

Social History of Medicine in Colonial India

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Lecture 04

Role of International Organisations and Individuals

Hello and welcome to yet another lecture, Lecture number 34. This is on the role of international individuals and organizations. This is again under the broad heading of non-state players in public health and medicine in the colonial period. We already saw the role of missionaries, the role of Indian individuals, organizations and social reform movements. Apart from the Indian individuals and organizations, Indian and European businesses in India, international missionaries and missionary organizations, there were several examples of other international organizations and individuals who had contributed considerably to either building health infrastructure or creation of awareness or other related services in India during the colonial period. We in this lecture, will just take a few samples.

One of the outstanding ones is the Rockefeller Foundation. This is a New York-based American private philanthropy. It was established in 1913. Among its several works, one particularly related to medicine is the promotion of preventive care through practical education and awareness creation - through basically public demonstration of the efficacy of various drugs or vaccines or the usefulness of using toilets and other such things. Basically, their main focus is demonstration. They have a global presence and operate with a global view with a special focus on third-world countries. And also, we have to bear in mind that health had become, especially in the second half of the 19th century, more and more international. So, countries could not just limit themselves to the issues in their own countries or their colonies. Either they had to respond to other countries or they had to impress upon other countries about the kinds of things they have to do in their colonies for the overall international, unaffected flow of commerce or to just protect their country from transport of particular epidemics. That is what we saw earlier. The kinds of concerns and the kinds of pressures that international players - either as the individual countries, or coming together through the sanitary conferences and exercising pressures or using threat of quarantine or trade embargo. That is one aspect of the international dimension. But, there is also this other dimension where

international agencies or some countries themselves reached out to other countries and areas in terms of help, either directly giving material support or knowledge support (sending their experts and other such things).

Rockefeller's Foundation's work is an example of the latter kind, though as with any other such organization, there were always doubts about what were the ulterior motives. For instance, in this case, when the efficacy of various drugs were tried, one of the criticisms was that they were just trying those things on the third world countries and once they get to know something - of some signals of its defectiveness or otherwise - then they might stop because they got what they wanted - and other such criticisms which go with any kind of external funding agency like the World Bank or IMF. That was always there. But anyway, our focus here is about the kind of work, the kind of international outreach as a philanthropic organization and particularly, in the case of India.

What are the things they did? And this is also another kind, not only bringing knowledge from there or providing personnel from Europe or US but also funding the studies of students selected from India to go to US and especially to study public health because US was one of the few countries which by this time, had started developing this particular field of public health. So those kinds of supports and also they helped in starting an institute in India itself. They played a key role in the founding and the funding of the All India Institute of Hygiene and Public Health which was opened in Calcutta in 1932. And not only that, - here itself we see three different kinds of helps: one is taking students from there and enabling them knowledge-wise, then building an institute here and finally also, giving expert support: an American John Grant was actually loaned by the Rockefeller Foundation to serve from 1939 to 1945 - John Grant was loaned by the Rockefeller Foundation to be the Director here. And coming to the next kind of outreach - which is to provide specific kind of advice, awareness- creation with regard to particular kinds of diseases like malaria and hookworm related diseases - the funding basically went towards doing surveys of the kinds and range and extent of the infections and also creating awareness among the people and creating sanitary awareness, plus also helping towards sanitary facilities. And not only to the people directly - because sooner or later, this organization's - Rockefeller's Director's stay and operations would be over - so it was important to train the local personnel to be able to provide the same kind of advice and awareness.

Another kind of sanitary-related outreach by the Rockefeller Foundation was demonstrations regarding the inexpensive and easy-to-maintain lavatories because one of the important problems in India was, (not only was, - continues to be) - open defecation - continued efforts to eradicate it. It started in a big way through these demonstrations with the Rockefeller Foundation. Open defecation can lead to all kinds of diseases

starting from cholera – when faeces gets mixed with water and causes many other diseases.

