Social History of Medicine in Colonial India

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Week 02

Lecture 01

The IMS (Indian Medical Service)

Hello and welcome to this Lecture - Lecture 6 for a very important topic - the Indian Medical Service. And you will know why it is a very important topic and why it is very important to the larger topic that we are dealing with, that is the social history of medicine. In fact, that history cannot be told without talking about IMS. It is central to any discussion or any talk about history of medicine in the colonial context. And this IMS - Indian Medical Service - can be seen with reference to different dimensions of medicine which we talked about in the first lecture. Whether it is medical practice or medical research, medical administration or professionalization or administration of public health - from different points of view this IMS is very significant and therefore, very crucial to the history of medicine in colonial India.

And it is also important not only within the domain of medicine, but even in the larger game of colonialism and colonial administration. As you know, as I said in the very first lecture, for good or bad, the British left behind several things, which some of which have many beneficial consequences and some of which are having not so beneficial, lingering consequences. One of the things that they left behind is this whole culture of Service, a whole variety of Service, Postal Service, Railway Service and Civil Service broadly. And the significance of IMS is that this is the mother of all Services, the first of its kind and in fact, anywhere in the world - it is one of the earliest services and definitely the first of all the services that were going to come in India.

And therefore, it also has lot of institutional significance, larger institutional and administrative significance beyond medicine. And as I said, it is unique, it is unprecedented - there was no such service before that, like this and another important significance is that it provided a talent pool - IMS offices formed the talent pool, which was very useful for many other sciences and many other Services in fact. And , these are the broad headlines about IMS and we will go to the details.

Starting from its origins, as we have been repeating, the East India Company in India started as a commercial enterprise. In their early days of trading, most of the time was spent on the ships and the medical personnel consisted, by and large, of ship surgeons.

And as you know, unlike today, (even today compared to air, ships take lot of time, but at least they are motorized, but in those days it was sails), they took months and years and definitely months and there was a need for each of those expeditions or ships to have a set of ship surgeons. But as we have been seeing and saying, the Company acquired more and more roles and they spread to more places and they were settling down and settling down in more and more places. For instance, in the Indian case, they were spreading to different places from their initial settlements in Bengal or Madras. Therefore, there was a need for more permanent as opposed to the mobile ship surgeons. There was a need for landed permanent medical establishments and one of the earliest of that kind was the Bengal Medical Service, which was started in 1763 in the Bengal presidency with parallels in other presidencies like Madras and Bombay. And these expanded with further territorial expansions and these formed the embryo, the seeds for the all India - Indian Medical Service. And we have to bear in mind this was essentially a military service, primarily to provide medical care to the British military. And of course, they also extended their medical service to the civilian population - and expectedly initially - to the whites. And given all that I was saying, you can easily guess that IMS played a very critical role in the development of modern medicine and all kinds of public health practices in India. Many of the key figures in the early history of public health in India were IMS doctors including Ronald Ross, who many of us know, was most famous for his discovery of the Anopheles mosquito as the vector/carrier of the malaria causing parasite.

There were, then, we will see, the kinds of reputations that IMS and its officers earned in spite of many difficulties and early discouragements - we will see in the rest of the course. And as you would expect it, and as we are constantly reminding ourselves of the colonial context in which all of these things are happening and IMS, as you would expect, was very much influenced by that colonial culture, that asymmetry, its policies and practices all influenced by that structural situations including racial discrimination which was very characteristic especially in those early days. And of course, it is happening here, IMS was started here, but the men came from (they were all trained in), Britain. The kind of education, the medical education that was there in Britain greatly shaped and had a significant impact in the ethos and culture of IMS - that gentlemanly culture and other such things. So, there was a connection between medical education in Britain and the IMS culture here. And recruitment initially was by selection, there was no exam..it was more by patronage. We know how recommendation works, it can involve lot of patronage, personal string-pulling and all that, where the Court of Directors for instance, had a lot of say in these kinds of appointments. But it is not that all kinds of

undeserving people came. Even among the deserving of course, it always helped if you had someone to recommend. But otherwise in terms of quality, they were all very well trained, men trained in some of the best schools in, especially in Scotland, for instance medical schools in places like Edinburgh, Glasgow and Aberdeen, even to this day they are very famous and in those days they were particularly famous in the world at large. IMS got people from those kinds of temples of medical, western medical education at that time.

