

# **Social History of Medicine in Colonial India**

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## **Medical Education**

Hello and welcome to yet another lecture and this one is on Medical Education. As I told you, one of the important measures concerning medicine and public health in the early days was the opening of institutions to train Indians within India for various kinds of medical diplomas and degrees. Medical education broadly had two main functions. One, as I said, was to produce locally - practitioners, medical practitioners with a level of what was deemed to be proper training. And then when it came to question of Western medicine - to use medical education as a tool for broadly disseminating that Western medical system and practices. And, before we go into that, it may be useful to take note of some of the major channels of transmission of Western medicine in the colonies. What are these channels? One was the interaction with early physicians or travelers or missionaries from Europe or some kind of familiarity with their writings and the proximity that Indians enjoyed with colonial officials when they served for instance, in native regiments and institutions like hospitals, dispensaries and infirmaries where the wider public, even if it is only some small sections, but that the wider public came into direct contact with some aspects of Western medicine; and medical institutions like colleges, places where instruction took place where the wider public did not come into touch as in the case of hospitals - these were only students who were specifically trained. Broadly these were some of the channels through which the transmission of Western medicine happened within the colonies.

Now coming to the question of education as such, initially there was the need felt for Indian subordinates to perform routine duties, medical duties. All of these personnel could not be brought from back home it was very expensive to train them there and bring them here and there were all kinds of other responsibilities for which people had to be brought from back home and there was also the alarming rates of mortality among European doctors. So there was a need to have as many Indians as possible with some level of training because it was felt that it was very unsafe to have them without training. Even if it was indigenous medicine or it involved indigenous practitioners, they felt confident only if they were trained according to the levels they felt sufficient and proper

because Europeans lives cannot be just left to the “mercy of” untrained pre-existing practitioners of medicine here, without some kind of imprint of Western training. So some kinds of training institutions were established in the 1820s to provide Indians with the appropriate level of medical education and using which they could be deployed as sub-assistant surgeons, dressers and hypotheccaries - those kinds of subordinate roles especially in the army. One such institution for instance is the Calcutta Medical Institution which was set up the explicit purpose of producing native doctors - educated through local languages, the vernaculars and translation of English textbooks which were related to Western medicine. But they were also taught in the indigenous systems such as Ayurveda and Unani. There is this discussion about whether this approach was a sign of open-mindedness, a kind of eclecticism and the equal promotion of all systems by the colonial state. On the face of it, it looks like that - but on the other hand, there would be some scholars who would argue that this was rather a kind of a ploy, a kind of a tactic to attract the indigenous practitioners so that they could open up to Western medicine instead of starting to talk in a language and with systems totally alien. So it is a bit tactical to at least start talking a bit of their own language in a literal sense, language in the sense using the vernaculars and also in a more figurative sense alluding to or even using side by side, elements of indigenous systems - as I said, Ayurveda or any other such systems that it is not entirely alien. These institutions do not sound prohibitive, look prohibitive at the face of it itself. Some level of familiarity, some level of feeling at home to be created by using the vernaculars and including the indigenous systems. This question acquires particular importance in the larger context of the debate between the Orientalists and Anglicists debate. So what was this debate? This was, as I said, once the British started settling down and began to take very seriously the responsibilities of public this and that, in this case public education, this question about what kind of direction and shape that public education should take. Should Indians be taught in their own languages with their own indigenous lore, literature, their own sciences, their systems of medicine. People who were on this side, who felt that this is how it has to be done, they were the orientalist side. On the other side were people who felt that the British had not come here to be doling out more of what was already there. They felt very seriously on the mission mode, the ‘civilizing mission’ mode - to bring the light of knowledge. The British were here to bring the benefits, the blessings of western science and knowledge to be colonized. Therefore, Indians should be taught in English and they should be taught more of western stuff - Milton to Newton, Chaucer and others. This side, this camp was called the Anglicist camp. This debate, this contest was sorted out in 1835 in favor of the Anglicist side through what is called the Macaulay's Minute named after Thomas Babington Macaulay who was the Law Member of the Governor General's Council. And even irrespective of it, there was already a variety of criticisms about the functioning of the institutions like the NMI, the Native Medical Institution. They were seen as very unsatisfactory and unsuccessful hodgepodge mixture. They were

