

CHAPTER – III

COLONIAL MEDICALIZATION AND EMPIRE BUILDING

Colonial expansion and medicalization in the province were closely interconnected. It was directly associated with the process of founding the larger British Empire building towards South-eastern part of Asia. Militarization and medicalization went in hand in hand. The introduction of western medicine in Northeast India was different context in which it initiated. However, medicine played major role in the main presidency areas protecting ‘colonial enclaves’ such as European military and race from tropical climatic diseases. Medical provisions were made for military and European official for the first instance in Northeast frontier. In the process of expansion predominantly during the first half of the nineteenth century medicine played vital role in the occupation of the province. It further extended when the large number of immigrated labourer and the need for protection of their health. The commercial interests involves in tea as important commercial good in European market and political consolidation in the province led to the medical establishment. This process resulted gradual medical intervention was expanded in the province. This chapter discusses the nature of colonial medical intervention and the ways in which medicine made possible for territorial expansion in the province.

3.1 Colonial military medical expansion in Northeast frontier:

Western medical expansion in Northeast frontier can be traced back from the time when all the medical affairs of East India Company in British India were supervised by the medical Board since 1796. The Medical Board was comprised of the Surgeon General, the Physician General and Inspector of Hospitals and it control the entire medical affairs of the East India Company in Bengal presidency of both civil and military.¹ It is important to link with the medical administration with Bengal presidency because by the grant of the Diwani of Bengal 1765 East India Company claimed Bengal, Bihar and Orissa as a part of their territory. The company stood forth for collection of the emperor’s share of land revenue. It was till 1835 East India Company took possession in Northern and Northeastern India and from the year 1836 when Bengal was divided into two parts. Assam was remained under the direct

¹ NAI, International council of archives guide to the sources of Asian history, India, UNESCO, New Delhi, 1992, p- 2 also see 3.1, 1987 publication heading under the ministry of home affairs,p-70

control of the Governor General of Bengal.² It established frontier stations in many parts including Goalpara.³ So, when colonial power penetrated in Northeast frontier, necessary medical affairs were directly supervised from the Medical Board in the early part of the nineteenth century.

To draw a clearer picture of colonial medical expansion in Northeastern province it is necessary to stretch into a broader context of colonial military expansion. There were various circumstances which led to the colonial military expansion in the province. The Burmese occupation of Northeast frontiers had offended the British in Calcutta as they already claimed frontiers as their territory. The British Government commanded military from the centre of the British Presidency. The authorities decided to send six companies of sepoy, four from Calcutta and the other two from Chittagong in order to check the Burmese invasion in Manipur and Cachar. These sepoys were accompanied by Verelst and marched towards Manipur. Taking that opportunity British maintained a relation with Manipur by signing a treaty with the Manipur Raja against the Burmese. But in due course of their way these sepoys were unable to march towards Manipur. Because when they reached the capital of Cachar, Khaspur in April 1763 owing to excessive rainfall and epidemic, their march towards Manipur was abandoned.⁴ After the death of Manipur Raja Jai Singh local rulers of Manipur fought for succession. The surviving princes Chaurajit, Marjit and Gambhir intrigued one after another. In that situation no one lived with a peaceful mind in pursuance for the throne. Thus the fourth brother Marjit asked assistance from the King of Ava and with the help of the king of Ava he was installed as the Raja of Manipur. Soon the Burmese established themselves as the master of Manipur. The other brothers on installation of their fourth brother. They fled to Cachar which was also occupied by the Burmese. Thus the Kachari King dispossessed his possession and took refuge in Sylhet which was the British territory and he sought for the rights of the British. On the other side, Burmese commander conveyed that they came to restore Govinda Chandra the Raja of Cachar who was driven away by the Manipuri Princess. As a result the British prepared war against the Burmese.

