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EDITORIAL

Colonial India: Health care and lessons

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ABSTRACT

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While turning pages of history often feel like opening a Pandora's box; interpretations vary according to era and purpose. The preserved records may be fossils but provide a mirror to the past for those who want to learn valuable lessons from it.

The history of colonial India since the 16th century has given the land a paradigm shift in the health care sector. The Portuguese were the first to introduce Western medicine into India. In 1759, a dedicated hospital was built in Panelim. The first-ever medical school in South East Asia with professors from the Coimbra University started in 1801 that later became the Escola Medica-Cirurgica de Nova Goa in 1842 in Panaji and still stands as the Goa Medical College. The French in Pondicherry in as early as 1690 established the L'Hopital Militaire and in 1823, established L'École de Médecine de Pondichéry that became the JIPMER in independent India.

The 6th Century also saw the East India Company brought in the medical officers with its first fleet of ships.¹ They set up facilities for providing medical relief to the troops and employees of the East India Company. In 1775 hospital boards were established and Medical departments were set up in Bengal, Madras, and Bombay presidencies in 1785, looking after both military personnel and British civilians.

Interestingly from 1750 onwards, the British East India Company encouraged scientific research into Indian medicinal plants and established botanical gardens to cultivate and study

local plants that might be exported or used as cures.² Europeans and Indians freely shared their knowledge of medicinal plants with each other. Not only that but some medically trained Orientalists were known to have translated the classical Ayurvedic and Unani texts. As time went by Europeans began to study traditional Indian treatises without the help of Indian practitioners for the knowledge of Indian pharmacopoeia. By 1789, the Journal of Asiatic Research was founded by Sir William Jones, an Orientalist who supported research into Indian medical systems and medicinal plants.

In Britain, St Bartholomew's Hospital, commonly known as Barts, was founded in 1123, the first known teaching hospital in the City of London. Over the next centuries, Britain expanded training facilities. This would have a significant benefit to India when some of these professionals were deployed by the East India Company. The health professions from the western world were also employed by the then Kings.

A Native Medical Institution was established in Calcutta in 1822 to provide medical training to Indians. The first batch of 20 young Indian students was recruited and instructed in the vernacular medium as texts in anatomy, medicine, and surgery were translated into the local languages, while parallel instructions were delivered in both Western and indigenous medical systems. In 1826, classes on Unani medicine were held at the Calcutta madrasa, while the Sanskrit college conducted classes in ayurvedic medicine. Successful native graduates were offered government jobs. The efforts to help learn and practise Western medicine, through an Indian medical school was



started in Southern Bombay, with surgeon John McLennan as the superintendent. This school, however, did not run beyond 6 years.

By 1830s, many of cultural-educational policies started by the vernacularists and orientalist were overturned. Charles Trevelyan, an ardent Westernizer, objected to the policy of educating Europeans in the languages and cultures of the East, recommending that the Asians ought to be educated in the sciences of the West.” The debate ended in 1834 with a report Lord John Grant which criticized the medical training and assessment conducted by the Native Medical Institution. It recommended that the state should establish a medical college for the “education of natives.” The various branches of medical science should be taught to students, as in Europe. The trainees should be able to read and write in English, Bengali, and Hindustani, and must be proficient in arithmetic., Thomas Macaulay, in 1835 recommended that the government withhold further grants to institutions, “conferring instruction in the native languages.”

On the 28th January 1835, the Native Medical Institute was abolished and the establishment of a dedicated Medical College for imparting western medical education promulgated by Lord Bentinck occurred. This became the Calcutta Medical College that literally overnight shattered the taboo of dissecting a corpse by Indians and heralded a new wave of liberal thinking in a renaissance on 10th January 1836. The first batch passed out in 1840 and in 1845, 4 students made the journey to England to achieve higher diplomas in the Royal Colleges, the very first time that Indian medical graduates did so in colonial South East Asia.

Taking Calcutta’s lead, Madras Medical College made an emergence, one week after Calcutta followed by the Grant Medical College in Bombay in 1843, the Agra Medical School in 1854, the King Edward Medical College in Lahore in 1860, the King Edward Medical School in Indore in 1878 and the Byromjee Jeebhoy Medical College in Poona in 1878. With these institutions of medical learning, came the state of the art tertiary teaching hospitals that were quick to imbibe then medical science breakthrough processes and practices and applied to their own along with intense medical academia and publications.

A landmark ruling in 1857 saw the establishment of 3 universities in the 3 presidencies of the East India Company in Calcutta, Bombay and Chennai who formally recognised the medical courses in the presidencies. Simultaneously, these courses were also recognised by the Royal Colleges of England and Scotland. GMC certification became obligatory in the 1860s and from 1892, the GMC recognised Indian diplomas. The first medical school in the 20th century was the King George Medical School in 1905 and by 1938, there were 27 medical schools in India up and running some of which were private.

