## CHAPTER – V

## NETWORKING, REACTION AND COLONIAL MEDICINE

Before the intervention of colonial rulers and introduction of their medicine in Northeast India, indigenous have their own practices of medicine. The coming of colonial rulers brought modern medicine along with them in the frontier. That was an evident that there were two kinds of medical practices which had existed by the coming of colonial rulers since the nineteenth century. When there are two practices exists than it was obvious to compare the better one and effectiveness of medical practices. But in every aspect or in science or anything that is comparable. None of the one or other turns out to be the perfect one. In both case there is always some backwardness and advancement outcome. So, indigenous medical practices even though seem to be backward in compare to western medicine the effectiveness was a great significant advancement in those times when only indigenous medical practices were available. Western medicines even though mean to be more advanced however prior to the coming of British there were no such practices in the region which signify both Indigenous and western medical practices had their own recognition and respectable status in their own time. The period of nineteenth and first half of the twentieth century was marked as the period of colonization to others parts of the world and for India's Northeast province too. From chapter three we come to know that colonial medical intervention and expansion led to medical colonization. The medicine gained authority over the administration was the medicine of not indigenous but of western medicine in the first instance. That marked western medical hegemony and colonization in the region. So, the more powerful medical practices mean in the nineteenth and first half of the twentieth century was western medicine which also called colonial medicine. The process and expansion also happened during the times of colonial period. Thus colonial medicine and interaction was an important process of colonization. However, western medicine was not directly appreciated and adopted by indigenous at the first instant of encounter. The indigenous had their own beliefs, attitude and their own traditional medical practices which obstruct and make difficult to directly appreciated and adopted. Thus colonial medicine struggle and put great effort to convey the practical effectiveness of the medicine and survive under such opposition and gradually after a long process it was appreciated.

This chapter discusses on how colonial medicine was received by the indigenous and how the later responses towards the former. However, before discuss about the content and process of networking and reaction of indigenous towards western medicine. It is better to understand the medical practices of indigenous. This following section precisely entail on the medical practices of indigenous medicine before in came contact with western medicine.

**5.1 Indigenous medical practices:**

The indigenous practices of medicine before coming into close contact with western medicine had two fold medical practices. Those practices were even prevalent in Atharva vedic period also. In all over India there were two category of understanding the medical practices that were existed. One was based on the religio-magical practices based on incantation, magic and sacrificial practices that bring about the cures of diseases and the other was based on empirical or rational use of herbals and other medicaments. In this connection mention may be made from the writings of *Atharvaveda, Kautilya Arthasatra,* the *Ayurvedic samhitas* of *Charaka* and *Susruta* and also in the writings of *Alberuni* and the late Muslims and Europeans writers. [1] Throughout the valley of the Brahmaputra and Surma valley Ayurveda and Unani were the principal medical practices. Moreover, the other kind of medical practices of indigenous were also existent. Indigenous had their own medicine men who were also the priests. The priest was responsible to perform incantations, offering and sacrifices to cure diseases. They were given respected status as same as the designation of present doctors during the ancient period. Besides, there were different customs and traditions among different tribal communities about the training of medical men. Among the khasis the priests were usually called *Lyngdoh,* or *langdoh* because they were always appointed from the Lyngdoh clan. In different Khasis state there were more than one *Lyngdoh,* sometimes there was quiet a number of such priests, as in Nongkrem where there was a *Lyngdoh* for each raj and division of the state. There were a few Khasis state where the priest altogether took the place of the *Syiem,* and rules the community with the help of elders in addition to perform the usual spirits

[1] Jaggi, O.P, '*Histroy of science technology and medicine in India*, volume-ii, Folk Medicine' Atma Ram ans sons, Delhi, 1982,p-xv

offices. The duties of the *Lyngdoh*, as communal worship, consist chiefly of sacrificing at times of epidemics of cholera, and such like visitations of sickness.[2]

Medicine men were known as *Tamunyu*, *Tamawa* and *Tamwari* among the *Rengma Nagas*. These medicine men were the combination of fortune tellers and physicians. To treat the patient and for their recovery, the medicine men claimed that their familiar spirits reveal to them in dreams what sacrifices were necessary for the patient. But if the conditions are too stringent, then the medicine men replied by saying that his familiar spirits are away and he cannot undertake the treatment. The medicine men are normal human beings and they were assigned to two, a male and a female, sometime three, in Western Rengmas, but the eastern Rengmas of the opinion that a human beings gain these super natural powers by making friends with one spirits of the opposite sex. After the first visit of a familiar, a person must sacrifice and eat a cock if he wishes to retain its help. After that, among the Western Rengmas, he or she must refrain from eating the flesh of all of which were regarded as stupid animals like dogs, bamboo rats, rats and squirrels. The Eastern Rengma soothsayer should refrain from eating the flesh of animals killed by leopards or tigers. The Naga's chief's anxiety in connection to that is a very natural one of how he can fill his own belly because whomever the spirits offer their powers accept them by doing the sacrifice and refraining from forbidden food, for there was a living of sorts to be made out of the trade which will last till extreme old age. However, the great demerits of the powers, was that whoever had them will either had no children or incase if he or she has already, they will die and the family become extinct. An instance occurred was once a woman called *Hengwale* of *Tseminyu* began to practice when she already had four sons. They naturally objected and when their mother was in convenient trance one day they popped some bamboo into her cooking pot, and that was the end of the trouble.[3]

