

CHAPTER-VII

CONCLUSION

British annexed Punjab in 1849. The Punjab was made out of two fragments: the British managed an area and the Princely States. The merger of the past Delhi territory expanded the Punjab's regional points of confinement. Various royal states, for example, Patiala, Nabha, Jind and Kapurthala, were permitted to keep up their previous status. Thus geographically speaking, Punjab was one intact configuration with the degree of variance in the nature of terrain such as plain, mountainous, sub-mountainous region and doab etc. However administratively it was bifurcated into two distinct territories. The major chunk of the territory of Punjab was under the sway of British Colonial Government and the princely states including Patiala, Nabha, Jind, Kapurthala etc. which were allowed to remain independent from British Control.

Colonial Government utilised the Princely States very cleverly to meet its socio-political and economic interests as per demand of the situation. Apparently this was last leg to complete the process of annexation of India. Punjab was situated on significantly strategic location pertaining to south Asia and it was a gateway to enter India from North West side. Looking at the significance of the province Britisher tried to give pampered and preferential treatment to Punjab while introducing web of administrative reforms of various sort. These reforms were introduced on the name of people of Punjab. However the prime notice of these reforms was again to meet out the strategic requirement of British Empire.

This research is broadly aimed to give an idea about Public Health Services and Sanitation from 1849- 1947 in Colonial Punjab. It can inferred safely enough that British Colonial Government evolved there Health Services and Sanitation measures in restrained manner and the people of Punjab responded slowly. With the increasing awareness to popular literature people began to respond in somewhat rated manner. British Colonial Government introduced Public Health System and Sanitary reforms in a gradual and systematic manner with a primary intention to upkeep well being of British populace in Punjab. At the secondary level it dealt with day to day concerns of health, hygiene, sanitation and frequent occurrence of numerous epidemics such as Cholera, Malaria, Plague etc.

Public Health initiatives of various government were effecting people everywhere in the world. Under thus rubric an attempt was made to address the broad issues which affect the health and well-being of individuals, families, communities, population and societies of all time.

Public Health System was began to be regarded as one of the prime indicator in the development index for the measurement of progressive and welfare governance, along with other significant indicators such as accountability of the system transparency in the various systematic processes and above all people's participation (direct or indirect) in the formulation as well as implementation of the policy and its practices. Though the accountability framework was in evolutionary process around 1850 yet it seems to be applied in the context of British Health intervention in the Punjab. The logic behind this assumption is that the Britisher continuously justified their annexation of India including Punjab on the pretext of making civilised and better world in the annexed area. Of late, this idea was more strongly advocated by the britisher with the phrase of Whiteman burden which was coined by Rudyard Kipling in one of his famous poem. The underlined implications of this reference for this research is that the Colonial intervention of Britain in Punjab particularly in the context of Public Health intervention is needed to be viewed with this very lens to some extent.

The success or failure of the British Health System in the Punjab should be looked on the basis overall advantages and disadvantages to common people in connection to various aspects of their day to day life.

It is noteworthy here that most of these reforms were introduced as part of damage safety network, which was strengthened by Britisher after an unsuccessful uprising of 1857. The uprising of 1857 was an eye opener for Britishers which gave them significant lesson to deal with various section of Indian society. The events of 1857 Revolt exposed many aspects in front of the British Government, that the East India Company's Administration had ignored the indigenous sensibilities and issues at all, that the Government had exploited the rights of the common people, and that the present Government had interfered into the Indian Cultural practices, which had twisted revulsion and jealousy among the common poor people. The Government initiated to take interest into the public matters. For the purpose the *Royal Commission on the Sanitary State of the India* was appointed in 1859.

Thereafter various Commissions and Boards came into the existence and the British Government tended to run a planned Health and Sanitation Policy in India. At first the policies were confined to Military Headquarters and European settlements only, thereafter it was very slowly penetrated towards the residences of local population.

The Colonial phase of Punjab, was marked by various changes. From the 1850s to the 1920s, the Punjab (counting North West Colonial Province) was one of the regions that was the most frightfully influenced by pandemics. The area of the Punjab region was one of the most noticeably awful influenced by the scourges of jungle fever or malaria, smallpox, cholera and the plague. These sicknesses broke out intermittently from 1850 to 1947 and caused broad mortality.

The uprising of 1857 was a turning point in the process of colonisation because not only the British Crown formally took over the Indian Administration, but a change in the British Health and Sanitation Policy in India was also brought about. The demise rate right now the most elevated for the plague, and the normal yearly passing from jungle fever, smallpox, and cholera additionally remained to some degree high. The Cholera epidemic that broke out in 1857 had seriously depleted the fighting capacity of the British troops in India. Such pandemics as intestinal sickness or malaria, cholera, smallpox, and the plague broke out once in a while and repetitively, with changing power in different territories of colonial Punjab. It drew attention of the British Parliament which appointed a Royal Commission in 1859 to inquire into high mortality among the British soldiers and the sanitary state of the British Army in India.

