

Health Care in Bombay Presidency, 1900-1937

by Mridula Ramanna

Health policies were promoted by the British colonial state, in nineteenth century Bombay Presidency, with caution. The main constraints were the reluctance to intervene in established traditions and to make large scale financial commitments. However, private philanthropy played a role in supporting Western medicine by funding medical education and hospitals and dispensaries. Campaigns like smallpox vaccination and sanitary reform were pursued by activist health officials with the endorsement of Indian civic leaders, and met with some success in the urban areas, as recent studies have shown. The twentieth century saw a shift from curative to preventive approaches in colonial medical policy, and these proved to be more effective with the co-operation of voluntary non-governmental agencies. My current project aims to explore aspects of health care in the Bombay Presidency in the first three decades of the twentieth century.

My visit to the Rockefeller Archive Center was to consult sources on the interest and experience of the Rockefeller Foundation in the Bombay Presidency. Accustomed as one pursuing research on India is to the colonial and the Indian viewpoints, often diametrically opposite, the rich archival sources at the RAC provided a refreshing third party opinion. This report highlights some vignettes from the facts, pertaining to Bombay, gathered at the RAC.

The accounts of the visits to India by Victor G. Heiser, W.S. Carter, Lewis Hackett, and W.P. Jacocks in the 1920s and 1930s provide interesting insights into a variety of contemporary personalities and issues. These years were the height of India's freedom struggle. Heiser met Mahatma Gandhi, Rabindranth Tagore, the nobel laureate,

Jinnah, the Qaid-e-Azam of future Pakistan, and the poetess Sarojini Naidu, and noted their unanimous condemnation of the British. He pointed out that the Western world could not afford to take a patronising attitude, when a Nobel prize had gone to Tagore and asserted that the problem in India was not like that of bringing science to Brazil or to the Phillipines. The crass appeal often used by sanitarians that material benefits would follow was not apt here. Heiser was concerned about the clamour for the promotion of *ayurvedic* medicine by Indians, and discussed this issue with Bombay's surgeon general, Major General A. Hooton. He noted Gandhi's well known opposition to Western medicine.

The RF officials impressed upon all those authorities they met in India that the general principle of the International Health Board was to assist people to help themselves. Their correspondence reflects their opinions of the public health scenario in India. They knew they had to contend with the well-entrenched Indian Medical Service (IMS), whom they found to be conservative and exclusive. On the basis of his twenty-year experience in the east, Heiser counselled that by constant gentle pressure the people would gradually overcome their indifference and health work would make definite progress.

Comments on Medical Education

One of the RF's interests in India was medical education. Heiser first visited medical schools in the Presidency in 1915, when he noted a "retrogression" in standards. On his subsequent visit, in 1921, he found no serious effort to improve quality. Yet he made the pertinent observation that education was under the control of Indians, after the implementation of the 1919 Government of India Act, and it would be more desirable to

co-operate with them than with the British. The period 1919-37 saw more Indians being associated with the civil and medical services and limitedly with decision making, in the legislatures, and with implementation of policy, as ministers. During his 1926 visit, Heiser recorded that the oldest college of the Presidency, Grant Medical College, founded in 1845 and located in Bombay city, was unsuited to adapt to modern needs, but he reported favourably about the newly established Gordhandas Sunderdas Medical College, exclusively meant for and run by Indians and maintained by the Bombay Municipal Corporation.

Surgeon General Hooton had made a request to the RF for aid to medical institutions in the Presidency, in 1924, with the endorsement of the American consul, Wilbur Keblinger. Subsequently, W.S Carter's trip in 1926-27, resulted in a report on the state of medical education, which provides a valuable contemporary assessment. Carter held that the Indianization of most of the government medical schools, brought about because of the pressures of the national movement, had contributed greatly to superficiality and mediocrity. Therefore, he believed that the best educational ideals existed in the Presbyterian Mission's Miraj Medical School, which trained licentiates, and he strongly recommended it for outside assistance. Carter found the National Medical College, (NMC) established in 1921 during the non co-operation phase of the national movement, which aimed at providing sound training in Western medicine while preserving the best in indigenous medicine, to be the weakest in India, comparable to the Calcutta Medical School. Though the NMC was not a recipient of government aid, he felt that it was not worthy of any financial support. On the other hand, he was impressed by the G.S. Medical College, which not only had the finest building in India, but restricted

the numbers of students, so that small groups would receive clinical instruction. Adjacent to it was the King Edward Memorial teaching hospital, with a capable honorary staff and a system of rotating internees. Though elsewhere he had noted difficulties in practical instruction in midwifery, Bombay city seems to have provided an adequate number of maternity cases for study. Carter concluded that the medical colleges were training enough graduates to cater to the needs of urban areas, but there were not sufficient trained men to serve the rural population.

The RF also provided fellowships that enabled Indians to receive training in laboratories in the U.S. However, these RF fellows, on their return to India, did not find positions where they could use their training and expertise. They complained to RF officials, who counselled patience. One of the most frank and vocal of the fellows was Major Sokhey of the Indian Medical Service, an RF fellow in 1926, who found himself “looking at able bodied soldiers tongues and feeling their pulses,” on returning to India. Hackett, who met Sokhey in 1928, found him very anti-British, full of nationalist fervor, and supporting absolute independence. Later, Sokhey did get an appointment in the Haffkine Institute and rose to be its director.

