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Western Medicine and Health Administration in Colonial Malabar: A Historical Perspective

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Abstract

The English East India Company acquired Malabar from Tipu Sultan through the Treaty of Srirangapatnam in 1792, after which it became part of British India. This marked the first time Malabar came under foreign colonial rule. When the British established control in India, their main objective was to exploit the region's resources. During the 18th century, the East India Company introduced judicial and political systems in its territories to strengthen its rule. The formation of Malabar as a distinct region within the Malabar coast is arguably a development that took place after the European arrival; it became a concrete administrative entity when it became a district in the British Madras presidency. 'British set out to make space for themselves as the rulers of India they had to devise novel, and exceptional theories of governance. The western medical discourse occupied an extremely important place in the colonization of India. The introduction of western medicine in Malabar was an important milestone in the development of modern health care.

Key Words:

Malabar, British, administration, Hindus, Muslims, Christians, English East India Company, western Medicine, smallpox, cholera, plague, vaccination, Ayurveda, Siddha, Unani and Naturopathy, Madras presidency, Indian Medical Services.

In India's case as a result of colonial rule, the perceptions towards health, medicine and sanitation began to change. In the Indian society, the English educated Indian middle class endorsed western medicine in the health care field especially the compulsory vaccination,

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sanitation policy and modern method of medicine in treatment. Medicine and colonial power were linked together. "The western medical discourse occupied an extremely important place in the colonization of India."[1]The introduction of western medicine in Malabar was an important milestone in the development of modern health care. Ayurveda, Siddha, Unani and Naturopathy are the earliest known systems of Indian medicine prevailed in Malabar.[2] Besides it, several kinds of folk medicines were prevalent in different parts of Malabar. "The British health policy began with the introduction of vaccination for small pox in Malabar. Vaccination was introduced in Malabar in 1801. The people of Malabar were highly conservative and several epidemic diseases like smallpox, cholera, plague etc. had largely spread in Malabar. The climate condition of Malabar was caused for the spread of such diseases. Ayurveda, the traditional medical practice also lost it importance at the beginning of modern period."[3] The colonial medicine was spread in the ruins of indigenous medicine.[4]

The British introduced effective medicinal policies in India Alfred Crosbie had pointed out that British used biological means to colonize the rest of the world.[5]The bodies were the platform for colonial contestation and western medicine was the instrument for colonizing the Body.[6] Besides it, the concern of health of European soldiers and civilians also helped in introducing western medical practices in India. 'The nature of colonial economy and the ecological changes brought about under colonialism could have far reaching, and enduring effects on public health. Hospitals, dispensaries and maternal health care created a great change in the socio-cultural field of Malabar. Western medicine was initially introduced for the benefit of Europeans.'[7] 'Latter was made accessible to the Indian population, which derived as a tool of empire.'[8]

The colonial medical practices are very effective and successful in Malabar; 'Civil hospitals were first opened in Malabar in the middle of the 19th century. In 1845, first public hospital opened at Calicut. After that, hospitals and dispensaries opened at all Taluk centers and at important villages. Smallpox which was more prevalent in Malabar than in any other districts in Madras presidency.'[9] In 1914, vaccination made compulsory in all the municipalities and the all districts. Medical facilities in Malabar were inadequate.[10] Compared to Travancore and Cochin; Malabar was backward in regarding vaccination.[11] Smallpox was one of the major

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epidemics in Malabar. Small pox had been prevalent throughout the district since the month of December.[12] As a result of religious belief and ignorance, many of the natives of Malabar refused to accept vaccination. Many medical officers pointed out that the paucity of trained personals in medical field and reluctance of the target group on religious grounds, became a big banner for achieving the goal of vaccination. There was great deed of misunderstanding among the rural population regarding the positive aims of government. The poverty of people and the absence of any sanitary precautions provided a fertile ground for the spread of epidemics. The highly traditional minded, poor people could not afford a private practitioner of English medicine, went to *hakim or Vaidya.* The expansion of British territories in Malabar occurred in a climate not conducive to European health, the British were not exception to it.[13]

Cholera outbreak in Malabar was frequent and assumed a severe epidemic form. However, the British government decided to resist such a notion by supplying rice and other food grains at the time of food shortage to those who were ready to vaccinate. Thus, the people cooperated with vaccination. South Malabar was more progressed in vaccination than North Malabar.[14] The Collector of Malabar gave special attention to establishing hospitals at the different parts of the district. The hospital, dispensaries and mental health care centres created rapid change in the socio-cultural status of women in Malabar. The activities of women missionaries came to Malabar during 1860's and established hospitals, dispensaries and training centres for midwives and nurses. They used maternity service as a tool to Christianise and to project western ideologies.

"The first hospital in India was the Madras General Hospital in 1679. The Presidency General Hospital, Calcutta was formed in 1796.[15] About four hospitals were formed in Madras between 1800 to1820. To fulfil the growing need for health professionals, Calcutta Medical College was established by an order in February 1835, which was the first institute of western medicine in Asia." Although there were ground breaking works on a variety of diseases, which proved to be very helpful in the prevention of epidemics, the British government of India discouraged innovation and research due to a lack of funds and other difficulties. This branch of medical systems had long been neglected in India. In the late 19th and early 20th century, situations improved and it was widely accepted that medical research was an integral part of preventive

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medicine. In 1884, the foundation stone of India's first medical laboratory was laid down. A central laboratory was established in Kasauli near Simla.

