

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

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### **TUTORIAL 8 - Indigenous Systems Today; Overall Conclusions and Reflections - Part 2**

This is all from the colonial side. There are several things we saw throughout the course about how Indians reacted - especially some kind of resistances. It's not like they always resisted western medicine, but there are aspects of it that they did. For instance, the resistance to invasiveness - they felt clearly that Western medicine or the colonial state, in the name of medicine, was including too much into their daily lives. Especially there was objection to practices like the passing of bodily fluids as it happened in the case of the arm to arm vaccination. And then there was concern about the new kinds of modern hospitals, modern wards, which did not have any regard for caste considerations, maintenance of the divisions, segregation between castes - giving same kind of food, the same kind of room - under the same roof. Some of it had some effect. Within the emerging western medicinal system, these things were also accommodated - with the caste wards and separate Brahmins cooks who were cooking for Brahmins and all those things - based on these kinds of reactions.

Then, there was understandable resistance to the trespassing of religious freedom - when pilgrimage was impeded or banned, or bathing freely in the rivers or any public places, when those kinds of things were banned or restricted. Also the treatment of women folk - for instance, women even being dragged and taken from their houses for isolation as in for instance during the plague epidemic as part of the anti-plague measures. But as I said, it's not that everyone was very antagonistic to western medicine. Wherever it was available, (as we keep saying from the beginning, even till the end of the colonial period, the reach of western medicine was quite limited, but wherever it was available), to whoever it was available - who could afford - Indians, as recipients they took. They not only took, they also gave as donors - there was a lot of philanthropy. And as we saw, the British also wanted to promote that spirit of associational voluntarism for their own reasons. But Indians also very much rode on the path of voluntarism which was manifested by individual efforts, social movements and organizations specially

started for medical measures. Then we also saw the role of the princely states. Of course, in this course, we didn't talk too much about particular cases of princely states, but, on and off, we had references to how princely states also warmly opened up. They also, in their own territories, set up modern institutions, medical institutions - even as on the sidelines, they were also promoting indigenous medicines. For instance, the Nizam of Hyderabad continued to patronize the Islamic systems of medicine just as the state of Travancore, again in the south, was particularly patronizing the Ayurvedic system. So there was that openness to using western ideas, systems and practices. There was a cultural pride. Especially through the slighting of the national and cultural honour through colonialism, there was bound to be a special sense of national pride, sense of belonging - that cultural pride. But in spite of that, they were open to syncretism, borrowing the using or borrowing the best.

What are the enduring legacies from all of this? Whatever happened - there were problems on the colonial side, there were problems on the Indian side, lots of cultural trespassing and injustice being done or feelings of injustice and marginalization. But all said and done, there are certain things which are there to stay with us and they continue. One is the tradition of medical education. As I said, it is no longer now limited to the government sector alone. Even the private sector has taken to it in a big way - particularly we are talking here about western biomedicine-based medical colleges. But also that influence, that kind of institutional setup has very much influenced the indigenous systems also.

Carrying from the trends that started in the colonial period, there are in fact good/standard medical institutions with regard to indigenous systems as well. With regard to medicine as a profession, as opposed to more home-based vaidyas or hakim or folk-healers, now we have a standard profession increasingly, because it has its own problems, ethical problems and all that. There is a greater esprit de corps in the indigenous systems of medicine also which are becoming more and more professional, both in terms of training as I said earlier, and also in terms of the hospital systems, clinics, pharmacy and all that - which leads us to the next point: a robust medical production system.

We are now claiming to be the vaccine suppliers of the world - that was something which was seen during Covid19 recently. But even otherwise, with regard to the pharmaceutical sector also, with all its problems and doubts, Indian companies are also doing very well - with regard to production of medicines or vaccines or other kinds of equipment - many of them are being locally produced - many of the machines and other instruments. Then, also, one of the enduring legacies is the sanitary consciousness - in fact, now it is a national scheme - we know the word Swachh Bharat - national sense of cleanliness. This sanitary consciousness does not mean that it is totally surrendering or it is something that the British taught us. In fact, even at that time, there was constant

invoking of indigenous examples - even going back to Harappan times - the fact that we had the Great Bath, the way the pipelines were arranged, the sanitation, drainage - 'we have been doing it for thousands of years'. Within religion also there is the insistence on being clean, taking bath before doing certain things and general ideas of purity. It is not that we did not do it, but then now that it has been applied at a more public level. But anyway, by and large, that sanitary consciousness continues. Any government pays a lot of importance to it and after Covid19 this has been particularly pressed upon.

