

ABSTRACT
ON
STATE, SOCIETY, AND MEDICINE IN COLONIAL
CALCUTTA: EMERGING PERSPECTIVES OF THE INDIAN
PHYSICIANS IN SERVICE (1835 – 1947)

FOR THE AWARD OF THE DEGREE OF
DOCTOR OF PHILOSOPHY
IN ARTS

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Statement and Purpose of Research:

The British domination of the indigenous medical system was initiated by patronizing Western medicine and introducing various laws and regulations on institutional medical education in India. Since the beginning of the 19th century, colonial Calcutta has witnessed several medical institutions established. Eventually, Indigenous medical systems were marginalized, and Western medicine became dominant in society. The social and economic significance of the medical institutions of colonial Calcutta and its physicians also had political significance, which can be an impetus for social changes. While discussing the institutional process of Western medical science in colonial Bengal, it is essential to understand the power balance of eighteenth-century Bengal.

There are many unresolved questions that should be investigated thoroughly. The question is whether or not the British had complete authority over Indian culture and its people through establishing medical superiority. And did cultural interactions limit a transaction between two different medical systems? The historical discourse on medicine has largely overlooked examining the mental domain of Indian society. The examination of the mindset of Indian physicians within the contemporary colonial Indian political context and their engagement in nationalist politics has received little attention yet. This research work intends to examine indigenous viewpoints to critically analyze these issues of the medical history of colonial India, shifting away from a Eurocentric perspective. The study also focuses on the effects of

British imperialist policies and Indian nationalist politics on medicine, the sense of nationalism among Bengali physicians, Women's position in the medical field, and the racial and gender discrimination they faced.

Research Objectives -

It can be seen from the above discussion that some topics still need special attention. The politics of Western medicine in India have always been analyzed in the context of British colonial politics. The period selected for this investigation is between 1835 and 1947. The Indian Education Act of 1935 established the foundation for India's modern educational system. The full devolution of power was accomplished with India's independence in 1947, marking the completion of the nationalization process of the medical profession. These are the primary cause for choosing these periods. This study discusses some critical questions, including why the British politically marginalized the other existing alternative medical systems in colonial Bengal and the responses of Indian physicians against it. This study aims to highlight the social and political importance of the medical history of colonial Calcutta and the relationship between the opposite medical cultures during the nationalist movement in India.

Research Questions –

The following research questions have been developed in order to achieve the objectives of the current study.

1. How much was the influence of 'constructive imperialism' and 'Imperial Institutionalisation' in the multiple military and civilian hospitals built in Calcutta as part of the health policy of the Europeans?
2. What circumstances led the non-Vaidya Bengali groups to adopt Western medicine?
Did they face racism?

3. To what extent did the Indian nationalist movement affect the medical system of colonial Calcutta? What was the Indian response to the British government-funded hospitals in the context of the freedom struggle?
4. Was there any fusion between indigenous medicine and Western medicine? What was the contribution of Indians in this regard?
5. How did the Western medical system become the “Colonial Medical” system? What were the reactions of the Indian doctors who worked within the colonial framework?
6. What was the position of women in the Western medical profession in colonial Bengal?

The present research has been carried out with a primary emphasis on the abovementioned concerns. This research has raised these questions and tried to develop plausible explanations.

Chapter Scheme:

Introduction -

Chapter 1 - Pre-Colonial Oriental Medicine and The British Perspective -

Chapter 2 - A ‘Triumph!’ over Indigenous Medicine: introduction of Western Medical Education in India –

Chapter 3 - Gender, Race and Colonial Medicine: Women at Medical Profession

Chapter 4 - Breaking the Chain: Bengali Doctors in Western Medical Profession –

Conclusion

This research work has been divided into four chapters, excluding introduction and conclusion, on the basis of analysis of various primary and secondary sources.

Introduction -

‘Introduction’ starts with the historiography of the history of medicine from the nineteenth century to the present time, the introduction of colonial medicine in India, and a discussion on the theories of constructive imperialism and imperial institutionalism. It has also included the objectives of the present study and the research questions, hypothesis, and a brief discussion of the four chapters and research findings.

Chapter 1: Pre-Colonial Oriental Medicine and The British Perspective -

The first chapter has focused on a more extensive comprehension of the medical system from the ancient period to the modern period of India, and this also recounts the advent of the British in India and their early reaction to the Oriental medical system. This study shows the political objectives of the British government to demonstrate the superiority of the Western medical system by characterizing the Indian physician as less educated and informal. Before the appearance of the British, the Indians were acquainted with the local medical framework. Apparently, this new Western therapeutic paradigm failed to attract their immediate interest. It might be characterized by their business mindset, which constantly sought to build a monopoly in the medical market to maximize profit. Research on the numerous medical magazines and contemporary Bengali periodicals and newspapers shows the reaction of the Indians toward Western medicine at the end of the nineteenth century.

Chapter 2: A ‘Triumph!’ over Indigenous Medicine: introduction of Western Medical Education in India –

The second chapter focuses on issues like - Why the British administration declared the indigenous medical system and any other alternative branch of medicine unscientific. How did Western medicine in nineteenth-century India establish its superiority over other alternative branches of medicine? How Ayurvedic-Unani practitioners tried to revive their

medical popularity among Indians and how Homeopathy found its ground in Bengal has been explained in this chapter. This study also investigated the formative years of Western medicine in India, the establishment of different medical institutions in Bengal, and the position of Indians in it. This chapter discusses the connection between the indigenous medical system and the nationalist movement in India.

