

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

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**Lecture 03**

## **TUTORIAL 3 – Cultural Concepts**

Hello, and welcome to the next lecture, lecture number 13, which is not a full lecture like other lectures, but one of those tutorial classes. , As you know, tutorials are meant to deal with some of the more common terms or expressions or background information which help you better follow the main lectures and more importantly to help you do extra readings. And today, the tutorial will be particularly on certain terms or concepts, which are there in several of the lectures and most of them are related to cultural aspects. We will get going one by one. The first one is the term ‘bio-power’. At the outset, I should say it should not be confused with some kind of animal power like for instance, in comparison to other kinds of power like wind power, thermal power, water-based hydro power. It is not that power and I should say that particularly because we will come across, for instance, briefly about the industrial revolution and all that where we will be talking about human beings, but there again, it is not about that motive power. It is more about the power over the body. Rather than the energy derived from biological beings like human beings or buffalos or other things. It is more in the sense of the philosopher Michel Foucault's usage of it - he and certain others working on this idea. We would look at bio-power as the application of political power on diverse aspects of human life to ensure that first there is life, then to sustain that life, to multiply that life and to put all of this in order. Life itself is put in a very neat comprehensive and fairly controllable order. Bio-power in that sense can be seen as one phase, one manifestation, one expression, one form of power. The power that administers, optimizes, controls, legislates, regulates, does all of these things on the ways bodily life is lived.

For example, like monitoring birth rate or death rate or fertility rate and not only monitoring, but also coming up with ways of promoting it or curbing it. For instance, bringing down the birth rate, arresting the birth rate to control population or whatever - with necessary incentives, laws and regulations. And it need not (because when we think of power, we always think of it in oppressive, repressive ways - it need not), always be

in that way as power can do in some other forms. In fact, it can foster life. It can do lot of positive things itself to life, but it can also work in conjunction with those other forms of power which are more of repressive kind. If it is important to point out that bio-power is not just about unveiling, unleashing some kind of measures or mechanism for ordering life in the biological sense or with regard to health alone. It can include other things as I said - for instance, in the case of the industrial revolution, there is that reference to the insertion of the human body into that industrial logic and culture. There again, that is where I want to point out - when we are talking about bio-power, it is not just about the use of the human energy, human labor in that energy/motive-force sense, but about creating the right kind of human being, the right kind of frame of mind of the laborer, the docile kind of a human being who can be used, inserted smoothly into that industrial culture and exploited. That kind of bio-power also.. bio-power encompasses those kinds of senses. Then, it is important to point out that Foucault while discussing at length about bio-power is not particularly writing with the colonial context in mind. But based on all the lectures and based on even whatever I have said in the last few minutes, you can figure out in the colonial context, the application of bio-power by the colonial state can manifest itself in very many repressive ways. In fact, it was felt in many ways and circumstances, particularly with the domain with which we are particularly concerned, that is the domain of health. And also in the broader sense, as I said, the other context, in the colonial context also, the bodies of the colonized meant a lot to the entire enterprise of colonialism or particular enterprises, commercial enterprises like plantation or any of the labor-intensive projects like railways or irrigation, canal digging works or any of those things that the colonial state undertook. And therefore, the body – using, creating right kind of body, creating the right kind of mentality to make people part of that project is one thing. And within that, healthcare measures were also related to that dimension.

As we have been seeing in couple of other lectures, there was a move from enclavism towards public health and we were discussing about several reasons and several compulsions for that and one of the important ones is to ensure reasonably healthy supply of labor. And in places like plantations, which were a different kind of enclave, not the kind of enclave where you create some kind of protective environment for English soldiers or English officers, European settlement areas. This was a different kind of an enclave where people were housed, kept most of them away from the normal population. For instance here in tea plantations in particular, when people are kept in such enclosed form away from the general population, there was ample room for the exercise of bio-power in all the different senses that we have been alluding to far - that is medical or overall - as the laborers were uprooted and displaced and brought from normally outside. For instance, say up the hills where we have the tea plantations, the local hill tribes were not too keen to work and they were not in too many numbers too anyway. People had to be brought from the plains and from far off areas through various methods of recruitment. Once they are displaced and brought to this new areas, they

were totally at the mercy of the plantation management. So it was not just their livelihood - their earning of their daily wages - their entire life was at the mercy of the plantation, plantation managers and the plantation systems or whatever it is - their health, their children, their children's education, all of that was at the mercy of those who controlled them. In that boundedness - we can also see it as a kind of a bondedness, which was not just about the physical boundedness, of being in such an isolated area, their entire life, everything, their whole, everything about them was at the mercy (of the management) and therefore you can see how much of bio-power can be exercised in different forms as their entire lives were totally at the mercy of the plantation management.

