

SYNOPSIS
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

By

SULAGNA SOM

Registration No. AOOHI1101419

Under the Supervision of
DR. DEBAJIT DUTTA
Assistant Professor

DEPARTMENT OF HISTORY
JADAVPUR UNIVERSITY
Kolkata- 700032

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Ph.D. Scholar,

Registration Number. AOOHI1101419

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. They professed that white men's duty was to civilize barbaric Indian society with Western medical and scientific knowledge. In the context of the Western medical growth in India, the study of medical institutions becomes a relevant topic in understanding the nature of 'policy transfer from the West' and India's social response to Western medical practice.

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. Politically powerful British were physically and mentally debilitated by the tropical atmosphere and its diseases unknown to them.

The popularity of Western medicine in India gave Bengalis a chance to pursue medical education. At the beginning of the twentieth Century, medical politics became a concern for the nationalist parties in Bengal; they started asking for better opportunities for the Indian

doctors in imperial institutions and indigenous medical practitioners for their legalization. The Swadeshi movement and Congress politics during the Gandhian era emphasized the issues of medical policies of the British. At the same time, demand for Indian doctors was increased in the imperial institutions during the World Wars. The number of Indians in hospitals and medical institutions increased significantly. The 1930s political atmosphere gave Indians a chance to better position in Western medical institutions.

However, there are still 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 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.

Literature Review -

'Encounter' remains a famous phrase in studies of colonial medicine. This 'encounter frame' may be said to organize colonial medical history in the context of a story of confrontation — a confrontation in which two relatively distinct entities - Western and indigenous, confront one other in an inescapable fight for dominance. Historians have reacted in two ways to unveil the internal equation between these two branches of medical history. One group of historians has

interpreted this encounter theory by explaining the dominant nature of the British administration on the medical hierarchy. Some of the best ways to look at these themes are in the works of David Arnold, Mark Harrison, Biswamoy Pati, and many more. The British East India Company established its hospitals in the presidency towns during the age of imperial expansion. On the other side, historians like Poonam Bala and Brahmananda Gupta have given insight into the response of indigenous medical systems to authoritarian Western medicine. In recent historiography of public health, historians have emphasized the government's attitude and the concept of biopower. Historians tried to explain the response of the indigenous practitioner from a social perspective. The intellectual ability of the indigenous practitioners has been the primary emphasis of historians as they attempt to justify the discrimination that the British government inflicted upon them.

In writing a social history of medicine, historians have emphasized the history of public health, sanitization, epidemics, the print media, and the medical market more than anything. In the historical framework of the expansion of Western medicine into the subcontinent, the Indian body was instantly contextualized as "colonized" due to the transformation of Western medicine into state medicine using medical control over the body of the Indians. Many historians have extensively researched the history of how and to what extent British colonial politics influenced the medical system. When composing a social history of medicine, historians prioritize examining several aspects, including the history of public health, sanitization practices, epidemics, the influence of print media, the dynamics of the medical market, etc. Historians like David Arnold, Mark Harrison, Biswamoy Pati, Pratik Chakraborty, Anil Kumar, Poonam Bala, Mridula Ramanna, Srilata Chatterjee, Shinjini Das, and many more have already done extensive work on these topics. However, Deepak Kumar contends that Mark Harrison's argument on the involvement of politics in the medical policies of the British is limited. According to him, the possibilities of intercultural encounters were limited when

total hegemony occurred. The indigenous systems had such a strong sense of marginalization that they desired survival through opposition rather than cooperation.