An interesting part of this chapter is the concept of the “Medicine Chest”. *A Manual of Family Medicine for India* was written by Assistant Sergeant Major W. J. Moore on the Government order, which recommended a “Medicine Chest” for the European officer to meet the inadequate Western medical infrastructure in remote areas of India. This manual serves as an important primary source to understand the British medical policy and the pressure on them to maintain the physical superiority of the “weak” Indians to justify their dominance. The over-dominance of Western medicine and the market competition made indigenous medicine impure. The increase in the number of unscrupulous or corrupt physicians was slowly eroding the long-standing trust of the commoner in indigenous medicine.

Chapter 3: Gender, Race and Colonial Medicine: Women at Medical Profession

The third chapter discusses the government policies regarding medical education and the role of European officers, missionaries, philanthropists, and indigenous reformers in improving the condition of women through education and health reforms. It deals with the imperial notion of the British to engage Indians in the Western medical system. The official reports and letter show that the demand for cheap doctors, assistants, and helpers was needed in the imperial medical institution, which instigated the British to adopt a medical policy to popularize the Western medical profession among Indians.

The role of Christian missionaries and “White” female doctors in spreading women's medical education in India has been thoroughly discussed in this chapter. The response of the British

administrators, the Bengali middle-class intelligentsia, and the social response to Women's medical education, the struggle of Bengali women doctors both in-house and outer world for recognition has also been discussed here. This chapter highlights the lives of Bengali women doctors in colonial India – Ibennesa Bibi, Hemangini Devi, Kadombini Ganguly, Bidhumukhi Basu, Jamini Sen, Verigina Mary Mitra, Sarala Ghosh and shows their achievements, how they faced racial and gender discriminations at work, social and family pressure they had to struggle with.

Chapter 4: Breaking the Chain: Bengali Doctors in Western Medical Profession

In the fourth chapter, the definition of race in the nineteenth century and how the British colonizers used racial theory to make their race superior and more modern than the weak Indians have been discussed. The racial inequality in the medical field and how the Western medical system became the "Colonial Medical" system are two major sub-themes of this chapter. The chapter also sheds light on the slow nationalization process of the Western medical profession. This chapter sheds light on the “tension of empire”, which revolved around the universalizing claims of European ideology and the particularistic nature of conquest and rule, the constraints placed on rulers by the difference, and the increased level of exploitation and dominance that colonialism entailed. This chapter deals with the complex situation of nationalist politics also induced mixed reactions among the Bengalis. To understand the racial inequality in Indian medical services faced by Indian doctors, this chapter thoroughly looks into the salary structure of Indian Medical Services, which depicts Indians had fewer opportunities in the medical profession, and their salaries were also lower.

Discussion on the reaction of the Bengali doctors in imperial institutions has also been incorporated in this chapter. Elaborate discussion on the lives of Soorjo Coomar Goodeve Chuckerbutty Mahendralal Sarkar, Kailash Chandra Bose, Nilratan Sarkar, Ramnath Chopra,

and Shantilal Roy adopts a comprehensive look at the nationalistic feelings in the medical institutions in colonial Bengal.

Research Findings -

We can highlight the significant findings of this prolonged investigation of various sources -

- Nationalism had a great impact on the Indian doctors who worked in those imperial organizations. While the British administration focused on controlling the Indian body to fulfill their imperial agenda, Indian minds were free to think. An external force can control the body, but the mind can't.
- The Western medical system changed into "colonial medicine" with the changing political notions of the British Government. Even though Ayurvedic treatment has a glorious history of surgery and simple, effective medication, the British government stopped patronizing the indigenous medical system. Another reason for that was to control the medical market in colonial Calcutta.
- The English women, missionaries, and high political power holders, white female doctors contributed to the Indian women's medical education. Indian men, the British government, and Indian nationalistic leaders had different perspectives on women's education. However, they agreed with the fact that Indian women should get an education and join the medical profession for the benefit of the vast section of females and child health of colonial India.
- Indians like Gopaul Chunder Roy and Ramnath Chopra did their best to introduce indigenous medical therapy or pharmaceuticals into the Western medical system, showing the usefulness of Indigenous drugs to the British authorities.
- the salary structure of Indian Medical Services depicts Indians had fewer opportunities in the medical profession, and their salaries were also lower.

Numerous renowned academics and professors have already explored the social aspect of the history of medicine. This research paper has concentrated chiefly on the political part of medical history.

In the study of colonial medical history, body, disease, and medicine are often used as symbolic threads in a narrative about imperialism and nationalism. The concept of race and racial diversity triggered the awakening of the national identity of the indigenous body during the Swadeshi era. The concept of national health was used to connect medicine to the nationalist discourse through bodily representation. However, the close composition of body and mind must be addressed in the sphere of colonial dominance. While addressing the term ‘colonizing” or "nationalizing" the “body”, the importance of the mind or psychological association with nationalist politics did not receive much attention from historians and medical professionals, which is one of the main focal areas in this research.