It had positions like the Surgeon General of India and as I pointed out in an earlier lecture, we have to be cautious: surgeon here does not mean what we know of surgeons today, someone who is picking up knives and doing surgery. This is the more generic name, generic meaning, more of any medical general, practitioner, physician. Of course, this was not just the nature of the job, this was also a very technical position, the Surgeon General of India. And of course, there was a whole lot of hierarchies - the Surgeon General followed by Surgeon, then Sub-assistant Surgeon and lower supporting staff. And of course, the question arises, where did the Indians stand vis-a-vis all this. And as you would have guessed - given all the kind of asymmetries and the kind of differential that was always sought to be maintained - Indians could not get in, that easily - there were all kinds of barriers including, as I said, the racial considerations. They could not enter until exams were introduced. As I said, initially it was not based on exams. They could not enter into the IMS as officers and of course, there were others (as I said you cannot bring people for all levels of job all the way from England), like compounders and dressers, vaccinators and other things - Indians were there and they were there employed in these kinds of positions. The highest that an Indian could aspire in most cases (there were all these exceptions, but otherwise the highest position Indians could aspire), was Sub-assistant Surgeon - that is the highest for Indians. And as I have been saying there was no exam in the beginning. When did exams come? They came in 1855. And many of you are quite familiar with entrance exams, either to enter colleges or various services like Civil Service and other kind of State Service Commission exams - this was the mother of all such exams, all competitive exams - that is another significance about IMS. And as I said after that (exam) started there was more chance for Indians. And, of course, you can not attribute everything to just the coming of entrance exams. As I say, even if I do not remind you, you should also consciously remind yourself that things are changing.. the 1780s and the way Indians were treated at that time were not the same as the 1800s. For instance as we saw in an earlier lecture whereby there was lot of interference. Similarly 1880s is not the same as say 1780s and Indians could not be neglected, their voices could not be pushed under the carpet - say for instance, after the starting of the Indian National Congress. There are many things which are happening on the sidelines, that also you have to keep in mind. There are various factors which contributed to increasing acceptance of Indians at various levels in various fields. For instance, the compulsions of the World War and other things - that is

why by time of the First World War or the interwar period, in fact the number of Indians had become more than the western among IMS officers, which of course, naturally caused lot of anxiety - we will see why in a while. What were the conditions of service in the IMS? IMS as I said was probably earliest services which of particular interest to know - because now we are worried about terms of service when we go for a job, the kind of security of a government job, the tenuousness of some other kinds of jobs - it is very important and interesting to know what were the conditions of the service.

The first thing is that as I told you, it is a military service and initially surgeons were mandated to spend at least two years in the military service. Of course, they could go for civil employment but they had to spend two years before that. They offered kind of financial stability - as I was saying we always associate government jobs with some kind of stability - both professional as well as financial stability. But of course, being away from the centre, (we will later on talk about centre and periphery or metropolis and the periphery, centre or the metropolis are the happening places like London, Paris, Edinburgh, , peripheries are kind of places away from those kinds of happening places like for instance the colonies, being away from such happening places from such metropolis for the centres), they did not have the same kind of opportunities for reward and recognition mechanisms. And, in fact by the 1870s and 80s there were too many officers in the IMS and which meant they were placed at lower rates of pay because pay was stable/assured but then it was at a lower rate for many years. But later on in fact it turned the other way around due to new challenges like famines and recurrent epidemics, also recurrent famines, say for instance by the 1890s there was a shortage of staff and overwork. And apart from all the technicalities of the service and pay and all that, what was the larger culture? Of course, as I said it was a military, it had the air and colour of both the medical and the military and one of the important things is the esprit de corps, the team spirit, the sense of cohesion, the sense of brotherhood, professional brotherhood and this was particularly important and useful especially when you are so far away from the metropolis, from the happening place - you are at a disadvantage, you are not very up to date with things happening there and you do not have a critical mass of other men of science as you would have for instance, say, in London or Edinburgh. This mattered a lot - that sense of security - like the pay security, this is also a sense of professional bonhomie. That esprit de corps mattered particularly in the peripheral status and also the kind of attitude that the people in the metropolis showed - they were looking down upon their own men. By the way, when we talk about periphery and the peripheral scientists or medical men it is not like we are talking about Indians and the metropolis is west. In the periphery also we are talking about at this stage about western men. Western men and the western scientists or men of medicine in the centre of the metropolis were looking down condescendingly on the (western) medical personnel (in the periphery) though they also came from good schools like Edinburgh and Aberdeen. With that kind of a patronizing attitude from the metropolis, this (esprit de corps) mattered a lot - that sense