The medicine men were distinguished among the *Ao* Nagas from the priests, with whom they were in no wise to be confused. Their duties and powers are different. He will utter in a certain case what sacrifice necessary, but a priests or a private persons was acting temporarily as a priests offers it. Hence, on the normal religious life of the

[2] Gurson, P.R, *The Khasis*, Low press Publication, Delhi,2002, p-120
[3] Mills, J.P, *The Rengma Nagas*, Directorate of Art and Culture, Government of Nagaland, Kohima, 1937,p-173

community, the priests and the private individuals acting as priests carried on it. The medicine-man were being called only in the case to deal with the abnormal where sickness and sorrow to cease the work of medicine-man and would find himself out of it. In recent past, there was a popular medicine man in *Youngyimen*. He was exceedingly prosperous until one day he was being called in professionally by Akhoia, wide awake village. Being burnt accidentally to *Akhoia* and the inhabitants wanted to know why it has always happened, with no hesitation, the Youngyimen medicine men said that the trouble deeply rooted in an evil stone, somewhere in the village, which is a short distance below the surface of the earth. This he undertook to find and remove in the morning in consideration of a large present of beef and pork. That particular night, a man who happened to be sitting out in the shadow on his house platform show the medicine man. He steal out of the house where he was staying and begin to dig at the site of the village street. The watcher curiosity was stir up and waited till the medicine man had gone back to bed, he went and dug in the same place. He quickly found a smooth black stone, which he handed over to the elders in the morning with an explanation of how he had procured it. Nothing was said, at the given hour. The medicine man gathered the village round him and after much searching and questioning of spirits indicated the scene of his previous night operations as the spot where the evil stone laid. The medicine men then began to dig up. When the watcher had enjoy the fun long enough, the elders produced the stone and asked him if by any chance that was what he was looking for. A fine cattle was demanded which he could not pay. So, relation to his debt, he sold his son as a slave and brought the necessary animals out of the proceeds.

Medicine men or priest had a pivotal role in the field of medicine each and every one among the community. Prior to the colonial expansion in the region, religious ceremonies and sacrifices were the common ground of medical practices. various kinds of diseases were mainly ascribed to be evil spirits and thus religious sacrifices had more to do in matter of healing. For indigenous evil spirits and bacteria were seemed to be the same thing. [4]As the case Mikir tribes if a man sick and the *Uche* (diviner) declares that *Arnam Kethe* wishes to joined the household, the ceremony was performed, but for offerings were made at the time. After three years, if there was any sickness in the family, the pig used to killed, and in general feast, which rice beer

[4] Hutton, J.H, *The Angami Nagas*, Directorate of Art and culture, Government of Nagaland, 2003,p-178

and spirits given to the village were serverd. A booth of leaves was built in the three days before, the first day was devoted to cutting the posts for the booth, and was called *phong-rong keteng*, the second, to garlanding leaves round the posts, called *phong-rong ketom*, and on the third days leaves were laid out for the rice, rice flour was sprinkled about the ground and plantains and other trees were planted around the booth. All these preparations were done in the early morning before eating. Then follows the ceremony *Arnman Kehte karakli.* First there was the invocation: "To day has come, and now we will give you your three-years' offering; accept it kindly!" Fowls were killed and then the pig and the liver, heart and lights of both were cooked for the God. Then the hoot, ear, and tail of the pig were offered, then pieces of cooked meat. Afterwards the sacrificers eat tekar kethi or *tekar-so, then tekar-pi.* Both were pieces of flesh, the first smaller, the latter larger, eaten with rice beer. Then all the company set to and eat rice and flesh together. Among the Zo offerings were performed by priests in times of sickness. An animal such as red cock, a sucking pig, a dog, or a mithun, the type of which depends on the seriousness of the illness, was slaughtered for the offering. The meat offered to the spirits was only a small portion of the animals, the liver, the head or the legs and was combined with one or two cups of *zu*. The remainder of the meat and zu were consumed by the family and priests. In some case the priests fight against the spirit sickness was caused by a spirit who enters the body or by the spirits being caught in the soul of the body. In such cases the *thiampui*, the high priest, recites a verse composed to drive away the spirits. The sick person body was then painted with pungent smelling spices. The spirit who was believed to dislike the smell of the spice, then leaves the body. In other cases, a sick person has to drink fresh dog's blood over which a sorcerer has chanted, to drive away the spirits. [5]

Besides supernatural casting out the evil spirits (diseases) indigenous have their own traditional method of medicinal plants that was practiced since long time back. Indigenous possessed acknowledge of the astringent properties of certain jungle herbs, of which they used in various kind of ailment and diseases. Among the Lhota Nagas fat pork was eaten as an aperient. For an emetic, chicken dung and rat dung were whipped up with water and the mixture was drunk probably as effective an emetic as any known to science. For stomached and intestinal worms an infusion of

