Social History of Medicine in Colonial India

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Week 01

Lecture 02

Medicine as Cultural and Intellectual Encounter

Hi, welcome to the second lecture in our course and the title as you can see is Medicine as Cultural and Intellectual Encounter. Just in the last lecture, the very first lecture of the course, we said medicine is more than just medicine, medicine in the sense medicine we use …of the doctor, or hospital, or clinic. , it encompasses several things and now we have made a big leap. We are seeing medicine as a cultural and intellectual encounter and as in the last lecture, as I said, in the colonial context medicine is particularly significant because two broad sets of people are meeting: the colonized and colonizer with the power differential - asymmetry in relationship and all that. And, as it is, colonialism itself was an encounter in several senses - political, economic, commercial, military and several ways. We are going to see how medicine also was one such kind of an encounter and particularly from the cultural, social and intellectual level.

And this takes us back once again to the question of the significance of medicine about which we talked about a lot in the previous lecture. Medicine as I said early on, early in that lecture itself, is a field where you could expect maximum interest from the government - if not out of a sense of responsibility - at least due to various compulsions and self-interest. And coming to the question of the colonized, the question of the ruled, this was one field where the rulers came into the most intimate contact with the ruled - compared to other fields like politics.

Of course, there were governments at different levels which were dealing with the people and at the commercial level also with people - where the colonizers were dealing with different kinds of Indians at different kinds of levels: the middlemen, the shop keepers, the suppliers and all kinds of people. But of all those fields, medicine is the one which involved the maximum engagement with Indians directly or indirectly. And the other thing to be noted throughout this course is the interconnectedness in all of these things. While I talked about the different dimensions of medicine itself, you saw what a broad array it was. So, that itself gives us enough clue to understand that medicine was connected to many things, many other things. These are the social, the medical, the

military and the commercial, the political. So, all these cannot be actually seen in isolation. Sometimes, for convenience we may see them, but then in real life they, all of them, were very interconnected. That we should keep in mind. And medicine was also a very important field through which the colonizers got to understand the new environment - as I said at the beginning of this course.

The colonizers came to an arena which was totally new in many ways from language to climate to food to animals to everything, flora, fauna, everything. And there was a challenge of understanding the environment and, as I say in many of my classes: the more you know, the more you are in charge of things. The more you know, the more you are in control. , you are in control of the things, whether it is your class or whether it is a territory or whether it is a project. So, the more you know about it, the more is the sense of control you have.

So, therefore, for the colonizers - generally speaking - it was very important. Knowledge was a very important component of the colonial enterprise and we will be talking about knowledge acquisition, knowledge exchange, knowledge politics at different levels throughout this course. And what I would like to just mention here is that, medicine served, the medical enterprise served, as one of the important channels through which this very understanding of India and its diverse environment….that understanding could take place. And also medicine played a vital role in the investigation of India in several other domains beyond what is just medicine, the people, their health, their body, their physiology, the anatomy, the other clinical details. Medicine also provided the opportunity to investigate.

For instance, when you are talking about something like tropical medicine, what is the tropic? And much of this is actually covered in materials, writings which are called medical topography. So, topography as you know, topography is a far world from medicine in one sense. Topography is topography, it is about the study of the land forms, land features and then you add this prefix 'medical' to it and that gives you an idea how through the channel of medicine the colonizer or anyone can actually use it as a channel to investigate, open their path to several other domains. For instance, here in the medical topography they were talking about the land, its features and the altitude, the monsoon, the rainfall, the climate, the heat, but of course all of it from the point of view of health, disease, salubrty, that is health promoting circumstance. They were trying to identify salubrious places, salubrious hill stations for instance. So, a lot of these things which will strictly speaking come under areas like trigonometry or survey, like the trigonometrical survey or geography - all of these things come here under the broad rubric of medicine for being what it is. And, as I was hinting in the very beginning of the last lecture, this was one of the areas where the colonial state directly intervened in Indian lives. As I said

in that lecture, someone doing some geology, doing some mining of some ore in some corner is not going to directly be visible, tangible or impacting on the daily lives of people. But here is a field where it was in fact very physical. The colonial state literally touched the people. So, for instance, when you talk about vaccination the colonial state touched, literally touched the lives of the people.