of socializing was strong. And anyway it is a military structure and cohesion was anyway inbuilt as part of that culture with clear hierarchy and discipline. As much as this was good – this sense of belonging and discipline that was there - this could also have negative consequences which is the stifling of dissent and as we all know dissent is very important to any field to develop. If we are too much in the agreement mode ('yes sir, yes sir, it is right sir.. that is the best' mode), then things do not improve in anything and particularly this is important in the world of science. By dissent we mean constructive dissent - not just complaining and cribbing all the time - but in a very constructive sense. There is a need for constant dissent and disagreement where needed. But in this kind of a tight-knit disciplined hierarchical culture there was more of the opposite - conformity which is opposite of dissent - too much of conformity is very bad for anything and especially for the advancement of science. To give a particular example we will be dealing with later about these issues of contagionist ideas and anti-contagionist ideas. Basically anti-contagionist idea is the idea that diseases are not carried by contagions. It was important to hold that view that diseases are not carried by contagions so that you could avoid quarantine and other things which we will discuss later. But right now just take it that there was a very powerful, influential person J M Cunningham who was the Sanitary Commissioner of the Government of India from 1866 to 1884. And given his position, he was the high priest - that high priest culture and the conformity culture as I said is very bad for science - but this is what happened: he held the anti-contagionist view and everyone else just had to fall in line. If you had serious grounds to believe that that is not the correct idea then you would be just silenced - that is the problem with too much of military discipline. But anyway, that apart, there are other kinds of freedom they could as IMS officers indulge in civilian duties - but they were always reminded especially in times of war that military needs should always take priority over whatever else. And also apart from the military as such, the IMS officers also worked in or they controlled, they were running, they were in charge of jails and mental asylums and other such places apart from primary hospitals. And they could also earn additional income from being employed in other kinds of administrative and technical positions outside. They could, as I said, also do a private practice except in cases where it was explicitly/clearly/strictly forbidden. One of the important problems with IMS in its early stages was that there was not much encouragement of research. As I said, knowledge is something very important and very useful especially in the early stages. And as I said, these are very bright men coming from really good medical schools and you could expect substantial number of them having that quest and aptitude for research. Whenever they vented out those kinds of interests, they were just reminded that this is Indian Medical **Service** - it is a bureaucratic **Service -** it is not a kind of a research institute or research service – it is a **Service** like a Civil Service - not an avenue for research. Moreover also as you can see in any Service - it will be very bureaucratic and very hectic with hardly any time, any leisure. You know one of the other important

requirements for anything and especially for modern science or anything - any kind of science to happen, is adequate amount of leisure - apart from money and other such factors. That (leisure) was not readily available here. But, in spite of all these limitations some people did manage to survive through these difficulties and yet get some kind of leave, from time to time, with great difficulties and do research and also other kinds of work. For instance the kind of research which could even win a Nobel Prize - for instance Ronald Ross got the Nobel prize in 1902 for the work that I mentioned - finding out the vector which carried the malaria-causing parasite. And remember he is working in a periphery with all these difficulties. He got the prize in 1902 and the first Nobel prize itself was given (the Nobel prize system itself was inaugurated) in 1901. So in the very next year, someone working here in a colony..