² WBSA, Introduction to Index of West Bengal State Archives, p-1

³ Mackenzie Alexander, *The Northeast Frontier of India*, Mittal Publications, Delhi, 2007, p.3

⁴ Dena Lal, (ed), *History of Modern Manipur 1826-1949*, Orbit Publishers-Distributors, New Delhi, 1991, p-5

Similarly, the political conditions of the Ahom dynasty were disturbed by various invaders. At first by the Shans (of Burmese) invasion and grab the Ahom polity until the Moamariah broke against the Ahom king. This internal turmoil had created an opportunity for the Britishers to interfere and take advantage to set a political stronghold. When the Moamariah rebellion broke out the Ahom King Gaurinath Singha was depressed due to the rebels of the Moamaris. At the same time Assam was facing a lot of misery. There was disorder in the land due to inflow of violent robbers from Bengal. For the second time the Raja appealed to the British for the safety and security of those robbers. It was under the Governor Generalship of Lord Cornwallis things done as it was appealed and thus a detachment of Sepoys under Captain Welsh enters into Assam. By that time a good relation was maintained with the Raja of Assam and further promised was made by the Governor General of India to assist in the future. But within a short time British adopted a new policy of non interference imposed by Sir John Sore and gradually the British troops withdrew since 1794 till the Anglo-Burmese war for the second time. British withdrawal of Army had a great impact upon the power of the Burmese. They took an opportunity to control over the Assam Raja once again. Moreover, there was a great misery in Assam after the civil war broke out. It was difficult for the Raja to maintain possession and protect the revenue from falling. He did his best protection against enemies that can cause a decline of power. The British were also kept aloof from all their problems due to their policy of non -interference. It was the time when the Assam Raja was in a deterioration state and met recourse again with the Burmese. Raja Chunder kant rebel against formidable enemies but Purander Singh Raja of a Royal house was driven away by the Burmese and took refuge in British territory. In no time with the absent of British troops the Burmese become a great allies for Assam. Burmese had demand an aid which was not possible for the Raja Chunder Kant to pay. And soon instead of giving them their demand he want to get rid off and thus exactly happen and expelled from the Raja by the Burmese and new Raja Jogeshwar Singh was conferred. But the Rajas were busy making arrangement to invade for Assam of which Chunder Kant relied of his noble adherents to fight against the Burmese. On the other hand Purander Singh asked help of Bhutan and Bijni to fight together. At the first instance an aggressive effort made by Chunder Kant was successful. But another fresh reinforcement from Ava sided the scale of Burmese and kept in exile the Raja again. At the sametime, the Bumese general had sent an insolent message to the British

Officer commanding at Goalpara station. Threatening that if they afford Raja Chunder Kant the Burmese troops would invade British territory and arrest the fugitive. Soon, British Government dispatch frontier troops from Dacca to check the advancement of Burmese.⁵

The troops who were employed for the frontier from Dacca were native Infantry and many of them who were employed as Provincial Battalion were natives of Oudh. Others are brought in from Punjab as sepoy on the pay of the native Government and were stationed at Hadira Chauki opposite Goalpara who also fought against the Burmese in the battle that took place in the neighborhood.⁶

Colonial medical intervention in Northeast frontier can be thus traced from those British troops and colonial native military that were commanded from Home Government. On their way to frontiers they came along with western medical establishment. Because moving of troops towards the frontiers had various times abandoned due to an occurrences of various diseases. Thus colonial military movements in the frontiers were accompanied with an emergent indent of medicine since 1824 and were sent from the medical board, for the use of military enforced in the province. The only general hospitals available in those times were in Sylhet and in Dacca established by the home medical board with limited facilities. The available hospital was not sufficient to look after the number of sick soldiers in the frontiers. There was much distress and inconvenient felt among those troops and the authority of home medical board concerned generally because of want of hospital servants and also scarcity of medical establishment in the frontiers. It was only two medical in charge for those corps and detachment who performed their duty. They put every effort in their favor to procure the necessary servants but without effect. Because of the scarcity of western medical assistant and medicines drastic measure were adopted for relieving those sick soldiers who were unable to attend their duty in such state of debility were sent off to their home and gave sick certificate to them. In hoped to recover by staying out and stay in new climate.⁷

⁵ Mackenzie, Alexander, *The Northeast Frontier of India*, Mittal Publications, Delhi, reproduced 2007, pp-2-4

⁶ Hunter, W.W, *A statistical Account of Assam*, B.R Publishing Company, Delhi, 1879,p-46

⁷ NAI, Home medical progs, 1826, march, p-53

For quiet sometime western medicine did not gain much confidence of the frontier climate. European military medical men employed in those times were Surgeon Thomson of the Rungpur Light Infantry and assistant Surgeon Torrest of the 14th Regiment were the first who took keen interest and work as colonial military medical servants in the frontiers. Because of their zeal of scientific interests and intelligent in finding the main cause of sickness that lead to debility among the soldiers to some extend. They put great effort to sort out the cause and found out that it was because of the climate of cold and moisture, soldiers were more liable to be sickness. The treatment they adopted was an exhibition of bark and wine, spices, citric acid, and a solution of nitrate of potash and vinegar. That kind of treatment was practiced and succeeded in most cases for relieving the symptoms and kept the disease in check. But generally the disease was so considerable with slow improvement of health. So, many were allowed to go away on sick certificate like earlier measure, the only chance left for their recovery.⁸