And a related word is biopolitics and as you can guess, biopolitics is a way in which state or state-like entities like, for instance, plantation managements can control and regulate populations or labourers by exercising bio-power as we have seen. In the colonial context, (generally biopolitics can happen in all kinds or forms of government including democracies and in the colonial context), it's more complex and more manifested. And when we talk about biopolitics, it should not be just from the one side, the side which exercises and tries to control discipline and all that. It should also include the consciousness on the other side, the people, the labourers who may not be able to do anything but at least they are conscious that that kind of bio-power is exercised and in some cases they are also able to do something, some kind of responses, reactions are shown - as for instance, in our case we can think of the kinds of responses that came when vaccination, compulsory isolation, quarantine, those kinds of things were tried on the people and their bodies. All of that should be encompassed under the word biopolitics, not only the exercise of bio-power but also the feeling of that power being exercised by the other side, by the recipient side and also their peculiar ways of responses, however limited, however effective or ineffective.

This takes us to another interesting theme we will find throughout this course or any course related to colonialism or any study related to colonialism - it is the intimate nexus between knowledge and power. At the heart of the scientific revolution, we have the philosopher Francis Bacon who is also considered as the one of the central pillars of the scientific revolution - someone who did not do much science as such, but still is considered as one of the pillars of modern science, the modern scientific revolution because of primarily his philosophy, especially for instance he is also called one of the leading proponents of the idea of induction which is an important part of the scientific method. But anyway, the important point is that broadly he said / he is someone who understood, the power that is contained in knowledge and in a short sentence he said -knowledge is power. But it has been theorized in more sophisticated ways by modern philosophers like Michel Foucault himself and several others. And as you can imagine in the colonial context it has a lot more valency and currency. And as I used to say very

often in my classes or generally to people I talk to, I put this in my own way - that is: the more you know, the more you can control or you are in control of things and the more organized that knowledge, the greater the degree of control. This is something you and I - all of us - can feel. For instance, in the very laptop or desktop you use, we have a tendency to put many files as and when they are created and then if you just do that it is one big mess and it is very difficult to find. But every time you organize and put them into folders, subfolders, like this is about colonialism, then this is about medicine and colonialism, then this is about epidemics, then it is very easy - you are in control. Otherwise like anytime you open your computer there are some 40 files, 80 lectures, 30 this thing - everything is on the 'Desktop' or just in a few folder like My Documents - this is something which all of us can feel. So, the more we know..

It is very useful to get lot of things done or to be in control and it is even better if we arrange them in proper order. The colonial context gives ample examples of such knowledge, ordered knowledge for instance census, population census, statistics of all kinds, various surveys like the great trigonometrical survey, the geological survey and the kinds of reports /findings they could produce - all of them aimed at and contributed to organized form of knowledge. How did they..? What are the methods through which they gained the knowledge? By surveying, measuring and keeping watch/surveillance, very meticulous collection of information and trying to put them - many of them in quantitative form - numbers, enumeration, counting and ordering, compiling them, preserving them, publishing them, so that it is used as effectively as possible and for as long a time as possible. And specifically in our field also - in medicine, a significant part of public health was also about data gathering. It involved things like registration of birth and death, vital statistics, about many aspects of life, incidence of disease, data about vaccination, the impact of vaccination and things like that. And in fact, some of the institutions associated with public health - not just the institutions which are particularly about registration, not the registration bureaus alone - but even broader institutions like even the smallest dispensaries, they were not only giving medicine and treatment and other things but they were also collecting something which is relevant to us, which is collecting data - they were simultaneously centres of data collection as well.

And similarly, medical servants were not just delivering health services and products and administering vaccines and distributing tablets and/or even information pamphlets and all that. They also collected information about health and nutrition and mortality and other kinds of things. These were not only collected but ordered either at their level or at the higher levels. This helped in being more prepared, for instance, for an epidemic or methodically following up on measures like vaccination - vaccination has been given at this point in this place for so many number of people and at the 10th month, 12th month, 8th year, 15th year - these are the kinds of either reduction in mortality - or hardly any change - or things have become worse - this helps. Numbers are not just numbers and

ordering. They have lots of purposes - that is why much energy and time and things are spent.