[5] Vomson, *Zo History*, Private circulation, Aizawl, 1986,p-17

the bark of *nshitong* was drunk. For indigestion and stomach troubles in general a little of the dried upper stomach of the porcupine was group up and taken mixed with water, or a poultice of wild lemon leaves or the crush leaves of Maesa indica was put over the affected part. From cough the green pentagonal shaped berries of the *yenkuti* trees were chewed, or a berry called riko was ground up and taken with rohi madhu.[6] Among the Sema Nagas for fever an insect of the grasshopper variety called *aghakimiki-thuka* was toasted and eaten and tsungosho, the pupa of some water insect was eaten for dysentery. As a tonic generally dog flesh was held in great esteem as by the angami. For diarrhea the shrub called stomach ache leaf *tusuye* was taken. For dysentery *azhikuba*, the insect parasite of a plant called *akhame-kulho*.[7] Among the Lakhers for toothache the rememdy was to crush up the leaves of a creeper called *veihna* and to suck them. the creeper was extremely evil smelling and also unpleasant to the taste. It was said to ease the pain. Another cure used ofr toothache caused by eating bitter fruit was the leaves of a dock called *phiapahapa* which they chew and spit out.[8]

So, in that such strong beliefs of the indigenous European expand in the province with western medicine. And indigenous were not directly be able to recognize the effectiveness of European medicine. Because Indigenous had also have their own method of curing illness and sickness as mention above and it was certain that before the arrival of European medicine they can cure for themselves. Even in times of epidemics they adopted measures of segregation policy which was very useful and fruitful in checking the spread of kala-azar. After the in-route of new medicine of western being a foreign for the natives gradually indigenous medicine was colonized by western medicine. In the following section it is deal with the popular response of Indigenous people towards western medicine after colonial expansion in the entire region Northeast India.

### 5.2 Opposition and policy of vaccination:

When western medicine was introduced in the province the attitude of the people was different. Because for indigenous it was unknown practice that was newly entered in the region except to those European military, officials and later to their own subjects

[6] Mills, J.P et al., *The Lhota Nagas,* Spectrum Publication, Delhi, Reprint 2003,p-80
[7] Hutton, J.H, *The Sema Nagas*, Oxford University Press, Delhi, 1968,p-102
[8] Parry, N E *The Lakhers* Omeons Publication Delhi 1988,p-170

and gradually to their object. Spread of various diseases since the nineteenth century demonstrates a significant response and attitude of indigenous towards western medicine. For instance when small-pox did ravages in the province western medicine introduced vaccination but for indigenous there was a strong caste prejudices on religious grounds and apathy of the people in regard to vaccination. One of the reasons was that they had an implicit confidence in the protection afforded by inoculation of the operation being associated with religious ceremonies. [9]For indigenous western medicine was not regarded as primary importance but regarded as secondary a supplementary to the sacrifices.[10]They on some grounds opposed it due to the availability of indigenous medical practices. Hence, western medicine was used as only supplementary to their sacrifices. They had no faith in colonial medicine. For instance in Naga Hills when a body was attacked with any diseases, offering sacrifice to their Gods was their main faith of healing in case if the disease was proved severe in 1869.[11] Little confident or no confident of western medicine by indigenous can also be understand among the native labourers. It was in the year 1889 the Civil Medical Officer was deputed to inspect the Rengbag Tea Garden due to heavy outbreaks of cholera among tea garden workers. Imported coolies were appreciated the effectiveness of western medicine and there was no problem for them exception to those native coolies principally consisting of Garos and Kacharies. An emergent western medicine was provided to those labourers who were effected with the disease the heavy outbreak and fatality of the diseases can cause death to many lives of labour population otherwise. But the Garos labourers were hesitated to take the provided western medicine. They hold the views that all ailments were due to the actions of demons, and that the only cure was propitiating through sacrifices. But in due course and frequent outbreak of epidemics native labourers reluctantly practiced western medicine and gradually they found it was quick to relief compare to indigenous practice of medicine.

One significant response of native towards western medicine can also be known from vaccination. Since the 1830s vaccination was practiced among European subjects. The gradual spread of diseases of cholera and small-pox was not only confined to their

[9] ASA, Assam secretatiat proceedings, Home A, October 1891, No-130-166,p-24
[10] Parry, N E *The Lakhers* Omeons Publication Delhi 1988,p-168
[11] NML, Bhattacharjee, Hem Chander, 'Prevailing diseases in the Angami Naga Hills', *Indian Medical Gazette*, January 1 1869,,vol-iii &iv, Wyman & Co, Calcutta, 1868-69, pp-13-14