Some of the books on the history of medical practice need to be discussed-

Mark Harison, *Public Health in British India: Anglo-Indian Preventive Medicine 1859-1914*. New York: Cambridge University Press, 1994 –

The book of Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine 1859-1914*, has significant scholarly value. The publication of the book occurred in 1994, with Cambridge University Press. The author first provides an account of the medical system's theoretical, professional, and institutional progression in colonial India by conducting empirical and theoretical investigations on medicine and public health. Subsequently, the author examines this topic from regional, national, and worldwide aspects. Harrison's analysis demonstrates that the medical system did not align with imperialism, even throughout the latter half of the nineteenth century. However, with the shifting political landscape, the British authorities began to place more significance on Western medicine. This book effectively illustrates the dispute within the imperialist ruling faction on implementing public health policies. A comprehensive explanation is provided about the disagreement that arose between Europeans and Indians concerning the government health policy and the formation of the Indian Medical Service. The book offers valuable insights into the public health policies of India and the health status of its population throughout the period spanning from 1859 to 1914 AD.

David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, New York: Oxford University Press, 1993 –

The scholarly discourse on the dissemination of Western medicine during the colonial period in nineteenth-century India has been significantly enriched by the notable contributions of

historian David Arnold. The publication of his influential work, titled *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, was published in 1993 by Oxford University Press. This book provides a comprehensive analysis of the dissemination of colonial medicine in India, highlighting its political significance and the British rulers' utilization of Western medicine as a strategic instrument to consolidate their imperial foundation. He developed a theory of “colonizing the body” on the issue of imperial domination over the Indian body through Western medicine, which has a great influence on the history of medicine. Furthermore, it delves into the colonial rulers' endeavors to establish dominion over the Indian population during three major epidemics while also examining the various responses and reactions of the Indian people to these circumstances. The author primarily focuses on the time frame spanning from 1800 to 1914 AD as the central era of analysis in his discourse.

Srilata Chatterjee, *Western Medicine and Colonial Society: Hospitals of Calcutta, C.1757-1860*, Delhi: Primus Books, 2017 –

The book *Western Medicine and Colonial Society: Hospitals of Calcutta, C.1757-1860* by Prof. Srilata Chatterjee covers the historical development of hospitals established in Calcutta during mainly the period of the East India Company. The author demonstrates that the hospital system established through the British initiative did not adhere to service or missionary humanitarianism principles. The use of Western medical systems was employed as a strategic component of an imperial strategy aimed at facilitating the expansion of empires in tropical regions. Yet again, the establishment of these medical institutes represented novel employment opportunities for the Indians, wherein affiliation would enhance both reputation and social standing. The author describes the historical establishment of hospitals constructed during the British colonial period in Kolkata, including the Presidency General Hospital, Police Hospital, Calcutta Medical College, Native Medical Association, Regional Medical Hospitals, and Psychiatric Hospitals.

Poonam Bala, *Imperialism and Medicine in Bengal: A Socio-Historical Perspective*, Sage Publication, 1991 –

The book of Poonam Bala, *Imperialism and Medicine in Bengal: A Socio-Historical Perspective*, provides a comprehensive analysis of the profound tension that arises between the Indian indigenous medical system and Western medicine while also examining the growing popularity of Western medicine. The present discourse elucidates the historical account of Ayurveda and Unani medicine, focusing on its prominence and financial support from the Indian aristocracy throughout ancient times in India. The author demonstrates the growing marginalization of India's traditional medical system due to the increasing popularity of Western medicine and the British government's disregard for indigenous medicine.

Biswamoy Pati and Mark Harrison, *Social History of Health and Medicine in Colonial India*, Delhi: Primus Books, 2011 -

The edited volume of Biswamoy Pati and Mark Harrison, *The Social History of Health and Medicine in Colonial India* (2011), presents a comprehensive exploration of the historical aspects of medical practice in colonial India, drawing upon the insightful contributions of several historians. The book contains two articles co-authored by Biswamoy Pati and Mark Harrison and Biswamoy Pati and Chandi P. Nanda. In addition to the contributors mentioned above, this book includes the works of other historians, including Partha Dutta, Saurabh Mishra, Amna Khalid, Sanchari Dutta, Achintya Kumar Dutta, Walter Ernst, Shamiksha Sehrawat, Prajit Bihari Mukhaji, and several more academics and historians. The essays in the book illustrate the diverse levels of popularity and growth seen in indigenous and Western medical systems throughout various countries. This literary work provides a thorough portrayal of the evolution of public health policy in Calcutta across time.

