

CHAPTER – VI

CONCLUSION

Epidemics of Nineteenth century had far reaching and significant meaning and explanation in the history of medicine in Northeast India. These laid a great impact on the colonial state and in turn these also led to public health and sanitary policies were initiated in Northeast India. Colonial expansion in the province marked with great changes particularly ecologically and morbidity condition of deferent diseases. Understanding the history of diseases during colonial period was thus linked with colonialism and its related mechanism impact on health. After coming of the British in Northeast India epidemics occurred and became rampant due to changes brought along with colonial developmental projects and commercial ventures opened up with erasing huge forest areas to make tea gardens. The colonial developmental projects like railways, roads, tea gardens, labour migration and military expansion make more liable to spread infectious diseases. The infectious diseases made easier to spread rapidly to large geographical areas. By marching huge military on the frontier, huge labour immigration from other presidencies, development of new rail, water and road communication with poor medical western medical establishment, diseases like malaria, cholera worsened and caused huge loss of lives of the people in the province. Gradual occupation of the province led to wider scale in distribution of the diseases. It was clearly evident during ninetieth and early twentieth centuries witnesses frequent occurrences of diseases. Of all the epidemics cholera, malaria, kala-azar and small-pox were the most significant diseases that were occurred during ninetieth and early twentieth centuries in the province.

The significant point lies in the fact that since colonial expansion in the region western medicine was also established along with it. In the process of expansion, British encountered great difficulty on fighting the native rulers on one hand and on the other was military under attack of infectious diseases in the Northeast frontier. It became great challenge to British both in terms of politically and medically. The recurrent occurrence of epidemics year after year British military lose in course of its political expansion. Consequently, the intended medical and sanitary measure initially confined to the colonial enclaves. During late nineteenth century these were extended to the natives, in the neighboring places of colonial stations and to coolies who work

in tea gardens as huge mass migration brought contagious diseases like cholera and fevers. In Northeast India epidemic diseases of the nineteenth and first half of the twentieth century had a complex character particularly after British arrival to this region. British occupation introduced epidemic diseases through migrant plantation laborers, railway laborer and European military to different parts of Northeast India carried contagion with them in most cases it was communicable to a larger population. Colonial expansion and medicalization in the province were closely interconnected. The disease attacked during migrant labour journey to the province of Assam. Migration had massive impact on the province of Assam predominantly diseases spread widely. Colonial territorial expansion in the frontier province led to not only exploitation of natural resources but also disturb the ecology of the region and resulted diseases like fevers became rampant. All these conditions had made more liable to spread the diseases. The consolidation of colonial rule, the spread of epidemics were instigated western medical and sanitary mechanisms and established for their colonial needs.

With the frequent occurrences of epidemics and their gradual occupation had further demanded more to established medical provisions in the frontier. For colonial rulers, western medicine and its related health policies provided a base to claim superiority over indigenous medical practices, people and resources as part of the colonization. The western medical practices not only established superiority by discarding the indigenous practices of healing of native as magico-religious practices. Western medical practice win over indigenous body and came in contact with the indigenous body in times of sickness and epidemics. There little resistance from indigenous people to appreciate unknown medicine to their body which was against their beliefs and practices. Various resistance faced by western medical practitioners in the province because of native strong religious beliefs that diseases were caused by angry evil spirits. On the other, colonial state aim was to win over them or colonized.

The health policies were prompted to control rampant epidemic diseases and for winning over indigenous. It was in the later part of the nineteenth century when cholera epidemics broke and the diseases took lots of lives of the natives. Colonial state administrative mechanisms, health and sanitary officials, medical practitioner involved in both in designing and implementation. It frequently hampered with the shortage of trained medical men and this paved the way to appoint some native

trained doctor as assistant surgeon those were trained in western medicine. This gave unexpected chance to native practitioners for entry into medical board. Because indigenous had their strong belief and they cannot trust alien medicine. The effectiveness and the native doctors build trust to accept the western medicine by the native population. However, this was also only small fraction of native were able to convince. The other case was when small-pox had raged the lives of population in the later part of the nineteenth century, vaccination was opposed and resisted by the people in most of the places. The reason for opposing indifferent attitude of the people on vaccination was on the grounds of religious and caste, and among some community they never thought the disease was harmful for them. On the contrary, they accept the disease as holy and when the disease left the mark of small-pox they feel honour of themselves. The other reason was because of the existent of *Ganak* inoculators who were familiar with the natives who performed inoculation among the natives. They trust the *ganak* inoculators because they performed inoculation with *pujas*. And the natives more trust in scarifies, *puja* than scientific medicine care. Colonial done various means to win over indigenous for vaccination. But all were resulted in little success. So, they induced *Ganak* to perform vaccination instead of inoculation. By paying money for their duty and gradually all the inoculators were employed as colonial vaccinators. In doing that through *Ganak* try to win the confidence of the natives on vaccination and make penalized inoculation in the province. Gradually, after the appreciation of the effectiveness of vaccination by native government extended vaccination to all other parts of the province.