criticized for the poor quality and the inadequate amount of instruction, medical instruction. And also in the light of the dominance of the Anglicist viewpoint in 1830s and particularly certified by Macaulay's Minute, it was only natural that these kinds of institutions were replaced by clearly, more clearly, western-based institutions. To start with, (even in these institutions, later on some amount of vernacular element and indigenous components had to be brought in – but, at least to start with), in the 1830s, there was a clear preference for purely western-based, western medicine-based colleges. One such example is the Calcutta Medical College started in 1835, Madras had its medical school also in the same year - it later became the medical college.

In these kinds of institutions, Indians obtained diplomas to start with. But once universities were started in the 1850s, students received a Licentiate in Medicine and Surgery - LMS, and even obtained degrees like an MD, Doctor of Medicine. What were the kind of career options open to them? One direct one was company service – of course, we always have to bear in mind there were still elements of racism, all kinds of racial barriers. But still that was one opening available. Service with the Indian Princely States and rich zamindars and also private practice with rich private clientele, especially the *nouveau riche*, the new babudom - the new officials, Indian officials, and Indian lawyers formed the *nouveau riche*. When it came to enrollment in these new institutions like the Calcutta Medical College there were some initial hesitations due to misgivings about dissection, about touching, about the impurity that will be brought about by touching bodies, dead bodies and those kinds of things. So it was seen that non-orthodox Hindus showed more enthusiasm - for instance, people from the Parsi community or Indian Christian community or Anglo-Indians, these were the communities from which there were the early enthusiasts. But in course of time this changed and Hindus from high caste families were also entering these colleges in large numbers and there was particular reference to the thriving nature of anatomy classes - the success of anatomy and the ease with which dissections were carried out. For instance the Madras Medical College report of 1852 talked about the teaching of anatomy and how the practical training there was better than anywhere even in Britain. There were various reasons for it, for instance the very availability of corpses, dead bodies which was more easy in India due to several restrictions, limitations in Britain. And of course there was always this comparison with British and other European schools of medicine and the aspiration to be somewhere near those standards. There was the General Medical Council of India which was functioning from Britain but set down the rules and regulations and standards to align the functioning of the colleges, the Eastern Colleges to British pre-existing and well-established British ones.

There were also attempts for obtaining recognition from the Royal College of Surgeons - which for instance, in the case of the Madras Medical College, came in the year 1855. Students in this college, these new colleges mostly came from middle class backgrounds