Then there is the legacy of medical research. The British started it for whatever reasons and with whatever limitations. Now, after independence, through ICMR and through other kinds of funding - including international fundings, there is considerable medical research. Similarly medical philanthropy is something which started in a big way during the colonial period. Of course, again, philanthropy itself is not something which we learned from the British. But then there was a particular way in which it was manifested and they very generously gave opportunities because of various other compulsions - they opened wide opportunities for Indians to show their munificence or their closeness to the British through this particular field of medical philanthropy, and philanthropy still continues. There is a lot of good-hearted contribution both at the level of individuals and corporates and other organizations in the missionary enterprise - which is another legacy, which is continued even now. There are lots of missionary-run health care facilities, whether it is Christian missionaries or even other new forms of missionary groups internally like the Ramakrishna Mission that we already saw during one of the lectures.

Another legacy is the internationalization - it started, as I said in an earlier lecture, in the second half of the 19th century in a big way, and then with the formation of the League of Nations after the end of the First World War which had a Health Organization. Earlier they had periodic sanitary conferences, now under the League of Nations there was a Health Organization. After the end of the Second World War, with the establishment of the UNO (United Nations Organization), that Health Organization became the World Health Organization (WHO), whose presence was particularly felt during COVID-19 again. What we need to underline is that during the period that I mentioned - the later half of the 19th century, the international presence/dimension was more about compelling other countries or expressing anxiety about other countries' possible danger - the danger that they could bring from their colonies and other places through the kinds of infection through the ships and other materials - that is one kind. But there was also greater cooperation and extending of hand - like the case of Rockefeller Foundation. Today too, there are many ways in which there is a cross national cooperation in research or in awareness-creation or in just helping - like for instance we did with the supply of vaccines to many countries recently for Covid19.

Then, there are those problematic legacies from the colonial times. one is the marginalization of indigenous and tribal traditions. This has been continuing even after

independence. At least, the mainstream ones like Siddha and others could establish, could find their feet reasonably solidly and have been continuing to grow. But there is still sometimes even marginalization of them but even more so with regard to tribal indigenous traditions. When we talk about epistemological justice, it has to be more comprehensive and there is always the danger still of this hill-station elitism. It may not be actually physically about the hill stations - but labs can have that kind of elitism, that kind of distance - being removed from the people's concern or actual ground-level implementation of some of the fruits of those research. That is something also we have to be particularly careful and concerned about - not to fall into the same trap especially when public funds are involved. But even if public funds are not involved, when we are doing some research in the name of the people, in the name of particular disease - there should be some minimum level of relevance to it on the ground as well. And we have to keep in mind an important point we mentioned at that time. There should not always be the pressure on the researchers: 'what is happening, how will, when will, the fruits come?' .. why, how is it useful? .. show it right now.. why should you be given the money?.. That is not how research works but while granting that, still, especially in fields like education and medicine there has to be considerable level of coordination between what is happening in the lab and what is needed on the ground or what can be done on the ground in terms of better offerings.

Then some of the lasting issues which continue: One is quackery - that has not died and especially now, that we are talking about epistemological justice and are trying to patronize all, trying to bring to the fore all ignored marginalized, tribal traditions and so many other people also try to use the stream - that also opens the path wide open for even more varieties of quackery and in the greater numbers. Then, even to this day, there is this challenge of the last mile delivery. In fact quacks also survive because the hand of the state is not able to reach and people are just ready to go - to whoever is just available there. These two points are actually interrelated.

And then we also have to be worried about too much of medicalization of too many aspects of life. For instance, some institutions, say, 30 years back had normal associations like buddy associations and friendly associations to help students, and newcomers especially to face the stress and all those things. Now it has become medicalized and it in fact, has become professionalized and has been in fact, outsourced to companies, who come and set up their office here. Students have to fix appointments - it is so formal. Actually things should be the other way around. Wherever possible things which have become too medicalized and too much under the gaze of the state and the doctors, should be reduced - or at least, more should not be added.

And then one final problem is the crass and naked commercialization of the field of medicine. Not only western medicine, even the indigenous systems - with the kinds of marketing, especially riding on the fear of some of the problems of biomedicine like

side-effects or its ineffectiveness in dealing with certain kinds of ailments, or on the general feeling of 'okay, we are culturally more rooted' (with indigenous alternatives). That has now become a big market. Now putting the words 'indigenous', 'green', 'organic' has become a chic thing and leading to crass commercialization. And this is a field that should be the last of all which should witness that kind of profiteering.

That takes us back to colonialism which started basically with the main idea - if not the sole idea/the dominant idea - of profiteering - because of which many things happened - either ignoring certain things or too much of exploitation and medicine was one of the things that suffered. Things could have been far better than what they were. But then there are some gains and there were great losses. And I hope this course has prepared you well, not only to handle your own life - your own medical choices, but to do your best to be conscious, and to create consciousness among people, and to try to do your best as citizen and as a future leader, or in any way, to see that health has healthy practices, and do your best to remove all kinds of unhealthy diseases that have come under the practice of medicine.

Thank you for following the course all these days, all these lectures. All the best. Take care.