

Social History of Medicine in Colonial India

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Lecture 01

Public Health and Sanitary Measures

Hello and welcome to the next lecture, lecture number 11 which is on public health and sanitary measures. In earlier classes we were talking about how the medical involvement of the colonial state was very limited to the extent some call it as being by and large, enclavist. We also saw that enclavism was not something sustainable. There was a need in the long or shorter term, to get out of those enclaves. This lecture is an introduction to some of the more public health-oriented, from private enclavist attitude to more of public health dimension and, there are several factors which propelled this. We have already seen some of the factors when we discussed the limitations or non-sustainability of the enclavist approach. In addition to that, there are these points which include the belief that improving public health, providing public health beyond enclaves being seen as one of the fundamental duties of a modern, civilised, responsible government because the colonisers claimed that they had come all the way here to provide the fruits of civilisation, responsible government discharging the “white man's burden”. This was supposedly a part of that white man's burden and this interest in, new interest in public health was also to a great extent motivated by things happening back home in England.

For instance, the movement launched by Florence Nightingale who was famous for her canvassing of improved healthcare particularly among soldiers. As we have seen right from the beginning, health of soldiers in the military has always been one of the most prominent aspects of healthcare generally in India. And Nightingale did not limit her activities to Britain or some other parts of the world where Britain was involved in war. She had a special interest in India and especially in the context of cholera in the 19th century beginning and middle. She was appalled by the number of deaths particularly among the military men and that was also one of the reasons. Beyond Nightingale herself cholera sent clear message, clear wake up calls for the need for the state to attend to public health beyond enclaves - the intervention of the government on a large scale. And there was a Royal Commission appointed in 1859 considering the kind of health challenges in the army. This commission was to inquire into the sanitary state of the army

in India in the wake of the high mortalities. The Commission as such did not visit India but it took evidences, information from people who had served in India in the past and who were available in England. In 1863 there was a clear-cut recognition of the great danger posed by epidemics to India and this was something which was very much realized, a concern that was shared by both Europeans in India, and Indians themselves. And in passing, we should say that the Sanitary Commission is the mother of all Commissions. Now we are used to many Commissions - for everything there is a Commission, there is an accident - there is a Commission, there is some bribery allegation - there is a Judicial Commission to look into that, into that murder, all kinds of Commissions like Sarkaria Commission, Mandal Commission ..so we are used to many Commissions. We can call the Sanitary Commission as the mother of all such Commissions. It is one of the earliest and provided a kind of a reference point or model for all other future such Commissions deployed for studying particular questions or aspects. One of the important and immediate points of concern for the military - especially its barracks was the sanitary challenges posed by the bazaars which were at the edge - just abutting outside the cantonments and the Royal Commission took particular note of the those bazaars and the unhygienic conditions and the challenges they posed. For instance, Florence Nightingale herself was quoted as saying of the bazaars that they were simply the first savage stage of social savage life. They had no regular systems of drainage, no public latrines and no sufficient establishment to keep them clean

We see all this is seen from a hygiene point of view. Bazaars were also seen to be overcrowded with bad ventilation, with bad water supply, filth, foul ditches, jungles and nuisances. In short bazaars were even compared to one immense privy - basically toilet - bazaars were compared to one huge toilet - a danger to both the inhabitants there as well as to European troops. One of the immediate responses to this challenge was the passing of the Military Cantonments Act in 1864 and expectedly, one of the important provisions was the policing - sanitary policing of the (because the point of concern here is the sanitary aspects of it is - not about the business or the commerce or the noise or other things happening in) the bazaars - it is basically the hygiene part which was of concern. That is why we call it the sanitary policing and done under the charge of military officers. Clear regulations were laid on governing the usage of land, the nuisances, the public entertainments and other things which are done there - the temporary shops, the drainage and unlicensed trade. But as in many cases, laws and regulations can always be there but what matters is the enforcement. The extent of enforcement and compliance was not always very satisfactory - it was questionable. And that was one of the reasons that the Army Sanitary Commission also felt that there was no further need to enquire into the state of the military stations. What was needed was (because much of it is already known, vividly described the challenges - what was needed) was a rigid system of sanitary police and especially the wake up call was the