Generally western medical establishment in Northeast frontier in the early military expansion had limited scope and was only meant for Europeans officials and military. The responsibilities of administration were rested in the hands of European Native Regiment Surgeon and also assisted General Field hospitals in major parts of the frontier stations after the occupation of the Brahmaputra valley in 1826.⁹ Hence, Colonial political expansion in the frontier showed the establishment of the western medicines and medical surgeon along with them.

Colonial Government gave military upliftment to great importance during the period of their expansion. During these period unhealthy was common among military and the concept of medical authorities was that efficient fighting machine soldiers must be kept fit and well. So, they give important to prevention better than cure and arranged medical campaign since 1871. The difficulties face by military on Northeast frontiers was seen from the series of Lushai expedition which took place in 1871, 1888, 1889 and 1890. The chief foes they encountered among themselves even in the Lushai country were sickness. One significant outcome of medical from these military expeditions was the birth of field hospital system. Their main aim of medical to military expedition in the frontier province was to keep the army in healthy and

⁸ Ibid, p-53

⁹ NAI, home medical progs 1826 June, pp-40-43

sound. They attend the sick and wounded¹⁰ and the expedition was further extend towards Aka territory.¹¹The most important good work done by the military was that it had expanded to the native neighboring also. Gradually they established police hospital in various parts. One was in Darrang district and for that Doctor Sewjevan Lala was in charge of the constitution.¹²

3.2 Want of assistant Surgeon:

There were various difficulties arise for want of assistant surgeon. For instance, of the 43rd regiment, Bengal Native Infantry medical in charge represent his inability to discharge the civil duties of the stations of Gauhati without better assistant because the work connected with the civil duties alone was difficult for him to look after by himself. Because it was difficult to perform by one person of both military and civil duties. It was until 1862 the department was attached with five native doctors. But their qualification of such nature would not permit to trust or confidence in them in case of emergency. One among them was Nur-uddin who can read and write English but was not good in health and was unfit to keep in charge. So, they cut down the establishment to one efficient native doctor, to whom the duties of the jail hospital were entrusted.¹³ For the charge of jail they observed among native who can assist them or put in charge for jail. For instance, J.C Burns superintendent of Cachar district jail, placed before the Commissioner of Dacca Shaik Dewan Ali. Unfortunately he was soon expired on 28th march and after that there was none to replace. In absence of European medical officer in the division in jail one young college students was appointed with small salary of Rs.20 to look after the jailers health.¹⁴ That showed the neglecting part of Europeans in the matters of jailer health.

In the year 1897 Colonial Government proposed to increase the number of assistant surgeons employed. Because till that year there was not sufficient Medical Officers that were put in charge. Particular in Assam there were only four such officers in the province, including one entertained by Labour Transport Fund and put medical in-charge in Sibsagar. Of the other three, one was employed in subordinate medical

¹⁰ NML, Harvey R, Colonel Surgeon 'on the improvement of military medical establishment in India since 1871', Indian medical Gazette, February 1898,p-60

¹¹ NML, Aka expedition, Indian medical gazette, april, 1885,p-117

¹² ASA, Government of Bengal 1871, File No.197/354, paper-2

¹³ WBSA, Proceedings of the lieytenant Governor of Bengal, general department, 1862-79,p-5

¹⁴ Datta, Sunanda,(ed) *Cachar District Records Letters subsequent to the annexation of Cachar 1834-1853*, vol-one, The Asiatic Society, Kolkata, 2007, p-76

charge of the Naga Hills under the supervision of the military Medical Officer station at Kohima. The second was employed at Silchar in charge of the dispensary and coolie depot and the third was stationed at Sylhet. In other districts, there was no officer between the civil surgeon and the hospital assistant in-charge of dispensaries, jails and other similar institutions. In Bengal Assistant Surgeon were entertained in all districts headquarter, and also in many cases at sub-division. But in the province of Assam unlike Bengal difficulty were faced by Assistant Surgeon due to bad communications. Distant were great and it was difficult to visit sub-divisions dispensaries and supervised sanitary and vaccination work in the province. Due to shortage of assistant surgeon in most cases headquarter stations were left in the hands of Hospital assistant in absence of civil surgeon.¹⁵

