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A quick overview of medical services and disease prevention in colonial India: Public health in British India

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Abstract

The history of disease prevention in India region of the world during the 19th and early 20th centuries, as well as the evolution of public health in British India, offer important insights into the time when new trends in medical systems and the switch from surveys to microscopic studies in medicine took place. It contains pioneering discoveries and early laboratory works in immunology and microbiology. Tropical medicine and infectious diseases emerged as a direct result of colonization. The epidemiology of infectious diseases, many of which are still common in third-world nations, is where the history of illnesses and their prevention in the colonial environment begins. It demonstrates how the imperial administration developed surveillance systems and dealt with epidemics. In this article we discussed about the brief overview of medical and disease prevention in India during British era.

Keywords: Medical services, disease, colonial India, public health, British India

Introduction

The first medical officers came to India in 1600 as ship's surgeons with the British East India Company's first fleet, beginning the country's history of western medicine. The East India Company began to dominate India in 1757, which sparked the growth of both the civil and military services. As early as 1764, a medical department was created in Bengal to provide medical care to the Company's soldiers and slaves. It had 4 head surgeons, 8 assistant surgeons, and 28 surgeon's mates at the time. Hospital Boards, made up of the Surgeon General and Physician General, who were on the staff of the Commander-in-Chief of the Royal Indian Army, were established in 1775 to oversee European hospitals. With 234 surgeons on staff, medical departments were established in the Bengal, Madras, and Bombay presidencies in 1785. The Government of India appointed a Public Health Commissioner and a Statistical Officer in 1869. All three presidential medical departments were combined to become the Indian Medical Services in 1896, once the presidential system was abolished (IMS). The Army Medical Department, afterwards known as the Royal Army Medical Corps, handled the Royal Indian Army's medical needs prior to the creation of IMS (RAMC) [1]. Up until 1919, the federal government had responsibility over the medical departments. The 1919 Montgomery-Chelmsford Constitutional Reforms resulted in the devolution of vital statistics, public health, and sanitation to the provinces. This marked the beginning of India's decentralisation of health administration [2]. The Government of India Act of 1935 allowed regional administrations more freedom. Federal, federal-and-provincial, and provincial were the three categories used to group together all health-related activities. To coordinate national public health initiatives, the Central Advisory Board of Health was established in 1937 with the Public Health Commissioner serving as secretary. The Madras Public Health Act, the first of its kind in India, was passed in 1939. The Government of India created the Health Survey and Development Committee (Bhore Committee) in 1946 to examine the country's current healthcare system and offer suggestions for improvements. In 1946, the Committee delivered its report, which examined the state of the country's public health, medical relief, Medical Research, and International Health [3]. Most of the military physicians chosen for the Indian Medical Services' commanders were of European descent and were chosen in England. The situation changed little during the remainder of British rule until Lord Cornwallis, the Governor General of India, issued orders prohibiting medical

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officers from joining the civil service until they had served two years in the army. IMS was made available to local Indians schooled in Calcutta in 1835 when the Calcutta Medical College first opened its doors. These individuals were chosen to work in the subordinate military medical services or as assistant civil surgeons in sub divisional civil hospitals. The top ones had modest civil surgeon positions. Ten Indians joined the Indian Medical Services between 1890 and 1900. (1) Subsequently, large provincial capitals created state medical institutions to train technicians who worked as Sub-Assistant Civil Surgeons in rural hospitals and dispensaries.



Fig 1: Calcutta Medical College
(established in 1835)



Fig 2: King Edward Medical College, Lahore
(established in 1860)

Mental Wellness

A law from 1858 established lunatic asylums for the insane. The Civil Surgeon for each district in question was in charge of these. In lunatic asylums, there were typically 4600 patients between 1895 and 1900. In the United Provinces, Bengal, Bombay, Madras, and Punjab, central asylums were established. Government mental hospitals were later built at the provincial capital. Medical officers were urged to visit these locations and carry out studies aimed at enhancing mental health ^[4].

Vital Statistics and Vaccination

After the small pox vaccine was developed in India in 1802, a Superintendent General of Vaccination was appointed, beginning the history of immunizations. Four European vaccination superintendents and one Indian vacciner were assigned to the Bombay presidency in 1827. Under the direction of the vaccine superintendents, significant efforts were undertaken for immunisation. The immunisation work was handed over to the Sanitary Commissioners and their team in 1870. Except in Bombay, where it was under the supervision of the Deputy Sanitary Commissioners, the Civil Surgeon oversaw the district's public vaccination workforce. A law mandating child immunisation in cantonments and towns was passed in 1880. The principal disease targeted at that time was smallpox, while immunizations against plague and other illnesses were also administered. The Eastern injection method known as variation was initially employed to control smallpox. In Bengal, the United Regions, and Punjab, 556 people received vaccinations in 1864 and 1865, while in those same provinces, more than 5 million people received vaccinations in 1902 and 1903. The vaccination rate in all of British India was 2.7% in 1880 and 1881; it rose to 3.5% in 1902 and 1903. 19.9% of infants in 1880 and 1881 and 39.1% in 1902

Medical Facilities

Madras General Hospital opened its doors as India's first hospital in 1679. In 1796, the Presidency General Hospital in Calcutta was founded. In Madras, four hospitals were established between 1800 and 1820. Calcutta Medical College, the first school of western medicine in Asia, was founded by an order in February 1835 to meet the increasing demand for healthcare professionals. In 1852, the Medical College Hospital in Calcutta was established [Figure 1]. Lahore Medical School, subsequently known as King Edward Medical College, was founded in the Punjabi city of Lahore in 1860 [Figure 2]. A network of hospitals was subsequently established across India.

and 1903 had successful vaccinations. In 1880 and 1881, around 0.7 million rupees were set aside for vaccination. In 1902 and 1903, that amount increased to nearly 1.1 million rupees ^[1, 4].

