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EPIDEMIC DISEASES, INDIGENOUS PRACTICE AND BRITISH MEDICAL INTERVENTION IN COLONIAL ASSAM

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ABSTRACT

Assam's interaction with western medicine started after it came under the rule of the East India Company. Prior to the colonial rule people of Assam had mainly practiced indigenous methods of healing. However, after 1826, when East India Company took control of Assam, western medicine for the first time was introduced in Assam. The coming of the colonial rule along with a new healing system bound to made repercussions among the native people. These repercussions can be seen in terms of curing epidemic diseases like small pox and cholera. This paper is an attempt to understand the intricate relationship between colonial people with the western medicine and the responses that it generated in colonial Assam.

Introduction:

Assam's interaction with the western medical science began with the doctors and surgeons who accompanied the military and visited the region since late 18th century. The company began to administer the region since 1820s and soon the health of their employees as well as the natives became one of its primary concerns. They realized that they were now prone to some new diseases, from which they did not suffer in their homeland. On the eve of and beginning with British administration in Assam, Captain R. B. Pembertson, who was the joint commissioner of Manipur, had termed Assam as the third most unhealthy place after Araccan and Rangoon.[1] We have also references to the unhealthy climatic condition of Assam in the *Fathiya-I- Ibriah* of Sihabuddin Talish. In his account, Talish mentioned that the climatic condition of the areas which were located far away from the Brahmaputra river was most unhealthy specially for the foreign people.[2] Hence, all these colonial as well as native writings had a great impact on the British authority in Assam and constructed their views on the climate of Assam. This western construction was also helped by the fact that in 1792 when Captain Welsh was in Guwahati many people died due to the epidemic havoc of dysentery and diarrhoea.[3]

Treatment based on herbal medicine was an important component in the plural medical structure of Assam. We have an extensive list of herbal medicine used in the Ahom period by the *Kavirajs* and *Baidyas*. During the 19th century also, the traditional system of herbal treatment was flourishing with the addition of new herbal medicine in the pharmacopoeia of the indigenous medical practitioners.[4]As there was not a great deal of specialization in the medical practices, people from every ethnic community had some basic knowledge about the herbal medicine. This cosmopolitan nature of the medical practitioners had reflected the secular character and easy availability of health-care facilities. In the field of ayurvedic medicine also, medical practitioners were not always from the Brahmin community.

The impact of the British attitude on medical ideas and practices prevalent among the ethnic communities can most clearly be seen in the case of smallpox.[5] During the 19th century, smallpox 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 1832, smallpox occurred in the Nagaon district in an epidemic form. In the second half of the 19th century, the epidemic form of smallpox became more frequent in every districts of Assam.[6] In the traditional Assamese society, smallpox 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 potions.[7] Apart from it smallpox was also sought to be cured through the process of variolation. This involved inoculation by the *Tikadars* with live smallpox matter. Although worship of the goddess *Sitala* was not integral to the inoculators' craft, her assistance was often tactfully invoked by the variolators or *Tikadars* as they began their work. However, this indigenous craft of variolation came under the British target when smallpox vaccination was introduced in India in 1802 by the British.[8] The smallpox commission of 1850, in comparing variolation to *sati* and female infanticide, declared that the time had come to suppress "this murdereous trade". More concrete steps to curb the practice of variolation were taken in Vaccination Act of the 1870s and 1880s by making variolation illegal and vaccination compulsory. All these regulatory provisions had completely undermined the indigenous system of variolation, which "was bound to set off controversies exploding old myths and often creating new ones."[9] The native people saw vaccination as ungodly and offensively polluting the caste system by the transmission of body fluid 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 intervention.[10] In 1837, John M'Cosh in his book *Topography of Assam* had mentioned that, "inoculation with the smallpox virus is practiced by the natives; they have a strong prejudice against vaccination, this aversion is peculiar to the people of plains; those of the hills are very willing to have it performed.[11] This fact was also illustrated by Gunaviram Barua when he was the Extra Assistant Commissioner of the Nagaon district in 1873. in a report to the colonial government of Assam, Gunaviram Barua had mentioned that due to religious restrictions some sections of the Hindu community, specially the Vaishnavites and the people from the Muslim community had strong apathy towards vaccination.[12] In the annual sanitary report references were made to the Vaishnavite dominated Barpeta area where vaccination was denounced as going as going contrary to the *Shastras*.[13] This aversion towards vaccination was also found within the Marwari community of Jorhat.[14]

Unlike smallpox, malarial fever, and to a great extent cholera, 'as highly political disease, seemed to threaten the slender basis of British power in India, and stand at the critical point of interaction between colonial state and indigenous society'.[15] In contrast to the cheap, simple, and to some extent successful smallpox vaccination, which become emblematic of the colonial state's self declared benevolence and humanity towards the people of India, cholera as well as malarial fevers as an unsettling and incomprehensible disease mocked at western medicine's effort to understand it. Throughout the 19th century, cholera leaped across all the preventive hurdles and caused epidemic havoc all over Assam. As the colonial rule was unable to control the disease, they frequently restored to blame the natural obstacles and opium-eating habit of the native population for the occurrence of the disease.[16] This inability of the colonial authority to control cholera had demonstrated the limitations of western medicine and the

prevalence of indigenous way of health-care systems among the ethnic communities.

