

## **Institutionalisation of Western Medicine in Colonial Kerala**

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### **Abstract**

*Various strategies employed to introduce Western Allopathic medical practice in Kerala from the late 18<sup>th</sup> century to early 20<sup>th</sup> century are discussed here. The building up of the Western medical institutions like hospitals, dispensaries and medical departments; various Act, Rules and Regulations enacted concerning health; and the changing response/ attitude of the people of Kerala towards the Western medical practice are analyzed in this paper. This paper will give an idea on how the Western medical practice became the dominant form of curatory practice in Kerala. In the late 19<sup>th</sup> century itself people from Kerala began to argue for introducing Western medical practice claiming that it is scientific, rational and having truth value.*

### **Introduction**

Modern medicine was introduced in the 18<sup>th</sup> century and early 19<sup>th</sup> centuries and gradually extended all over the country in a colonial set up. It was actually the British who introduced modern medical facilities as well as medical training to the people of India on a large scale and on a firm footing. The system of medicine in every culture emerged out of the primal sympathy of man with man, out of a strong desire to help those in distress and sickness. Medicine was one of the significant areas where surprising advances had been made in India. Western medicine did not find an easy entry into the princely states of Kerala. There was an initial resistance against the modern medicine from the side of the local people. The royal families and the government supported and encouraged the initiatives of the British officials in the introduction of western medicine. The role Christian missionaries are an important factor behind the popularization of Western medical sciences. In fact, the support of Government and the missionary activities instilled a new awareness about health and the usefulness of western medicine in Kerala.

## **Introduction of Western Medicine**

The Travancore government was keen on institutionalizing Western medical practice from the very beginning of its propagation and established Departments and appointed officials there. The first allopathic hospital was opened in Travancore in the year 1817 and the appointment of a Durbar physician also dates back to this period. The medical department developed gradually and by 1860 there were seven medical institutions in the State.<sup>1</sup> Two small dispensaries were opened in 1819, one in the Palace and the other within the premises of the Nair Brigade Barracks. In 1865, Ayillyam Thirunal Maharaja laid the foundation stone of the Civil Hospital, which subsequently became the General Hospital. In 1896-97 the Women and Children's hospital was opened under the charge of a lady doctor. Hospitals for chronic cases were established in 1897. In the years 1898- 99, a medical school was opened at Travancore for training hospital assistants, and this institution was expected not only to supply the personnel required for the medical service of the State but also to absorb private practitioners from countries which were not within the easy reach of State interventions.<sup>2</sup> An ophthalmic hospital was founded in 1906. An X-ray branch was opened in the General Hospital in 1903 and a new X-ray apparatus of the latest model was installed there in 1927. Lady Unlithgow laid the foundation stone of the T.B. hospital on 11 January 1939 at Asaripalam, three miles west of Nagarcoil.<sup>3</sup> By 1950-51 the number of in-patients and out-patients rose to 1,57,906 and 3,894,735 respectively. Following the request of the Royal Government, the Rockefeller foundation appointed Dr. W.P. Jacocks to take up public health work in Travancore in 1928. The programmes of Dr. Jacocks were hookworm treatment campaign, public health education, epidemiological and vital statistical investigations, health unit work, medical entomology and plague control measures.<sup>4</sup>

Travancore State thus made great efforts to introduce western medicine among its people. Free medical relief was given to the people until about 1940 when the Travancore government passed certain rules to collect charges for treatment. The government medical institutions also treated the lower castes and in this respect its medical policy was very different from its educational policy. The below table indicates, the General Hospital in Trivandrum treated a large number of Izhavas and other lower castes as early as in 1879- 80, even though, they were not treated in an equal way.

**Table-1:** Castes and Communities treated in the General Hospital in 1879- 80

<b>Caste and Community</b>	<b>In-Patient</b>	<b>Out- Patient</b>
Brahmins	105	1,714
Castes between Brahmins & Nayars	90	576
Nayars	308	2,680
Artisan Class	51	601
Izhavas	213	1,570
Lower Classes of Hindus	55	857
Mahomedans	35	653
Europeans	6	271
East Indians	44	956
Native Christians	245	2,527
<b>Total</b>	<b>1, 152</b>	<b>12,405</b>

*Source:* Travancore Administration Report, 1879-80, p.57.

