

Book Review-2

Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine 1859-1914* (New Delhi: Cambridge University Press), 1994, pp. vii-324

Mark Harrison's "*Public Health in British India: Anglo-Indian Preventive Medicine 1859-1914*" (1994) book is a masterpiece of studies of medical history that shed light on the public health of colonial India from 1859 to 1914. He has more emphasized thematic history rather than narrative account to understand the history of public health in British India. In this analytical book, he not only provides an account of the development of public health in British India, but he also discussed it in broad social and political significance. He has looked at it with a holistic view i.e. local, national and international levels. He has chosen the core dimensions of preventive medicine— professional, cultural and administrative to cover the range of issues affecting the development of public health in India. Harrison showed the importance of colonial medical intervention concerning the purposes, nature and politics. In this seminal work, Harrison explore the colonial body and the state and brought important topics such as epidemics, sanitation, municipalities, quarantine, the body and vaccination.

In the first chapter, Harrison has shown what kind of role did medical officers play in shaping the public health policy of British India? He has tried to convey in this context in the light of the aspirations, priorities, and grievances of the IMS (Indian Medical Service) officials. In this chapter, he has analyzed the IMS in a political and social context. He argues medical officers in India were unable to achieve the same degree of occupational control and influence over society that was achieved by the medical profession in nineteenth-century Britain, and this was due to the hostile attitude of the British Raj. He informed us that the historic epoch of British medical services in India began in the 1600s with the hands of a team from the East India Company. He argues that there was no regular medical institution in India until 1763, medical services were expanded since 1775, and medical boards were formed in each presidency to run European hospitals. He added that after the Indian mutiny of 1857, the Indian Medical Services were transferred from the East India Company to the Crown. He also has drawn attention to the precarious position of Anglo-Indian medical practitioners. In this chapter, Harrison sets out his views on the social status of the British medical

profession in Victorian society. According to him, there were significant differences in position and salary within the medical profession. The position of the Subordinated Medical Service was not so satisfactory. Harrison thinks that the legal position of the Indian Medical profession was problematic. Before the Medical Registration Act of 1858, IMS officers found themselves in positions similar to those of British medical men. The medical Registration Act of 1858 became a headache for unlicensed practitioners. This act made an inherent difference between legitimate and illegitimate medical practice in indigenous medicine. But India did not have a registration act until 1912; British medical officers faced competition from indigenous drug practitioners. He also has shown that the level of education acquired by members of a profession provides some indication of its position in society and its ability to compete with other professions. The complexity in the registration process produce problem in legal status in the medical professional and uphold the issue of declining educational standard in the IMS recruitment, which eventually the fact of the inferior status of Indian medical services. In this section, Harrison also has given a short account of the Sanitary and Presidency Service scenario. Moreover, this study has uniqueness in the observation of professional status concerning social class and ethnicity.

In the second chapter, he discusses the nature of tropical hygiene, disease theory and preventive medicine. In this chapter, he has given various opinions about the diseases of various British medical officers. Harrison discusses the nature of tropical hygiene, where he has segmented the time frame in two distinctive parts, one is tropical hygiene before 1858, i.e. under company rule and another was during 1858 to 1914, the period of Imperial Governance up to the year of starting of First World War. In this issue, he first tries to understand the attitudes of the European towards India and Indians, where critically explores a number of writings of European medical professionals especially the environment or climatic condition of India. He has argued that there were different reactions among Europeans about the tropical environment, which provoked the view of both paradise and hell. Most physicians in India believed that there was nothing inevitable about the disease in the tropics and that much could be done to prevent it. Harrison showed that the dangers of the tropical environment became increasingly apparent in India after 1817 when cholera spread for the first time in a year from the Lower Bengal to northern and eastern India and eventually to much of Eurasia. Harrison tries to show the Indian people their unhygienic food habits and degenerate lifestyles were identified as part of the sanitary problem – anxiety about which intensified in the wake of the munity of 1857. In this chapter, he also cited the accommodation or adaptation capacity of Europeans, though there is a difference in the culture of British and Indian.

In chapter three, Harrison deals with the public health policy of the British government. Harrison argues that after 1858, the colonial

administrator had to face dilemmas. He observed that in 1857 Indian mutiny, aroused anxieties in the British government, especially paid more attention to protecting the health of European military troops and simultaneously they were also attention monitoring of the sanitary, medical and social conditions of the Indian native populace. This chapter shows that the colonial administrator tried to solve the problem in several key areas of sanitary policy and the consequence, through such initiatives, the colonial regime sought to get closer to the natives as well as they wanted to create a competitive concept of government in the minds of the European community. He has pointed out that the undisciplined lifestyle, especially alcoholism and connections with prostitutes, of the army personnel is also a reason for unhealthiness along with the poor sanitation and water supply. Harrison investigates that a major number of army men were admitted to hospitals due to malarial fever and venereal diseases, and to prevent the venereal diseases the government passed the Contagious Diseases Act. He also argues that the government paid slight attention to the sanitary, medical and social conditions of the Indian natives and started the vaccination programmes against smallpox. The author also exposes in this section that the British government took a 'Civilizing Mission', through which they started the 'Sanitary Education and Dispensary Movement', which ultimately reduced the mortality rates in army men, both in British and natives.