The next is a different kind of outreach for which there was particular criticism - that is experimenting with new drugs in the new context. Here for instance, the anti-helminthic drugs were tested by giving treatment to affected people here. Yet another kind of contribution which is a kind of a lasting contribution in terms of a lasting model is the rural health units - which kind of mirrored or were the foreshadows of what would become primary health centers later on, post-independence - this was also kind of a schooling for that or at least experimenting. And in all these things, one of the claims of the Rockefeller Foundation was that even ignorant and prejudiced sections of the population would accept it. I think the people there in the Rockefeller Foundation had not done this course - otherwise they would have understood that it is not just enough that the things are very simple and it is understandable and very scientific, rational etc. - but there were many other cultural and social factors - that they learned the hard way. So, if they had done this course they would have been prepared and would not have had this kind of a simplistic explanation. That is one of the reasons that frustrated them.

And quite interestingly, they did not work directly with the population. They did create awareness for the people and all that, but they did not straight away go and do the work over the head of the government - that is what it means here. It is not like they did not come into touch with the people but most of the work that they did was actually through the government. So whatever funding that was done or even awareness creation programmes - unlike some NGOs we see now - they did not straight away do. Whatever they did was through the government - most of the time using the government infrastructure. They worked with these particular provincial governments and princely states for instance: the Presidencies of Madras, Bengal and Bombay and the United Province and three princely states. Most of them did not last more than 5 years except in the case of Madras Presidency and the princely states of Travancore and Mysore. There were varied kinds of responses, levels of cooperation and all kinds of doubts. As I said, their expectation itself was a bit naive. They thought that the self-evident nature of their methods itself would suffice to get the job done. Also, there was on the other hand, there was also misunderstanding from this side - that they had come here to basically do the actual job of eradication. Whereas, as we saw, their expertise and what they wanted to focus on, was to create awareness, demonstrate, provide knowledge support or at the most, test the efficacy of certain kinds of medicaments and treatments. Their mission was not to be here stay for 3 years and then get XYZ disease totally eradicated. So, that kind of misunderstanding and misplaced expectation also created disquiet from the Indian side.

Coming to private initiatives involving non-Indians, we have already come across Dr. Ida Scudder who started the Christian Medical College, Vellore. But even before that,

when she started medical missionary work in the south, along with the Arcot mission, she, in fact, came with a lot of preparation due to certain particular realization she had. She came across instances of people suffering - especially women (doctors) not available. There was a particular case where she personally saw how pathetic was the suffering when there was not medical assistance available at a badly needed time. Fired by those kinds of things that she saw, she went back to the US and got herself prepared - got trained. She had everything : she had that the zeal, the necessary preparation, but not to the extent the kinds of funds she would need. But on that front, also she was lucky to have had a meeting with the President of a New York bank - Robert Schell who very generously shelled out 10,000 US dollars. And all that he wanted was that his wife (who had recently died), to be memorialised. When Dr. Scudder built the hospital, a better hospital than what was originally there, she named it duly after Mary Tabar Schell - the wife of Mr. Schell. It had an accommodation of 40 beds.

Another example - again this was from another American businessman George Kittredge. This was a different kind of help more - with regard to expertise. He along with other local members of the Parsi community in Bombay presidency brought a small number of independent women doctors to India - that included the chief physician at the Cama hospital in Bombay that was a hospital for women - the chief physician was Edith Pechey she. So, as I said, the help could be of any kind. Here it was the with regard to personnel - but the same person also spearheaded efforts for creating a medical women fund - the Medical Women for India Fund - in order to get the training done here itself - what we saw earlier was he was taking efforts to bring people trained there. But then, as we saw in several cases - ones including missionaries, the Christian missionaries or as with Ramakrishna mission, sooner or later, they found out that first, either they themselves had to start hospital or they had to start a training institute for nursing or for doctors. Here, in this case also, after a while, he (Kittredge) felt that there should be a training facility available here, and therefore he started this Fund. But it did not work out immediately because there are all kinds of squabbles over what would be the level of entry, what would be the nature of the course, how rigorous - what would be the duration of it and all that. But, it nevertheless did some good - it laid the ground work for women to be allowed into a college which was already existing (this was equivalent of the Calcutta and Madras Medical College in the respective Presidencies here in Bombay). And Grant Medical College was the first of that kind. Now at least because of this effort and the creation of the kinds of consciousness, awareness and interest, the first few women candidates were admitted to this college in 1883.

