

Social History of Medicine in Colonial India

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Week 02

Lecture 03

British Settling; Enclavism

Hello, welcome again.. To this 8th lecture which is about the settling down of the British colonizers from a climate point of view and related topics like enclavism - that's the way they tried to create healthy, safe enclaves for the British. If you recall, in an earlier lecture, we were talking about the initial pessimistic attitude towards European settling in areas of tropical heat. They had lost almost all hope - while they had confidence about their mental activities, their ability to innovate, to voyage over long distances and other such kinds of abilities, there was that persistent diffidence about their physical adaptability, the adaptability of their bodies to these kinds of extreme climates. And there were real doubts about their survival. And these, as I said, were confirmed by the very high rates of mortality among the Europeans in the early days in the tropics.

But, in course of time, they developed that confidence that they could too adapt to these extremes through certain measures - like through constant exposure, proper diet and appropriate lifestyle changes which would help them avoid disease or combat disease and maintain good health in the new climate. So what kind of diet? Balanced diet means the inclusion of adequate amounts of nitrogenous substances, fats, carbohydrates and salts - even in those early days. Nowadays, we see great concern about the constituents of these various substances in food items - you will see in food packets...even in chocolate wrappers you will find the percentage of these things.

In a sense, these kinds of concerns - what kind of combinations should be available and what is good, what amount is good or what amount is required for survival in different kinds of climates - was very much present even in those days. They also talked about the need to take sufficient amount of meat, vegetables, cereals and of course, as we know, the British were used to stimulant drinks, invigorating drinks for quite some time now - from the 16th, 17th centuries like coffee, tea and those kinds of beverages - and of course, also the regular supply of other kinds of invigorating drinks like beers and spirits in sufficient amount. And also, there was that consciousness about being careful about the hygiene, the levels of hygiene of whatever substances they took. For example, this

constant insistence on the need to inspect cattle for the presence of diseases like anthrax, for instance, or the need to test meat - if they had any kinds of parasites or other kinds of materials which could be of harm to them, as consumers. There were also concerns about taking adequate amount of vegetables because vegetables were seen as crucial for protection against wounds, infection and particular kinds of diseases. Nutrition became very important part of this survival game and of course, there were also other kinds of elements in this survival game which included innovations in attire especially in military attires for the European troops - depending on where they were being moved and where they were having their garrisons - depending on the season and also particular kinds of attributes like helmets with heat reflective capacity, with ventilation.. those kinds of gadgetry was also proposed. Another example of this kind is the dependence on flannel waistband or what was famously called as the cholera belt to protect the abdominal region from the vagaries and extremes of climate.

This is something which continued well even into the 20th century. And, as we know, 1857 is an important dividing moment in the history of British colonialism in India and with the coming of the Crown rule in 1858 after the Uprising of 1857, there were lots of concerns about the future of the British colonial enterprise in India. There was particular concern about the need to have more white presence - especially the white component, the British component, of the army. And also as much as possible to bring them in families. When we are thinking of encouraging British men to be brought in families, one of the important considerations would have been the health factor. And of course, as we do today, insurance was also an important factor. Expectedly the premium for health insurance for those venturing into tropics was very high because of the high rates of risks involved which had a very dampening impact on the enthusiasm to venture into places like India or the other tropical zones, so called tropical zones. Therefore particularly in the Indian context after 1857 with the coming of Crown rule in 1858, there was renewed interest in matters of health. One of the important manifestations of this new concern was the appointment of the Royal Commission on the Sanitary State of the Indian Army as early as 1859 whose mandate was to inquire into the health of the British army in India which of course, expressed long term health concerns. And those fears and concerns influenced the direction of the sanitary policy for many decades after this.

