

Social History of Medicine in Colonial India

John Bosco Lourdasamy

Dept of Humanities and Social Sciences

IIT Madras

Week 01

Lecture 01

Significance of Medicine in the Colonial Context

Hello, welcome to this course. As you can see this is a history course. It is a social history course covering the colonial period and it is the British colonial period in India. And as you can see there is one word I have left out which is the word 'medicine'. one of the first things we will do in the first lecture of this course is to figure out or at least try to place, understand, what is medicine. if I ask you or just mention the word medicine to you, suddenly you will think of something like this (showing a strip of tablet tube), medicine - or this (showing an ointment tube) medicine - or this (showing a small headache balm bottle). These are things which come to our mind when we talk of medicine. But if you pause and think for a while - there are many things that can encompass the term medicine. what are they? medicine as such can include many things, the medical education and research. By this we mean medical schools, colleges, various research institutions and the materials that are used for education - that is the pedagogy. Then second we can think of medical service which is care delivery.

This includes the personal and public treatment, this includes the well-being aids and this includes two broad types, one is preventive and the other is curative. Curative is what is administered to us once we get a disease, we want to have it cured. Preventive is something we do as a kind of a precaution - like for instance, vaccine - before the ailment or the disease actually comes - all these kinds of medical services. Then we have medical production, basically the kinds of things I showed - these things will come under that category, various drugs or the herbal materials, the vaccines - and it involves the pharmaceutical industry and a whole lot of people associated with it and the production and the marketing. Then the next dimension of health of medicine is public health, which is basically the administration of health - by the government mostly, the kinds of policies that the government brings, the infrastructure that it creates and most importantly, the kinds of regulations which are very important for the upkeep of public health.

The next topic is public hygiene and sanitation which, on the face of it, does not look very directly medical but certainly this has medical significance. This subtopic of medicine includes the various conservancy works which includes garbage disposition to removal of faeces and all kinds of clearing work, the care of public water bodies, like lakes and ponds and the management of proper drainage systems. Then, we can think of medical technologies, the various tools, the gadgets, instruments and the whole lot of innovation that goes around it, you can think of several things from stethoscope to thermometer to MRI and what not. Then we can talk about the medical profession and the various societies, professional societies. Under this we can think of the various kinds of medical practitioners of all kinds of and traditions, you can think of the medical officers, you can think of the medical hierarchies, the peer groups, association, medical unions and we can broadly think of the professionalization of the field itself and all that goes into the formation - that identity creation as a medical profession.

Then of course the medical personnel as such - what we broadly call doctors and of course other staff, they can be surgeons. We have to make a clarification here, the word surgeons will come very often in this colonial context, we have to be careful. There the use of the word surgeon is basically to denote broadly medical practitioner - doctor and most often a general practitioner. We should not confuse it with the sense in which we use it now - in a very specialized way - someone who actually does the surgery. So you have to keep that in mind. Surgeon is in fact even a designation: Surgeon, Surgeon-General. Surgeons, Assistant Surgeons, Sub-Assistants Surgeons, consultants, hospital assistants, compounders, apothecaries, the ones who make medicine in the good old days - they used to make it in their own households like the pharmacy and pharmaceutical industry now. Then we have vaccinators, we have nurses and midwives who we will talk about in some of the lectures. Then we have medical publications which is one of the important things which sustains the world of medicine. This can include journals - medical journals, books - not even just text books - but research monographs, edited volumes, guides, all kinds of guides over the centuries which people live and use in their households - health guides. Then, medical gazettes, then various kinds of records issued by the government or by the hospitals- the records that they keep. Then we have statistics like - in other fields of statistics - we have medical statistics which are very vital especially in the understanding of the way things worked in the past. Then we have medical topographies, which are studies of land forms - but particularly in relation to medicine, health and disease. Then, we have the rubric of medical regulation - as medicine becomes more and more professional, more and more organized - just like anything which is organized and institutionalized needs regulation, the field of medicine also needs regulations in the forms of legislations. Then licensing rules for the practitioners. Then in the process of treatment, there are likely to be all kinds of disputes between the doctor and patient or between various practitioners or