Governmentality: This is a very interesting term which encompasses most of all that we have been saying. What is the meaning of the term..what is the sense of it? It basically encompasses governing and a specific kind of rationality associated with governing. And we should also say that most of it is related to government but it need not be necessarily government - it can be practiced for instance in a college or in a plantation. It is the kind of an attitude and approach. What is that? That which places a special premium on knowledge and ordered knowledge. It is basically having as systematic and as clear an idea or approach as possible as to how things are or things ought to be. In other words leaving as less to chance as possible, and being able to predict as much as possible. In other words, keeping things as much under control as possible. And going a step further, governmentality also involves being able to influence the very conduct of the governed in particular ways - in desired and preferable ways. But before that kind of control and shaping can be exercised, the target population or the governed should be understood and it is very important to understand them as precisely, as diversely as possible and define them as minutely as possible so that all of that can be done. We have to find out the ways like classification or whatever, so that this is achieved, so that they are known, they are knowable and they are manageable, they can be manipulated - all of that can happen only based on the degree of the knowledge, the extent of the degree and the way, the degree of its ordering. It involves the proper identifying, classifying and meticulous ordering. And using all of the above, to control, predict and also to influence behaviour in particular ways or channels. In the colonial medical context, the use of statistics or even personnel like indigenous practitioners or techniques like propaganda or coercion to attain the desired results or order or goals like control of, like in the control of epidemics.

Then we move on to another important term in the colonial context which is essentialism. Essentialism is basically as you can guess from the word, it is basically reducing a person or a society or a culture to some bare essences. It is a kind of stereotyping saying: oh all youth are irresponsible or youth are fun loving, all youth are reckless or certain essentialism based on gender, general essentialism which fixes essences to men and women, which means that they are essentially different, there is a fundamental difference between men and women, women have essential feminine character, like caring, they are more compassionate, that kind of stereotyping. Or in our context, it is not just about individuals – it can be about entire cultures and peoples: Indians are essentially spiritual, they are more otherworldly, whereas the western man, the white man has been given the onerous responsibility of unveiling all the beauties and complexities of this world - while Indians are steeped in imagination and all the affairs of the other world. And in our immediate context, particularly in the context of health, various medical and

topographical writings on Indians' body or health or environment, the land, as we have seen there are several such essentialism: India is essentially a deadly place and especially for foreigners a dangerous place, Indians are inherently promiscuous, sexually hyperactive and again many of these essences were also attributed to hot climate - that kind of promiscuousness or laziness, fatigue is because of the climate - they are all victims of the climate or even to food, for instance, Bengalis were projected as especially those in the western part, eating only rice were essentialized as being effeminate, weak and being victims of forces of nature, climate. All these kinds of essentialism particularly we come across in the domain of health. And something related to this and also in wider significance is this concept of internalization. It is basically someone internalizing something which is coming from outside, the tendency of the listener or the audience target people to believe and accept and internalize what is told about them, what is written about them or the way they are projected or judged. This is something which is very useful as not only for our course. This part of the tutorial is also useful for us as parents, as husbands, wives and especially when you become in charge, - blessed with a child, we have to be particularly careful. Children internalize some of the denunciatory, inferiorizing things told to them. For instance, you keep on telling "oh you will never 'get' maths, (like they say in Tamil) this is something not fit for you", the child keeps on hearing that, then the child feels (internalizing it): "oh yeah I am poor in maths, I will not do well in maths, that is my fate, I have to look for something, wherever I go I have to just steer clear of maths" because that settles in the mind. Or other kinds of things - like constantly you tell the girl child: "no, no, no this is for boys, this is only girls kind of work - sweeping and all, you cannot expect your brother to do", thus you stereotype...for instance so much so, that when there is a milk packet and newspaper at the door, the child will take the newspaper to the father and milk packet to the mother, that is very set, it cannot be the other way around, these are things that slowly they have internalized by seeing. Every day they see, Some of them do not even need to be told, it does not need to be so explicitly and so scandalously, so hurtlingly written as like for instance, we see in the topographical reports or other kinds of colonial writings. So in the colonial context too we see that, For instance, they said Bengalis are effeminate. Then the Bengalis themselves, many writers, as we saw during that lecture, they are saying: "oh yeah it is true, we are a dying race, we are weak, we are getting weak, we are a dying race" and those kinds of things.