Samiksha Sehrawat, *Colonial Medical Care in North India: Gender, State and Society, c.1840-1920*, New Delhi: Oxford University Press, 2013 -

In her book *Colonial Medical Care in North India: Gender, State and Society, c.1840-1920*, Samiksha Sehrawat shows that the implementation of medical education, regional dispensaries, and hospitals served the purpose of preparing the Indians to facilitate the readiness of Indians for self-governance by the British government. A discernible shift may be noticed in the approach to the historiography of medical science in India, as shown by her publications. She changed the discourse around public health, epidemics, and the health policies of the British government by introducing a new genre of historical analysis focused on the medical history of India.

Deepak Kumar and Raj Sekhar Basu (ed.), *Medical Encounters in British India*, Delhi: Oxford University Press, 2013 –

Medical Encounters in British India, edited by Deepak Kumar and Raj Shekhar Basu, is regarded as a significant contribution to the field of medical history in India. The book has contributions from notable authors such as Deepak Kumar, Jayant Bhattacharya, Mark Harrison, David Arnold, Dhruv Kumar Singh, Raj Shekhar Basu, Arabinda Samanta, and others. The book encompasses a wide range of topics, including the exchange of knowledge between Eastern and Western medical practices, the history of the use of indigenous herbal medicine in British hospitals, the origins of tropical medicine in Asia, the historical context of various diseases such as cholera, tuberculosis, and malaria, the influence of missionaries on medical practices, and the significance of women's medicine. These subjects are thoroughly examined and discussed within the book. Hence, this literature serves as an authoritative resource for analyzing the historical aspects of medical practice throughout the colonial era in

India. Through this, one can have a proper understanding of the health system and medical history of colonial India.

Madhuri Sharma, *Indigenous and Western Medicine in Colonial India*, New Delhi: Cambridge University Press India Pvt. Ltd., 2012 –

The book titled "*Indigenous and Western Medicine in Colonial India*" authored by Madhuri Sharma was released in 2012 by Cambridge University Press India Pvt. Ltd. This literary work explores several aspects of the public health system in colonial India, including the provision of medical care, prevailing notions of cleanliness, and the localization of the medical system. The author provided more details on the health policies implemented in Benares. In the fourth chapter of the book, the author further presents a historical account of the professionalization of the Western medical system among Indians. The book provides insight into the historical transition from indigenous medical systems to the dominance of the Western medical system.

Sujata Mukherjee, *Gender, Medicine, and Society in Colonial India*, New Delhi: Oxford University Press, 2017 –

Professor Sujata Mukherjee's book was released in 2017 by Oxford University Press, Delhi. The subject matter of this book is the domain of women's health and medical concerns during the colonial period in India. This book examines the use of medical treatment by Indian women, highlighting their shift from the traditional practice of veiling to the outer professional world. It delves into the historical context of women's healthcare experiences across different hospital settings. The author has dedicated a chapter to the historical account of women's medical education. This book highlights a range of concerns about the care and well-being of women in colonial India. The book explores many dimensions of the interaction between the Western medical system and Indian women throughout the eighteenth century. This book explores the historical development of women overcoming societal barriers and embracing Western

medicine as a modern profession, expounded upon in six distinct chapters. This book is a treasure of information about women's history in medicine.

Research Gaps in the Literature –

The effect of Indian nationalist politics on the medical community of Bengal has not received much attention from historians. The expanding imperial nature of the British Empire contributed to the development of nationalist politics in India. The influence of Western medicine on individuals from diverse racial backgrounds in India or the specific social class has not been discussed in the existing literature. The mental world of the Indian doctors and their engagement with nationalist politics has got little attention from historians. Historians have discussed the history of medicine in India by addressing the issues from a Eurocentric view, but a nationalistic perspective has not been discussed much. These gaps can be addressed by conducting further research on these issues. This study has attempted to explore the mental world of Indian doctors in the colonial period.