between different levels of personnel, medical personnel. A whole lot of lawsuits also are encountered when we think of medicine or think of the field of medicine or history of medicine. The next topic would be medical philanthropy. This would include charitable and missionary works who do all different kinds of medical work as a kind of charity and social service and various aid agencies both local, national and international. Then, finally we have medical sites, the places where most of these things unfold - of course primarily the hospitals, they can be public or private. Then we have hospitals of different natures in size and scale named variously as dispensaries, infirmaries, clinics. Then we have asylums for specific purposes like lunatic asylum for mental patients or leper asylum for patients suffering from leprosy. Then, some of these other things you would not at first recognize as actual technical sites of medicine but here too lot of medical activities happen: the jails, plantations like tea plantations where considerable number of people were brought together and stationed and various factories. In fact, we have a field called industrial medicine, lots of health issues related to work in factory and factory situations. Then, of course, municipalities. For instance we are talking about public health and sanitation - much of is enacted through or under the umbrella of municipalities. From all of these, one thing is clear which is that the 'medical' is not something which is very fixed. It is dynamic, contingent with overlapping parts and meanings - which means: something which is medical does not mean it has always been medical. Things which were not considered medical say 50 years back are now coming under the part of, the rubric of medicine. And then maybe all kinds of different meanings that may be accrued when we talk of medicine in a particular context. So, that is something we should just keep in our mind and of course we are not going to go too much deeply into those aspects of the contingency and all that. But at least this list itself shows that medicine is not just about the kind of medicines I showed - there are different dimensions to it. The course, in fact, will touch upon most of these dimensions of health and medicine and what we will be particularly focusing on is the social and cultural aspects. These will be particularly pronounced and that is why the course is called the Social History of Medicine. And, as I said, we will be talking about all of these things in the context of British colonialism. As you will know, there are lots of things which came through the colonial channel. For instance, English education - the language in which I am speaking to you - that was one of the things that came through the gateways of colonialism. The different kinds of knowledge systems, sciences and different technologies like railways. Medicine is one of those important branches of science which came through the colonial channel and not only that - it is a very significant field of science in several ways. In fact it is something which anyone needs for survival. As you would have seen in the promotion video to this course: without medicine, without good health, we cannot do anything else. First we will have to live - and live healthily - to be able to do anything else. Therefore medicine becomes crucial firstly from that point of view - for the very survival of the colonizers who had come from thousands of

miles away. Therefore also you could expect this to be one of the more established and more organized scientific fields. And one of the other significant aspects, again as you can guess, is that given the fact that it is medicine, compared to other fields like geology (where someone goes and digs some mine or looking for some ore which may not affect the common Kupan, Supan and Kumar and Chitra – directly), medicine is a field which has a very direct contact with the people, which provides lot of opportunity for direct intervention and potential for impact on the people and therefore you can expect that it also challenged, it marginalized and faced resistance from indigenous traditions and practices because as you know, medicine is a very integral part of life and any society can be expected to have its own hoary, indigenous traditions and, due to this clash one can certainly expect the resistances and other things that flow from that. And therefore considering all this, we can safely assume that medicine and ramifications much beyond matters of medicine as such - into other aspects of life, society and culture. For instance, when we talk of sanitation, in the name of sanitation there could be large scale invasion into the cultural lives of the people because when you talk about sanitation you are going to tell people how they should organize their life, how they should be clean, how they should bath, where they should go to relieve themselves. You might think that going to toilet / excreting is a personal matter- but it is also a matter of public health. And this is just one example - we will see several ways in this course in which medicine becomes a site of great contestation, socio-cultural contestation between the colonized and the colonizer. And another importance, the importance of this course itself is that we will see lot of things that are happening in the period, we are going to see have had lasting impact including the way things are done to this day. Now the question arises why should the British have been particularly interested. Of course one question I have already answered, one answer rather I have already given: which is that they should have shown interest because it is about their own survival. They cannot be indifferent to their own survival and especially coming to a place which is not something quite familiar to where they were from. There are the challenges of new climate, new area, new germs, new mosquitoes, new diseases, new people, all kinds of newness. Medicine therefore could be expected to be one of the important concerns of the British. And of course as you know the British came primarily, the colonialism started primarily as a commercial endeavor with the East India Company and money was always on top, commerce was always on top of the agenda. It is also in their own economic self-interest because of course one is that they have to survive and to be able to do good commerce and to maintain all the other personnel - not only the commercial people but the army and the whole lot of other personnel that they had to bring in once they also started the business of ruling as well.

And also not only in terms of their own health but it is also to some extent smart for the colonizer to keep the population also healthy because a good healthy population can be a

very good productive force, good labor potential that can be tapped in multiple ways. And of course, one of the major requirements as I said is the army requirements - the health of the troops was very important and they had to be constantly on the watch about the kinds of diseases and health challenges especially in terms of the military movement, troop movements and the location of regiments and barracks. And since they were in the business of expansion - once they started acquiring territorial control, they were in the business of expansion - medicine became more and more crucial. And we will be talking a lot about the Indian Medical Service (IMS) which is one of the foremost medical establishments which was itself military establishment, military service which shows the kind of - as we will see throughout this course - the kind of close connection between the military and medicine. And of course this is a golden rule, we are still answering the question why should the British have been interested in health not only their health but also the wider health because health is something which cannot be very enclavist. What do you mean by an enclave? An enclave is a small, enclosed, protected place, say for instance the British barrack, the British officials' place, generally the place where the British alone stayed. So from the face of it, it might look - and of course it is also practically - the most feasible thing to do or to start with is to focus attention on those areas because naturally they would have their interest first - their self-interest. But then, beyond a point it does not work - because you know that they had not come all the way from there to just remain there - of course fine they may stay there but then they have to come outside and much of the work they had to do was outside.