The British Imperial government set up and strengthened an organized medical system in colonial India that replaced the indigenous Indian and Arabic medicine systems. Slow progress in early years was due to indifference on the part of people and a lack of funds and medical professionals on the part of the government. "The people of India resisted the British colonialism, and they were reluctant to support any services by the foreign government. These trends slowly changed as the natives were educated according to the British system. They then decided to serve in Indian civil and military services and lessen their hardships by taking part in government affairs. That is why Indian Medical Services flourished in the late 19th and early 20th century. There were dramatic improvements in medical and sanitary conditions in British India. Several new dispensaries opened in each revenue district of Madras presidency and in Malabar district 15 dispensaries established."[16]

"IMS efficiently coped up with deadly epidemics like the plague and cholera. The most common disease in Malabar is fever, worms, anaemia, ulcers, respiratory affections, skin disease, rheumatism, wounds and injuries."[17]'Almost all the diseases prevalent at that time in India like small pox, leprosy, and malaria were controlled successfully."[18] Epidemic disease in the form of cholera, small pox and fever has been more extensively prevalent and spread more widely than usual and with great devastation amongst the native's poor. Small pox was more especially prevalent at Calicut, Cochin and Kurnool. A building for the accommodation of small pox patient should be erected at some distance from the main building in the dispensaries, as at certain season of the year a great number of small pox patients seek admission to the dispensary, and when admitted are a source of alarm to the other patients, very often frightening them away from the dispensary altogether.[19] The cholera disease was more prevalent in the district, more particularly in the months of January, February, March and December. The bad food, insufficient clothing and exposure and use of new grain had a very considerable share in the production of the disease, as mostly the poor classes alone suffered. Extra medical aid was sent to the affected localities and cholera medicines were freely distributed to Tahsildars with

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instructions.[20] The hospital was very clean and in excellent order, having been all whitewashed and done up within the last few days. The sanitary conditions of all building are very good.[21]

"Small Pox caused millions of deaths and was considered one of the most severe and virulent of the diseases, responsible for more victims than all other diseases combined."[22] "Vaccination was not popular in Malabar until the early20th century, despite division of district in to zones and appointment of superintendents. In 1852, the Medical Board communicated with superintending surgeons to increase the attention and zeal of local superintendents for faithful and ardent discharge of duty."[23] "Those who failed to accomplish the duty were punished by imposing fines or dismissal from their duties."[24] "Since the health of the European citizens was a primary concern, the Company extended vaccination in Calicut. The Company also adopted policies to strengthen vaccination in Malabar, Rice was given free as an encouragement to vaccinate, yet most parents were still reluctant to bring their children to the dispensaries."[25] 'In 1855 there was a decrease in vaccination performance in the Madras Presidency, particularly in Malabar. The local superintendent of Calicut station attributed this decline to the native community's increased apathy and indifferences towards vaccination.'[26] 'Efforts were taken to enhance vaccine operations in Calicut during the period between 1849 and 1853 with larger involvement of vaccinators.'[27] 'The vaccinators in the divisions were mostly from lower caste. Half of them were deemed unfit for their duties and required constant supervision.'[28]'Thus, the Company servants believed that the caste system and the involvement of those belonging to the lower castes adversely affected the advancement of vaccination in Malabar district. In the first part of the 20th century, vaccination rates ranged from only 2% to 4% annually.'[29]

'Company later decided to improve smallpox vaccination by restoring European supervision, providing paid volunteers and strengthening the medical department due to the enduring epidemic in Malabar.'[30] 'There were very few epidemics in later years and many of the diseases were almost eradicated. The steady increase in the number of patients resorting to these dispensaries is satisfactory as showing that the institutions are increasingly appreciated by the native community.'[31] 'There can be no doubt from a perusal of the accompanying reports, that the native community, both rich and poor, avail themselves largely of the benefits of these

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institutions.'[32] 'Officers and researchers of Indian Medical Services contributed a lot to the study and prevention of diseases. The role of medical officers serving in India should be better judged by their aspirations, priorities, and limitations. Although the archetypical colonial design of medical services, Eurocentric policies, and neglect of the indigenous population failed to relieve the plight of the poor for many years, the work completed during that period of time formed the basis of what we have achieved today to improve the health of people. Dispensary committees says that admissions are restricted to those who requiring medical aid.'[33]As education advances and the advantages of European medical science become better known, there will be a demand for men with higher qualifications. "The dispensary system as now existing and progressing is one of the happiest results of British rule in India, as not only does it place the advantages of European medicine within the reach of the poor, but also creates a desire for their extension."[34] The colonial power and hegemony imposed through the introduction of colonial medicine in Malabar. Through this the British colonial government had a hidden agenda. They introduced colonial medicine for the benefit of them. The public health policy of the Britishers aimed the utilization of public wealth. The colonial government introduced many policies for the decreasing of indigenous medicine. Through colonial medicine, the Britishers imposed western civilization, colonial power and its hegemony over the native people of Malabar.

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