In the 4th chapter, Harrison has examined an interesting aspect of cholera theory and sanitary policy. He argues that the cholera debate was part of a wider debate in the colonial period. The political and professional interests of the Government were involved in cholera theory and sanitary policy. He has stated that cholera was a sporadic outbreak in Bengal between 1817 and 1831, one and a quarter million died annually of the diseases and after the mutiny, i.e. 1860; there was a change in the concept of a cholera outbreak. He has shown in this chapter that the British Government's response to cholera embodied many of the conflicts and tensions of British rule in India. He further pointed out that the British Government felt the need to intervene in the lives of indigenous peoples to protect the health of Europeans, especially European soldiers. But the move was prone to civil unrest, so the Government had to take steps carefully. Following this chapter, he investigates that the government's monetary desire was one more important factor in its reluctance to meet health demands. Though there was gradually modification of cholera theory in mainstream medical concepts.

In the fifth chapter, Harrison critically analyzes the issues discussed in the International Sanitary Conference with references to imperial ideologies. He discusses also the existing attitudes and events outside the subcontinent, relations between the imperial 'metropole' and the colonial 'periphery', and colonial trade, quarantine and the annual pilgrimage of Indian Muslims to Mecca and Medina. Harrison sketches in this chapter a dispute between the

colonial Government in India and British Government over issues such as the annual pilgrimage to Mecca. International sanitary regulation influenced Anglo-Muslim relations. He has pointed out that during the mid-nineteenth century; the British parliament maintained the policy of free passage for trade, mail and troops, for their interest. In 1833 the cholera epidemic was hit Europe, especially Britain. Cholera spread among Indian Muslims every year, prompting calls from the international sanitary conference for segregation of ships departing from Indian ports. A large number of Indian Muslims were opposed to the idea of quarantine, which they considered a grave indignity as well as an inconvenience. The author's remarks prompted not only the British Government but also other European countries, including France, to suggest administrative segregation to avoid infecting pilgrims. Harrison showed that there was a tension stir up regarding the quarantine of pilgrims. Though a number country with Islamic populations, i.e. Russia, Turkey, etc. opposed the proposal, it was passed by voters. But the colonial Government of India argued that such limitation cause economic difficulty and interferes with the religious life of the Muslim community.

In this chapter sixth, Harrison has investigated what types of policies and initiative measures were taken by the British government to combat the epidemics towards Indians. The interplay between internal and external policy issues relating to professional visions and political realities. The author observed that an influential pressure group within the Indian medical services played a pivotal role regarding advocating more extensive financial and legislative intervention in public health and sanitation. He also traces that this pressure group claimed that sanitation was the key to development and it is the moral obligation of the government. He also focused on the segregation in providing facility, somewhere the Hakims included in the treatment process by governments expenses and sometimes the Caste Hospitals were established to deal with the sectional sensitivity. He has exposed in this chapter, that rat was the carrier of the plague epidemic, so the Government tried to kill large-scale rats to control the plague, but orthodox Hindus and the Jain community have opposed the extermination of rats. Harrison also observes the illustrated role of local elites and the aggressive nationalists, like B.G. Tilak's function against segregation and hospitalization. On the other side, the author shows the institutional development in medical research by introducing more stringent measures for the control of the epidemic disease.

Chapter seventh is most crucial in the aspect of how the local bodies play their role in a better public health facility. From Harrison's point of view, profound changes were observed in the public health scenario of India under the Viceroy-ship of Lord Ripon, as Gladstonian Liberalisation reached its pinnacle by judicial reforms and extension of the local governance system. The author states that the financial and administrative decentralization idea

adopted by Lord Mayo get shape during this period. But indigenous antagonism and indifference towards Western notions of public health became one of the obstacles to administrative decentralization. In this section of the book, Harrison gives an account of the impact of local self-government's role in the progress of the public health situation from the 1880s. In general, as per his opinion, sanitary advancement was sluggish in the majority of *mofussil* municipalities, although some municipal areas, such as Bombay performed better in the 1900s. In concluding this chapter, Harrison discusses the variations in expenditure on sanitary measures which revealed differences in wealth distribution, lack of proper directives to the Sanitary Commissioners and also few Municipal Commissioners raised the question of socio-religious grounds, especially a Hindu Municipal Commissioner opposed in Bombay during 1880. The author has pointed out that the traditional Indian culture resisted the government's reform programme, but the Western-educated progressive Indians were enthusiastic about it.

Chapter eighth is a continuation of the study of the politics of public health at the local self-government level, which is a concluding part of an earlier chapter, especially focusing on the socio-economic and political context of the public health of Calcutta. Harrison has got a hint of subtle self-interest in the politics of Calcutta's public health. Here Harrison has tried to show by establishing his opinion that, sanitary issues have crystallized the hostility between the various sections of the Western-educated Indian elite in Calcutta, who competed with each other for the municipal corporation's influence. When the plague hits Calcutta, Lord Curzon, the Viceroy in 1898 enabled European control over the municipal government and him re-establishing the sanitary reforms and slum clearance programme as a public health remedial to overcome the thrust of plague. It was also sharply analyzed that the cultural practices were not the main barrier, but the reform agenda was largely opposed on the economic grounds by the city's *rentier* class. Apart from this, the advancement of public health was somewhat hampered by the financial self-interest and injustices of Calcutta's European administration, as well as the dominant position of the local *zemindars* in the municipal commission and there was a lack of harmony among the citizens.

Harrison has shown some important works in this study, he contributed a brief and significant historical development of imperial medicine in India, especially concerning scientific mediation and its research-based knowledge. He has tried to prove medicine as a 'tool of empire'. Mark Harrison's works not only added substantial historical knowledge of public health and medicine in British India but also deals with the multi-layered interaction between Indian people, the British government concerning public health. He also showed the role played by the cross-section of the people, from the elite to common 'subaltern' population, to western educated, to conservatives. The focus of this valuable works of Harrison is public health and medicine;

concentrating on this subject matter he shows the interplay between political, economic, social and cultural factors and the development and implementation policy of public health in India in the late nineteenth and early twentieth century's by the colonial government and also the global politics.

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