

Social History of Medicine in Colonial India

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TUTORIAL 5 – Medical Research – Lessons from the Past - Part 1

Hello and welcome to yet another lecture - Lecture number 25 - and this is a tutorial. This tutorial is again of that kind which tries to connect some of what we have discussed in the past (in the colonial context), with some of the current challenges and happenings. This is something which is particularly important for academicians and especially for institutes doing scientific research. There is always this question of how much allocation of time and resources should be made to research and how much should we concentrate on practical measures. In the colonial cases of research - we have come across considerable case of research in spite of it being a colonial situation. These cases and the priorities that were given to particular subjects and areas, the means and levels of funding, the nature of the research and the places they were done. All of these help us to ask very pertinent questions which can offer useful comparative insights for the present - especially with the dilemma of research versus practical measures.

We can start with the very fundamental question - why research at all? Going back to the colonial question, why did research happen in the colonial context? There are several answers we get from that context. One is a simple fact: there was such variety of things available to study. This very much holds true now, not only with the available especially, unrecognized indigenous herbal and other possibilities particularly in the field of medicine, several local nutrition avenues, things that can be researched and brought out - like for instance, now we are very much interested in finding out the virtues of millet. There are several such possibilities, still lot to be studied and researched upon - not only because those kinds of resources and good things are available, but there are also the problems - the challenges of ever more diseases, the challenge of malnutrition, infant mortality, maternal mortality and all those kinds of things. Then there is a challenge of providing remedies but at affordable cost - which means there is no dearth of what researchers would call the 'research problems'. There is a whole lot of research problems available either in terms of prospects, potentialities or problems and challenges. Then, in the colonial context the second main reason for pursuit of research was pressure or lobbying from the outside - from the metropolis, the metropolitan

colleagues sitting in London or Liverpool or elsewhere complaining about the scientists and men of medicine here in the colony, in the periphery - that they are sitting on a vast treasure of much available to be studied and they are wasting sitting on the treasure pot. And sometimes research might be also insisted upon out of the metropolis' own research interests, people doing some research there and the data from here - research data or raw data might be of great importance to their own work. And sometimes, research might be springing up in the periphery in the colony because of pressure to do more to reduce international dangers - like as we saw during the cases of epidemics when other countries were worried about their ships and their lands even being infected by some of these fast and vast spreading epidemic diseases.

Today, coming to the current context that kind of parallelism can be found for instance, the external impetus can come from say organizations like the World Health Organization - for international considerations they might insist on that. Or some vested multinational interests, for their own business and other interests, may insist - but they may not be of the kind of coercive or blackmailing pressure, not the kind of authority that the metropolis, the home government in Britain could have had on their own people here in the colony - they are more likely to be in the nature of advice or enticing - for instance, multinational companies can have all kinds of attractive things to offer to entice researchers into particular areas.

Then again, the third reason why research was happening in the colonial context was the medical personnel's interest in the colony - either to raise their stature or some professional self-interest - especially because they were looked down upon very condescendingly and patronisingly by their own white colleagues in the metropolis - there was always that sense of a kind of inferiority complex or the need to prove their capacity, their mettle - sitting in the periphery they also could do research - that kind of concern about stature. The fruits of it can also serve as a ladder to recognition and status in the metropolis. Applying the parallelism in today's context - this may be for instance, to prove to the rest of the world that a former colony so-called third world country can also excel in doing original research. Of course, there might be legitimate personal ambitions of the local doctors - in this case, Indian doctors working in India or scientists. And we should always bear in mind that, that kind of self-interest is not very bad. In fact that matters a lot in research - in any political situation whether it's a colonial case or other cases. For instance, in the colonial case people like some of our first scientists like J.C. Bose and others - not only did they have their personal interest - not in the sense of vested interest - but an interest in the particular field they worked, the colonial situation also added an extra layer, an extra vigor - there again to show that a colonial subject, someone from so-called, subjugated race can also do research. But whatever form it is, they has to be some level of self-interest, some ambitiousness. In fact one of the reasons like some societies do not shine much to their potential or some individuals too, is

because of the lack of ambitiousness. On the one hand, it may be good not to want too much, to be satisfied with what we have and what we do - that's a virtue. But then, fortunately or unfortunately there's a connection between that desire to go beyond that minimalism, to never to be satisfied (Borrowing from the famous saying 'necessity is the mother of invention', I used to say in class that 'discontent is the father of innovation' - you should never be content with what you already have - you should always be desiring for more - if not always for personal or monetary glory. In any case, it is good to have that kind of ambitiousness.

Then, the fourth kind of motivating factor for research in the colonial situation was the need to whitewash colonial sins. Research could serve as a kind of agency to make up for, or cover up the excesses of colonialism - to show that colonial project or the colonial enterprises were not merely about the commerce of exploitation - but it also had within it enlightened projects or enterprises like research. In the current context there may not be the same kind of 'sins' that we have to whitewash. But may be other kinds of compensations we have to make - for instance, to make up for some glaring omissions in the recent past: what we could have done much better, or more, say, in the 1960s and 70s - for whatever reasons we didn't do what we could have done in the 80s and now it's not too late - we can make up to compensate or to remove some of the shame of not having done as much as we could have done as an independent country.