Another notable contribution was the one towards establishment of the Pasteur Institute of Southern India in Coonoor. Here, the person was Henry Phipps who himself underwent a lot of poverty when he grew up in Pittsburgh. But in one of those cases of rags-to-riches, he made it really big in business - especially shining in the emerging

world of steel production along with the other well-known giant in the field Andrew Carnegie (who in his own right was a philanthropist funding all kinds of things especially educational institutions and labs). Here, in this case, he actually gave up his business he was very happy with whatever he was able to achieve - with the kind of money he was able to amass and he resorted full time to philanthropy. He was particularly generous towards the science-related projects both within the USA and also elsewhere in the world. He had occasion to get to know the Viceroy, Lord Curzon personally and incidentally Lord Curzon also was someone who was very proactive with regard to science and he firmly believed that science could be an instrument of state policy. He was very conscious that not much was being done to tap the power and value of science towards administration, towards research and generally - it is not only about medicine, generally with regard to the administration of colonial India - he was one who actually was very enthusiastic about setting up national centres, imperial labs and centres all over India - something of the kind, that say, for instance, Jawaharlal Nehru and Bhatnagar would do after independence. Some kind of foreshadowing of that was there in the Viceroyalty of Curzon. It is also great coincidence that someone like Phipps met him and gave him several thousands of rupees. Some of it actually went to the setting up of the Pusa Institute for agriculture named after a place - Pusa - which is now in Bihar (but due to an earthquake there, it was transferred to Delhi - but even then it is called the Pusa Institute and or more officially the Indian Agricultural Research Institute in New Delhi). Both Phipps and Curzon were particularly devoted to agriculture - that is anyway that is a side story. But coming to the Pasteur Institute, some part of the amount was allotted to the setting of the Pasteur Institute. As already we saw there was already the first Pusa Institute set up at Kasauli. But then that was far in the north and up in the Himalayas and anti-rabies vaccine was a great requirement because as in these days, and even more in those days, there was the great problem of dog-bites and related ailments. So, there was a need to have at least one in the south and therefore the Pusa Institute of Southern India that is PISI was started in Coonoor again in the hills - the Nilgiri hills. It not only catered to the research on rabies vaccine but also its preparation and administering of it to the patients after the production through its research. The institute was also associated with researches on kala-azar, filariasis and aspects of medical entomology. Later on, it served as a center for nutritional surveys and laboratories of famous people like Robert McCarrison, Ackroyd who did considerable work there. In fact, one particular kind of work was on the beriberi disease which is due to the lack of a particular kind of vitamin B - of which in fact, on the sidelines, Gandhi was for instance, was talking about - the loss of nutrition because of the rice being pound by machines rather than being hand-pound. But here as part of the researches (of course, it was also done elsewhere too), it was further confirmed (that what Gandhi said was in fact true - of course they did not go about doing it just to test what Gandhi said but as part of McCarrison's own interest, they found out that is because of the removal

of the epicarp - the considerable damage to the epicarp in the rice - there was a loss of vitamin B of that kind which results in beriberi. But anyway, those kinds of works were all done at the Pasteur Institute of Southern India. And these kinds of works were also published in the *Indian Journal of Medical Research* which also brought to the attention of the world the kinds of researches happening here - which we discussed in another lecture. So, even as funds were coming in from outside, either from individuals or from organizations, there are also some benefit in terms of knowledge also flowing from outside. This lecture just tried to give a sample of a few such organizations just to prove that there is also another side of international involvement apart from pressure and also to show that there was yet another dimension of non-state involvement along with other kinds of indigenous organizations and reform movements and missionaries - both internal and external. On that note, we will close this lecture. Thank you.