subjects alone. But what most important in the history of colonial medicine was that it demonstrate the process of western vaccination as a means to win the beliefs of indigenous. In the early introduction of all the other western medical practices the practiced of vaccination was one of the main practiced opposed by indigenous. There were various reason behind their opposition towards vaccination. Firstly, for indigenous vaccination was not a medicine that can cure or prevent illness. For them it was a violent prejudice. Secondly, it was not acceptable at the very beginning because indigenous medical beliefs were too much based in connection with religions. For indigenous health was related not much with natural or physical characteristics. It was on the contrary with their beliefs which explained the cause of diseases. therefore, in most of the cases vaccination was not welcome by natives. In 1875 the *Gossain,* the village headman did not welcome vaccination and not only him but all the villages dislike to inject vaccination. On the contrary, colonial medical administrator and officials holds that only through vaccination it was possible to check the spread of small-pox disease. Resulted into two thought to fight against small-pox disease. One indigenous and the other western the former was to resist and the later was to win over the beliefs of the people. When vaccination was opposed in most of the places in the province colonial officials Chief Commissioner who was responsible to convince the people and he was also positive that the apathy and dislike was challenge and soon be overcome by vaccination.[12] But the attitude of natives towards vaccination was varied in different district took a long time and struggle for surviving. Due to apathetic indifference and predilection for their ancient customs stand as the chief obstacle. Prejudices were on their religion scruples and for quiet some time colonial medicine found difficult warm greater and occasionally insuperable. The chief gossain in the province were opposed to vaccination on religious grounds, and that influenced to progress vaccine operations in the province.[13] So. on the part of colonial medicine Civil surgeon were taking attentive and explained to them the utility of resorting vaccination to the natives. They labour hard to make them understand to the natives. Among the natives when there were no

[12] ASA, Administration report of the province of Assam 1875-76,p-146
[13] ASA, Administration report of the province of Assam, 1878-79, p-150

caste prejudices also objected vaccination. However, vaccination had later on begun successfully and commenced for the first time at Kohima and at Dimapur in 1881. [14]

But to the other part of the region vaccination greatly hold the passive on its operation because of ignorance and were still unable to be easily submit for vaccination operation. Because of that they had done much harm of themselves by losing their lives due to disease. On the other part, it led to slow progress and cannot prove their superior medical practiced successful because natives were also quiet conservative to a limited extend. And for mass, vaccination was altogether a new thing.[15]Also because of the presence of *Ganak* inoculators indigenous prefer more than vaccination. So, in order to win over indigenous for vaccination colonial Government took advantage of inoculation penalized by legislation. Suggestions were put forward by Mr. Stevenson sanitary commissioner in 1891. They induced *Ganak* inoculators by paying them small fees to practice vaccination. Because *Ganak* were trusted by the natives and making them to carry their work through them had an advantage to win the confident over indigenous on vaccination. At the same time they control the practice of inoculation and popularize more vaccination. *Ganak* were generally well known to the people among them they work, and their operations were invested with semi-religious character and perform through pujas at the same time. In particular case, according to Dr. Eston enquiries in Silchar, the general causes which hinder the progress of vaccination were due to the conservatism of the people, and their unwillingness believed the effectual vaccination more than a pre caution than inoculation. Having no faith on the Government the people thought that if a man was vaccinated when he was predisposed to small-pox, or when an epidemic of that disease was ranging, that he was sure to had small-pox fatality or else in very severe form. Because Government vaccinators were recognized by indigenous as too independent, as they were employed temporarily and the Government had no proper hold over them. They performed their work badly (sub-divisional officer, Karimganj, reports) or the quality of the lymph causes, was more failure in vaccination than were met with in inoculation. Moreover, Government vaccinators were known as strangers and they cannot influence them. They were of the opinion that their practices were not of religious character about their operations. The other explanation made by

[14] ASA, Annual sanitary report of the province of Assam,1881p-16
[15] ASA, Report on vaccination of the province of Assam, 1882-83, p-17

indigenous in favour of *Ganak* where they used to wait the patient till recovery after inoculation, on the hand vaccinator never look back again to whom they vaccinated. All that believed had made them to trust more inoculators than Government vaccination. That was the reason of Government attention on inoculators and want to make them perform vaccination. So, Dr. Macnamara of Sylhet also enlisted *Ganak* for vaccinator by paying them like Government regular vaccinators and allowed them perhaps 1 anna per case certified successful as a douceur.[16]

Through inoculators thus vaccination was progress to a large extend. By doing that not only increase to practice more vaccination to the natives but also fall in decrease of using inoculation. Mention may be made of in Sibsagar district in the year 1891 the practice of inoculation was rapid falling into disuse it was confined to very few villages. But the vaccination was still objected by certain Hindus. Semi-religious sects declared the practices were against their religious tenets. In matter of the obstruction the Deputy Commissioner of Sibsagar J.Knox Wight, put great effort to make them accept the practice of vaccination through issuing letters to certain sects. In one or two instances however (notably in the case of Ahotoguri Goramur and others) also circulated letters among those who objected.[17]

And the Government aware of the confident gain from inoculators and trained local people as vaccinators. And get employed and later in the year 1905 the Deputy commissioner adopted the first place and issued license to the Meches and the Garos especially to those whom were chosen and trained by the civil surgeon for work among their own native people. But still in some sparsely populated country in the north bank above Tezpur, including Majuli, where *Mahapurushiyas* abound, and the tracts towards the hills both on the north and the south bank inhabited largely by hill and forest tribes it was still objected. So, Assamese vaccinators were more employed. However, it was not recommend any immediate addition to the staff that was increased from time to time as required. So, with special care they appointed vaccinators. An improvement was made only through when the vaccination arrangement of the districts were good among those who paid for vaccinations