On an aspect of medical administration, till the middle of the nineteenth century it was unorganized. Because when colonial expand in the region they came with small number medical personnel who were part of military medical service. There was no system of administration particularly for the province of Assam. Surgeon who was posted in the frontier were directly administered from Calcutta. And until Assam did not form separate administration medical personnel who were employed in the Province were all military medical officers. It was only the year-1906, those who were appointed for the head of medical administration in any institution of hospitals and dispensaries, sanitary department all were comprised of military Surgeon. And the entire assistants were of natives from other parts of India. That also had demonstrated the nature of medical personnel colonization of the British. Until then

there were little western medical personnel in the province of Assam and colonial establishment of medical schools had opened an opportunity to trained more natives on the lines of western medicine. In medical schools mostly, Assam natives were admitted and took training of medical course in the lines of western medicine. After completion of their course, they were appointed them to assist the western medical surgeon as assistant surgeon and work for the province. It was proved as a great success for Europeans to colonize the medical administration in the province. Their superior and hegemony structure can also understood by holding all the head of medical surgeon post and offering all the lower post to the natives. Gradually it was not only the body that colonial medicine can win upon. Even their own body contributes to win over their other indigenous body by working as colonial western medical servant. The policy of colonial medical expansion were of great tactful and was very difficult to sort out in simple manner. Because it was not correct to said that the nature of their manner in which they obtain the authority over medical high post were the pre planned of colonial ruler. It was not their pre-planned that evolved out in that manner but the necessity and requirement also compel to evolved out in that manner. Because for the newly trained native western medical doctor may not had the full confidence to operate the service in the lines of western medicine. Because native were since long time back not ever in contact with the kind of knowledge that they engaged in practical operation.

More systematic regulation in the administration of the medical department was made possible due to gradual increase of medical personnel in the province. One of the significant re-organization was understandable from the lower pay offered to Colonial Medical Officer. Unlike the other parts of colonial Medical Officer Pay for their service. In the province of Assam because of insufficient pay Medial Officer were not perform their duty properly. Only one third of their time were occupied as professional duty and the other time as private medical practiced among the indigenous elite. Colonial Government regulated and systematized and framed new rules so that they can stop private service because colonial think that they were appoint to performed and served colonial medical needs by performing their duties in their assigned post and area and not to any other extra time or area. So, the rules made by colonial Government had made stronger on the hold of their medical administration. Gradually with an increase in medical personnel and established more

medical institution, hospitals, dispensaries and other medical facilities and by employing more and natives colonial system of medical administration and colonial medicine become the medical administration and medicine of the province.

Moreover, distribution of the western medicine in times of epidemic disease occurrences also created a great network in popularizing, accepting and appreciating the effectiveness of western medicine in the province. Western medical missionaries also created a network to make the appreciated the effectiveness of western medicine. Because like colonial expansion even medical missionaries also in their process of expansion they came along with western medical facilities and provided medical care to the poor, needy and sick. And what attract most to the natives was that medical missionaries treat the patients with great love and care and that had led them to near western medicine. And most of the people go and consulted western medicine under medical missionaries. But in regard to their appreciation of colonial medicine among those native who consulted colonial medicine regularly were not because they appreciated in a respective manner. They appreciated in another manner and they compare the cheapness of western medicine which was affordable to them than their expensive traditional animal sacrifices.

It was no doubt that epidemic diseases of the nineteenth and first half of the twentieth century evolved out public health policies in the province. But if delved into a deeper till the last part of the nineteenth century in the province was extended the medical and health facilities and made available to the greater mass. All the public health measures were enforced only in the first part of the twentieth century. So, the nineteenth century only originated and build the foundation, process and developed medical department which was later shape the structure of public health only since the first part of the twentieth century. Colonial government initiatives of public health measures in the first part of the twentieth century were very defective. Because directly colonial medical expert were not interfering in all the rules and power framed even in the Epidemic Diseases Act. Without educating the public at first in matters of health measures natives were get involved. For instance the *goanburas*, *mauzadars* were given the responsibility to report any outbreak of epidemic diseases but in practical they had not reported properly as they want and that had obstructed to take any preventive measures before to come in contact with kala-azar disease in their villages. Sanitary expenditure was heavy in colonial stations, important towns, tea

garden estates and in railways places. But regarding the rural sanitary condition of the province there was little improvement made. Colonial Public health policy can also be understood from the various measures adopted for checking the spread of the diseases. Various acts were passed in matters of public health reforms. But the practical utility of those acts were never resulted in to positive the larger public. Of all the diseases the most committed reforms made by colonial in matters of particular infectious disease was kala-azar. But if goes back to the last part of the nineteenth century when large number were dying off from kala-azar Government made little effort to adopt measures on prevention of kala-azar. It was only later great effort were made and that later proved a success. In theory colonial government made promising preventive measures on any outbreak of infectious diseases. But in practical it always resulted into not preventive but curative with little effort. And that was the reason why until the 1930s there was not much improvement in matters of public health in times of epidemic. And by the 1930s only useful and positive measure were undertaken by educating more public about the knowledge on infectious diseases. In matters of public health concerned education among the public was the most important part to give important before enforcing and preventive and curative measures. But all were done lately and gradually by the year 1933 epidemic diseases of so far concerned in the province was successful to a greater extend. And it was also not correct to say that colonial government neglected public health measures and it was never. In real implementation of health policy in the province did great improvement in combating epidemic diseases but still it failed to improve the overall general health of population of the province. Moreover, western medicine was still unknown among the greater mass and they depended on their own indigenous medical system to protect their health.