Another chief disease which needs special mention is malarial fevers. However, after 1898 the colonial government started to mention *kala-azar* in separate category.[17] Up to the 19th century in the western medical discourse the answer to malaria was quinine. This method was also applied in Assam and quinine was sold through the agency of post office.[18] However, as this method was totally inadequate to curb the menace of malaria it had little impact on the indigenous systems. In the traditional treatment of fever *mutha*, capsicum, borax, mace and *papal*; ground and mixed together with lime juice and of which one *rate* weight (about two grains) was given three times a day with the juice of green ginger. A similar preparation, but mixed with goats urine was also prescribed in case of fever.[19] In the case of *kala-azar*, since its etiology was unknown prior to 1903, the western medical science had failed completely to prevent the disease.[20] 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 *kala-azar*, at least up to the 19th century, traditional Assamese *Bez* address the disease by the following words *Khethali parbotor pora voila utpoti*, here *Khethali parbotor* means the Garo Hills.[21] In some cases we also have the information that *kala-azar* was successfully treated by the *Bez*.[22]

Throughout the 19th century one thing is very clear that still in the popular level the dominating medical system was the indigenous practices with much more positive results.[23] As these tendencies had reflected the growing dislike for western medicine still it had not able to free itself from the shackles of colonialism. In its effort to restore indigenous practices the ethnic communities of Assam often tried to incorporate some modern rational elements into their medical systems which were itself the product of colonial ideologies. However, the greatest obstacles for the spread of indigenous medicine was the strong dislike on the part of the *Kavirajs* and *Vaidyas* to pass on their medical knowledge to the next generation.[24] Ironically these kinds of caste and religious prejudices also acted as a hindrance for the spread of western medicine in Assam. In the annual dispensary report for the province of Assam, 1894, it had been clearly mentioned that though there was steady rise of the out-door patients in the dispensaries, owing to caste and other religious prejudices the native population would not resort to the dispensaries for in-door treatment.[25]

"It was fairly clear since the beginning of the British rule that the colonial medicine derived authority from the state and not from the consent of the people. Though chiefly dependent upon the coercive agencies of the army and the police, the British desperately needed the people's consent for the legitimation and longer survival of its newly founded Empire".[26] In the medical field, for this very purpose, the colonial authority used the help and support of the western 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.[27] Similarly Purnananda Barua, who was then acted as the Extra Assistant Commissioner of Nagaon made some effort to establish a charitable hospital in Nagaon and in this regard urged Dr. Miles Bronson for financial help.[28] By his effort a charitable dispensary was established in Nagaon in 1863.[29] 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.[30] However, all these efforts of the educated Assamese elites sometime did not reflect the actual picture. Though they had favoured the spread of western medicine, at the same time they had not able to separate themselves from the indigenous tradition. If we study two articles of Gunaviram Barua, which were published in the monthly Journal *Jonaki* the situation will be clear to some extent. In one article Barua praised Assamese *Bez* for its precise knowledge regarding the origin of *kala-azar*, in the other article Barua appealed the colonial authorities to remove diseases from Assam by the application of western medicine.[31] This dual and often contradictory attitude of Gunaviram Barua was only a single example of the mental state of the western educated Assamese elites throughout the 19th century.

The post-colonial socio-cultural history of North-East India in general and Assam in particular has marked a tense and contested terrain of political claims and counterclaims with all its cultural overtones and the ascendance of various identities. This particular ascendance of identities is to a great extent informed by the imagined past of each ethnic communities. In the process of imagination they have often asserted the distinctive features of their cultural beliefs and practices and the knowledge system. More often then not the ethnic communities present its cultural features as exclusive without any external influence and synthesis and appropriate it as an important component of its ethnic identities. However, in this process of identity formation the shared history of beliefs and practices, especially indigenous medical practices, has often been overlooked. The history of medical practices among the ethnic communities in Assam particularly in the British colonial period presents an interesting picture of cultural synthesis and accommodation and provides the traces of our shared past. At the same time the history of disease and medicine also provides us the window to look into the different dimensions of interaction between the ethnic communities and British colonialism. From the beginning of the 19th century, the traditional medical practices of Assam encountered the intervention of western medicine. It was also from this period, we have noticed a conscious British policy to supplant the indigenous medical practices.[32] This had not only threatened the existence of the indigenous medical practices among the ethnic communities of Assam but also generated resistance.

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