Gradually, native's doctors were employed from Calcutta in the lines of western medicine for the assistant of European military Surgeon. And for the protection of the inhabitants colonial Government entrusted in such condition of frequent occurrences of epidemic.¹⁶ But financially it was not sound for good pay of the Native doctor. And they appoint small number of native assistant Surgeon. In common four native Doctors were allowed to perform double duties at Gauhati and also to other stations.¹⁷

Below were the list of Assistant Surgeons in civil hospitals and dispensaries in the province of Eastern Bengal and Assam in 1905.

¹⁵ ASA, Assam secretariat Proceedings, Home-A, December 1897, p-72

¹⁶ Hunter, W.W, *A Statistical Account of Assam*, B.R Publishing Corporation, Delhi, 1879, p-103

¹⁷ M'Cosh, John, *Topography of Assam*, Sanskaran Prakashak, Delhi, p-91-92

Table: 7 List of Assistant Surgeon

Balri Kunija Lal Saneyal	Durga Nawa Sen
Devendra Nath Dey, M.B	Ganga Govinda Sarkar
Kashi Nath Ghosh	Hari Charan Sen
Khirode Chandra Roy	Gopal Chandra Chatterjee, M.B
Gopal Chandra Mukherjee, B.A, M.B	Kali Prasanna Banerjee
Shiekh Elahi Baksh	Bharat Chandra Dhar M.A, M.B
Suresh Chnadra Banerjee, M.B	Bhumi Lal Nandi
Sasanka Mohan Mukherjee	Nripendra Nath Basu
Banamati Ray	Lakshmi Prasad Chaliha
Shushil Chandra Bhattacharjee	Sarat Chandra Biswas
Kali Prasanna Basu	Chandra Kumar Dutta
Nani Lal Pramanick	Hem Chandra Sarkar
Horendra Kumar Das	Baroda Sankar Bhattacharya, M.B
Lalit Mohan Roy	Behari Borah
Shah Jahan Ali	Basanta Kumar Roy
Brojendra Nath Basu	Tipusia Nath Bakshi
Guru Prasad Mitra	Hari Krishna Das
Narendra Nath Mukherjee	Basanta Kumar Bhowmick
Aswini Kumar Das	Rajani Kanta Dutta
Sarasi Lal Sarkar	Upendra Nath Roy Chowdhury
Satish Chandra Ghosh	Honiewele Lyngdoh
Asutosh Dutta	Benaj Lal Mazumder
Khetra Gopal Mukherjee	Mathera Nath Das
Atul Chandra Roy	

Source: ASA, Home, B, Feb, 1906, No.14-17, p-5

Colonial Government reserved one senior appointment at Aizawl Civil Hospital, an experienced sub-assistant civil surgeon in the management of the hospitals and there was always better choice of such individual from the general cadre of sub-assistant surgeons. Since, Aizawl was inhabited by a large number of foreigners, including Bengali Government servants and their families, merchants, contractors etc and it was necessary for non-Lushais sub-assistant Surgeon to be available in the hospital. The

second sub-assistant surgeon was required for the jail and police hospitals. In the Assam Rifles force alone, out of total strength of 599, only 95 were Lushais, the rest were Gurkhas, Assamese. Government also trained more Lushais Doctors and request three vacancies reserved for qualified Lushai candidate in the Berry-White Medical School. Ronghaka and Rosiama were medical students who replace foreign doctors. They prefer these two persons because in order to obtained a definite declaration of policy in connection with the training of Lushai boys for duties as Doctors.¹⁸

The management of large dispensaries were considered and managed by assistant surgeon. The Assam dispensary Rules laid down an Assistant Surgeon was provided to all Government dispensaries. According to that standard there were four dispensaries entitled to the service of assistant surgeon, but all those were in charge of Hospital assistant. So, there were less assistant surgeon and their present was necessary in many other plains districts, Shillong and also in their important sub-division like Jorhat and North Lakhimpur. But for that there were not enough expenditure by the Government to employ more assistant surgeon.¹⁹