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.

The primary focus of this study can be enumerated as follows –

1. To analyze the medical history of colonial Bengal from a nationalist perspective, shifting away from the Eurocentric approach.
2. To examine why the British allowed Indians in Western Medical institutions and what their position was.
3. To assess the reaction of the English-educated middle-class intelligentsia and the influential rich of Bengal.
4. To investigate the Position of women in the medical profession during the colonial era.
5. To find out a new perspective on the social, economic, and political history of medicine where the emphasis is given to the un-colonized mind of the Indian doctors instead of the colonizing attempts of the British on the body of the Indians to establish their hegemony.
6. To develop a well-researched document on the medical history of colonial Bengal for further studies on this topic and future references to the forthcoming research of the history of medicine, educationists, and Government and non-government officials.

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.

Hypothesis –

We can assume the following hypothesis of the present research paper –

- The British had a political and economic reason to initiate medical education for the native people. Constructive imperialism became an essential part of the institutionalization of Western medicine in Calcutta.
- One of the leading causes of the marginalization of other alternative medical practices in colonial India by the British administration was to establish a monopoly on the medical market.
- The nationalist politics had an impact on the political thoughts of the Bengali doctors during India’s independence struggle.

- Indians might have been physically colonized by the British, but these Indian doctors' minds were free, even though they chose Western medicine for their professional education.
- Indian women came to the medical profession without considering it “colonial medicine”. The white women doctors and the missionaries inspired them.

Research Methodology-

The study has been done from a historical perspective, logically and scientifically. It is based on both primary and secondary data collected from various medical institutions, libraries, and archives. Primary Sources about the hospitals and medical institutions established in Calcutta from the beginning of the nineteenth century to the twentieth century have been found in the magazines and Journals like - *The British Medical Journal, Indian Medical Gazette, Past and Present, Pradhan Jagat, Pradhan Prakash*, etc. Primary sources and Secondary were collected from the National Library, the University Library, the State Archive, The Asiatic Society of Kolkata, the Ramkrishna Mission Library, the Joykrishna Library of Uttarpara, and the Rammohan Library. The access to the e-portal of Oxford University Press, Cambridge Core for e-journals, SAGE e-book remote access, ProQuest, Taylor & Francis for e-books, e-Sodh Sindhu Resource access, e-access of National Archive, Jstor, Sodhganga, Archive.org, etc. helped in searching necessary documents. A relationship can be identified between colonial racial theory and the medical policies that defend the superiority of Western medicine over indigenous medicine, and this connection can be well found by reviewing both primary and secondary sources of information. The libraries of Calcutta Medical College, Calcutta School of Tropical Medicine, R. G. Kar Hospital, S.S.K.M. Hospital, Nilratan Sarkar College Hospital, and the Calcutta Homoeopathic Medical College and Hospital helped in collecting primary and secondary documents. To get a deeper understanding of the medical history of South Asia,

taking advantage of the chance to visit the Chulalongkorn University Book Store and Library in Thailand was a rewarding experience. While assessing the gathered data, both the quantitative and qualitative approaches to the study were used. The statistical sources regarding the death rate, salary variations, appointments, and fund collections evaluate the position of Indians in medical institutions in Bengal. Also, different theories about this subject helped to shape this research's historical perspective. The collected data were thoroughly checked, compiled, and tabulated to make the data set suitable for analysis.