Review of literature for the study emanated certain pertinent question to identify the problem that the introduction of Public Health System by British Colonial Government in the Punjab marked by various contradictions in their policies. Apparently, it seems to design for the wellbeing of populace, however the careful scrutiny of the literature suggest otherwise. Study reveals that the most powerful instrument with Colonial Government to control the colonised area was Military. Therefore it was important for them to maintain the good health and hygiene of their military personnel. It is equally important to note here that the military personnel specially commissioned, non – commissioned officers and some soldiers constituted the largest contingent of British populace in India along with Punjab. Therefore it was

obligatory upon Colonial Government to invest some amount of money on the health and hygiene of the personnel. Because without them the survival and existence of the Colonial Government was in danger.

It is no less important that geographical and strategic location of the Punjab was sensitively crucial for the Colonial Government as it was open from many sides to enter. While taking into account the above situation they initiated Public Health measures first in those areas where military establishments were located in Punjab. For instance they did not only reduce the height of the wall of concerned fort by considerable length, rather they shifted the entire cantonment area beyond the residential area of Lahore city.

The account of the administrative structure of the Colonial Government testified that they appointed military personnel on senior most administrative posts of Public Health Department with an idea that could give specific attention towards the health and sanitary needs of the military. This arrangement clearly suggests that at least in the initial through decade the administrative nature of the Public Health Department was military by enlarge. It had Civil Officers also but they were often appointed on lower posts.

Colonial Government was compelled to take some steps for the betterment of the public of the Punjab especially when they encountered large scale epidemics at various occasions. During the first few encounter with epidemics an attempt was made to provide the health and medical services through military dominated administrative structure. However after the report of Sanitary Commission 1868 they altered the structure to some extent and involved more Civilian Officials in this process. *Hakims* were to be educated in Lahore on such subjects as epidemic diseases and they were to report on sanitary conditions in the entire of the Punjab by diagnosing the cause of disease and identifying methods to eliminate those diseases. Despite the recommendation of Sanitary Commission they did not elevate *hakims* on the post Sanitary Inspector on the account of suspicion of extortion. It is clearly evident that the doubt of extortion was mere excuse. Infact Colonial Administration was racially prejudices about Indian *hakims*. However they were forced to appoint Indians in the rural staff of the Health Departments as they did not have sufficient number of British or European human power to serve in this capacity.

With the clear understanding of the idea of imposition of British Hegemony over Indian including the people of Punjab, Colonial Government deliberately ignored

and discouraged the prevalence of indigenous medical practices and therapeutic system. Without conducting any systematic research they presumed conclusively that Indian Medicine System and various kinds of curative practices are useless. Therefore they should be strictly prohibited. Thus very stand of Colonial Government created web of complicated problems with a vicious circle. As a matter of fact they neither had that much trained medical and paramedical staff nor medicine and infrastructure which was required to meet the desired goal. Thus the people had to face numerous difficulties especially during crisis of epidemics. Problem was further compounded by the paucity of funds. The statistics during entire period evidently reveals that most of the medical services were often ran with shortage of funds.

The rejection of indigenous the therapeutic system was not merely meant to establish the socio-cultural hegemony of the coloniser. There was commercial interest which also dictated this policy. Drugs marketer and the traders of allopathic medicine of various sort pressurised Colonial Government to insure upto maximum extent that their commercial interest should not be hampered by the indigenous commerce of drug and medicine. Colonial Government passed periodic legislation and issued various administrative orders to regulate the influx of indigenous drugs which often remained partially successful to prevent people of Punjab from entering in this trade.

The Colonial Administration of Punjab realised after a while especially after an initial spell of Cholera that it is difficult to improve the condition of sanitation without decentralising administrative responsibility. Henceforth, they gradually began to delegate some responsibility and power to local administration which was in existence in the form of Municipality Board and some kind of rural institution. The nature of these institutions was not homogenous. Alfred Lyall the Secretary to the Govt. of India in 1874 drew the attention of provincial government towards the fact that it is in the municipalities that the progress of the sanitation must be looked for. He further acknowledged that the Government is lacking the capacity to intervene in matters directly affecting the indigenous practices it was necessary that local self-government should hold the responsibility for Public Health. The active initiative of Lord Ripon to decentralise the power to local government especially to municipality and Board etc. specifically boosted this process.

Consequently the institution of Local Government were given responsibility to manage the number of spheres related to day to day life of people which includes

among others, sanitation, education, public works and medical services etc. For all practical purposes responsibility of maintenance of hospitals, dispensaries, drainage, water supply, sanitation and vaccination etc. was also shifted to local institution in Punjab by the beginning of twentieth century. The transfer of power to local institution particularly after Montagu Chelmsford 1919 brought significantly positive result and local institutions began to achieve some success to prevent the occurrence of the diseases so frequently. It is found interestingly enough that Colonial Government remained continued to be reluctant to commit itself to anything more than the lowest possible expenditure for this cause. It can be seen that although ideologically committed to improving the condition of women in India, and promoting western medicine, colonial state continued to be reluctant to commit itself to anything more than the lowest possible expenditure for this cause.