3.3 Civil Surgeon and pay of Medical Officers:

Till the year 1829 there was also no General Civil Surgeon in Assam. So, whenever it felt the need of medicines in case of emergency and according to the requirement of the native the observation were made not only by western medical surgeon in charge but also by the Agent of the Governor General of Northeast Frontier and other European officials in the frontier. They asked medicines for the use in times of necessity for their subjects and for the necessity.²⁰ Gradual expansion and occupation of the frontier led to increase more medical personnel which resulted into the appointment of civil surgeon. Moreover, colonial expansion and annexation was attributed with the discovery of tea in the province. And they were succeeded to develop and encouraged the British to expand the plantation in other parts of Assam.²¹ But the project of tea garden was not possible to success without labours. Thus more than half of the populations of the tea districts were immigrated into the Surma valley from the adjoining districts of Bengal, Madras and the eastern and Northern districts

¹⁸ ASA, Medical B, Progs, September 1932, No.365-374,17

¹⁹ ASA, Assam secretariat proceedings, Home-A, December 1897,p-17

²⁰ NAI, home medical progs 1831, September-october, pp-30-32

²¹ NML,REGE, D.V,I.C.S, *Report on an enquiry into conditions of labour in plantations in India*, The manager publications, Delhi, 1946, p-2

of the central provinces and for the Brahmaputra valley.²² Immigration into the province had posed a great danger to the health of the labourer. It endangered not only the labourer but also to the natives.²³ So, Government paid more attention on the matter to inspect steamers in most of the major places. There was an increase number of Civil Surgeon and were appointed to inspect on board the steamer for understanding the spread of diseases among them for making the prevention measures against it.²⁴

The civil surgeon of this province in addition to their sanitary and medical duties, performed duties for labour-emigration, and were always absent in headquarters for many days in the year to perform duties among immigration.²⁵

The following table shows the number of tea gardens and similar estates inspected by civil surgeon during the year 1895 and 1896.

Table: 8 Number of tea gardens inspected by Civil Surgeon

Districts	1895	1896
Cachar	30	30
Sylhet	9	18
Kamrup	4	5
Darrang	49	47
Nowgong	22	38
Sibsagar	64	38
Lakhimpur	13	33
Total	191	208

Source: Secretary of the chief commissioner of Assam, report on 26th November 1897, No.39,p-72

The above table shows the number of inspection by civil surgeon in the province of Assam. Civil Surgeon duties were heavy because assistant surgeon were less in number. Therefore, in the absence of assistant surgeon it was not possible to grant leave to commissioned officers. That was the reason why many times in absence of

²² NML, Report on the Royal Commission Labour in India, Government of India, Central Publication Branch, Calcutta,1931,p-359

²³ NML, Richard, Vincent, 'Cholera amongst emigrants to the tea districts', *Indian Medical Gazette*, vol xvi, May 2, 1881,The proprietor, Calcutta, 1882,p-133

²⁴ ASA, Government of Bengal 1872, File No.186/322, No.1-6

²⁵ ASA, Assam secretariat Proceedings, Home-A, December 1897, p-72

commission medical officer and medical in-charge were left in the hands of the Hospital assistant.²⁶

Civil and military duties were performed by Civil Surgeon. In Gauhati both the duties was performed by one medical officer. Later, the Lieutenant Governor General had abolished the separate office of civil surgeon at Shillong and appoint two medical officers at the neighboring stations of Gauhati.²⁷

Table: 9 List of Civil Surgeon transferred in the Province of Eastern Bengal and Assam 1906

Name	Appointment	Remarks
(a)Commissioned Medical Officer		
Lieutenant-Colonel R.N, Campbell, I.M.S	Civil Surgeon	
Major J.G,Jordan,I.M.S	Ditto	Onleave, Capt, W. V Coppinger ,I.M.S, Ofg
Major D.R Green, I.M.S	Ditto	
Capt W.D,Hayward,I.M.S	Ditto	
Capt S Anderson, I.M.S	Ditto	On leave, Civil Asst Surgeon Gopal offg
Capt T.H Delany, I.M.S	Ditto	On leave,Civil Asst Surgeon Basanta, offg
Capt H.Innes, I.M.S	Ditto	On leave, Capt, A.C, Mac Gilchrist, offg
(b)Uncovenanted Medical Officers		
Dr. R.S Ashe	Civil Surgeon	
Kumar Bhubendra Narayan	Ditto	
Dr.R.H Pulipaka	Ditto	
(c)Military Assistant Surgeon		
Allison	Civil Surgeon	
(d)Civil Assistant Surgeon		
Kunja Lal Sanjal	Civil Surgeon	
Durga Nanda Sen	Ditto	
Ganga Gobind Sarkar	Ditto	