It is both, you can say both in the figurative and literal way medicine touched the lives of the colonized in several different ways. And when we talk about touch, it is also the various kinds of encounters as we have been constantly talking about by now, the social and cultural dimensions of the encounter. So , through this, medicine served as a channel for the propagation of lot of colonial values, colonial biases, colonial understanding and creation of various kinds of racial and gender hierarchies, what we call the 'construction', the construction of the women, the construction of the Indian women, the construction of the Indian soldier, all kinds of constructions… the way they were projected. , all of those things we will see in the course of this course. And then talking about, because we are talking about the colonial encounter and as I said in the beginning of the course, several things came through the channel of colonialism like the various sciences or various technologies and the various goods, commodities. But it would be very simplistic to say that things were just transferred. For instance, especially when we are talking about transfer of or the coming of knowledge , we have to be very careful about using the word 'transfer'- let us say coming or the sharing of the knowledge. It was not just something was there and it came very innocently, it was transplanted here and it just continued what it was. Knowledge was not and could not be like that. There were lots of transformation which happened. So, it was not a simple transfer. Even when something, especially knowledge was transferred, it had to be customized according to certain things. Certain understandings would work in some other context, but may not work here. That is what we mean by customization. And also co-creation. This in fact, tries to give justice to those who were here, the colonized, who were once upon a time in history depicted as just mere recipients or just mere participants on whom things were dumped - things that they passively accepted. Actually historiography now recognizes that there was lot of co-creation in these kinds of places which are referred to as 'contact zones', where these kinds of contacts happened between different kinds of people - among the colonizers and colonized. So, it was not just a transfer process. There was lot of a emendation, change, changing of the knowledge according to the particular circumstance and most importantly there was lot of contribution from the locals and there was that co-creation. And another point, it is a punch line we have to keep in mind and it is again one of the reasons why the colonial state at least initially showed lot of interest in indigenous medicine apart from trying to understand the indigenous, the local climate and environment was the belief that there is something in the order of nature that ensures that the particular locality will provide the remedies for the maladies of that locality: there is something in nature, for instance there is a kind of disease which is particular to that kind

of place and its climate for instance…there will be some kind of a plant or some kind of a material, medical material which will be available in that place.. and not only that… it is something more fitting for that malady rather than something being brought not only from a different country but even maybe from a considerable distance even within a particular country. So, that is what we can term as "local malady, local remedy" - that was sometimes very seriously believed. And of course, this was many times said explicitly, different people said that at different times for different purposes and we will see all of them from time to time but the basic point is that disease in India is not the same as disease in Britain.

Of course, the colonizers may have some idea of the different kinds of diseases because every society has its own health problems, its own kind of challenges and variety of diseases. But they may not always be manifested in the same way or they may not be exactly the same in a different place because as we are trying to say throughout, diseases are not just there in the air, they are engendered in particular social, cultural, environmental situations. At least that was believed firmly at that time. This was repeatedly mentioned: diseases in India is not the same as disease in Britain. And of course, another reason that propelled the colonizers to show particular interest in local - not only problems but also - solution is the principle of import substitution. Instead of bringing everything, instead of bringing maximum personnel, maximum material all the way from Britain, try to use as much of what is locally available. And also considering what we said earlier, maybe what is locally available will be more fit, more appropriate locally. So, here we are saying the same thing in a more commercial sense: it is commercially more smart to try to substitute what we can get internally - that we will discuss in detail in a subsequent lecture.

