

DISEASES AND THE BEGINNING OF WESTERN MEDICINE IN ASSAM DURING THE COLONIAL ERA

Salma Yasmin

M.A, History, Gauhati University, Assam, India

Email: salmayasmin220@gmail.com

ABSTRACT: The introduction of western medicine in Assam in the nineteenth century was a path-breaking event in the history of health and medicine of the state. After occupying this land, the British Government realized that they were ought to protect themselves from the numerous epidemic diseases prevalent in Assam like-cholera, malaria, kalazar, dysentery, small pox and diarrhea. The diseases were prevalent in the pre-colonial period too but the mortality rate was quite low. With the development of communication by the British the diseases became widespread and this in turn rapidly increased the mortality rate. The colonial government adopted health and sanitary policies and were mainly concerned in fulfilling the medical needs of the officials, civilians, and military personnel of their own race. However, when these diseases posed as threat to the economic and commercial interests of the British by taking away the lives of thousands of people this western medicine was made available to the local inhabitants of Assam. With the passage of time the British government established dispensaries and hospitals all over the state. Assam also got its first medical institute due to the efforts of a British surgeon. This study focuses on how the western medical policies changed the entire health scenario of the province.

KEYWORDS: British, Epidemic diseases, Western medicine, Indigenous, Assamese, Health policies.

INTRODUCTION:

In the early part of the nineteenth century Assam came under the control of the British domain. After their arrival into Assam, they realized that the climatic and weather condition traveller, Shihabuddin Taalish who accompanied Mirjumla in his campaign to Assam had highlighted about the sickly climate of Assam which had a bad impression about the climate of Assam upon the minds of the British. In addition to it, Captain Welsh, an officer of British military who was sent to Assam in 1792 also said that epidemic dysentery and diarrhea caused the death of many people (Barua, 2007). Soon the British authority came to the realization that in this new land they were to encounter numerous endemic and epidemic diseases. Health and hygiene became a primary concern of the British Company and made their best efforts to protect their lives from these epidemic diseases. Diseases like malaria, kalazar, cholera, small pox etc. were highly prevalent in the province which had jeopardized the lives of both the western officials and the native Assamese people. These diseases were widespread in Assam much before the coming of the British no scientific treatment was available at that time. The tribal and rural people of Assam believed that the epidemic diseases and even the wounds caused by unfateful accidents were brought by the evil spirits. These people had the firm belief that the sole means to save their lives was by pleasing those evil spirits through different practices. People also

sought on treatment of their illness through magical practices. Assam is a land where traditional and folk medical practice dwelled predominantly. Treatment was sought through folk rituals. In the medieval period of Assam, the 'Bej', 'Kaviraj' and 'Vaidyas' provided the people treatment. The British officials began to look at this situation through proper scientific lens. They began to find out the root causes of these diseases and started redefining things rationally. They brought health practitioners from Europe in order to provide treatment to their own men (Kumar, 1998). The Colonial Government introduced western medical treatment in the province which was a breakthrough event in the history of health and medicine in Assam.

INTERVENTION OF WESTERN MEDICAL AND HEALTH SYSTEM IN ASSAM:

In the middle of the nineteenth century the western medical policies mediated to address and fight against the epidemic diseases in Assam. The medical and health policies introduced by the British was initially confined to serve the medical needs of the civilians, soldiers, and officials of their own European race. However, when the epidemics became a threat to their commercial and economic interests such as the tea plantation and trade, it drew the attention of the British government to save the lives of the labourers and workers the development and new innovation in medical science by Louise Pasture in the later part of the nineteenth century brought new aspirations and hopes among the British authority. This inspired the government to establish hospitals and dispensaries and also to undertake surveys and health campaigns against the endemic diseases. But, as the epidemic diseases like malaria, cholera, small pox, kalazar etc., had already diffused, the newly introduced western medicine was not able to bring them under control. It was because although such diseases were prevalent in Assam before the arrival of the British company yet the mortality rate was quite low as there was no proper communication. Due to the improved system of communication created by the British, the endemic and epidemic diseases became aggressively widespread and increased the mortality rate. This made the British understand that their foremost task was to bring the deadly diseases under proper control. As a consequence, various sanitary, health and medical policies were introduced in the state.

