Disease and Medicine in the Colonial Assam during 19th Century

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The British domination over Assam began in 1826 and it brought changes in the political, economic and social environment of the region. The British began to face health problem as the climate of Assam was different from the other parts of British India. At the initial stage the British tried their best to save their lives from various epidemic diseases. During late 19th Century the British took measures to prevent different kind of disease. Some of the diseases like cholera, malaria, diarrhea, Kalazar, smallpox had endangered the lives of the native people as well as the Europeans. Many among the Europeans either died or left the state because of the epidemic disease. The British were concerned to their health so much so that every naval dispatch which arrived in India accompanied by the European doctors. Even the American Baptist Mission which came in Assam, were taking precaution in selecting their residential area. They selected Sibsagar as their head quarter because it had a physician; they also selected those places for their early settlement where at least some people had managed to acquire some elementary understanding of medicine. Slowly, the British settle down in the different nook and corner of the state and began to look after the sick people. They have also given detail information about flora and fauna and cultural practices of the new territory. They gradually began to redefine the things which they saw in terms of their own trainings and perceptions. Their work encompassed not only the understanding and possible conquest of new diseases but also extension of western cultural values to the rest of the world.

During pre-colonial period these epidemic diseases were there but their treatment was very much localized. The people were lacking communication as well as modern medical facilities. Generally the people used the traditional medicine and opium performed the duty of omnipotent drug. Besides there were native medical practitioners Kaviraj or Vaidyas who preferred to practice medicine according to the rules laid down in the Hindu religious books (shashtras) with superstition often assuming an upper hand in many cases.

It also appear that in the most part of the tribal Assam the people used plants, herbs, different parts (of body) of birds and animals as medicine for disease cure. Hornbill is said to have a lasting effect in a pregnant woman for safe delivery. Bile of cow or any animal is a cure for many ailments. We also find magical treatment for various diseases in tribal Assam. In almost every tribal village there is a person who is believed to have the magical power of curing sickness and disease. Such a person heals the diseases by drawing art some stuff such as mess of hair, juice, chewed leaves, pebbles etc. apparently from the body of the patient without leaving any mark where it come from.

Another interesting aspect was that there has been an age old belief among the tribes that some sickness, disease, wounds and accidents are caused by the evil spirit of the jungle and to get cure from it, the malevolent spirit has to be propitiated. Following this belief the people offers some meat, rice beer, fowl or bird etc. to the spirit and this is said to cure the person. Such a belief in malevolent spirit is common not only among the tribal people of the World but also most of the rural people of the world.

However as a result of introduction of Christianity many of the superstition beliefs have weakened and some have disappeared among the educated one. But at the same time the belief in the evil spirit and ghost continue side by side.

Although the system survived as the family tradition mainly in rural Assam. It is also fact that introduction of modern medicine and implementation of vaccination policy in Assam by Europeans was a challenge for them. The Assamese people were not ready to accept it as they were preoccupied with their traditional superstitious belief.

Generally, disease and epidemics break out either due to environmental or nutritional or administrative draw backs. But there was an imperialist argument that diseases are inherently linked to racial inferiority. This argument was based on social Darwinism which says that weakest of races will die out in the natural selection process. When imperialism was at its peak any argument was rendered sensible in a distorted prism. And in consonance with this ideology there developed a distinct colonial mode of health care, characterized by residential segregation and neglect of the indigenous civilian population.
Although from the late 19th century we see a change in the attitude of the colonial policy regarding prevention measures for epidemic diseases. It was in this period Pasteur Koch and other made advances in bacteriology and installed confidence among British medical men in India that epidemic disease could be prevented by Western scientific knowledge. It was during this period Kalazar arrived in Assam. However, when Kalazar first appeared in the Garo Hills district in 1869. Assam had already become a hunting ground for deadly epidemics disease like cholera small pox and malaria fever. Mortality caused by mere disease was so high that it caused serious problems to the functioning of the colonial state.