Source: ASA, Gov of E.Bengal and Assam, Judicial Deptt,Medical-A, May 1906,p-1

Regarding the pay of Medical Officer it was not comparable to any of the other department as the inferiority pay of Medical Officer in Assam. The other officers in civil charge were well paid, none having less than 500 and most of them were 1000 a month or more, while assistant surgeon was limited to 350. Medical Officers were

²⁶ ASA, Assam secretariat proceedings, Home-A, December 1897,p-17

²⁷ WBSA, Governemnt of Bengal, Medical department (political), Medical Branch, B.Progd, May 1870, No.130,p-14

placed in an anomalous footing for their pay and allowances. In 1837 the civil stations had an allowance of 350 rupees of civil pay, and about 40 to 50 of head money for the Sebundies. With all it was not more than 400 a month. And the military surgeons were attached to perform civil duties. And civil were charge for consultation of western medical care.²⁸ The Government of India granted a staff allowance of Rs.200 for India Medical service officers in addition to their consolidated military pay. Later it was declined to Rs. 100 a month. The pay of officers of Indian medical Services in military was also raised in 1903. There was an inadequacy of the rate of the pay of officers in civil employment. And revised the scale pay attached to the appointments, the emoluments of which was determine by the military pay of the officers. Civil or agency Surgeons were the highest pay in all the provinces.²⁹

For an efficient service of vaccination in the year 1928 the Director of Public Health, Assam re-organized permanent and temporary Inspectors and sub-inspectors of vaccination in the province. The departments undergo a course of instruction in English for five months duration from 1st May, 1928 in Hygiene Vaccination and General sanitation at Berry-White Medical School. Qualified candidate were given new designation of rural sanitary inspectors with increase pay. One significant remarkable manner was that only those who possess English knowledge were only permitted to attend the course. But those who failed and had the requisite qualification were continued to serve as the Inspectors and sub-Inspectors of vaccination of old rates. And those verging on retirement and those possessing little or no knowledge of English were excluded.³⁰ It followed creation of separate medical and sanitary department and was administered by the principal and medical officer and sanitary commissioner of Assam. The subject was defined and dealt with the inspector general of civil hospitals and by the sanitary commissioner of Eastern Bengal and Assam.³¹

3.4 Regulation of medical staff and Institution:

Due to low pay of medical officers in Assam in most of the time only one-third of their time were occupied as professional affairs and earn more money through private

²⁸ Ibid,pp-91-92

²⁹ ASA, Government of Eastern Benagal and Assam, General Department, Sanitation-A, April 1904, p-1,2, 5

³⁰ ASA, Govt of EBenggal and Assam, Medical 1905, No.17-18, p-55

³¹ ASA, Proceedings of the Hon'ble the Lieutenant-Governor of Eastern Bengal and Assam, January, General department, 1906, No.5

medical practices.³² In order to check private practitioner government issued rules and conducted medical examination for the purpose of Government employment. By following the new rules only those who were qualified and selected were allowed to perform the duties. By issuing the rules Government control private practitioner and made them bound under the new rules for those who enjoy the privilege of private practices and consequently they place and took under the medical warrant.³³ In that way slowly and gradually medical administration were keeping in their hands by colonial Government and the number of medical staff was also limited till 1891.

The following were the number of medical staff in Lakhimpur and Darrang and in Habiganj in 1891.

Table: 10 Number of medical staff in 1891

Designation	Staff at Lakhimpur and Darrang of population 453,226	Staff at Habiganj (Sylhet) of population 479,691
Civil Surgeon	2	
Assistant Surgeon	1	
Hospital Assistant	3	6
Compounder	1	
Native Inspector	1	1
Provincial vaccinator	8	
Local Fund vaccinator	20	6
Municipal	1	1
Total	37	14

Source: ASA, Assam secretariat proceedings, Home A, October 1891, No-130-166,p-24

Later medical school was established in 1905 at Dibrugarh and the name of the school was Berry-White medical school. In the opening year not less than 55 students were admitted. Out of 55 students admitted, 36 were foreigners (from other parts of India or not the aborigin of the province) and of these, all but one fell short of the standard which was insisted upon at Dacca Medial School. 22 of them were under matriculation. The school was like a refuge for students who were rejected in Bengal. It was also considered that education at Dibrugarh was very costly to Government and