Small pox was a dangerous epidemic disease in Assam. According to the evidence provided in "Satsari Ahom Buranji" this disease caused the death of many people even during the Ahom rule. The British introduced vaccination in India in 1802 and it was made a compulsory practice by the acts of vaccinations of 1870's and 1890's. However, instead of considering it as a boon to the poor health system of Assam, the indigenous people offered resistance to vaccination. According to the traditional believe system of the Assamese people, smallpox was associated with the possession the Goddess 'Sitala'. The variolation process was employed by them for the treatment of smallpox. This act was declared as a murderous trade by the commissioner of smallpox in 1850. The British medical system laid stress on the vaccination as a cure to smallpox. But it was considered to be polluting the religious values of the Brahmins and Mahapurushias that ultimately led to cultural resistance to the western medical policies. John M'Cosh in his book "Topography of Assam" said that the Assamese people had an aversion and prejudgment against the smallpox vaccination.

Cholera was another epidemic which devastated the lives of hundreds of people of Assam in the nineteenth century. John M'Cosh mentions that in 1834 cholera erased a large number of people from Assam. W. W. Hunter in "Statistical Account of Assam" also stated

that cholera was a frequent epidemic in the region.

Malaria was the main epidemic disease in the province due to its heavy rainfall, flood, and thick jungles. The British government adopted measures to bring a cure to it by making provisions of selling 'Quinine' a western anti-malarial drug at a very low cost and make it reachable to the rural people through the services of post offices (Allen, Gait, Howard, 2012). Kalazar was a critical endemic disease in Assam and had a very high rate of mortality. For the first time, this disease was mentioned in "Sanitary Report of Assam" in 1882. The disease was spread to the Goalpara region of Assam from the Garo Hills of Meghalaya. It further diffused into other districts like Kamrup, Nagaon, Barpeta, Darrang and Tezpur. The disease Kalazar then rapidly spread to every nook and corner of Assam which aroused the consciousness of the British authority as the tree plantation workers might be affected by the disease and it may hamper the commercial and economic interest of the western people. Between the periods of 1896 to 1900 kalazar took the lives of around 63800 people. This huge death toll prompted the British authority to arrange medical awareness and relief measures by establishing medical dispensaries across the state and adopting different measures against cholera and kalazar. Medical experts and researchers like Ronald Ross, Leonard Rogers, G. Miles were brought to Assam for carrying out proper investigation for the purpose of disease identification. As the number of dispensaries in Assam was quite less the British efforts could not fetch good outcome and proved to be ineffective. Thus, throughout the nineteenth century the people of Assam mostly had to depend on traditional medicines to fight against the deadly diseases. However, the medical scenario began to undergo changes in the early part of the twentieth century. Around 1942 after numerous efforts made by the British authority, it was discovered that "Sand fly" was the vector of Kalazar. British government adopted numerous sanitary policies and preventive measures in both urban and rural areas to fight the epidemic diseases. The British ensured to provide pure and safe drinking water, cleared forests and jungles, and kept a strict vigilance on the maintenance of hygienic drainage system. In the rural areas tanks, wells and tube wells were built every year according to the funds available. In order to suit the cultural interests of the indigenous people the British government changed the vaccination policy by creating proper agencies for vaccination like the Local and Municipal Development Board Vaccinators. As a result of these efforts, indigenous Assamese people who all had earlier resisted against vaccination could be vaccinated in large numbers as the British government was able to win the trust of the common people through Local Board Vaccinators.

The formation of Assam Medical Society in 1931 to carry out research in the field of medicine was an important event in the medical history of Assam. Researches were conducted on malaria, cholera, anemia, and pneumonia. This society also engaged its officers and staff to carry out surveys on malaria during 1930's. The officers of Assam Medical Society also played a crucial role in combating cholera in the Barak Valley in 1933. They conducted health campaigns in different regions all over the province that protected many lives by bringing the epidemic diseases under control. In 1920 when the India Red Cross Society was formed it played a crucial role in changing the health scenario of India in general and providing medical help to the women section in particular. The Ganesh Das Red Cross Hospital for the women was established in Shillong by Lady Keane in 1935. The activities of colonial government and the Red Cross Society carried out development in the sphere of women health of Assam.