Apart from all this, like apart from that question of why research and connecting it to the current scenario, another big and broad question connecting the colonial and current scenarios is the enduring challenge concerning the allocation of resources. That's the main question of this tutorial - how do you divide your resources between long-term research whose fruits may not be always visible immediately and the practical measures that you have to do now, here immediately. This, we have to see especially, going back to the colonial context - we saw how in the late 19th and 20th centuries, there was a huge spurt in research, with considerable - given the colonial context, it was considerable - resource allocation - the kind of research which won worldwide acclaim. But the problem was that there wasn't matching, commensurate fruits on the ground in terms of dealing with the diseases about which those researchers were, in the first place. This raises the question of the relevance of research which is a very pertinent question often asked today when it especially involves public money or support by the government. And while we are talking about support from or by the government, there are also other questions - it's not just about funding - but a whole lot of other enabling factors - the kind of encouragement, the recognition, appreciation and all other forms of conducive situations which foster research and research culture. If you go to the colonial state, from the beginning there was a very negative, unfavorable disposition towards research of any kind. Those with some research inclinations were not encouraged. On the other hand they were reminded of their primary duty. For instance, if it's IMS officers

trying to get a bit too creative and into investigative research frame, they were reminded that they were there basically for administrative and ward work - hospital work. In today's context, any self-government, national government broadly would not have that kind of a stance - discouraging its budding promising women and men - but it can show itself in other ways. For instance, at the various local at an institutional levels there may be temptations to be indifferent - not openly discouraging, but just indifferent; or the temptation to talk in terms of priorities: 'okay that's good, the research is not bad but then we have other kinds of priorities'. It's very useful to interrogate the kinds of conditions or situations that engendered the lukewarm attitude of the colonial state. What were they? One is that primarily it was a colonial state - it was not too obliged, in spite of all the tall claims of having come to enlighten the people, to provide all the great fruits of civilization, the fruits of the scientific revolution and all that. All said and done, it was a colonial state - it wasn't obliged. Now, if there is hesitation and indifferent attitude - one of the factors, questions that should stand in front of the eyes of the public or on the other side the - funding side, the government side - introspectively, is the level of commitment do we feel obliged to show. Are we like the colonial state, not to committed? And second is the question of priority - what are the immediate goals? In the colonial case, there was not that much initial importance given to research because they especially - as the East India Company - which was a commercial company - their first, immediate goal was to search for profits. Another important reason, especially in the early years, was that they weren't too sure about how long the enterprise was going to be - they weren't too sure that they were in for the long haul. The idea for anyone, any company in such circumstance would be to make as many quick bucks as possible in quick time. The main thing, whatever be the time period, was financial gain. May not be the same kind of situation with self-government - may be it's possible with selfish government - that's if the government has too many selfish individuals running it! It may not be like that - like the colonial - but then may be more a kind of short-sightedness - the eyes could see only the immediate goal - without that ability to see the distance scene. It's not out of any bad intention - but it's just that they have some priorities and they just can't see beyond what they feel has to be solved immediately. Another important aspect is the attitude of minimalism which was clearly the case in the colonial context. As I said, the colonial state was not too obliged - it constantly tried to provide the most basic and minimal healthcare provisions and wanting to spend only as minimally as possible except under heavy compulsions. In the non-colonial, in our context, this is very much possible - general attitude of minimalism - or as I was saying a little while earlier, just mere lack of ambitiousness - sometimes as a virtue - enough is enough - satisfied, contented mind - that's not out of any malice or ill will or any of those colonial problems. Again talking of compulsion, the colonial state had to do some of these things in its own interests - to have to focus more than what it wanted to. The compulsions included several things like the safety of the Britishers own lives; to have a

healthy labour force and other compulsions like the threat of international embargo and quarantine. Especially with the regard to the question of research spending, the compulsion came from having to look for alternative ways beyond the direct coercive measures in dealing with epidemics. In fact, the Plague Commission particularly mentioned that more effort should go in this direction. Coming to the current scenario, again some of the research that is done or has to be done may have to be out of compulsions and urgencies of the situation. A good example again is the recent case of the research for vaccine for Covid-19. But that's a different kind of a compulsion - it's because of the sudden occurrence and the baffling nature of the disease. But most such challenges do not come so suddenly. Therefore there's no justification for general lack of interest or delay in the promotion of research and even in such cases or instances which happen rarely or suddenly - say for instance, Covid or the tsunami which caught many people unaware, the fact that it has happened, once in the recent past, should alert the research community or the country to be alert to the principle of eternal vigilance - always be prepared - at least with regard to the same or similar kind of challenge. There's no excuse for not being prepared adequately for say, tsunami or these kinds of things. And even with regard to the sudden emergency situation-inspired research as it happened for Covid vaccine, we have to bear in mind that the work or the infrastructure was not built in totality suddenly from the scratch. In fact, the vaccine could come in a commendably short time because of it being done upon the existing tradition and infrastructure. Therefore, this again, further underlines the need for such constant building of infrastructure and the culture of research, the kind of confidence which has to be perennially built. In the colonial case, for all the limitations and hesitations to spend and to undertake research, there were fortuitous circumstances like for instance, the presence of Haffkine and also the compulsions of the colonial state that led to the invention of the vaccine here itself. But we can't expect that Haffkines will always be planted fortuitously in this way from elsewhere! It's very important to cultivate and nurture the local culture of research, to encourage and nurture local individuals. In a colonial situation, the various vaccine production centers set up due to whatever compulsions or circumstances - the Belgaum vaccine center or the Pasteur Institutes or the King Institute - all of these gave India a culture and legacy of vaccine related work including production for the outside world. This culture of quick and mass production which now aided by modern additions and the inclusion of private players - all of these came in quite handy during Covid-19. This again reinforces the importance of long-term building of that tradition and culture of research. If the colonial legacy and infrastructure itself - built with whatever limitations and calculations - even for instance, like railways and all that beyond even medicine; even if the colonial era infrastructure itself can be of such value, then we can imagine how much more can this - the cultivation of this infrastructure, and culture of research can matter and be of great benefit to society at large and even not only to the country, but also to the wider world

as it happened during Covid when we were able to distribute vaccines beyond our borders.