[16] ASA, Assam secretariat proceedings, Home A, October 1891, No-130-166,p-24
[17] ASA, Assam secretariat proceedings, Home A, October, 1891,p-2

employed as vaccinators by the Government among the Garos, Rabhas and the Meches villages.[18]

Gradually, they extended vaccination policy in the other district where there was no objection among the inhabitants. In some cases the knowledge on vaccination was popularized through notice. For instance under the jurisdiction of Nowgong municipality they posted the notice in markets, *pathsala*, and other public places. In that way it was extended to all other parts of the province with great success.[19]

Thus in the year 1923, two special vaccinators in addition to the permanent vaccinators were entertained in Nowgong. They were sent to the infected villages because small-pox was prevalent in a sporadic form and vaccination was operated with little opposition. Thus vaccination was extended and Civil Surgeon, Northeast Frontier districts, also favoured compulsory vaccination in rural areas. Gradually, Vaccination of the people in the affected locality prove an excellent opportunity for demonstrating its efficacy. Thus compulsory vaccination was enforced in all the districts and make no difference whether that was done by applying the vaccination act or by framing rules under the Infectious Diseases Act. [20]

[18]ASA, Government of Eastern Bengal and Assam, General Department, Sanitation A, January 1906, p-6
[19] ASA, Home A , April 1897, No.77-87, p-2-5
[20] ASA, Local self government department, Public health A, September, 1924,pp-1-16

Table 15: Number of vaccination operations

| District | 1884 | 1886 | 1888 | 1889 | 1890 | 1891 | 1933 |
|---|---|---|---|---|---|---|---|
| Sylhet | 23,241 | 25,015 | 26,959 | 10,658 | 7,945 | 8,617 | 165,495 |
| Cachar | 5,073 | 9,503 | 11,271 | 30,659 | 37,274 | 53,273 | 40,572 |
| Goalpara | 14,477 | 15,352 | 12,145 | 15,344 | 15,887 | 15,592 | 169,700 |
| Kamrup | 8,788 | 15,858 | 15,879 | 15,868 | 12,872 | 16,133 | 56,754 |
| Darrang | 5,194 | 9,681 | 14,201 | 13,172 | 15,378 | 21,351 | 43,337 |
| Nowgong | 2,983 | 6,819 | 10,870 | 9,526 | 10,133 | 12,064 | 33,400 |
| Sibsagar | 3,606 | 12,994 | 15,709 | 15,959 | 18,713 | 19,338 | 52,052 |
| Lakhimpur | 5,398 | 8,005 | 9,124 | 7,854 | 9,035 | 13,741 | 33,698 |
| K&Jhills | 1,861 | 4,279 | 3,797 | 88 | 35 | 3,845 | 22,937 |
| Garohills | 7,263 | 7,641 | 5,277 | 3,065 | 3,242 | 3,973 | 20,010 |
| Nagahills | 473 | 495 | 1,308 | 5,894 | 5,925 | 5,820 | 8,880 |
| Manipur | | | 763 | 272 | 1,064 | | 22,646 |
| Lushaihills | | | | | | | 10,809 |
| Sadiya | | | | | | | 4,999 |
| Balipara | | | | | | | 540 |
| Total | 78,357 | 115,642 | 127,303 | 128,359 | 137,503 | 173,747 | 685,829 |
| Tea garden | | | | | | | |
| Agency | 10,336 | 6,249 | 5,046 | 5,779 | 9,217 | 13,363 | |
| Grand total | 88,693 | 121,891 | 132,349 | 134,138 | 146,720 | 187,110 | |

Source: Administration report of the province of Assam 1890-1p-159, APHR 1933p-32

In that way indigenous had recognized the effectiveness of western vaccination in the midst of their opposing nature of their own system and beliefs and western win over indigenous beliefs. Other significant networking of colonial medicine was the availability of western pills among the natives.

### 5.3 On the Availability of Western Pills:

Where there were no medical establishment western medical pills had also do great in networking colonial medicine among the natives. When there was virulent outbreak of cholera epidemic in the Brahmaputra valley in 1868. Most of the natives loss their life those who were inhabitant of the valley. Until then medical facilities was confined to

few medical establishment. Civil Surgeon were performed their duties in the tea garden inspections. Assistant surgeons were busy engaged in hospitals and dispensaries. The severity of the diseases and widespread was the problem even for colonial medical men. Though native were opponent of western medicine in the first instance. In times of emergency especially during epidemics western medicine alone did done a great job in popularizing and checking the health of the natives. Nineteenth century cholera epidemic of 1868 loss lots of lives of the native population. In absence of required medical establishment and facilities Colonial Government distributed cholera pills and chlorodine among the neighbourhood villages of colonial stations and medical establishment. With directions to how the medicine was administered. Because there was no other alternatives but only to give primary medicine. But the distribution of cholera pills had a varied meaning. For the natives it was a very emergent need to save their lives from the scourge of epidemics. So, when medicine was available for them they took and most of them found effective and appreciated the effectiveness. And for colonial it was a great success to simply popularize their medicine among the natives.[21] Another instance was in 1864 when cholera broke out in virulent form there was no such special measures were adopted for the protection of the civil population beyond distributing medicines at the different police stations. And isolating all cases as far as possible in Cachar.[22] In 1871 within two months there were eighty cases of malaria and thirty persons died in Tura. And medical provision was poor and the only effective provision made was that western medicines were distributed among the villagers for the safety of their lives.[23]Quinine was used as a prophylactic among the troops in times of their traversed in malarious tract jungles.[24]