³² ASA, Government of Bengal 1872, paper-3, File No. 154/290

³³ ASA, Government of Bengal 1872, paper-3, File No. 154/290

those who qualified were employed as hospitals assistant. But due to a need of large amount of money in running this medical school only limited number of students were able to get admitted and especially for female there was no facilities. They were sent to receive their medical education at Dacca, where suitable arrangements were made.³⁴ These two were the only medical schools run by the Government of Eastern Bengal and Assam at Dacca and Dibrugarh. These two both combined and unified under the same rules in the year 1910.³⁵ Medical schools in the frontier were thus meant for training the students in the lines of western medical practice for the province because the Government was in need of hospitals assistant. All the head of medical Institutions, hospitals and Medical officers were rested in the hands of the Europeans but medical assistant were rested in the hands of natives. In that way Colonial did not only expand their medical establishment for the requirement of the greater public but also proof their authority over native people to train them in the lines of western medicine. By 1910, Government handed the administration of the main hospital to Local Government.³⁶ More regulations were made to systematize colonial medical administration in the province. The Assam Medical Bill was published in English on 17th November, 1915. The provision of the Act was to regulated a strict rules in the medical office where duly qualify medical practitioners were only allowed to keep as Government servants. For better communication about the Act it was also published in Bengali and Assamese on 26th January 1916. The Act was called Assam Medical Act of 1915 which extended to the whole of Assam including the Khasi and Jaintia Hills districts. In Assam, medical council was called the Assam council of medical registration. The council consists of a president and other six members nominated by the Local Government. By this Act, a person can be disqualified for being elected or nominated as a member of the council. For carrying out the purpose of this Act Local Government make rules from time to time.³⁷ Medical department of the province of Assam was thus regulated by the Act.

Physical education in Assam was done by the education department training camps and annually organized. Educational institutions were periodically examined by the medical officer. These were all practically done in the province. Since 1930s, 5877

³⁴ ASA, Proceedings of the Hon'ble the Lieutenant-Governor of Eastern Bengal and Assam, January, General department, 1906, No.1

³⁵ ASA, Government of Eastern Bengal and Assam, General department, Medical-A, May, 1910,p-1

³⁶ ASA, Government of Eastern Bengal and Assam, General department, Medical-A, September, p-1

³⁷ ASA, Assam secretariat proceedings, Municipality department, Medical A, May 1916, pp-2-12

male and 999 female teachers were given physical training course and physical training on modern line in every school in the province. But due to lack of funds the government was unable to manage properly to all the institutions.³⁸

In 1872 first dispensary was opened in the Khasi Hills at the station with little accommodation.³⁹ New civil dispensary was established at Sairang in Lushai Hills in 1897 for substitution of civil Armed Police for the military police and was placed from 1st January, 1898. There was no special regular vaccination established in North Lushai Hills and the vaccination work was done by dispensary staff. So, three vaccinators were sanctioned in order to get more efficient vaccination work in the district. On 22nd October, 1897 they sanctioned entertainments for certain establishments for the civil surgeon, in North Lushai Hills. But when the Police military were withdrawn from Sairang and abolished the military police hospital, the establishment was replaced into civil dispensary at Sairang and transferred hospital establishment's military budget to the medical budget.⁴⁰ In 1919 the number of hospitals and dispensaries increased to 238 in the province. Out of that, 126 were supported by local bodies, 91 by the state and 21 by private persons, missions and railways.⁴¹ Gradually, more number of hospitals and dispensaries were established by colonial Government as per requirement and in 1947 it increased to 690 hospitals and dispensaries.

³⁸ ASA, Local Self Government, Public Health Branch, Public Health B, September, 1939, p-8-10

³⁹ Hunter, W.W, *A Statistical Account of Assam*, B.R Publishing Corporation, Delhi, 1879, p-255

⁴⁰ ASA, Assam secretariat Proceedings, Home A, May 1898, p-5

⁴¹ NML, Extract from the administration report of the province of Assam for the year 1919-1920, *Indian Medical Gazette*, May 1921, p-194

Table: 11 Number of hospitals and dispensaries and names of hospitals in December 1947 in Assam province.