Gradually with the growth of British imperialism as the few British medical

practitioners could not cater to the health needs of the British people and the Indians, it became quite important for the government to establish medical institutions where the Indians could be trained so as to engage them in medical jobs. Accordingly, medical colleges were opened in Calcutta in 1835 and in Bombay in 1845. Most of the Assamese people were apprehensive of studying medical science because of social ethos and restrictions. Very few young Assamese went to study medicine in Calcutta. However, educated Assamese like Anandaram Dhekial Phukan stressed upon the need for pursuing medical science. There was also an increase in the requirement of Hospital Assistant in the tea gardens to assist the so called “Doctor Babu”. Formal education in medical science began in Assam under the spirit and inertia of a British military surgeon, John Berry White. Before his death he left a will of rupees 50000 for the purpose of spending it in the establishment of a medical institute at Dibrugarh of Assam. Dr. Berry’s efforts and his donation led to the creation of John Berry White Medical School, the first medical school in Assam at Dibrugarh. This school led the foundation of Modern medical education in Assam. It had made a significant contribution in the development of modern healthcare infrastructure in the entire North-East region.

CONCLUSION:

From this study, it can be concluded that the setting up of colonial rule was a turning point in the medical history of Assam. Although in the initial days the introduction of western medicine was meant to meet the medical needs of British officials, civilians, and military personnel yet gradually this medical advancement brought about by the British rulers could reach the lives of indigenous people of Assam. The Assamese at first resented against the western medical practices but with the passage of time the educated section of the Assamese society began to accept the modern medical treatment of the western people. Numerous medical policies of the British government like compulsory vaccination against smallpox, free of cost treatment of kalazar, selling the anti-malarial drug ‘Quinine’ at a very low cost helped to bring the epidemic and endemic diseases under control thereby decreasing the death rate. Assam got its first medical school at Dibrugarh under the spirit and backing of a British military surgeon, Dr. John Berry White. This institution laid the foundation of modern medical education in the region. The development of medical sector by establishing hospitals and dispensaries along with the idea of development of health and hygiene of the people paved the path for a standardized medical and healthcare system in the state.

REFERENCES:

- 1.Allen, B. C, Gait, E. A, Allen, C. C., Howard, H. F. (2012). *Gazetter of Bengal and North-East India*, Mitali Publication, New Delhi, 121.
- 2.Ansari, T. H. (2013). *Disease and Medicine in the Colonial Assam during the 19th Century*, Journal of Business Management and Social Sciences Research, Volume 2, No. 1.
- 3.Barpujari, H. K. (2007). *The Comprehensive History of Assam, Vol. V, Modern Period: Yandaboo to Diarchy 1826-1919 A. D*, Publication Board of Assam, Guwahati, Page No 191 to 197.
- 4.Baruah, G. (2007). *Anandaram Dhekiyal Phukanar Jivan Charitra*, 5th edition, Publication Board of Assam, 03, Page No 62.
- 6.Bhuyan, G. (2015). *Western Medical Practice in Colonial Assam A Study of Policies on Health and Medicine*, Shodhganga@Inflibnet, Dibrugarh University, <http://hdl.handle.net/10603/214721>

6. Bhuyan, S. K. (1964). *Satsari Asam Buranji*, 2nd edition, Page No 185.
7. Hunter, W. W. (1879). *A Statistical Account of Assam, Volume I and II*, Trubner and Company, London.
8. Kotokey, R. K. (2007). *A Brief Synopsis of Health Services in the Ahom Kingdom, Diamond Jubilee Souvenir*, Dibrugarh, Page No 85-89.
9. Kumar, A. (1998). *Medicine and the Raj: British Medical Policy in India, 1835-1911*, New Delhi: Sage Publication, Page No 88.
10. Mushtaq, M. U. (2009). *Public Health in British India: A Brief Account of the History of Medical Services and Disease Prevention in Colonial India*, Indian Journal of Community Medicine: Official Publication of Indian Association of Preventive and Social Medicine, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC27>
11. Nicholas, W. N. (1981). *The Goddess Sitala and Epidemic Smallpox in Bengal*, JAS 41, Page No 21-44.
12. Phukan, A. (2022). *A Brief Account of British Health Policies in Assam under Colonial Government*, International Journal of Health Sciences, Volume 6(S 3), Page No 803-808, <https://doi.org/10.53730/ijhs.v6nS35474>
13. Sale of Government Quinine through the Agency of Post Office in Assam, Inclusion in the Annual Sanitary Report of the Results of Each Year's Operation Regarding sale of quinine, Home A, October 1897, Page No 55-70.
14. Sahabuddin, T. (2009). *Tarikh-e-Aasham*, DHAS, Guwahati, 49.
15. Wary, J (2020). *Introduction of Western Medicine in Assam during Colonial Period*, *Shodh Sanchar Bulletin*, An International Bilingual Peer Reviewed Referred Research Journal, Volume 10, Issue 40, Page Nos 1-5.