The Association of Medical Women in India (AMWI) calls for the formation of a state medical service, ostensibly meant to improve the pay and prospects of the British medical women who formed the bulk of by the Association of Medical Women in India. AMWI successfully used gendered ideological Justifications of British rule to criticise the lack of government expenditure on the 'medical needs' of Indian women. The compromise that brought the Women's Medical Service for India (WMSI) in to being reinforced the role of the Indian womanhood, without compelling the state to compromise its policy of leaving medical care to the private and voluntary sectors. The close cooperation between members of the AMWI and the Dufferin Fund (DF) through the WMSI heralded a new era of greater cooperation between female medical experts and the DF, with the emergence of a discourse that reinterpreted colonial gender ideologies in medical terms. The initiative of AMWI proved extremely fruitful as there was an increase in the number of patients who came for the treatment of different diseases. Among them most of the patients were females who used to come for delivery, and other related problems. These patients were also given guidance for child care also.

The Colonial Government spread the propaganda that people of Punjab are illiterate and they do not have any idea about Public health and Sanitation. This does not hold exclusive truth because during the Colonial Period number of periodicals and newspapers appeared in the Punjab which gave reasonably good coverage to the issues related to the health and hygiene. The substance of such periodicals were

related to creation of awareness among common people about various aspects related to health and hygiene. This is equally partial truth which Colonial Government of Punjab propagated that people of Punjab in general and rural folk in particular are conservative and superstitious and they are not ready to consider any progressive idea about new ways related to Public Health and Sanitation. Vernacular literature of contemporary period clearly reveals numerous instances when common people displayed their readiness to invite the new ideas related to health and hygiene. In contrast to these claims truth lies in the fact that Colonial Government tried to manage Sanitary and health condition especially during the time of epidemics in absolute half hearted and ill-conceived manner, with the priority that they should spent least amount of money for the well-being of people of Punjab.

Therefore if the initiative of Colonial Government to analyse with a modern yardstick of accountable government then the performance of Colonial Government cannot be considered more than average. Thus it conclusively appears that The British Imperial government made a stronger Medicinal framework in Colonial India along with Punjab that replaced the traditional Indian medicine and Arabic medicine system. Earlier , there was very slow due to the lack of knowledge funds, physicians and experts. The populace of India along with Punjab were against the British Colonial Government and their methods of work but gradually people started following the frameworks which were made by Britishers. People started serving the military administration and helped in other works too. India People understood the importance of works started by British Colonials. This flourish the Indian Medical Services in later 19th and mid 20th century. As a result, there were magnificent reforms in the cleanliness and medicinal area. Indian Medical Services (IMS) efficiently understood the critical and dangerous pandemics such as plague and cholera. And they were successful in controlling the other sickness diseases that were prevalent in India like little pox, disease, and jungle fever. In the later years the health officials were succeeded in controlling the big number of diseases or infections. IMS Officials and scientists did a great job in reducing such ailments which were affecting people of British populace and Indian people. The official's job of restoring served in India ought to be better made a decision by their yearnings, needs, and confinements. Despite the fact that the model pioneer plan of therapeutic or medical officials, their strategies were Eurocentric, and for the long time they ignored Indian populace, neglected to mitigate the difficulties of the poor people, the completion of work

during that timeframe drafted the basis of what one has achieved today to upgrade the soundness of individuals.

Ultimately, it can be stated on the basis of available evidences which emanated from the archival data that Public Health Services and Sanitation System evolved by the British Colonial Government of Punjab did not take the issues related to Health and Hygiene in general and epidemics in particular with that much seriousness. This has been constantly highlighted in this study. At the same time it would be unjust to blame British Public Health and Sanitation System for this plight only. To some extent natives of Punjab had their share in this situation. In other words both the British Colonial Government and populace of Punjab hampered the improvement of Public Health and Sanitation in their own term. It is needed to be dealt with an impartial manner.

No environment is free from the effects of human intervention in various forms including development of Public Health System and Sanitation because health and sanitation is an integral element of qualitative human life. Colonial intervention of British in Punjab was no exception to this general truth. Since, environment and Public Health Services and Sanitation System are of paramount importance of any time. Therefore, this historical study is crucial to look at the Administration of Public Health Services and Sanitation not only to analyse its impact, rather it is equally important to understand the evolution and development of Administration of Public Health Services and Sanitation in post-colonial period.

It can be said that Colonial period was the milestone for the progression of medical education in not only Punjab provinces but also the whole India. Although British Government started medical services for the health and sanitation issues for their own people but later these services spread over the extended area of Punjab province and in the whole India which provide base for the coming generations.

Even after nearly 72 years of Independence many parts in India are still suffering from diseases and epidemics such as Cholera, Malaria, Tuberculosis, Dengue. Many a times the epidemics are caused by unsatisfactory sanitary conditions. Thus, study highlights that the discourse of Colonial Punjab and Post-independence era are different to some extent but they cannot be totally wiped off from each other.