1877 cholera epidemic. The Army Commission said this but the Indian government (had reservations) - we should also keep this in mind this Commission is being appointed after the change of control from Company to Crown rule - now the British government has a direct oversight over happenings here and the final authority was with the British government). But the government in India was not too much in favor (of the reforms) because of possible unrest - and this is something you should keep in mind after 1857 - from the Crown rule in 1858, there was always the ghost of 1857 lingering: 'remember 1857' - no such mutiny, second mutiny should happen because of too much of trespassing on people's cultural territory or other kinds of issues which are seen as too much of intrusion or challenge by the people - there is always that caution about doing too much - because here it is the bazaar which is something very much part of people's lives and intruding into the bazaar in whatever way is in many ways intruding into their daily life, social life and cultural life - this is something which we will keep repeating -this caution). Therefore, very strict supervisions were introduced on a trial basis only in a few cantonments in the Bengal Presidency and the matter was (since there was much opposition here within India, the matter was), not pursued further and the government allowed the scheme to lapse. There was also, apart from fear of stepping on the wrong toes - cultural toes, there was also the financial concern which is again another recurrent theme you will find in the history of medicine in colonial India - the unwillingness to pay - the complaint about financial shortages - for several things like analysis of water and those kinds of experiments which involved lot of money. There was that financial angle which is also brought in probably to avoid too much of interference. And also there were doubts about the legality of such interference into the lives of the bazaars at the edges of the cantonments. Therefore, there was hesitation in drawing up of bylaws by the local authorities who were immediately in charge of those areas. But with all this (there were the problems which were highlighted and then we saw that there were other issues and concerns because of which too much of intervention was not deemed advisable but), that does not remove the fact of the dangers to the cantonments - there was a continued anxiety among the medical officers about the conditions in the vicinity of the cantonments - especially the water supply. As the water came, it was on the way, used by villagers for a variety of things from bathing to washing their clothes or even animals - that kind of pollution of the water before it came into the cantonments. And given the kind of contradictory situation where you want to act but then there are conditions which prevent you from acting - that gave a sense of powerlessness as much as their law their will prevailed within the cantonments. But outside that they had little power to interfere. But, as a kind of via media, they called for forming special committees which were not too much of the kind of interference and enforcement and strict levels of observation and punishment - it is basically to inspect the villages and to some extent, try compelling the residents to follow sanitary regulations similar to those in the cantonments. Permission for this was granted by the Indian government in 1877 - for the

appointment of these kinds of committees which would inspect the villages within a five mile radius - to start with, eight cantonments. They were also empowered to insist on repairing the wells, collecting refuse, provide latrines and engage a scavenging staff. But again, the question of finance comes - soon they realized that the measures would involve large expenditure. And again, as I keep saying, the question of interference - as much as you want to compel, as much as you want to insist, when you are using these words or coming up with those ideas, then you also have to be worried about the other word - 'interference'. There is that fear that there will be too much of interference in the daily life of the villagers. Nevertheless, as I said, this is a kind of a see-saw: on the one hand this is it - there is a helpless situation, on the other hand you have to do something. Here again, in spite of this constant fear of interference and the repercussions and the financial considerations - still the government thought that the risk posed to the health of the troops by the conditions outside the cantonments did warrant (interference) - but then again you have to look into the question of finance which is an issue. Can there be some short term solution - can some funds be brought from somewhere else - yes they did it by drawing necessary funds from the military budget - not from the health or the administrative budget. The crux of all this is that (as you would have figured out especially the last few minutes we have been continuously talking about cantonments, the army, the health of the troops, even when we started talking about Florence Nightingale who herself is by and large, associated with the health of the troops - the point is that), the government started showing all these kind of interest - larger interest into sanitation, health and cleanliness outside their particular enclave - in this case the cantonments - only after there were considerable number of military deaths. And as we have seen in a couple of other previous lectures, it gave priority to sanitary measures designed to improve white soldiers' health - it is not that they were so concerned about the conditions of health in the bazaars for instance per se - it is how that mattered to the cantonments and the health of the inmates - the British soldiers - that is what mattered more. As part of this engagement - public engagement and public health, and concern for hygiene and sanitation, one of the important milestones was the establishment of Sanitary Commissions and Sanitary Commissioners with clearly defined sanitary measures. These sanitary measures were based on the environmental conditions of the military and these sanitary measures were based on the environmental theories which had more currency at that time - that is the environmental paradigm which we have talked about earlier: that diseases are by and large, caused by various factors in the environment - the monsoon or the miasma, the rainfall and other such things - the jungles and many other environmental factors. Government could intervene to quarantine and cordon off people of which we will talk about later when we talk about particular epidemics. But in this context it is important to note also on the other side, the colonial state by and large, felt it advantageous to subscribe to anti-contagionist view - that is people were not carriers - which would mean that you need to do less by way of intervention. If you are subscribing

