and its emergence as a battle theater, heightened fears within the British government that its soldiers would fall prey to the same ailments that plagued Egypt's population.

In this short piece, I explore the significance of the British wartime fear of bilharzia, and specifically what it suggests about war's potential to unsettle performances of subjectivity and their intersections with the material worlds of British empire. A robust body of literature chronicles once-unimaginable social practices that became commonplace during times of war.² The onset of World War I and the stationing of large numbers of British soldiers in Egypt heightened fears about the potential for seismic social shifts; war also troubled the divisions distinguishing performances of subjectivity in the colonial gaze. The ideas presented here represent a small component of a larger manuscript project detailing the production of the environment in colonial Egypt and its significance in framing material encounters with colonial authority.

A parasitic infection that invades a host of bodily organs including the liver, kidneys, and bladder, bilharzia is transmitted via the contact of unbroken skin with infected freshwater. Evidence suggests that the infection has long existed in Egypt; Egyptologists have found its traces in the bodies of mummies.³ During the 19th century, infection rates began to climb with the spread of export-oriented cotton cultivation and perennial irrigation in the Nile Delta. Perennial irrigation demanded the construction of deep canals throughout the Delta, forcing a shift in Egypt's agricultural geography and in the frequency with which cultivators came into contact with the waters that coursed through newly constructed irrigation canals. Cultivators became infected with bilharzia through contact with the expanding geographies of water in which they labored, washed, and attended to daily bodily needs. The construction of the 1902 Aswan Dam and the further extension of perennial irrigation that it enabled pushed infection rates sky high.

The outbreak of World War I was not the first time that the optics of war trained the European gaze on bilharzia. The French first made note of the infection during Napoleon's 1798 invasion of Egypt when French soldiers fell ill. British awareness of the disease peaked when 625 British soldiers became infected with it during the Boer Wars in South Africa at the turn of the century. The illness cost the British government: at the time of the 1915 bilharzia mission to Egypt, 359 men remained "conditionally pensioned" due to infection.⁴ The outbreak of World War I heightened awareness of the relationship between finance and the health of soldiers; it also spawned new realms of material interaction for British subjects.

British fears that soldiers would fall ill with bilharzia while stationed in Egypt were in part financial. However, the War Office's concern for the health of British soldiers also points to the underlying assumption that soldiers would interact with colonial environments in ways uncommon among British subjects. Indeed they would, and colonial officials scrambled to respond to the myriad intimacies that new material encounters produced, bilharzia among them. In an endeavor to counter this potential, the scientists responsible for the 1915 report advised British soldiers to moderate their environmental interactions by chemically treating, heating, or storing all water before drinking it; avoiding "personal" contact with unfiltered water; and remaining especially vigilant during the summer months when the threat of bilharzia infection was highest.⁵

Colonial technocratic literature from the late 19th and early 20th centuries often raises the problem of bilharzia but writes the infection as one element of a pastiche of clichéd descriptions of rural Egypt. As war began and British soldiers started to flood into Egypt, concern over the infection fled the realm of the discursive and became an urgent public health matter. With the possible infection of British soldiers—whose vulnerability was not tied to agricultural labor regimes—the disease was abstracted from the political economic framework in which it was enmeshed. The labor practices of perennial irrigation and the agricultural geography that facilitated transmission faded into the background as bilharzia was cast as endemic, belonging to the place itself. This classification obscured the relationship between an increase in the prevalence and intensity of the disease and the irrigation infrastructure and agricultural labor regimes that traced their roots to the 19th century and proliferated under British rule. During World War I, the advice that European scientists meted out to British soldiers focused on best practices for physically comporting oneself in the environment—in short, hygiene practices. The war had the effect of naturalizing the agricultural geographies associated with cotton cultivation and perennial irrigation by rendering their effects, such as bilharzia, "natural" facets of the environment that had to be guarded against.