Now, all this while we have been talking about how and why the British had to show particular interest, the kinds of interest and the various factors that propelled them. But what about the (because we are always talking now about the colonizers), what about the colonized? At least some voices or some traces of what happened on the other side. On the indigenous side, there, you could see as I mentioned in the last lecture, each society will have its own entrenched medical system because medicine is something very crucial to any culture, civilization and life and therefore, we can, since there will be such entrenched cultures, definitely expect resistances. This will be due to three factors, which is the long centuries of attachment to particular local systems, which is something which we cannot, which the local populace could not have suddenly thrown, jettisoned on the advent of something new that is being projected or promised. And also these traditional, these systems which are there, again as I said several times already, medicine is not just something hanging in the air. It is rooted and it is engendered in particular circumstances and so the local medical systems and traditions have that local rootedness and in some

cases it might be even tied to the kinds of worship and even particular kinds of deities. For instance the goddess Sithala was connected to the small pox disease. They are all embedded in those kinds of cultural forms including worship, forms of worship and of course, there is also cultural pride: this is something which belongs to us, it is ours as opposed to something which is coming from outside. But of course, we will see it is not like everyone was so filled with that kind of nativism that they were totally inure and opposed to looking at or accepting things coming from the west or from anywhere outside. We have a long tradition of having acquired things from different parts of the world. But in this kind of colonial situation when one side is trying to dominate and prove the superiority of some particular forms of medicine and tradition, you can expect a kind of resistance based on these three axes. So, we can say that there were very serious limitations on the acceptance and spread of western medicine. We can run through some of those factors which contributed to the limited spread of western medicine - at least in the early days.

One is finance - of course, something quite ironic because I was saying the colonial state had all the logic and necessity to pay considerable attention to medicine, they were very conscious of the importance of medicine, but when it came to spending…remember that they are a commercial company.. they are business people and that is the prime motive, the thing that brought them here. So they were always very cautious about how much to spend and to avoid spending as much as possible which we will be seeing in future lectures also.

Then of course, there was also the fear of reactions as we will be also discussing in another section. So, the British were initially very conscious and very cautious about the not trampling on the existing local cultures. They wanted to play it very safe and I think that is something many of us follow in life: as we say fools rush where angels fear to tread. Especially when you are in a new place, you should be watchful and not try to upset the apple cart and try to overturn things and this is something you should bear in mind. For instance, tomorrow when you become an administrator, civil servant, IAS officer in charge of a district, you should spend some time trying to watch and see how things are happening. On the other hand if you try to turn, upturn everything ("okay, I will change everything in one week"), things may fire on your face. That is something - a very important lesson from history and from this course. I will give you reminder of that from time to time. So, they had this very logical fear of opposition, and from the Indian side, of course, there was definitely that fear that there might be too much of cultural intrusion and trampling. And also on the Indian side - this was one of the blames put by the British - that the Indian side especially the propertied, wealthy elements, they were refusing to pay the taxes - which was the new extra taxes that were levied for conservancy works, for sanitary maintenance works and other such things.

Then the next big factor which contributed to the limited reach of western medicine was the sheer size of India, the geographical size, the distance, the vastness of the country because of which western medicine could not reach the rural areas, the hinterlands. And IMS, as I told you, was one of the most visible and the first establishments, very prestigious establishment to boot - the Indian Medical Service, that also, as I said, was primarily a military establishment. Of course, there was also some civilian outreach: they went beyond the military..even people in the IMS as we will see later also did civilian practice. But still it was related to the towns or the nearby suburban areas. Even in towns, there are all kinds of other issues - as I told you and will keep reminding you - there will be lot of social and cultural issues throughout this course intersecting with medicine. So, for instance in the towns when they were setting up hospitals, there were concerns about caste: can people of different castes be accommodated in the same ward? should not there be separate wards for different castes? can the same food be served for people of different castes in a same hospital ? should there be different kinds of cooking arrangements ? The hospitals themselves were identified as places of impurity because as you know in Indian social system there is lot of interest and concern about purity, impurity, maintaining of purity. And it was even more difficult especially reaching women who were said to be behind the veil of the zenana, they were behind the screens. So it was particularly difficult to pierce that screen, that zenana wall that kept the women folk isolated in the household in a literal sense or in a larger figurative sense. Of course there are specific plans to solve that problem of piercing the zenana which we will discuss later. But we should recognize here that there was that difficulty. Then of course the other important factor which contributed to the limited reach of western medicine was the ready availability of alternatives, local alternatives. Why would one unnecessarily go for what was coming from outside and something which we are not sure whether this is something which as I said has been tried, tested, lived with for hundreds of years and which are cheaper for various reasons including that they are locally available, the cheaper cost of that alternatives and as I said they are culturally close in the sense that they also come as a package. For instance when local practitioners administer some kind of a medicine, it comes with the package of the particular kinds of chants, some religious symbolisms, music, religious prayer which has to go with it. So all those kinds of things come with that whereas western medicine is too mechanical, too secular in terms of injections and tablets and other kinds of things.