Malaria Control

RF expertise and advice were particularly sought for malaria control. In 1926 Heiser observed that Bombay city had very high death rates from malaria. In his meetings with Bombay’s Municipal Commissioner, H.B. Clayton, he was told of the obstacles placed by the Parsi community, on religious grounds, to the closure of wells. This is a reflection of the ambivalence in Indian reactions to Western medicine, because the Parsis, of all communities resident in Bombay, had not only been in the forefront of the

acceptance of Western medicine and medical education, from its inception in the mid nineteenth century, but also had taken the lead in making endowments and donations to medical institutions. Hackett ascribed the roof cisterns both in mills and in houses to be one of the chief causes of malaria and felt that there was no organised movement to deal with the problem.

Paul F. Russell, in his “Malaria Tour of India,” 1934-35, was struck by the size of the country and the wide disparities between the wealth of the *rajahs* and the poverty of the peasantry. Religion, superstition and caste were barriers to anti-malaria work and he despaired of the universal indifference to disease and death in India. By the time of Russell’s visit, nearly a decade after Heiser’s, Bombay city had controlled malaria, though there was the ever-present threat that funds for the campaign would be reduced. However, new construction in the city was constantly underway, which meant that large numbers of persons, including “malaria carriers,” were regularly coming in to Bombay. Though Russell found a considerable amount of malaria in the rest of the Presidency, he pointed out that it caused no concern to the authorities. In Sind, the western most part of the Presidency, he observed the barrage scheme had increased the incidence of malaria and the problems of malaria control were of “tremendous proportions.”

The only interaction that the RF had with princely India, in this region, was with Sawantwadi, a small state between Goa and Bombay. The state’s Minister for Revenue and Political Affairs wrote to the RF in 1928, seeking co-operation in the control of malaria. J.F. Kendrick, who subsequently visited the state, was impressed with the concern of the ruler and his minister to improve public health in the state. The program

was begun in 1930, under RF guidance, and soon the malaria department became a permanent part of the state administration.

There was considerable interest evinced in the malaria film made by the RF. Devadhar, Secretary of the National Baby Week in the Bombay Presidency, had seen the film at the Bombay Bacteriological Laboratory and found it instructive and impressive. He wanted to use it in villages for propaganda and applied to the RF for permission to adapt the film to Indian conditions in “the matter of language, people and surroundings.” To impress upon the RF the agency’s credibility he assured that they received fifty percent assistance from Government and had a governmental representative on their committee. The permission was granted.

Public Health Issues

Jacocks, who visited the Presidency in July 1929 and in June 1930, made a thorough report on public health activities. Concluding that the Bombay government was sincerely interested in public health, he referred, in particular, to the success of the local boards in promoting smallpox vaccination and to private agencies engaged in infant welfare. While the eradication of hookworm was a major RF campaign elsewhere in India, the officials found that the Western region, with the exception of the Konkan, was free of the infection.

Nursing was another area of interest to the RF. Heiser had found that public health nursing was practically unknown. While noting the difficulty in getting women to take up nursing, Carter had commended the work of the Seva Sadan (a voluntary organization) in training women, especially widows, to be nurses. Impressions on the state of nursing were also recorded by J.B. Grant (1939) and Mary Elizabeth Tennant

(1941). Tennant observed the lack of a modern nursing curriculum and found there were facilities only for the training of health visitors in Bombay and Poona, under the aegis of voluntary bodies. Their recommendations included the establishment of nursing colleges at Calcutta and Delhi and subsequently in other cities, and suggestions on the kind of curriculum to be followed.

The RF also had been concerned about rural health. Carter's recommendation to meet the medical needs of rural areas was to train more licentiates, both men and women. Jacocks discussed the question with the Director of Health, Dr. A Da Gama, and seems to have been impressed by his plans for rural health. A health unit was set up by the RF at Sirur, in 1939, in what was considered a typical rural area, comprised of forty-nine villages. After conducting an initial survey, a program was launched to promote health education and to control epidemic and endemic diseases. Field staff were trained in the first year and subsequently health visitors made home visits, while midwives performed pre-natal checks. Epidemic control measures included smallpox vaccination, cholera inoculation and rat trapping to prevent plague. When the unit was closed in 1944 after the stipulated five year period, a sense of disappointment was recorded over the little progress made, with the difficulties of transport and the poverty of the region cited as obstacles.

Conclusion

The primary source material that I have collected on the Indo-RF encounter in Bombay Presidency will be of great use in the project that I am working on, which I hope will become a monograph entitled, "Health Care in Bombay Presidency, 1900-1937." The experience of the RF officials, as revealed in their correspondence, and the activities

of the RF in the different regions of India, as recorded in the reports, has shown that Indian responses to the RF were by no means similar. It is significant that the reactions of officialdom in British India differed from that of princely India. These variations, which merit further research, are important to an understanding of health care policies and the development of medical facilities in pre-independence India.