While soldiers of other wars had fallen ill with bilharzia, in early 20th-century colonial discourse bilharzia was firmly positioned as a disease that afflicted colonized Egyptian subjects. War introduced the possibility that the materialities that marked and defined the colonial Egyptian subject might jump the median dividing embodied experiences of subjectivity. War also highlighted the positions of British soldiers as exceptional subjects. Unlike other British subjects, soldiers might bathe in water with other soldiers; they might drink from irrigation canals; they were more likely to depend on the surrounding environment for sustenance and survival. Complicating this formulation was that colonial Egypt did not divide neatly into British and Egyptian subject categories, and all British soldiers were not English. A diverse array of European populations resided in colonial Egypt. Greek and Italian skilled laborers interacted differently with material environments than did British bureaucrats. In a similar vein, many British soldiers claimed roots in the distant reaches of the British Empire. However, when war arrived, both the British War Office and colonial scientists imagined cruder, bifurcated performances of subjectivity. Engagements, ranging from the consumption of mass culture to the material and ideational entanglements of political economy, constitute the production of the historical subject in any particular moment. So do daily performances situated in the material world. Acts ranging from labor to washing clothes to interacting with animals distinguished colonial subjects from European subjects. Subject formation, and

particularly its embodiment, was not an always, already constituted fact. As material practices evolved during moments of upheaval, this evolution challenged the production and practice of European and non-European subjectivities as such.

During World War I, colonial officials figured bilharzia as a question of hygiene. Concerned about the bodies of British soldiers, the colonial wartime imagination of bilharzia stemmed from the exceptional positions of these soldiers in the material environments of rural Egypt. In the war's aftermath, the conceptual transformation that rendered bilharzia a problem of unclean bodies rather than of labor persisted. During the 1920s and 1930s, the effects of war rippled outward as hygiene programs designed to discipline the environmental engagements of rural Egyptian populations became a central component of bilharzia treatment campaigns.⁶ Bilharzia's postwar positioning highlights war's potential to generate as well as to destroy. Just as it facilitated the emergence of new gender roles, means of capital acquisition, and political possibilities, so did war transform material worlds and the imaginations of these worlds.⁷ Motional material worlds were vital to performances of interdependent and context-specific subjectivities. Imaginations of these worlds acquired heft and came to define new spheres of public health and technopolitics.

NOTES

¹By the 1920s, Mohamed Khalil, an Egyptian physician and official at the Egyptian Ministry of Public Health, argued that as many as nine to ten million of Egypt's thirteen million inhabitants were sick with bilharzia. Mohamed Khalil, *Ankylostomiasis and Bilharziasis in Egypt: Reports and Notes of the Public Health Laboratories, Cairo* (Cairo: Cairo Government Press, 1924), 96, quoted in John Farley, *Bilharzia: A History of Tropical Imperial Medicine* (Cambridge: Cambridge University Press, 1991), 98.

²On the political and social transformations of war in the context of Ottoman and formerly Ottoman territories, see Elizabeth Thompson, *Colonial Citizens: Republican Rights, Paternal Privilege, and Gender in French Syria and Lebanon* (New York: Columbia University Press, 2000); Sara D. Shields, *Fezzes in the River: Identity Politics and European Diplomacy in the Middle East on the Eve of World War II* (New York: Oxford University Press, 2011); and Yigit Akin, "The Ottoman Home Front during World War I: Everyday Politics, Society, and Culture" (PhD diss., Ohio State University, 2011).

³George Contis, "Environment, Health and Disease in Alexandria and the Nile Delta," in *Alexandria, Real and Imagined*, ed. Anthony Hirst and Michael Silk (London: Ashgate, 2004), 241.

⁴The cost of 359 "conditionally pensioned" men to the British government was approximately £6,400 annually. This figure did not include the cost of those "permanently pensioned" as a result of the disease. The report does not specify whether these soldiers were infected in the First Boer War (1880–81) or the Second Boer War (1899–1902); presumably, it was the latter. R.T. Leiper, *Egyptian Bilharziosis* (London: John Bale, Sons and Danielson, Ltd., 1918), 3.

⁵Ibid, 84.

⁶In the aftermath of World War I and with the emergence of a quasi-independent Egyptian government, the Egyptian Ministry of Public Health and the Rockefeller Foundation organized a series of bilharzia treatment programs in Egypt. During the late 1920s and early 1930s, hygiene represented a central component of these (failed) programs.

⁷One story of the power of these transformations is illustrated by Timothy Mitchell's essay, "Can the Mosquito Speak?," in *Rule of Experts: Egypt, Techno-Politics, Modernity* (Berkeley, Calif.: University of California Press, 2002), 19–53.