In 1893 the Government of India sanctioned the experimental introduction into Assam for a scheme the sale of quinine to the public. Because it was effective for treating malarial disease and other cases of kala-azar. At the initial stage quinine were given to the patients. Thus Government extended the scheme to all post offices, on lines identical with those adopted in Bengal. The extension of the scheme to all post offices in Assam was sanction three years later and in 1897 the retailing agency was

[21]Hunter, W.W, *A Statistical Account of Assam,* B.R Publishing Corporation, Delhi, 1879, p-103
[22] Ibid, p-465
[23] Hunter, W.W, *A Statistical Account of Assam,* B.R Publishing Corporation, Delhi, 1879, p-170
[24] WBSA, Proceedings of the lieytenant Governor of Bengal, judicial department, 1878-79,p-19

increased by the inclusion of vaccinators. In 1898, with the consent of the Agent, Assam Bengal Railway, and the service of the selected station masters were also utilized as agents. Consumption of quinine rose in 1898, when conditions were markedly unhealthy. But there was no room for doubting that the use of the drugs and was largely benefit for the people regarding their health. That was the reason an increase of sale of quinine in Assam. Encouraged by the Chief Commissioner at the substantial cost to provincial revenues. And in the year 1905 it was increased, new and better arrangement were made for the better availability and sale of quinine. [25] It involved a trained distributing agency working under constant supervision, and as a system of distribution through retailers who profit by the sales works automatically, and every effort was made to render it more effective in selected localities.[26]

Table 16 : Quantity of quinine sold through usual agents

| **District** | **1913** | **1914** |
|---|---|---|
| Cachar | 495 | 825 |
| Sylhet | 1,636 | 2,079 |
| K&Jhills | 903 | 1,318 |
| Naga hHill | 150 | 101 |
| Lushai Hill | 151 | 250 |
| Goalpara | 1,099 | 1,103 |
| Kamrup | 687 | 194 |
| Darrang | 682 | 714 |
| Nowgong | 1,224 | 950 |
| Sibsagar | 463 | 907 |
| Lakhimpur | 704 | 222 |
| Total | 8,194 | 9,263 |

Source: Annual sanitary report of the province of Assam 1899p-20, APHR 1923P-25-6

Gradually the Principal Medical Officer authorized more western medical pills of cholera and quinine for relief of natives in large extend in all the depots in all parts of the plain districts. Regarding that matter, the chief commissioner of the Assam thus extended the retailing agency by employing men of whom were trustworthy. Who can

[25] ASA, Government of Eastern Bengal and Assam, General Department, Medical –A, April 1905, p-1-5
[26] NML, The government of eastern Bengal and Assam on the prophylactic use of quinine, *The Indian Medical gazette,* March, 1910,p-106

reach to a greater mass and special efforts were made by district officers and by civil surgeons and enlist the services to village school masters, village *panchayats* and village headmen. And all medical officers make concession for that and encourage village school masters, village headmen and village chaukidars to undertake retail sale.[27] And sanitary department carried out the practical importance by educating the people and acknowledge them the value of quinine as a prophylactic. For that measures were adopted in each district by describing in detail the value. Systematic effort was made by the sanitary commissioner and encouraged district officers and local bodies, to introduce those measures. Organized the treatment of the whole population in the malaria infected area.[28] Gradually, there was a decrease in death rate and that was taken into consideration of the fact that. Due to the availability of more quinine and cinchona resulted into decrease. And the masses gain confidence towards western treatment of malaria and other diseases.[29]Distribution of western medicine was a network to win and gain confidence of western medicine. Moreover, colonial Government initiatives of health measures and Christian medical missionaries both create a network in their process of colonization.

**5.4 Dual network and responses:**

Western medicine was unknown before the coming of the British in Northeast India. They had their own indigenous medicines that were practices since time immemorial. Before to come in contact with western medicine also they can get rid from various diseases. They had their own way of checking epidemic diseases. They never felt the need of other medical practices in due course of their time. But since the later part of the eighteenth century an alien ruler had invaded many times. But they never laid a significant impact in the history of medicine. But colonial invasion and occupation of the province had laid a significant landmark in the history and development of modern medicine. The so called indigenous medical practices was degraded in status and western medicine gain the power and authority over indigenous and modern medical administration was thus evolved out. But it was not happen in one night it took long process to survived and win over indigenous medicine. And colonial

[27] ASA, Government of Eastern Bengal and Assam, General Department, Medical –A, April 1905, p-1-5
[28] NML, The government of eastern Bengal and Assam on the prophylactic use of quinine, *The Indian Medical gazette*, March, 1910,p-106
[29] ASA, Local Self Department, Public Health Branch, Public Health Prigs, June 1935, p-6

Government alone was not taking the initiatives part in the development of modern medicine.