to contagionist theory whereby people are carrying contagions and then they are going to pilgrimages which means then there is a danger to it and then you have to interfere in a big way in controlling pilgrimages and fares and other such things. So it was politically and culturally safe, smart to subscribe to anti-contagionist view. Again we keep on giving examples of how medicine was not just about medicine or medical theories or not just about the medical facts or the pathogens or the climatic factors - but also much informed by other kinds of political and cultural considerations - as in this case - a particular theory was particularly preferred because of cultural considerations and administrative fears or anxieties. By and large, sanitary policing system was established - as I said - though there were always concerns about how far to go, how much could be the interference. And part of these efforts also involved the creation of sanitary departments which are responsible for enforcing sanitary regulations, inspecting public places and ensuring that public health measures were followed. The sanitary police were also given the responsibility of identifying and eliminating or asking people - insisting on people - to eliminate the sources of filth and disease - such sources as stagnant water, open sewers and overcrowded housing. The sanitary police also was charged with enforcing regulations related to the proper disposal of dead bodies and the proper maintenance of public spaces and hygiene of food vendors - those selling on the street sides or in particular allotted places. And, based on these, some scholars argue that the sanitary police - the system of sanitary policing - had helped establish the importance of public health measures - where it was very clearly evident that the state was on the ground doing something with all its limitations and concerns and anxieties and hesitations and that it did bear considerable fruits. These efforts were successful in reducing the rates of disease and to some extent improving public health in spite of all the challenges that we have been talking about and it served as a model and paved the way for future investments in public health infrastructure.

And what is important is the marked - very considerable - fall in the death among military men - deaths caused by cholera and other kind of conditions of hygiene-related diseases. More than any healing, these preventive measures, the sanitary measures considerably helped in reducing the mortality rate among the white soldiers over the next few decades. Again considering all this - we started by saying that it is all about public health - but then almost all of what we have been talking about is about soldiers, cantonments, white soldiers health, white soldiers mortality and things like that - the question remains to what extent public health measures had a really public dimension or public outcomes - that is looking beyond the military. That leads us to the question of the shortcomings of the sanitary movement in its initial stages - to all these kinds of problems. One is something which I have been repeatedly saying - the question of spending. The government was not too ready to untie its purse. And of course, especially in its early days, while it was still on an expansion mode - annexing more territories, fighting wars and more interested in issues like land revenue and other such things, public health and

sanitation were not given importance as much importance as politics, revenue and military and other such things. We have been talking about the coming of Sanitary Commissions and Sanitary Commissioners. But they were more of investigative and advisory bodies - they did not really have much teeth - in terms of executive power. On the contrary the much of the responsibility of handling public health was relegated to municipal councils and local boards which had their own problems - especially from a public health point of view.

First of all, they did not have too much funds themselves, and as can be expected, at that level, they did not have very robust infrastructure of trained medical personnel or sanitary staff. General rural poverty was another reason because much of these diseases were happening in the rural areas - not that towns or even special areas like cantonments were spared - but rural areas were particularly vulnerable and poverty there, added to the limited effect of the sanitary forms. Then there is the imperfect understanding of problems - as I said some theories were held on to because of reasons beyond medicine. The aetiology, the understandings of the actual cause of diseases were not always correct - or there is no general agreement. As usual, there might be laws and regulations and how strict are they implemented is always something which is going to determine the level of success. These sanitary departments and other departments and agencies in charge of discharging some of these duties were understaffed - and again underfunded - and the work was again very difficult as can be imagined. This is about dealing with filth and day-to-day exhalations and decay, and other such things - not much like some other jobs like constructing something or manufacturing something or growing something, producing something. It is a different kind of - a not enviable - job which many felt difficult and thankless. And finally the resistance from the public: one of the points we have to keep in mind, which we will be seeing throughout the course is, how in the name of medicine, the state ventured, or had to venture into several aspects of life - as you see here - whether their daily habits, their shops, their fairs and other such things in the name of hygiene and public health - the state had to intrude into many very ordinary day-to-day affairs of the people which certainly were new and which expectedly evoked contestations and resistances. We will be seeing more of these throughout the course and the kind of compromises that the medical establishment had to make and the kind of difficult path that had to be negotiated - we will be seeing more and more of that.

We will stop with that for this lecture and we will meet in another lecture. Thank you.