In Cochin, State vaccination was introduced in the year 1802 and thereafter regular vaccinators were employed to control the spread of small pox. C. Achutha Menon states that a Christian missionary named, Rev. J. Dawson was the pioneer in introducing Western medicine in the state. Rev. J. Dawson opened a dispensary at Mattanchery in the year 1818. Despite receiving a monthly monetary support from the Cochin State government, the dispensary did not succeed. Therefore, it was closed after a short existence of two or three years.<sup>5</sup> In 1848, Diwan Sankara Variayar opened the first Sirkar hospital, the Charity Hospital of Ernakulam, which has by successive stages developed into the present General Hospital, with its 48 beds, its outpatient dispensaries, Operation Theater, contagious ward, etc. Vaccination was first introduced into Cochin in the 1800s and six trained vaccinators were employed from 1812 onwards. Infact, the Cochin government had only two hospitals, in Ernakulam and Trichur, until 1882. Although several hospitals and dispensaries were established from the mid- 1880s, government medical facilities were insufficient to cope with the growing public demand.<sup>6</sup>

**Table-2:** Number of Patients Treated in Government Institutions, 1870- 1931

<b>Year</b>	<b>Cochin</b>	<b>Travancore</b>
1870- 71	2, 454	66,757
1880- 81	6,797	92,419
1890- 91	70,822	137,880
1900- 01	182,695	438,433

1910- 11	265,973	543,345
1920- 21	313,267	980,238
1930- 31	753,164	1,975,328

Source: Cochin Administration Report and Travancore Administration Report for 1870- 71, 1880- 81, 1890- 91, 1930- 31.

The brief history of the institution building for health carried out in the colonial Malabar and the two princely states of Travancore and Cochin brings to our notice that, along with the ideological interpellation there were attempts to create a network of institutions to mould the people of Kerala to imbibe and follow the Allopathic or Western ideology implicit in the mode of treatment. In the course of time colonialism succeeded and by the turn of the 20<sup>th</sup> century, people of Kerala in general began to uphold that there is only a true medical knowledge, i.e. Allopathy.

### **Effecting the Western Medicine**

The Travancore Government was greatly interested in the introduction of western medicine in its state. In addition to the medical activities of the Travancore State, the medical missionaries also made a significant contribution to the development of medical facilities in Travancore. Of the Missionary Societies, the London Missionary Society, Church Missionary Society, Salvation Army, Lutherans had the most substantial medical mission in Travancore. They were the real initiators to start medical training classes to the local people and the cause behind the extension of western medicine all over the State especially they made it accessible to the poor and the needy.

From the earlier period itself there were local medical systems in Kerala. But along with local medicine the people believed in superstitions and demon for relief from the sickness. They believed that the sickness is the result of the wrath of demon or evil spirit. So they did *pujas* and offerings to please the demon. After the entry of the western medicine the Government almost neglected the indigenous medicine for many decades in the 19<sup>th</sup> century. The state employed *vaidyans* for special duties to treat patients during epidemics. But otherwise it paid almost no attention to *vaidyans* and it was partly due to this neglect that the slandered of their medicine was not always high. Making offerings to the demons together with medical treatment was certainly the common feature of indigenous medicine. The Census Report of Cochin stated in 1901 that ‘the astrologer, the exorcist and the physician’ were all in

attendance at the sick-bed of a person.<sup>7</sup> The astrologer divined the causes and prescribed propitiatory remedies, the exorcist performed a ceremony to drive out the demons and spirits, and finally the physician or *vaidyan* treated the patient.

From the early 19th century onwards a series of rules and regulation were enacted by the colonial government to make the Western medicine the official system of healing practice in Kerala. These regulations were oriented directly or indirectly towards forcing the native subjects to follow Western medical practice and this had the effect of marginalizing various native healing practices and practitioners.

