

#### **E4. Women's Lives Across Colonial Spaces**

**E4:1** Hayley C. Roy, *Imperial Obstetrics: Training Secular Nurses for Germany's Overseas Colonies, 1884 – 1904*

This presentation examines how training for nurses who worked in Germany's overseas colonies in Africa and the Pacific developed between 1884 and 1904. German nursing in the nineteenth century was primarily rooted in Protestant tradition. However, at the inception of the German overseas empire in 1884, politically ambitious women championed secularized nursing to support the colonial project.[1] The resulting German Women's Association for Nursing in the Colonies dispatched secular nurses to hospitals to assist prestigious doctors who specialized in tropical medicine.[2]

The paper draws upon archived and published accounts and correspondence of colonial nurses, their supervising doctors, religious representatives, and colonist politicians at the metropole. It compares the dynamic training guidelines for colonial nurses with their stagnant counterparts for nurses working in Europe. In Germany, regional religious identities and preferences for their respective religious nurses obstructed top-down nursing reform at the national level. This was not the case in the colonies, where nationality often became secular nurses' primary identity due to the diversity of the hospital setting and the spirit of transnational collaboration and competition facilitated by imperialism. Most existing scholarship on German secular nursing focuses only on one or few of several German colonies, whereas this paper compares multiple colonies in East and West Africa as well as the Pacific to develop a more comprehensive view of how theory and practice of nursing circulated throughout the German Empire.[3] This approach is feasible because German nurses often worked short contracts in multiple colonies throughout their tropical tenure.

At first, secular nurses primarily tended to cooking, cleaning, and occasionally wound dressing their usually, but not always, white patients. Their status was low among colonialists, who for religious and sometimes misogynistic reasons often preferred the work of Protestant or Catholic missionary sisters. By the early 1900s, however, colonial doctors throughout the empire pressured the Women's Association to only send sisters who had attended a course in obstetrics in Germany before their deployment. Their goal was to increase the populations of German settler communities in the colonies. German nurses were thenceforth responsible for delivering babies and caring for post-partum mothers, while indigenous helpers would assume the domestic tasks once carried out by white nurses. This reflects a transformation of the agenda of German imperialism in which settler colonialism was a main priority. It further demonstrates the racial and gender hierarchy that quickly arose within colonial hospitals.

The presentation concludes that the needs of settler colonialism caused training programs for nurses in the German overseas empire to be standardized before the same could happen for nurses working in Germany. It demonstrates the crucial role of nursing in colonial imperialism and fills a gap in the literature of how first-wave feminism, tropical medicine, and colonial

imperialism converged to chart the course for the professionalization of German nursing at the turn of the twentieth century.

## References

[1] Lora Wildenthal, *German Women for Empire, 1884 – 1945* (Duke University Press, 2001), 13 - 54.

[2] Wolfgang U. Eckart, *Medizin und Kolonialimperialismus Deutschland 1884 – 1945* (Schöningh, 1997), 41 - 57.

[3] Nicole Schweig, *Weltliche Krankenpflege in den deutschen Kolonien Afrikas 1884 – 1918* (Mabuse Verlag, 2011); Anne Roeske, *Zwischen imperialem und persönlichem Anspruch: Der „Deutsche Frauenverein für Krankenpflege in den Kolonien“ in Deutsch-Südwestafrika* (Mabuse Verlag, 2025).

**E4:2** Victoria Pihl Sørensen, *Intrauterine Devices, Eugenics, and Reproductive Injustice in Denmark and Kalaallit Nunaat*

In the 1960's, Denmark positioned itself at the forefront of global intrauterine device research with its medical trials in Denmark and Kalaallit Nunaat (Greenland). Recent testimonies, an official state report, and historical research have shown that the IUD roll-out in Kalaallit Nunaat was characterized by contraceptive coercion and led to large-scale reproductive violence against Indigenous women and girls (Jensen et al, 2025; Graugaard et al, 2025). This paper contributes to this history and examines the colonial and eugenic logics in Danish IUD research, its representations in the media landscape, and its place in what Chikako Takeshita has called the international "population establishment" (Takeshita, 2011). Through examining reports by leading Danish doctors and institutional records, this paper demonstrates that before Danish doctors journeyed to Kalaallit Nunaat, they launched IUD trials that targeted poor women, "highly fertile" women, and women with "mental defects" in Denmark. These medical trials in Denmark and in Kalaallit Nunaat were launched in collaboration with the Population Council, an American organization invested in eugenics and global population control, funded by the Rockefeller Foundation. Therefore, I argue that the IUD trials should be situated in the longer history of eugenics in Denmark and that Kalaallit Nunaat became what Hellen Tilley has described as a "living laboratory" for the development of global contraceptive medical technology (Tilley, 2011).

Learning Outcomes

- Recognize the dynamic interrelationship between medicine and society through history.
- Identify successes and failures in the history of medical professionalism.
- Develop an historically informed sensitivity to the diversity of patients (including appreciation of class, gender, socio-economic status, ethnicity, cultural, spiritual orientations).

**E4:2** Andrea Tone, *Dangerous Beauty or Acceptable Risk? The American Medical Association, Cosmetics, and Consumer Health*

With annual sales exceeding 90 billion, the US beauty business is one of the most profitable in the world but also one of the least well regulated. In 1938, years after doctors first warned of the rising tide of ‘poisonous’ beautifiers -- face creams containing mercury, carcinogenic freckle removers, and hair products laced with lead – Congress passed The Food, Drug, and Cosmetics Act, placing cosmetic safety under the purview of the FDA. The only federal cosmetic regulation enacted in the twentieth century, the law did little to protect the growing number of consumers, mainly women, blinded, sickened, and disfigured by hazardous beauty products. It didn’t subject cosmetics to the same pre-market scrutiny as new drugs. Instead of making manufacturers prove that their cosmetics were safe, it placed the onus on the FDA, injured patients, and physicians to prove that those on the market weren’t.

This paper pays particular attention to the role of the AMA as agents of reform. Of the many parties dispirited by the tepid 1938 provisions, none was more vocal than the AMA. The 1938 law became the opening salvo of the AMA's protracted battle against companies to thwart their sale of dangerous cosmetics. In 1949, the AMA established a Cosmetics Safety Bureau that awarded a seal of approval to beauty products that met internal safety standards, an action that infuriated industry leaders who decried the AMA's third-party regulation as "unadulterated socialism." Drawing on AMA and archival records, this paper examines the relationship between the industry’s meteoric rise, its under-regulation, and organized medicine’s efforts to position itself as arbiters of cosmetic safety and guardians of consumer health.

Learning Outcomes

- Deeper understanding of illness and suffering
- Greater recognition of the dynamic interrelationship between medicine and society through history
- An appreciation of how industry and consumer behaviour can influence population health