including the sons of merchants and government servants. But, once a large number of graduates started coming out, there were questions about - questions and worries about-employment opportunity: where there adequate number of openings? As I mentioned there were several options. But still this was not a field which was as lucrative as some other fields like law or education and there was also concern and worry. As I keep repeating, there is always that racial element. There was a concern/ reservation expressed among white medical professionals about the increasing place of Indians in the IMS and other medical professions in the colonial order. Also, there is a cultural dimension to these new medical colleges which were portrayed as symbols of superior knowledge - as examples of the good intent of the British in disseminating such a blessing - as I told you, that is one of the themes of the Anglicist site - that the British had that huge responsibility of opening the eyes of the colonized to the great blessings that the western world and its sciences and literature had to offer. The medical colleges were seen as emblems in that direction. For instance, the opening of the Calcutta Medical College was compared to the abolition of Sati in 1829 which happened during the Governor-Generalship of the same Lord William Bentinck during whose Governor-Generalship the Calcutta Medical College was opened, as well as the Anglicist-Orientalist debate was settled in favor of the Anglicists through the Macaulay's minute. (Sati is the cruel practice of the bride jumping into the funeral pyre with her dead husband - she was not supposed to live with her husband dead. And that was a social crime whose removal was celebrated even among Indians – it was seen as a cultural amelioration) The Calcutta Medical College was compared to that which meant that it had that kind of a cultural ameliorative character to it. And then one other dimension of the medical colleges was that that's what these were instruments through which western medicine itself got gradually disseminated to the provinces - interior of the provinces and neighbouring Princely States. But, of course, they may not be the kind of influences as acquired in the colleges entirely. There may be the local influences that the local graduates would add to the practice, to their profession which we will see in another subsequent lecture. These colleges also were portrayed as a kind of a guard against, a safeguard against, quackery. Quackery was a term which was applied even to established medical practices like Unani and Ayurveda. For instance, the Madras Medical College report of 1872 refers to the prevalence of native hakims – the practitioners of Unani - these were termed as ignorant as well as dangerous and it was deemed as a responsibility of the Medical College to address this bane - the problem of prevalence of these kinds of ignorant and dangerous elements. It was seen that the presence of these kinds of 'ignorant' and 'dangerous' elements was among other things due to lack of employment of qualified medical men. There was a felt need to expand the number of graduates coming out - to increase the intake and the output from the colleges. There was a need for for some concession and which also meant some significant departure from the Macaulay spirit - Macaulay spirit was all about using

English as the medium of instruction and using by and large, western systems and knowledges. But to make these colleges, new colleges also, more attractive and to have more intake, new classes were opened in vernacular. Now for instance, the Calcutta Medical College had a Bengali section and a Hindustani section; the Madras Medical College had a Tamil section and officially now we had textbooks in the vernacular languages which is a significant departure from the Macaulay mood. Vernacular manuals also circulated by the colleges itself. And also to some extent the programs - the rigour of the programs itself was diluted - including the number of years or less number of years of training and less rigour. Among the trainees, among those who were taken in, there were also those from the alternative indigenous traditions and the so-called very dangerous traditions. And talking about training, what we are talking about now whether it is the Native Medical Institution or their replacement the Calcutta Medical College in Bengal or Madras Medical College in Madras or the Grant Medical College in Bombay Presidency - these were institutions where instructions happened. But apart from these purely education/training-oriented institutions, there are also other institutions like hospitals and infirmaries which also offered some kind of instruction and training from the early days. For instance the Madras Eye Infirmary which was set up as early as 1819 was one of the first - earliest of its kind anywhere in the world - not only the colonial world. Its main purpose was treatment of the eyes - there were lots of eye ailments reported both among the natives as well as among the whites who came here. Its primary purpose was eye treatment. But it also on the sidelines offered a training and instruction. This training which was given here even in these kinds of treatment institutions was also seen as a tool of dissemination of western medical practice and also as in the case of those colleges a guard against the dangerous local practices - here in this case, particularly ocular practices. All of these also bring to the fore the important element of native agency. In all of these things, the colonizers realized that not much could be done even with regard to the propagation of western medicine and the dissemination of western knowledge - not much could be done - without the involvement of the local populace - even if it meant picking people from the so-called dangerous group of practitioners - or in this specific case, those who were doing traditional eye care. So, that element has to be noted. Even the first Superintendent of the Madras Eye Infirmary - Surgeon Richardson who had been specially deputed from England to start the Eye Infirmary had a certain number of pupils very directly under his tuition - in order that the advantages arising from his knowledge may not be lost at a future period; to make best use of whatever he could deliver while he was still here but also that keeping in mind that this would be one of the ways of disseminating modern eye care and also guarding against what was perceived as evil practices. So, all of these things go to highlight the point that medical institutions were not just about instruction, about training, about licenciates, about diplomas, about degrees or about just curing. But they involved larger cultural elements, about larger flow of knowledges and this is something which we will

see throughout this course - how medicine was not just about medicine problems of disease, about cholera and malaria and their cures - but involved larger issues of knowledge/culture politics and military strategy. We'll continue to discover those in future lectures. Thank you.