Western medicine was also introduced by medical missionaries. By the Charter Act of 1813 colonial Government grants the permission to allow Christian Missionaries to preach Christian religion. The Mission Board adopted a regular policy and sent medical missionaries in India which their expansion were also felt in Northeast India. So, colonial main intension for expansion was to colonized and missionaries to Christianized. Both had thus created western medical network to interact with indigenous. In northeast India medical missionaries contribution in the development of western medical institutions, hospitals, dispensaries were significant. Especially, in the interior hills district. It was not colonial Government who gave medical facilities to the natives but medical missionaries. For instance the contribution of medical missionaries were in 1874 missionaries maintained a hospital in Tura.[30] In the Khasi Hills under the initiatives of medical missionaries doctor Dr. Griffiths Huges opened the first Dispensary at Mawphlang in 1883. His contribution in the Khasi and Jaintia hills were memorable.[31] In the plains too medical missionaries contribution were remarkable in the year 1895, in Sylhet, medical missionaries attracted patients from near and far villages by their medical service in Sylhet. Though their main motive was to attract the soul of non-Christian to Christianized. But their contribution in the field of medical had attracted the attention of the natives to attend dispensaries and consult western medical doctors. They treat the patients with love at the same time share good news of the Bible. In 1901 in dispensary of Sylhet nearly 8,000 patients attend from all over the district, from far places to get medicine. Besides, general medical facilities Christian medical mission provide woman health care. In 1905, Welsh Presbyterian Church opened Women's Hospital providing all kinds of medical and surgical services in Habiganj.[32] In Mizoram, Dr. Peter Fraser M.D, a physician opened a small Hospital at Aizawl in 1910. People came to seek medical service to him. His great contribution lies in the fact that through his medical service people

[30] Talibbuddin, Ernest, *An Introduction to the History of the Anglican Church in Northeast India* (1841-1970), ISPCK, Delhi, 2009, pp-134

[31] MTL, Vanlachhunga, Rev. *Marvellous mission The Role of Welsh Presbyterian Mission in the Transformation of Socio-Cultural Life in North East India and Sylhet Province, Bangladesh*, Shalom Publications, Aizawl, 2008, pp.54

[32] MTL, Vanlalchhunga, Rev, (compiled), Reports of the Foreign Mission of the Presbyterian Church of Wales on Sylhet Bangladesh and Cachar-India 1886-1955, Shalom Publication, Assam, pp-226,255,263

realized that diseases were not caused by the evil spirits.[33] In Manipur Dr. Crozier founded mission hospital at Kangpokpi in 1919.[34] In Nagaland American Missionary established mission hospital in 1912 and was the oldest among the other mission hospital in Nagaland. Another mission hospital was established in Aizuto and in Jorhat, Jorhat Christian Hospital.[35] In 1917 Dr.O Williams Christian missionary doctor was assigned to performed duties in Sylhet. He treated around 4,000 and total number which he administered was 5,468 and women patients who came for consultation personally were 835. Natives were thankful for the missionaries' contribution for healing them and providing medicine. Dr. John Williams established a Mission Hospitals at Durtlang on March 6, 1929, a few miles to the North of Aizawl. Hundreds of patients were attended and treated annually. He also took the initiative part in Nursing Training School in the year 1928.[36]Medical missionaries contribution in establishment of western medical dispensaries and hospitals in their process of evangelization was of great significant in networking western medicine.

For the first instance when medical missionaries started their medical mission. Their medicine was not appreciated by indigenous. Indigenous were too strong in their beliefs. So, they started teaching that disease was not caused by evil spirit With love and care they treat to those who come to them for health matters and attract to those who come by giving them medicine when in times of their sickness. When healed with western medicine indigenous trust western medicine and gradually appreciated the effectiveness of western medicine. But in some cases it was not because they value western medicine their mean of appreciation was something different. In Lushai Hills, diseases constantly infested and the people for curing those diseases they had to expend costly sacrifices prescribed by the priests called *puithiam*. And every people cannot afford to made costly sacrifices. On the other hand, medical missionaries medicine were also available. On that ground they compare their indigenous and western medicine made available by western medical missionaries. It was found

[33] MTL, Vanlachhunga, Rev. *Marvellous mission The Role of Welsh Presbyterian Mission in the Transformation of Socio-Cultural Life in North East India and Sylhet Province, Bangladesh*, Shalom Publications, Aizawl, 2008, pp.270

[34]MTL, Rao, O.M, Among the Churches of the hills and valleys of Northeast India, ISPCK, Delhi, 2005, p-112

[35]MTL, Stadler, G, et al., *The History of the Catholic Missions in Northeast India (1890-1915)*, Firma KLM rivate Limited, Calcutta, First edition, 1980, Pp. 35

[36] MTL, Vanlachhunga, Rev. *Marvellous mission The Role of Welsh Presbyterian Mission in the Transformation of Socio-Cultural Life in North East India and Sylhet Province, Bangladesh*, Shalom Publications, Aizawl, 2008, p=270

cheaper than their exorbitantly expensive traditional animal sacrifices and began to take western medicine instead sacrificing animals that they cannot afford. Gradually, more indigenous had come to take western medicine and the practical effectiveness was thus recognized.[37] All were the circumstances to appreciate western medicine by indigenous.