One of the immediate steps in the direction of greater focus on the health of the British component of the army was to introduce a special department. Earlier the IMS was taking care of the health of the army. Now there was a new department exclusively for the whites in the army. It was the Army Medical Department. It was later named as the Royal Army Medical Corps. And of course, it doesn't mean that the health of the civilians among the Europeans did not receive attention. That too received special attention - as I said, there was an overall concern about attracting more Europeans to various services. Of course, it was more pronounced in the army but generally also it was

important to make concerns about health as minimal as possible to attract more of Europeans here. Therefore, the health of European women and children also, (as I said, there was also a new interest in encouraging them to settle down with families therefore women and children also) got special attention and there was a special concern about the high rate of mortality among European children in particular and also about the health of female members of the British families. Of course, there is always concern - as we have seen earlier or as we alluded to at the beginning of this lecture - concern about the role of the climate on the constitutions and bodies of the foreigners and now there was special concern about the impact of tropical heat and other aspects of tropical climate on female bodies, female constitution. And women were in particular (as we saw, there were all kinds of advice and concerns about nutrition about the kinds of things to consume and the kinds of things to wear or not to wear), advised to eat very little meat, use umbrellas to protect themselves from the direct heat of the sun, wear cotton or silk and band around their loins - and similar such special advice for women. In this context, talking about the settling and adjustment of the British in alien and hot climates - one of the important terms, one of the important phenomena is what is called enclavism - enclave, as you all perhaps know is a protected place - for instance we have enclaves like defense enclave, artists enclave (only the artists - they all stay in the place). Here enclavism means the attempt to create healthy enclaves - the areas where British - the army men or the civilians are settling.

To concentrate particularly on those areas and give more more attention to those areas there was a urgent need to first identify relatively better areas - of course, tropics are tropics, but within the tropics - areas which are more particularly airy, less jungly - those kinds of areas which are with relatively better health components. And of course, in all of this, one easy option was to identify areas within the tropics which resemble temperate climates - for instance, up the hills, the hill stations in the Nilgris and the Himalayas. There are definitely many areas which are far cooler than the heat of the plains. That was an option but then that defeats the whole purpose - there is no point coming all the way from far to arrive here and then go up the hills and stay there. Then that main purpose of trading or ruling or expanding, conquering new areas doesn't get served if you're here and then going there to some corner up the hills at different kinds of altitudes. Therefore there was the need to find out relatively healthy localities within the plains or create localities and make them more healthy than the surroundings. There was special attention to areas of special interest or importance of course, it's naturally means strategic areas like army cantonments and generally the places where the British settled. The very organization of these areas where the whites settled was to a great extent decided by health considerations. For instance the houses were designed in such a way that they were very spacious - with spacious gardens and in some cases, the entire area all these houses and gardens in the entire area where the British lived - they were separated from the rest of the city by high walls and gates to minimize the levels of

movements. And of course, there were institutions, special institutions within these areas like clubs, exclusive whites-only clubs, schools, hospitals and churches kept at reasonable distance from the Indian population. And of course, all of these were contrasted with the Indian quarters - not only from a climatic point of view but also from a cultural point of view. All these contrasts were made in the topographical and other kinds of reports. For instance the majority Indian settlements were berated for their lack of planning: there's hardly any town planning; the streets were narrow, dirty; the sewerage was improper; much of overcrowding; the houses were very poorly ventilated; hardly any house had toilets; and open defecation - all these kinds of contrasts were made. And then of course, as these are also elements which were projected as making the native population more susceptible to diseases and especially when epidemics came, the danger was more and the idea was this to keep the British enclaves free of some of these kinds of problems - which you see here on this slide. That distinction - made between the Indian quarters and the whites quarters. But apart from health the point of view, as I said, there is already the element of culture and cultural denunciation based on these things. But it had other implications - for instance it stood, this kind of enclavism stood, on the way of any possible close interaction, cultural interaction - at least interaction if not integration - of the British with the local population. And of course, from the beginning of the course we have been mentioning from time to time, about the consciousness of racial distinction - whether it's the physical body or other characteristic traits. This enclavism added to that sense of racial difference and racial superiority and this also showed - this enclavist attitude also showed - the differential focus of the British government whereby the focus was more on improving the health of the Europeans to the neglect (relatively - to the neglect) of the health of the Indians. There were institutions which were created separately - one set of say, asylums - as we see here (in the slide) - general hospitals and lunatic asylums exclusively for Europeans. And then there are other sets of institutions like the native and police hospitals which catered particularly to the Indian populace. And, as you would expect, these also received different kinds of treatments and facilities. For instance, food was very strictly rationed in the kinds of hospitals or asylums meant for Indians and they were all housed in buildings and establishments which were very inadequate, often rented buildings. These were not custom-made purpose-made buildings. These were just any other house or some other building which was just rented. Many of them were actually defective and not properly ventilated. For instance, the lunatic asylum meant for natives, in many instances, used to be overcrowded and the inmates were left to be handled by the medical police. Basically these were staff who were more trained to ordering or regulating street life. But then these were the people who were left to take charge of the inmates of these institutions. But all said and done, this kind of separation this entire idea of isolation - if you look back - is not something which is practically viable in a true sense. It's an unsustainable idea: isolation from Indians is really