That is why I tell students "you can find a Nobel prize in a ditch.. working with mosquitoes.. in dirty waters. You do not know where you will get the Nobel prize from!" Many years ago in such limited situations and in the kind of extra limitations of the hierarchical and strict military service, a Nobel prize could be won. In a sense IMS also provided avenue for wider things beyond the immediate medical service. And things changed in 1858. As I was saying in the tutorial class (that is why it is important to know all these background historical developments) if you can recall, 1858 was when the rule changed from Company rule to Crown rule. And also 1857 is something they would always remember. And as I mentioned in that context, they gave extra importance to military and military security. That was reflected in the medical arrangements also. They started a separate new department for British soldiers which was called the Army Medical Department. Later it was called the RAMC - Royal Army Medical Corps - to address the needs of the British soldiers and then IMS was actually restricted to the Indian army. In spite of this anachronism (it was started primarily for the health of the British soldiers and in that sense it becomes superfluous now and also anyway) it was acquiring more and more of civilian responsibilities and therefore there was a need for proper civil medical service. That was what Indians also asked and as I said by this time things are also changing in the background. Due to various reforms from time to time there were opportunities open for Indians to be part of legislation. That is why we have the word there (in the slide) an **Indian** legislature resolution. Those things also have to be kept in mind - there is a voice for Indians - this particular voicing of the anachronism of the IMS and the need for a civil civilian medical service. But still, beyond the army they felt that it was important because white lives were there even outside the army. Therefore, and for other reasons too, it was felt that health of their white personnel and their relatives can be guaranteed only by at least predominant presence of European medical officers. As I said of course, IMS was no longer just white - there were Indians but there should be substantial amount of [whites] - that majority should be there - it should be majority white - see how race matters. But IMS was on the other hand becoming unattractive to the new British graduates. One thing was that it was becoming

more and more Indian. With that, you do not have the same kind of belonging - as fully white or by and large, white. And they were also very skeptical about [opportunities]. And of course, things are also changing in the world back home - better opportunities there. And so, there should be overwhelming factors to make the decision to come all the way here for thousands of miles leaving behind family and other comforts of the known, the familiar, world. There were all kinds of skepticism about whether that was really needed. But on the other hand, as I am saying, the colonial establishment here was very worried about the so called danger of not having enough fresh European blood - fresh recruitment. There were constant efforts to make it more attractive. One of the important openings was, one of the incentives that could be presented before the potential recruits, was the opportunity for research. As I told you, that was something which was explicitly, consciously discouraged. And now there are again several things happening. As I told you, there is a new field of medicine emerging called tropical medicine apart from the creation of the paradigm - the kind of cultural ideas associated with the tropics and heat and all that. Of course, one advantage - if we may call it - was that it produced an entirely new field. Again, talking about being in the periphery: periphery does not mean that it is necessarily a god-forsaken proposition or place. As I already pointed out being in the periphery, you could even get a Nobel Prize and that too as early as 1902 itself. And many other examples could be given. Similarly periphery is not just a kind of a residual place from where only information is collected or a not-happening place - as compared to the so called happening-places. The periphery, in fact, gave birth to an entire field - a subfield of medicine- called a tropical medicine. But in this context what is important is that being a new field there was even more opportunity for research. In any field there is always room for more research - but when you come up with a new field - say like biotechnology or nanotechnology today it has lot more potential for research openings. Similarly because of the coming of this new field of course, this is not the only field - but this is also happening and that is why you have – if you see the background, this is the time we are talking about - the 1910s 1920s early part of the 20th century - when new schools are also being set up and also you should bear in mind new kinds of research institutions are also being set up: bacteriological and other kinds of veterinary other kinds of research institutes. There are lots of opening and one of the advantages of a periphery is that as I said, everything is new - new kinds of mosquitoes, new kinds of flora, fauna - which means like you have lot more things and material to research upon. Therefore if at all there was this concern about pay and promotion and whether we should come all the way here leaving familiar familiar world behind, research was one of the important ways in which students, the young minds could be attracted and it did happen. There were still many IMS officers who continued to make big name serving here. But by and large, it had now become more Indian however much the British would not have liked it. On that note, we will close this lecture. See you in the next one. Bye bye.