Compared to that, that cultural closeness is there, and talking about that, as one of the things we will do in this course is actually keep going between the past and the present - as you see I have already done that in different ways. Similarly here, this is something which we have.. we can talk of in today's terms where the areas where the reach of western medicine is very limited, it is very difficult to understand. Now we are talking about the present, there is that conscious trend of seeking indigenous medicine rather

than western medication. For instance like people like me always try to see whatever is immediately available in the balcony, for instance when I or someone in our family has some cold we reach out to the Tulsi, Tulsi leaf in the balcony as the first resort even today. We don't go for aspirin, disprin and those things for even weeks. So, that is one of the reasons - some people because of their family circumstances, their kinds of beliefs or their culture.. it can be for that reason or it can be like genuine understanding that this is particularly effective or now it is a little more of scientific argument also.. that this has got less side effect, the indigenous alternatives have got less side effect because they are more holistic unlike the western alternatives which try to attack only that particular part of the disease or that particular part of the body and then don't care about what that medication to attack that particular thing does to the others - therefore, ending up giving lot of side effects. Or as I said, there can be several other reasons like I just cannot afford to go. It is not just it is just near.. in my balcony. But in some cases like in some villages it is there in their garden.. that is fine. But then they are there ..it is all. For instance I can always afford to go and have some of those alternatives I mentioned (western medicine) - but in some cases it is just not available. Whatever it is there are several reasons and of course there is also that funny reason where actually some people now particularly are having that conscious seeking of the indigenous method just because Americans are also doing it or the British themselves are doing yoga or they themselves are doing polarity therapy which means there is something there in Siddha or there is something there in Unani because people from New York are coming and doing it. It is a bit ironic but anyways there are different reasons and of course there is also another interesting reason again talking about more recent times: for instance, there are certain areas where western medicine is sometimes clueless or it is fighting a tall battle .. for instance cancer.. of course lots of research is happening but then cancer is one area where there are huge challenges. In such cases where western medicine seems to be a bit not too strong, can not very confidently say it has cracked that particular problem, local alternatives are rolled out.

For instance more recently in this part of the world in Tamil Nadu the state public health department itself very proactively supplied this drink called Neelavambu drink which is a concoction made from herbal ingredients through the Siddham method during the Dengue challenge. It was a big challenge a couple of years back - of course they were doing whatever western science was doing, they were doing all the blood testing, isolation, all kinds of tablets as they would do - but this was one of the things which was very proactively done by the department in public places without any kind of misgiving - it was not at all apologetic. And more recently, during Covid, as you know, like especially the first few months of Covid, till vaccine came out, biomedicine was not that very confident and of course that provided the room for all kinds of people advocating all kinds of cures. But in that situation people were very particular about that

keyword: ‘immunity’ - somehow build the immunity - even though people were not too clear about what was the kind of the problem, the causal agent, the way it was caused - but the idea was generally to build the immunity. Again the government, many governments had their own local alternatives - there was again the government of Tamil Nadu which came up with something called the Kabarshurakudinir (which is again a herbal concoction through Siddha method), that was distributed. Also that's one of the most important commodities sold during the Covid period. Of course, it's not a thing which is very easy to drink ..very bitter and all.. that but still in spite of that, (it's not very attractive but).. the situation..That's what I am trying to say: there might be situations where medicine, biomedicine may not be all that confident and all that convincing. There are several reasons why indigenous still matters and thus we go to the start of the lecture, the very topic, how this is not just about medicine, it's about spiritual and cultural encounter and this is something we will see throughout this course and keep watching for it. But for today, this lecture, that's it from me, take care, bye bye.