Chapter Scheme:

Introduction -

- Historiography of History of Medicine
- Western Medicine in Colonial India
- The Impact of 'Constructive Imperialism' and 'Imperial Institutionalization.'
- Chapter discussion

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

- Health and Healing Practice in Pre-Colonial India
- Medical Profession in Medieval India
- Medicine as a Profession in Mughal India
- Traditional Indigenous Medicines: Diverse Relationship
- The Early Phase of Colonialism and the British Reaction
- Role of the Christian Missionaries in Spreading Western Medicine in India

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

- The Connection between the Indigenous Medical System and the Nationalist Movement in India
- Government Educational Reforms
- Change in the Education Policy
- Institutionalization of Western Medical Science
- Medicine Chest: An Account of British Imperialism and Health Policy
- Response of the Indigenous Medical Practitioners towards Western Medicine

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

- Western Medical Education in Colonial Bengal
- The Position of Indians in Western Medical Hospitals
- Medical Needs of the Colonial Indian Women
- Women’s Medical Education in India: The Role of Missionaries
- Fund for The Medical Women in India
- Contribution of “White” Women
- The response of *Purdanashins* to the Western Medicine
- Response of the British Government toward Women’s Medical Education
- Dufferin Fund and the Medical Care of the Indian Women
- Women's Medical Service
- Bengali Women in Medical Profession

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

- The Idea of Race and the “Colonial Medicine”

- Inequality in the Colonial Medical Field
- Colonization of the ‘mind’ or the ‘Body.’
- Bengali Doctors in Profession –

Conclusion

This research work has been divided into four chapters, excluding introduction and conclusion, based on 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, 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. Health and medicine have always been integral to Indian society since the ancient era. During the early phase of Western medicine in India, an assimilative approach can be seen from both sides. However, in the first half of the nineteenth century, the British altered their assimilationist stance and declared it risky to rely on indigenous physicians. A new period of westernization of the medical system was initiated, and next on this path was the foundation of imperial medical institutions. And the foundation of the Medical Council in India furnished that, which was a great example of constructive colonial imperialism.

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”. *Assistant Sergeant Major W. J. Moore wrote a Manual of Family Medicine for India* 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 letters 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. We have tried to answer whether it was missionary propaganda for religious conversion, a government policy to intrude in the zenana zone of the Bengali houses, or a philanthropic attitude to meet the medical needs of the Indian women.

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. The endowment fund reports, scholarship lists, and various other primary sources have shown the involvement of Indian elites in promoting Western medical education in India. This chapter highlights the lives of Bengali women doctors in colonial India – Ibnesa 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. The investigation of the lives of some eminent Indian doctors who worked within the colonial framework shows the experience of Indians who were not convinced by Western racial superiority. However, they accepted the Western medical system as an alternative branch of medicine and for their professional growth.

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. This chapter has also incorporated a discussion on the response of the Bengali doctors in imperial institutions.

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.

While investigating the Indian experience in Western medical institutions, a question arises - how did they deal with the cultural gap between Indians and Europeans in their workplaces?

In this chapter, an elaborate discussion of the political views of Soorjo Coomar Goodeve Chuckerbutty Mahendralal Sarkar, Kailash Chandra Bose, Nilratan Sarkar, Ramnath Chopra, and Shantilal Roy has been done. This elaborate discussion on the lives of these Indian physicians adopts a comprehensive look at the nationalistic feelings in the medical institutions in colonial Bengal.

Summary of Findings -

Through these chapters, this study emphasizes the nationalistic feelings and the sense of oneness for the fellow countrymen of Indian doctors in imperial institutions. The subordinate medical personnel in Bengal experienced tangible implications of the racially biased British autocracy in the form of lower salaries, fewer prospects for growth, etc. Despite repeated requests, It took till the first half of the twentieth century for their demands for improved service conditions to be granted. However, whatever connections they may have had with their European colleagues would have strengthened their sense of belonging with their fellow compatriots. Even the most successful and well-respected doctors showed empathy for their fellow people. This study interprets the history of Indian medicine from a nationalist perspective. It highlights the conflict between Eastern and Western medical systems and emphasizes the reactions of Indian doctors working in racist settings.