In Travancore State, there was a Proclamation in the year 1880. Through this proclamation vaccination was made compulsory for all government servants, pupils in schools, vakils, persons, seeking medical help from the hospitals, inmates of jails and persons depending on charities.<sup>8</sup> Later, it was made compulsory throughout the rural areas of Travancore with the help of temporary rules passed by the government under the Epidemic Diseases Act and in the urban areas under the City Municipal Act and the District Municipalities' Act.<sup>9</sup> Similarly, the Epidemic Regulations Act came out by projecting the control of epidemics as its central concern. Considering the paramount interests of public health, the Maharaja of Travancore enacted a Regulation in 1897 to make the prevention of dangerous epidemics more effective. Subsequently, the Epidemic Disease Regulation of 1898 was also passed.<sup>10</sup> With this Regulation, a local authority was appointed in every infected area to expedite the evacuation of the infected houses. Later, realizing that the State public health measures were limited to certain areas of the Princely State, various sub-Acts and regulations were also passed, which include the Public Health Act of 1121ME (1946).<sup>11</sup> These sub-Acts and regulations helped to centralize the powers of the State by making them applicable to diverse social aspects such as drinking water, drainage, latrine, milk-trade, lodging, food control etc. The Travancore Medical Practitioner's Act of 1944 is yet another important rule enacted in the State. The Act intended to regulate the qualifications of practitioners of various systems of medicine through the registration procedure to encourage the study and spread of those systems. Accordingly, the Travancore Medical Council was established for carrying out the provisions of this Act. Every member of the council was to be a registered practitioner who holds a recognized qualification under the Act. No practitioners other than those registered under this rule could practice medicine, do surgery or midwifery. Many additional clauses were later introduced which prohibited the unregistered practitioners from practicing medical system. Any breach of the prohibitions was made punishable.<sup>12</sup> There were provisions for the registration of those

who were in the profession of midwifery and nursing. Even untrained women were allowed to register within the time specified in the Act, provided they held certification for their experience in the profession. Similar Acts and Regulations were also introduced in the Princely State of Cochin and Malabar.

The colonial medical policies and programmes articulated through various acts and regulations (to control epidemics, sanitary reforms, propagation of modern medical practice, documentation of vital statistics, and so on), a construction of the colonial notion of public health was getting shaped. Such knowledge was constructed through objectification of the health of the people and a new subjectivity was discursively and non-discursively created.

### **The Native Response**

The introduction of Western medicine was not very smooth. Initially, people were reluctant to accept it, they treated it as something meant to worsen their situation. They even suspected the intention of the Christian missionaries. For example, Somerwell- a medical missionary, gives a wonderful picture of how a native viewed his own medical mission.

“You medical missionaries, you think you're a lot of blinking philanthropists, and rather despise the more pious sort of preaching missionary. But you're the worst of the lot. You are setting out to fight against Nature. Nature wants the unfit to die, and you go and save them. You're populating the world with unemployables, you doctors; you have lowered the death-rate goodness knows how much, and 90 per cent of the increase of population you have caused is unemployable and ought to have died. The other 10 per cent ought to have died, too, but may be able to do somebody out of a job. No- you doctor people are all wrong. You ought to stop being a doctor tomorrow and become something useful”.<sup>13</sup>

However, this attitude began to change in course of time. K Gopal Panikkar, the author of *Malabar and its Folk*, while writing about institutional practices in Kerala, including health, echoes the words of the colonizer. He opines that just like any other traditional society, the people of Malabar were also bounded by the superstitions. He affirms that here health/ illness is conceived as something related to religion/magic and people believes that by means of sorcery, they could cure illness. But, he is optimistic and like the missionaries, he also argues that, such beliefs are gradually losing ground and Malabar now is in transition from purely a

life of unreasoning superstitious to that of reason and enlightenment with the diffusion of western thought in the country. Thus, he expects, that Malabar will accomplish social emancipation very quickly.<sup>14</sup> Panikkar Says:

“The principles of insanity and medical science are being appreciated and Western medical and surgical science is regarded in many quarters as being effective and more easily productive of beneficial results in the treatment of disease as may be evidenced by the crowded attendance of our hospitals and dispensaries. This appreciation of Western science has penetrated to the lower strata of the society; and the attendance at various hospitals and dispensaries will be found on examination to be equally divided between the higher and lower order, if the latter do not predominate. Men meekly submit to Western methods of treatment and entrust their previous lives to the case of our English doctors and apothecaries- a fact clearly testifying to the unbounded reliance placed in the latter and to our due appreciation of the improved system of the west”.<sup>15</sup>

In Travancore, people were prompted to accept the Western medicine by the Kings (Maharajas) themselves. They themselves were vaccinated first in public and by starting a medical store. The medical store thus established was known as ‘Elayaraja Dispensary’.<sup>16</sup> Both were necessary to minimize the resistance of the subjects against the colonial medicine in the initial phase of its introduction. The Maharaja used to explain personally even the efficacy of Western medicines in curing the sick. Despite the early resistance towards Western medicine, the Travancore Administrative Report says that, by 1886-87 numerous petitions were received requesting the Maharaja to open new hospitals and dispensaries in different parts of the State.<sup>17</sup> Demands for opening up of medical dispensaries came up in the Sri Moolam Assembly as well.<sup>18</sup> Thus, by the turn of the 20th century, Western medicines and doctors became the part of the life of the state.