Sanitary Service

The Royal Commission's 1859 reports marked the start of the sanitary movement in British India. Regarding the hygienic conditions in the Army, the commission issued a report in 1863. British soldiers died at a rate of 69 per 1000. (2) In order to enhance sanitation and epidemic prevention in civil life and to improve the health of the British Army, the panel advised the creation of a Commission of Public Health in each presidency. A sanitary police force was established under the Military Cantonments Act of 1864 with the responsibility of improving military hygiene. The appointment of Deputy Sanitary Commissioners and Health Officers by local authorities was authorized by the Indian government in 1912, and money for cleanliness was made available ^[2, 3].

Medico-legal effort and drugs

The Civil Surgeons handled the medico-legal tasks at district headquarters. The Surgeon General Medico-legal issued the directives at the provincial level. At provincial headquarters, laboratories were established for forensic chemical examination and drug testing under the Chief Chemical Examiner's supervision. The Drugs Act was passed in 1940, marking the beginning of government regulation over the production of drugs.

Disease Prevention and Control

A new collection of endemic diseases that were prevalent in that area presented a problem to the British Empire when they took control of India. India was a big nation with a

variety of landscapes, from the highest mountains in the world to lush green fields and from tropical forests to desolate deserts. With the limited resources of the IMS, preventing the particular diseases that were prevalent in such a diverse region was challenging. Massive efforts were made to stop epidemics in order to spare the lives of Indians in general and the Imperial soldiers and officers in particular. The plague, malaria, leprosy, cholera, and malaria were epidemic illnesses that had terrible impacts at the time. The British government made great efforts to prevent diseases, but due to a lack of medical personnel and resources, the main focus was on providing curative services and easing suffering, as this was primarily the province of the state at the time and there were hardly any private or nonprofit organizations. Environmental hygiene and prevention have long been overlooked. The government didn't become aware that many deaths could be avoided until the latter part of the 19th century, at which point public health services were bolstered ^[5].

Research

The British administration of India hindered innovation and research due to a lack of funding and other issues, despite the fact that there were ground-breaking studies on a range of diseases that proved to be highly beneficial in the prevention of epidemics. In India, this area of healthcare has historically received little attention. As conditions improved in the late 19th and early 20th centuries, medical research's role in preventative medicine came to be widely acknowledged. The first medical laboratory in India had its cornerstone laid down in 1884. A central laboratory was set up in Kasauli, a town close to Simla ^[6]. It served as a reference laboratory for public health and was used for research. Then, provincial laboratories were established in significant provincial offices to do bacteriological and public health laboratory work. For the treatment of patients bitten by rabid animals, the Indian Pasteur Institute was founded in Kasauli in 1900. Subsequently, similar facilities were established in various regions of the nation ^[7]. To offer funding for research projects, the Indian Research Fund Association was established in 1911. In Coonoor, India, a Nutritional Research Laboratory was founded in 1918 ^[8].

References

1. Government of India. The Imperial Gasetteer of India. Administrative. New ed., published under the authority of His Majesty's secretary of state for India in council. Oxford: Clarendon Press; 1909;4:451-80.
2. Harrison M. Public Health in British India: Anglo-Indian Preventive Medicine 1859-1914. Cambridge: Cambridge University Press; c1994.
3. Park K. Park's Text book of Preventive and Social Medicine. 18th ed. Jabalpur: M/s Banarsidas Bhanot Publishers; L005. p.619-80.
4. Government of Punjab. The Punjab Medical Manual. 1st ed. (Reprint). Lahore: Superintendent Government Printing Punjab; c1931.
5. National Library of Scotland. India Papers collection. Available from: <http://www.nls.uk/indiapapers/index.html>. [last accessed on 2001 Dec 8].
6. Nathan R. The plague in India, 1896, 1891. Simla: Government Central Printing Office; c1898.
7. General Department Bombay (India: Presidency). Supplement to the account of plague administration in the Bombay Presidency from September 1896 till May 1891. Mumbai: Government Central Press; c1891.
8. The Madras marine plague regulations. Madras: Superintendent Government Press; c1910.
9. The Madras plague regulations and rules for district municipalities and other towns and villages. Madras: Superintendent Government Press; c190L.
10. The Madras plague regulations and rules for the city of Madras. Madras: Superintendent Government Press; c190L.
11. The Madras plague regulations and rules for the inspection of inward and outward bound vessels. Madras: Superintendent Government Press; c190L.