And the next interesting term we take this tutorial is the term bio-moral. This term denotes the place of the moral, the religious, the spiritual and supernatural elements that attend medical systems and practices, beyond all the medicines and injections and vaccines and the doctors and dispensaries and other things. It basically denotes the specific rootedness of a system to its larger culture, going beyond all those things as I said. For instance - the case of Ayurveda - it was seen as a system which extends beyond the mere physical, bodily concern and emphasizing on the broader dispositions, proper

dispositions - in terms of the mind and behavior and culture. And they are related to, and those are derived from the larger culture, the cultural and spiritual values, customs, beliefs and rituals. It can be anything from the proper habits like doing the right kind of things like for instance things related to food intake, taking the right food in the right proportion at the right time, that kind of more of a disciplined behavior and attitude towards the body. But it can also include more spiritual, more kind of behavioral right conduct, the right stance of mind and also other things which are not actually seen or not about you and your body and your practice - but things which can't be seen - like belief in those kinds of powers that cannot be seen and forces that are supposed to help beyond the physical medication that the medical practitioner can dispense.

And an important implication for our discussion here in the colonial period was that, these aspects of indigenous medical systems like say Ayurveda - these were pointed to and said: Once upon a time.. they were good in surgery and they have good materia medica, good in many of the medical substances they were using and all that, but then it was surrounded by a whole lot of all these unnecessary (religious) things. This was projected in contrast to the medicine that they (west) were practicing, modern medicine, which was free of -projected as free of – extra-rational aspects and grounded purely on scientific rational and reliable grounds. And based on this kind of projection, they can be kept out of consideration, especially in comparison with [modern] medicine. This also as a corollary meant that biomedicine, modern medicine, can be dissociated from any specific socio-cultural, context-based boundedness. But on the other hand, while these things were touted and said it does not stand comparison – “Ayurveda is inferior ..cannot be compared to the rational biomedicine” - while they were saying that, on the other hand, the same cultural boundedness was used in practical ways by the colonial establishment - for instance, as we have seen, when vaccination was introduced, the tikadars were enlisted, not only because of the numbers, because of logistical reasons they had need for people to actually do the job, but they also carried with them that cultural baggage. Vaccination as such, as we saw, was seen as a godless thing - too secular without any of the chanting and offerings and all that. But at least because of the person of the local vaccinator, the tikadar - he had that cultural baggage, which could make the vaccination itself look less alien. Vaccination is alien but at least through the people and the way it is administered, like embodied knowledge, people carrying knowledge wherever they go, they in their person, there is a what we can call embodied cultural authority carried by these tikadars which the colonial medical system sought to capitalize - even if the measures were far removed from the practitioners original practice - here they are not doing variolation they are doing something different. But then their person, their cultural authority, familiarity is used and this is one of the reasons why to some extent, indigenous practices in medicine were allowed especially during critical times like epidemics and all that. Even for the colonial state to dole out even its own mode of healthcare, it is better to have some elements, some presence of the traditional

methods, so that cultural authority is there, that the state can be seen as also allowing that and to make it as alien as possible.

And finally, we come to this very interesting topic of centre versus periphery. Centre is basically or what is metropolis is the happening places in the world of science where all the big studies, the discoveries and theorizing is all made. Peripheries are relatively places that are at a disadvantage - like in the colonies or places which are away from those metropolis - both in terms of distance and also that kind of culture, where you don't have readily many people working with you, with whom you can discuss, where you have seminars, where you have Royal Society and other kinds of bodies and publications and things like that. There are whole lot of disadvantages but at the same time there are also advantages. For instance, being in a colony like India and especially in the case of medicine itself, there are whole lots of subject matters, new/virgin territories, new kinds of fields like tropical medicine and other such fields. They can also serve as a kind of a springboard for fame and recognition even on the metropolis. For instance, Ronald Ross working in the ditches with the mosquitoes here in the periphery was able to get the Nobel Prize. And also what's happening in the periphery can also influence what's happening in the metropolis. For instance, mercurials and mercury compounds were not very commonly used in the metropolis earlier but they had acquired greater currency and validity because of what they learned from here. Similarly schools of tropical medicine - Liverpool school of tropical medicine or London school.. these are schools / entire fields happening /developing in the metropolis because of the the happenings in the periphery.

And one last point about center-periphery is that: of course, periphery has a disadvantage and the problem is that there is also an attitudinal issue - those at the metropolis looking down very patronizingly on those in the periphery - that is white men there in the metropolis looking at their own fellow white men here at the periphery. One of the ways in which those in the periphery could assert their dignity and their greater knowledgeability was using this localist argument: "okay you may have theories, you may have some understandings of particular diseases sitting there with all the advantages. But we are here, on the spot .. we know more because.. disease in India is not the same as disease in Britain". On that note we will close here. See you in another lecture. Bye.