In Kerala, the Travancore and Cochin Government made great efforts to provide medical relief to its people and also considerably helped the medical institutions run by the medical missionaries. Communities other than Hindus adopted a much more positive attitude towards western medicine. Evidently, non-Hindu communities contributed greatly to the growth of public demand for western medicine in Cochin State. Considering their numerical strength, the presence of Syrian Christians especially seems to have been extremely important. The

below table indicates that the Jews and the ‘Europeans and Eurasians’ used government institutions far more frequently than did other communities.

**Table-3:** Communities of the Patients Treated in Government Medical Institutions in Cochin State in 1888- 89.

<b>Community</b>	<b>No. of Patients</b>	<b>No. per 1000 of population</b>
Christians	6,195	35.7
Hindus	3,628	7.2
Muslims	1,345	29.0
Jews	1,189	1041.1
Europeans & Eurasians	753	2444.8
Total	13, 110	18.1

*Source:* Cochin Administration Report, 1888- 89, p.73; Cochin Census Report 1891.

## **Conclusion**

Health, during the colonial period was an array of ideological and administrative mechanisms by which an emerging system of knowledge and power extended itself into and over the native society. The western style of preventive and curative medicine took deep roots in Kerala as a result of the demonstration effect caused by its acceptance by the royal families. When the efficacy and superiority of the English Medicine- allopathy, was slowly being recognized all over India, In Kerala, the first concerted effort was undertaken for the introduction of western medicine was the Travancore Royal Family. The Christian Missionaries also played a significant role in the popularisation of western medicine in Kerala. Now, in Kerala, the dominant form of curatory practice is Western Allopathic Medicine.

## **References**

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<sup>2</sup> Nagam Aiyya, *Travancore State Manual*, Vol. I, New Delhi,1989.

<sup>3</sup> Govt of Travancore, Administrative Report of Travancore, 1930-31, Trivandrum 1932.

<sup>4</sup> Travancore Administrative Report 1934-35, Government of Travancore.

<sup>5</sup> Kawashima, Koji, *Missionaries and a Hindu State: Travancore, 1858-1936*, Oxford University Press, New Delhi, 2000, P. 204.

<sup>6</sup> Ibid, p.205.

<sup>7</sup> Census Report of India, 1991, Vol. XX, p.24.

<sup>8</sup> T.K. Velupillai, *Travancore State .....*, p. 208.

<sup>9</sup> Travancore and Cochin Administration Report, 1950-51, Government of Travancore, 1952.

<sup>10</sup> Rules and Proclamations of Travancore, Vol III, (1082-1091 ME), 1928.

<sup>11</sup> The Travancore Public Health Act, 1121ME, Legislative file, Bundle no: 139, File No: 271, Kerala State archives, Trivandrum.

<sup>12</sup> Government of Travancore, "Travancore Medical Practitioners Act 1119ME., The acts and proclamations of Travancore, 1119-20ME, Vol XIV, Part 1, Trivandrum,1946.

<sup>13</sup> Somervell, T. Howard, *Knife and life in India: The Story of a Surgical Missionary at Neyyoor, Travancore*, The Livingstone Press, London,1955.

<sup>14</sup> K Gopal Panikkar, *Malabar and its folk: a systematic description of the social customs and institutions of Malabar*, G. A. Natesan and Company, Madras,1900.

<sup>15</sup> *Ibid.* p.24S.

<sup>16</sup> T.K. Velupillai, *Travancore state ....*

<sup>17</sup> Kawashima, Koji, *Missionaries and a Hindu State: Travancore, 1858-1936*, Oxford University Press, New Delhi, 2000, P121.

<sup>18</sup> *Ibid.*