Number of hospitals and dispensaries	
Government	154
Government aided	4
Local bodies (Municipal and district local (boards)	178
Others including missionaries	9
Total	345
No of hospitals and dispensaries in urban areas	49
No of dispensaries and hospitals in rural ares	296
Total	690
Name of hospitals	
Cachar District	Civil Hospital Silchar
	Police and Assam Rifles Hospital Silchar
	Civil Hospital, Karimganj
Darrang district	5 th A.R Hospital, Lakra
	Civil Hospital, Tezpur
	Civil Hospital, Mangaldai
	Jail Hospital, Tezpur
	Mental Hospital, Tezpur
Goalpara district	Civil Hospital,Dhubri
Garo Hills district	Civil Hospital, Town
Kamrup District	Gauhati Civil Hospital
	American and British Hospital, Gauhati
Khasi and Jaintia Hills District	Ganesh Das Hospital, Shillong
	Civil Hospital, Shillong
	Jowai Mission Hospital, Jowai
Lakhimpur District	Ledo Hospital, Ledo
	Civil Hospital, Dibrugarh

Lushai Hills district	Civil Hospital, Aizawl
	Welsh Memorial Hospital, Durthlang
	Aizawl A.R Hospital, Aizawl
	Lungleih A.R Hospital, Aizawl
Naga Hills District	Civil Hospital, Mokukchung
	Civil Hospital, Kohima
	Civil Hospital, Wokha
	Naga Hills Hospital, Kohima
Nowgong district	Civil Hospital, Nowgong
Sadiya frontier tract district	Civil Hospital, Sadiya
	2 nd A.R, H.G Hospital, Sadiya
	Magharita Hospital
	Pasighat Hospital
	Pasighat ii A.R Hospital
	Assam Saw mills and timber Co.Hospital, Murkongselek
Sibsagar district	Civil Hospital, Jorhat
	Civil Hospital, Golaghat
	Jail Hospital, Jorhat
	Civil Hospital Sibsaagar
	Christian Hospital, Jorhat

Source: Annual Report of the Public Health Commissioner with the Government of India 1947, p-27

Thus, colonial expansion in Northeast India laid an important landmark in the history of modern medical development in the region. Colonial military expansion marked with medical military establishment in the region. Particularly during the first half of the nineteenth century western medicine was supplied to the European native soldiers in their camps. Further occupation of the province and the military occupation had made possible to enlarge western medical establishment in their military outpost. But they took serious turn only when they loss many lives of European native soldiers due to an outbreak of epidemic diseases. Western medical doctors were mostly of military surgeons who serve both military and European officials in the province for quiet sometime. They turn next to productive laborers in their transit to the province and with mass immigration it was colonial interests to take responsibility to provide

medical facilities and western medicine to those laborers. Because they were the earner of colonial economy and this led to increase their scope in providing western medical establishment in the province. The main aim of Colonial rulers was not to introduce western medicine in the province and take active part in solving the problems of the health of the population. It was out of their expansionist natures and interests in the first part of the nineteenth century that lead them to practice colonial medicine by serving their own needs. Slowly and gradually without any sound and practically all the medical affairs was in the hands of colonial Government. European came along with western medical establishment. In their political expansion in different parts of the province their military facilities was only limited for themselves. But after occupation of the entire region medical facilities was not only mean to them alone. It became their concerned to look after the necessary health problems of natives also. The medical establishments then extended to important ports, towns and headquarter. But the process was long and the European military medical personnel were employed for their army and officials at the first instance. In the beginning military medical personnel were the only surgeon in the province. So, the government felt the need to assist European medical personnel and that was the beginning of employment of native doctor as assistant surgeon. That was the significant aspect in the history of medicine and since all the head of the post were hold by Europeans which showed their hold of the medical administration in Assam. Moreover, by the establishment of medical institutions natives were trained in the lines of western medicine which signify that the students of medical schools and those native employed were being colonized. In the early expansion period there was no organized system of medical administration or efficient surgeon in the province. With the gradual increase of medical men and establishment, colonial Government made strict rules and regulation for the proper management of the medical affairs. That was not only mere regulation but was also a mode of how all the medical affairs were kept in hands by colonial rulers. In this way colonial medical intervene in the medical affairs of the province.

Colonial medical administration in the province also reflects the colonial knowledge on how to carry out the work as ruling Government. They established dispensaries, hospitals, institutions and provide medical facilities in all districts. In most cases native assistant of European surgeons were given responsibility to give treatment to

the native patients in dispensaries. In 1901, the number of dispensaries in the province was raised to 108. They recruit more native western medical personnel by making provision to study in western medical institution in other parts of India and in the province itself. Gradually, western medical practice became the recognized provincial medicine in the province and there were 37 major civil and military hospitals in 1947. In that way modern medical establishment was developed in the province.