On the other hand colonial Government medical expansion had demonstrated various significant effort made by colonial medical authorities to convince the native about the effectiveness of western medicine. It was not simply appreciated by indigenous. There were various policies adopted by colonial Government to make their medicine appreciated and indirectly took the medical administration under colonial Government. Though co-operation of the people was also one of the basis to make them possible to colonize by western medicine. Colonial framing of network were the reason behind the success of medical colonization in Northeast India. Major network made by colonial medical authority were:-

Colonial medical expansion was made possible not only alone by Europeans itself. Though opposition were faced from indigenous and later co-operation of the indigenous was the real network to make possible to extend western medical establishment in the province. But how they co-operated with western medical practices were the significant part. First western medical practitioners were Europeans medical men who came along with European officials and military in their process of expansion. But that time western medicine was limited to their own confinement and no native were engaged as European medical personnel in the province. Native emergency need of medicines in times of the outbreak of epidemic diseases was the first stages of colonial medicine network to reach indigenous. Due to shortage of European medical men who were the incharge of western medical establishment and their inadequate facilities and medical provisions made for the natives had create a favourable circumstances to employed European native doctor in the province. At first there were no western trained native Doctor in the province. So, from Bengal colonial Government employed European native Doctor as assistant Surgeon. By employing western medical native doctor natives put more trust in European medicine. Gradually, medical institutions were established and trained the province natives in

[37] MTL, Vanlalchhuanawma, *Christianity and Subaltern Culture Revival Movement as a cultural Response to Westernization in Mizoram*, ISPCK, Delhi, 2006,p-110

the lines of western medicine.[38] In that was slowly and gradually colonial Government strengthening the network of colonial medicine in the province. But opposition was never free from the side of indigenous. Those who settled in the interior were the strongest opposition of the adoption of colonial medicine. In the provincial main town and stations it was gradually adopted because of educated natives who were co-operating and made possible to develop western medical practices as provincial medicine in the province. The greater network lies in the fact that through re-organization of medical administration and various reforms of colonial medical department and administration. When European were not alone holding the posts of medical officials and administration.[39] Indigenous too were holding the post and both made a reformation or re-organized the medical affairs and thus western medicine took authority over indigenous and recognized as provincial medicine.

Colonial medicine had thus a great influence upon the indigenous. Being alien medical practices colonial medicine had create a network which was later accepted by indigenous. Going back to indigenous medical practices and beliefs it was certain that indigenous had also have their own perception of understanding diseases in due course of time. None can define the defect and inferior kind of indigenous medical practices. As knowledge of every kind had their own meaningful explanation. When western medicine made an in route the way how they response and the survival of western medicine was thus one of the significant points in the history of medicine in Northeast.

Indigenous have indifferent attitudes towards western medicine when they first established in the province. For indigenous newly enter western medicine established by colonial ruler in the province was a new thing. The Lalung, the kachari,, the Garos, the Lushai-kuki clan, the Nagas of the inhabited tribes were not familiar about western medicine from their own clan and creed. There was prejudice existed but few sects were based only on religious grounds. Their firm beliefs in evil spirits as the cause of diseases all these had convinced themselves and they were reluctant to adopt western medicine. Instead of adopting western medical practices they rely on their own indigenous medical practices. It was only when epidemic diseases broke out in the province they are able to interact with each other. But the way how they interact is

[38]ASA, Assam secretariat Proceedings, Home-A, December 1897, p-72
[39] ASA, Local Self Government, Public Health Branch, Public Health B, September, 1939, p-8-10

of different in nature. Natives who were engaged as tea plantation labour in the province came in close contact with western medical practice. When epidemic diseases of cholera broke among tea garden labourers medical facilities was not only provided for immigrated labourers. It was colonial great concerned of the heath of the native labour too. In this sense western medical treatment were given to native. At first they were reluctant to take western medicine but their emergent need in combating diseases compelled to take western medicine. Colonial military establishment of various ports and recruiting native military from the province also led to gradual come in close contact with western medicine by natives. On the other hand, medical missionaries to an extend strengthened western medical establishment in the province. Indigenous interact with western medicine through to come in close contact with missionary medicine.

Working both together of Colonial Government, medical missionaries and the policy of colonial Government for adoption of new rules where they inclined more natives led to the unification of western medical development. Thus the first part of colonial period witnessed and faced opposition in accepting western medicine in the province and the second part of colonial period witnessed and both Europeans and indigenous co-operation that led to consequences western medical establishment a great success and got recognition in Northeast India.