Small p ox was a devastating misfortune. It was a highly contagious viral disease. It killed up to half of these infected and seriously maimed survivors through severe scarring of the skin with poxmarks, blindness and infertility. However, those who did survive enjoyed protective immunity from further infection for the rest of their lives. The small p ox virus or variola, to use its scientific name, exists in more than one form, some producing more severe illness than others. Historical and epidemiological evidence suggest that south Asia was home to the more virulent strain of the disease, variola major, which sometimes mutated into the deadly haemorrhagic form of smallpox. On the other hand, the less virulent variola minor – also known as alastrim was commonest in Europe and North Africa, where mortality levels were lower and haemorrhagic case extremely rare11.

It is yet difficult to explain the relation between the different forms of variola: why some strains were more virulent than others, or how some individual’s human physiologies were better able to respond to infection than others. However, there is broad agreement in scientific, medical and public health circles about one’s point, namely that variola major could inflict a heavy loss of life among non-immunized populations, killing between 25 to 50 percent of those infected, whereas the case-fatality rate for variolaminor could be as low as 1 percent22. The other striking aspect of variola major was its well-defined features: high fever, deep rashes, oozing pastules and a putrid smell were the norm and a large percentage of the victims tended to die from bleeding, cardiovascular collapse and secondary infections. Haemorrhagic small p ox could rapid death from dramatic internal and external bleedings13.

During 19th Century small p ox was one of the chief epidemic diseases in Assam. Mortality rate with this disease was very high and it mainly affected the poor section of the society. In 1932, smallpox occurred in the Nagaon district in an epidemic form. In the second half of the 19th century, the epidemic form of small p ox became more frequent in every district of Assam14. In the traditional Assamese society, small p ox was widely identified with the Hindu Goddess Sitala whose awesome presence was manifested through the disease fever and eruption. A benign outcome to possession by the goddess was sought through songs, prayers, devotional offerings and cooling potions15. The small p ox was sought to cure through the process of variolation. This involved inoculation by the Tikadars with live small p ox matter. The more concrete steps to curb the practice of variolation were taken in the vaccination act of the 1870s and 1880s by making variolation illegal and vaccination compulsory. The native people saw vaccination as ungodly and offensively polluting the caste system by the transmission of body fluids from one individual to another. Belief that Sitala was being defiled or assaulted contributed to native distrust of vaccination and thus formed an important site of cultural resistance to colonial medical intervention16.

In 1837, John M'Cosh in his book Topography of Assam had mentioned that, inoculation with the smallpox virus is practical by the natives, they have a strong prejudice against vaccination, this aversion to it is peculiar to the people of the plains; those of the hills are very willing to have it performed17. This fact was also illustrated by GunaviriamBarua when he was the Extra Assistant Commission of Nagaon district in 1873. In a report to the government of Assam, Barua had mentioned that due to religious restrictions some sections of the Hindu community had strong apathy towards vaccination18. In the annual sanitary report, references were also made to the vaishnavite dominated Barpeta area where, vaccination was denounced as going contrary to the Shastras19. This aversion towards vaccination was also found within the Marwari community in Jorhat20. The practice of inoculation was also high in the districts of the Surma valley. In the districts of Cachar and Sylhet, between the years 1884-1899, the average death rate from small p ox was 38 percent from a total population of 2,656,629 and this heavy mortality was attributed to the presence of Ganak a class of hereditary inoculators21. This hereditary class of Ganak had so much authority over smallpox that if compelled the principal Medical Officer and Sanitary Commissioner to request the Chief Commissioner of Assam to made the functioning of the Ganak illegal22. However, in tea gardens, smallpox was almost absent due string out vaccination policy by the colonial authority23. In fact according to the British officials, the exemption of the coolie population from small p ox vaccines
should serve as an example for the dull apathetic Assamese intellect about the positive advantage of vaccination. Although the colonial indifference towards the health of the native population which formed a small pox part of profit generating mechanism, was the basic cause for the limited western medical intervention in terms of small pox vaccination in Assam.