practically not possible for the British because again as I said, in the context of coming here and settling down in the hills: one doesn't come all the way from far off to come here and then go up the hills in this new place. Similarly here in the plains too there's no point - it's just impossible - okay you can have your houses in a particular area - but then they had not come all the way here just to be 'locked' in that sense (in fact the word enclave itself comes from the root which is the same root as the word 'key' - 'clef' (in French; 'clavis' in Latin). There is no way that they could have been locked in that limited space because the very purpose was to be here and to keep moving - and the troops had to move to all kinds of places and the administrators had to move to all kinds of places - many of them were newly acquired, newly cleared forests or other kinds of conquered, other kinds of areas. In that sense it's really not possible to really wall and to be there only. There is no way you can avoid the Indian crowd. And also in another way too : like for instance you take a household you can't have people to do all the menial jobs all brought from England. Some kind of servants and maids had to come from the local population. It's not a rigid wall which could be made. There was that going in and going out. Strict enclavism is almost anyway not possible. And of course, other factors also militated against this enclavist idea: naturally Indians protested against the enclavist policies because of the differential kinds of treatment and attention given and especially lack of adequate focus to health of Indians or facilities. And of course, as in many cases, it was for that constant need to avoid criticism and bad press from Britain. And it was also seen as part of the responsibility, of a duty of responsible, enlightened government to look beyond enclaves because as they were acquiring more and more territories and as it was becoming clear that they were in here for the long haul, it was important to think about public this and public that - public education, public health - things like that. So enclavism is something which contradicts all that. And of course, there was also need..they can aspire to have better health. but then their survival or whatever they had to do also depended on - whether it's administration or plantation or whatever they wanted to do depended much on - the local population. And therefore, it was also wise and smart to have widely healthy population - at least in their own self-interest to benefit maximally from labour and other points of view. And, having talked about enclavism this sense, and in some sense the ridiculousness of all that, and how it was practically impossible to have that strict enclavist attitude - of course, those some scholars still argue for enclavism - what we can say is of course, there was a desire for enclaves - but it was not a self-sustaining phenomenon. Having said all that, we also must in passing, towards the end, allude to other kinds of enclaves in the sense of protected areas, special areas like jails or plantations - for instance, coffee plantations or tea plantations which were up high at different altitudes. For instance, tea plantations needed labor throughout the year for various kinds of things - for first clearing the jungle, then for planting the bushes and then periodically cutting them and plucking the leaves. So it had people who had been brought from different areas and settled there.

There are different jails and other kinds of prisons and asylums. These were places where people were kept in a controlled situation and this had other implications for health. For instance, these kinds of enclaves (along with military barracks), could be used for a variety of testings - for instance, to test the efficacy of particular kinds of medicines, vaccines and the other kinds of such trials. This is another aspect of enclavism which was successful to a certain extent. This was one aspect of enclavism which had a tremendous medical implication. But enclavism in that larger sense was something which was not really self-sustainable. On that note, we will close this lecture and we will meet again in another new one. Thank you.