So if you are going on an expansion spree, you have to go to all kinds of unknown places, unknown paths. So it cannot be too enclavist. To some extent it will work: they did try various forms of enclavism, trying to focus attention on whiteman's areas and all that, but then, it does not work beyond a point. And moreover health is not something which you can also physically divide that way. Of course in those days they did not know about the spread of diseases - the germ theory was not yet there. So, of course, we have to be very careful: we are in a history course we should also have that historical sense, we should not confuse present understandings with what was there. Please keep that in mind. In those days they did not know that there are germs, there are bacteria which will spread and all that. But of course, there are other ideas they had which was enough to press the point that you can not just like that put an artificial boundary in the air. Then they themselves had seen things like epidemics and pandemics came, diseases tended to spread though they did not know how exactly they spread. But it was very visible that diseases spread. So, as the golden saying goes: disorder anywhere is a danger to order everywhere. For instance, one student in one corner creating some problem is not just about that corner, the whole class / the teacher is distracted. Similarly in many ways that holds good and particularly in health it holds good. This enclavism does not work and as I was saying epidemics is one of those challenges which showed the potential of

diseases, diseases to spread and which called for measures at enormous levels beyond your health delivery processes. And one of the things to be remembered in the context of colonialism is that the epidemics themselves were in a large measure - if not created at least - spread by some of the colonial projects themselves, for instance projects like railways and irrigation works which involve lot of digging, lot of disturbing of the atmosphere, lot of the disturbing of various habitats and the particular kinds of things that are living with them, the water logging, the breeding of mosquitoes and such things. And not only that - the very physical movement which enabled people and things to move faster, it is not that things were not mobile earlier but then things were moving faster with railways and steam ships and newer forms of transport. So colonialism itself was one of the important factors in spreading of epidemics. Then one other important factor to be noted when we talk about why the British were particularly interested in medicine. Apart from all these local factors there was also the international dimension, because goods and people were going from here to different other countries and diseases were seen to be spreading along with them. Therefore there were all kinds of international protests, threats of quarantining of ships, trade embargoes. So this is another reason - and that again also has clear commercial dimension - in their own commercial interest they had to respond. Then, also, apart from all these instrumental compulsions - trade, commerce, economic and political, international compulsions, there was also this angle like where it was seen that having proclaimed themselves as a civilized enlightened government, having come on a 'civilizing mission' (which we will be talking about at some length from time to time), it is a sign of a responsible government, enlightened government to be showing interest in medicine.

Then medical service, as I was hinting in the beginning, it provided, (it is one of the most important sciences, not only that - it also was the field which provided), personnel for several other fields apart from the military. So people from the medical services were in fact even serving as professors, college professors for instance in Calcutta Medical College when it was started, professor of botany, professor of geology, physiology, kinds of things. And then the IMS officers served also as jail superintendents and asylum heads and other several such fields. So what you can then say in conclusion summarizing this topic which is the title of this lecture, the significance of medicine in a colonial context, you see it has diverse ramifications, significance and you see the convergence of so many things: the administration, politics, economics, health, hygiene, war, what not. And generally medicine is, as I said, very significant in any context. But in the context of colonialism it is even more important because we are talking about two different sets of people, the colonizer and the colonized. It is not state administering healthcare to its own people. So there is that asymmetry in the relationship, it is not just two different people, there is also an asymmetrical relationship, one is projecting itself as being superior and there are not a big mission, 'civilizing mission' and of course there

was a power asymmetry - that will particularly matter. Throughout this course, we will see all of these things in the next coming lectures. Hope you are able to digest, comprehend most of the points we covered today. Feel free to go through the video again. Since this is the first lecture where I am saying these things. Especially the first few lectures, feel free to go through again and again not only because it is the first lecture and it is a new experience, probably a new kind of course for you. But also because these initial lectures will have points, will have information, will have reflections which will have their ramifications, significance for the entire course. , please feel free to go through them again and again and please feel free to write to us and we will always be very happy to respond to you as quickly as possible. And of course, we are also planning to have live interactive sessions. SO come fully prepared with whatever doubts, - it does not matter if we are not able to answer, but it is very important to ask the right kind of questions, even wrong kinds of questions are fine, even mistakes also are very welcome! Please go through all of this again - you can go through the notes also and come prepared with the questions when we meet or anytime you please send your questions, your own reflections. What else do you think what medicine is - probably I left out - though I made an extensive and exhaustive list of what medicine might mean, you can think of more things especially that point I made, medicine is not something we just fixed, it is very contingent - so what was thought as medicine at one point may not be the same another point. Similarly you can come up with new things, what do you think as medicine may not be medicine for me.. for you apple may be just a fruit for me it is a medicine.. things like that.. So you come with your own kind of thoughts, challenging thoughts and we will make this journey very interesting, very interactive. Thanks for joining. All the very best in this journey that we have started. Take care. I will see you in the next lecture. Bye for now.