Not unsurprisingly, there was a cultural clash in terms of religion, practices, ethos and philosophy between traditional forms of native medicine and western medicine. The medical graduates who were trained in medicine essentially went against their own social norms that were not easy. It took a lot of courage and conviction, but over a period of time, Indian

society, in general, saw the benefits of western medicine and started to embrace it. Under the eyes of the government, traditional medicine like Ayurveda, Unani and Hakimi medicine were not suppressed and continued in tandem with western medicine.

Following the Mutiny of 1857 in India, the British Government exerted full colonial political power over the Indian territories. It can be noted that in 1857-1858, during the Sepoy Mutiny, some Indian doctors trained in western medicine sided with the rebels. At this time the British mainland was also going through many reforms for improving health conditions. Britain expanded Health boards in Wales 1848-1875, in areas such as Cardiff, Swansea, Merthyr Tydfil, Aberdare and Maesteg.³ In India, several health bodies like Indian Medical Service, the Central and Provincial Medical Services, and the Subordinate Medical Services were set up for medical care and improving public health. In 1869, the medical departments in the three Indian presidencies were amalgamated into the Indian Medical Service.

For the first time, a competitive examination was conducted in London to recruit people into the Indian Medical Service. The European officers of the Indian Medical Service headed the military and civil medical operations in the three presidencies. They needed trained assistants and supporting staff such as apothecaries, compounders, and dressers in their work. Thus, a new system of medical education in India was established to recruit local staff.

The physicians and surgeons of this period, whether trained in Western or indigenous systems of medicine, providing care as generalists. It was the 19th century that saw more Medical specialization in most of the Western world. Britain was slow to adopt these advances and this has evidently reflected in the absence of references to specialized physicians in India. The physicians and surgeons of this period, whether trained in Western or indigenous systems of medicine, providing care as generalists. Training of Indian women in medicine started gaining momentum in the 1880s, with the establishment of the Dufferin Fund. Women were encouraged to get medical licenses as well as degrees to increase facilities for the treatment of female patients.

The Royal College of Physicians was established in Britain in 1518. Over the centuries more specialities became an attraction for students from abroad. Though in small numbers, many doctors born in India came to Britain and registered with these institutions.

In India, the period from 1900 saw the emergence of more doctors trained in Western medicine. As the training medium was the English language, Western medicine had a significant presence in big cities and towns.

Priorities in medicine and its relevant development have been dictated by prevailing conditions of diseases and ailments. During 17th to 19th-century Malaria was a major problem followed by Plague, typhoid, cholera, tuberculosis, typhus, and smallpox; most of these carried on in the 20th century. The lacklustre and sometimes punitive efforts of the Raj government to control the great plague of the Bombay Presidency in 1896-1897 led to the first political assassination since the Mutiny of the British plague inspector by a group of 3 Marathi brothers.



This, in many ways, heralded in the path of violent armed struggle for independence in India.

The two World Wars leading to mass sufferings by war injuries, poverty and diseases speeded up advances in science and technology with new inventions across many fields.

The National Health Service (NHS) has used migrant workers since its inception. In 1957, a random sampling by the Willink Committee on medical manpower found that 12% of doctors were overseas trained.⁴ In 1970, the Royal Commission on the NHS estimated that between 18,000–20,000 registered doctors in the UK were born outside the UK, with half of these being from India or Pakistan. Today an estimated 65,000 doctors are of Indian origin.⁵

In the 1950s and 1960s, large numbers of Irish and Caribbean nurses were recruited to assist the expansion of NHS services, a pattern that was replicated in the early 2000s when nurses from Africa, India and the Philippines came to the UK. A 2005 report found that in 2003, 29.4% of NHS doctors were foreign-born and that 43.5% of nurses recruited to the NHS after 1999 were born outside the UK.

The legacy of the British Raj in India is the introduction of the modern medicine and development of training and service providing institutions. This was done in an era when Ayurveda and Unani systems had been falling in tatters for a few centuries.

Institutions providing training in modern medicine grew

fast after independence leading to mass production of healthcare workers. India was thus able to provide the United Kingdom with highly educated and trained professionals to fill the gap in the NHS

Britain has managed to maintain excellence in medical education and thus continue to attract trainees from the Indian subcontinent. Many of them decide to settle down in the country because of a better quality of life.

The role overseas doctors were playing in the UK was summed up by Lord Cohen of Birkenhead in a debate in the House of Lords in 1961 saying:

‘The Health Service would have collapsed if it had not been for the enormous influx from junior doctors from such countries as India and Pakistan’.⁶

Echoed by Lord Taylor of Harlow in the same debate who said:

‘They are here to provide pairs of hands in the most rotten, worst hospitals in the country because there is nobody else to do it.’

Doctors of Indian origin are known as the backbone of the NHS. Their contribution to the health of the nation has been significant academically as well as clinically. Unfortunately, the colonial belief that these immigrants are subservient continues. They are treated differentially and face blocks in career progression. BAPIO, over the years, has been challenging unfair treatment of these doctors with some success.

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