Another dreaded epidemic Malaria was defined as ‘malaria’, bad air, air tainted by injurious emanation from animal and vegetable matter, noxious inhalation of marshy districts, in other world miasma. It was essentially an economic disease sapping the vigour and physique of the community. It lowers ones vitality, thereby preparing the ground for other disease like tuberculosis etc. Apart from the suffering it causes among human beings, malaria is a disease which seriously interferes with the commence and industry of a place. It is pointed out that malarial fevers and to a greater extent cholera became a highly political disease which threatened the slender basis of the critical point of interaction between colonial state and indigenous society. Throughout the colonial rule, cholera leaked across all the preventive hurdles and caused epidemic havoc all over Assam. As the British were unable to control the disease, they frequently resorted to blame the natural obstacles and opium eating habit of the native for the spread of the disease. Although the western medical discourse answer to malaria was Quinine. This method was applied in Assam and quinine was sold through the agency of post offices. However, this was totally inadequate to curb the menace of malaria it had little impact on the indigenous systems of malaria treatment. In the indigenous treatment for the fever, capsicum, borak, mace and papal; ground and mixed together with lime juice and of which one rate weight (about two gram) was given three times a day with juice of green ginger. A similar preparation, but mixed with goats urine was also prescribed in cases of fever.

In the case of Kalazar, since its etiology was unknown prior to 1903, the western medical science had failed to prevent the disease. It left the indigenous practitioners with enough space to challenge the hegemonic diffusion of western medicine in Assam. Hence, it was in the field of Kalazar that traditional Assamese medical practice had an upper hand. In some cases, we have information that kalazar was successfully treated by the Bez (traditional doctors).

Throughout the colonial Assam one thing is very clear that still in the popular level the dominant medical system was the indigenous practices with much more positive results. It also enabled the native people to stay well outside the domain if colonization. However the modern medicine had certainly compelled the indigenous practitioners to rethink about their own system. They now sought to revive their profession by making it more institutional. In that direction a medical book Prasuti was written by Kukha Kanta Borkotoky in 1898 which was published from Dibrugarh. The monthly Assamese Journal Jonaki termed this book as the first in Assamese language on modern medicine. As these tendencies had reflected the growing dislike for western medicine still it had not been able to free itself from the influence of colonization. In their effort to restore indigenous practices they often tried to incorporate the modern western rational elements into their medical system which were itself the product of colonial ideologies. However, the greatest obstacle for the survival and spread of indigenous medicine was the strong dislike on the part of the Kaviraj’s and Vaidyas to pass on their knowledge to the next generations. Ironically the caste and religious for prejudices also acted as a hindrance for the spread of western medicine in Assam,

It is clear since the beginning of the British rule that the colonial medicine derived its authority from the state and not from the consent of the people. But the British desperately needed the peoples’ consent for the legitimating and longer survival of its newly founded empire. For this purpose, the colonial authority gets help and support from the English educated elites in Assam. Among this group, Anandaram Dhekial Phukan was the first person who supported western medicine and even appointed an allopathic doctor, Sitala Singha, as his family physician. Similarly Purnananda Barua, the then Extra Assistant Commissioner of Nagaon made some effort to establish a charitable hospital in Nagaon and in this regard urged Dr, Miles Bronson for some financial help. By his effort a charitable dispensary was established in Nagaon in 1863. When Gunaviram Barua was the Extra Assistant Commissioner of Nagaon in 1873, he recommended certain measures to the chief Commissioner of Assam for successful smallpox vaccination. However all these efforts of the English educated Assamese elites sometimes did not reflect the actual pictures? Though they had favored the spread of western medicine, they had also not completely been able to separate themselves from the indigenous tradition. If we study, two articles of Gunaviram Barua published in Jonaki, the situation will become clear to some extent. In the article Barua praised Assamese Bez for its precise knowledge regarding the origin of Kalazar. However in the other article Barua appealed to the colonial authorities to remove
disease from Assam by the application of the western medicine.

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