Research Findings -

“Colonial medicine” is no longer just a word to describe medical procedures brought to the colonies by an imperial influence or an era before "national" medicine emerged in these regions. Colonial medicine refers to exercising colonial power within and through practicing medicine in a colonial setting. Race is defined differently depending on the context and period and cannot be drawn as a linear statement. The term "race" was rarely used by writers in the seventeenth and eighteenth centuries who sought to explain the differences between Indian and

European constitutional systems. They did not frequently view physical and mental traits as inherent and unchangeable. It was widely believed that Indians' alleged "lethargy" or "timidity" was caused by their protracted exposure to the hot weather rather than an innate, constant inclination. The establishment of British rule in India at the turn of the eighteenth century accentuated 'racial' distinctions by fostering the idea that Britons were fundamentally superior to their Indian subjects.

By 1830, it was thought Europeans would become some hybrid race inferior to the imperial race because of their prolonged presence in India. Health hazards constituted a severe challenge to the foreign rulers of India, who had to fulfill their imperial needs with a small contingent of British soldiers. It had an impact on the very foundation of the Raj; it “de-masculinized” the British soldier and eventually left him unsuited for the job. It was also hampering the image of the British solid superior race. This fear of degeneration drove the hunt for reasonably healthy locations in India.

In their interactions with Western biomedicine, colonized peoples underwent a diverse range of tough opposition, negotiations, and adaptations. Additionally, non-Western medicine, whether Ayurveda or Unani-Tibb, demonstrated itself to be far more accommodating and receptive to new ideas than Western medicine. The British took advantage of Western medicine in political and economic ways that were alternately repressive and beneficial. The main drawback of the indigenous and homeopathic medical systems is that they could not professionalize their educational systems. They were trying to compete with Western medicine and unknowingly accepted their superiority.

From the late nineteenth century, the British approach towards Indian women's medical education was influenced by modern European societal zeal, where women had a right to earn their living, and the poor health condition of Indian women due to their superstitions and

prejudices convinced the British government to take the initiative in women's medical education in India. They also had a political vision in which they wanted to break the stereotype '*Andar Mahal*' and '*Bahir Mahal*' concepts of Indian culture by giving Indian women a chance to enter the professional world with their male counterparts. So, the British Government's interest in women's medical education was not only missionary zeal to provide healthcare facilities to Indian women but also a political agenda to enter the most reserved zone of Indian culture and society.

A high infant mortality rate and an absence of medical treatment for Purdah mothers seemed to worry the colonial authorities and the nationalists. The nationalists believed that improving the lives of Indian women was vital to the country's progress and development. For Indian women, studying medicine was undoubtedly rewarding, given the range of employment opportunities. However, societal pressure was there on women who broke the tradition and went out for medical professional training.

Racial discrimination was prevalent in imperial hospitals, where Indians were given lower posts despite their talent, and Indian patients were not given their basic needs in the hospitals. The biographies of Indian doctors in colonial Bengal show how the prevailing nationalist spirit influenced them in various ways. They were concerned about the indigenous health and their poor condition. Their mind was free to think of an independent India, and for a more fantastic future, they invested their whole lives and laid a foundation for the future generation. They didn't see Western medicine as "colonial medicine." For them, it was modern Western scientific knowledge.

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

- Nationalism had a significant 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 idea 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.

Research Limitations –

The information and sources were collected by visiting medical institutions in Kolkata for the research work. There is still an opportunity to improve research, like detailing the sanitary improvements made in colonial Bengal or the public health movement in 19th-century India. Considering the fact that scholars like Tinni Goswami, Kabita Ray, and Sandeep Sinha have already provided extensive details on the particular topic, this study has slightly touched on the issue. This study could not accommodate a detailed discussion on the epidemics of colonial Calcutta, which has also been well covered in Mark Harrison and David Arnold's book. Aravinda Samanta and other eminent historians and scholars have already dedicated immense attention to it. A discussion on this topic needs a larger span of work. It would not be justified to confine it to a subsection of a chapter. Information regarding the treatment of freedom fighters in imperial institutions could not be obtained in the archive. If documents on that issue could be unearthed, it would be an excellent chance for researchers of medicine in colonial Calcutta.

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Signature of Supervisor

Dr. Debajit Dutta

Assistant Professor

Department of History, Jadavpur University

Candidate

Sulagna Som