ROLE OF INDIAN NATIONAL MOVEMENT (INM), MISSIONARIES, PRESS AND INDIAN RESPONSES TO PUBLIC HEALTH POLICIES
CHAPTER –VI

ROLE OF INDIAN NATIONAL MOVEMENT (INM), MISSIONARIES, PRESS AND INDIAN RESPONSES TO PUBLIC HEALTH POLICIES

In the previous chapter we have explained the aspects and expansion of British Health Policy. Various historians have put their views regarding the British health policies. They have looked into the effects of these policies on Indian minds, their responses towards Western Health and Medicine System.

Mark Harrison has put the most liberal view by arguing that there was suspicion, fear and hatred among the common poor towards the aim of Government and therefore Imperial Government could not win the trust of the indigenous population. He further argues that the community leaders played a vital role towards satisfying the poor.1 He is very much true in his statement. When we focus on 19th Century and early 20th century, a time at momentous change in the history of medical science, technology and Indian society also, we see the Indian elite class welcomes the technological and developmental changes and contributes a lot by seeking employments in the Indian Civil Services, legal services, and medical services.2 They come forward for the


2 In 1835 Indian Natives were selected in IMS, to serve as assistant civil surgeons. In the same year Calcutta Sanskrit College and Calcutta Madrasa started giving instructions in Ayurvedic and Unani systems, and professor Madhusudan Gupta provided the indigenous knowledge of the works of Charaka and Sushrauta along
transformation of the society. Leaders like Raja Ram Mohan Roy, Akshay Kumar Dutta, Keshub Chandra Sen, Ishwar Chandra Vidhya Sagar propagated and supported scientific developments and opposed social barriers as *Sati* and *child marriage* and so 19\(^{th}\) century India is regarded as a period of *Renaissance*.

(I)

**Indian National Congress:**

As being the single largest political party, Indian National Congress made a platform to bring out the problems of Indian people in front of the imperial Government; it showed its concern for science and education. In the 9\(^{th}\) resolution of INC, it was said:

‘We argue on government the desirability of encouraging all branches of education, general as well as technical’. ³

It also showed its concern towards the growing poverty, and poor industrial conditions in the Indian subcontinent. In the second resolution of Indian National Congress, it was said:

‘That this Congress regards with the deepest sympathy and views with grave apprehension, the increasing poverty, desires to record its fixed conviction that the

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³ 9\(^{th}\) resolution presented in the report of four day proceedings of the fourth session of INC, (29\(^{th}\) December 1888).
introduction of representative institutions will prove one of the most important practical steps towards the amelioration of the conditions of people.’. ⁴

In the 3rd resolution passed at the 5th session of Indian National Congress (1889) at Bombay, it was said:

‘There is an extreme importance of the appointment of the mixed commission to enquire into the present industrial conditions of the country, that this Congress regards with the deepest sympathy and views with grave apprehension, the increasing poverty, desires to record its fixed conviction that the introduction of representative institutions will prove one of the most important practical steps towards the amelioration of the conditions of people’. ⁵

Indian National Congress opposed the government whenever it witnessed the inadequate progress in these fields even after beseeching at the different sessions of Indian National Congress.

Though Congress was aware of the poor hygienic conditions of the industrial workers but it was not until the First World War when it showed its interest in the field of Health & Medicine. After seeing the miserable condition

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⁴ Second Resolution passed at the Second session of Indian National Congress held in Calcutta (27th – 29th Dec., 1886).
⁵ Third Resolution passed at the fifth session of Indian National Congress held at Bombay (1889)
that had been created by the First World War (1914) Indian National Congress considered about the promotion of indigenous systems of medicine.\(^6\)

And thus we see that M.K Gandhi\(^7\) ran a systematic programme of village sanitation after 1914 and focused on personal cleanliness. Conversely there were many orthodox people also who were divergent to science and technology. They almost opposed every step of the Colonial Government. There were influential individuals and reformists also who took up some strategies to reform the society nevertheless it was not according to the standard of the West, it was delicately according to the Indian culture.\(^8\)

(II)

Efforts of Indian Elite for Women’s Emancipation:-

During the 19\(^{th}\) Century (The age of renaissance) the educated Indians came up to reform the public and private spheres of women life. These reforms may be understood in the context of social reforms done by British Government in India. The reformers supported the government whole heartedly to improve the condition of women. They laid their concern on issues like sati (widow burning), widow remarriage, and female

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\(^6\) In the later year 1918, Congress took up the case of indigenous system of medicine – Ayurveda and Unani and argued the government to give proper status to them.

\(^7\) Under the leadership of M.K.Gandhi, Congress gave prime importance to cottage industries which involved low level of technical skills. Health, hygiene and sanitation together with indigenous systems of medicine were promoted by M.K.Gandhi.

\(^8\) Muslim critiques as Nazir Ahmad and Maulana Hali strongly favored Purdah but were against the system that deprives the women from their basic liberties
infanticide child marriage. It was the sustain of Indian elite that the Government was able to pass *Sati Abolition Act* (1829 & 1856), *Widow remarrying Act* (1856) *Female Infanticide Act* (1870), *Bill for the prohibition of child marriage* (1891).

A number of works were produced in the last quarter of 19th Century aiming to remove the tribulations of female society and to uplift their moral standards. These works were produced in vernacular language (*Urdu*) and (*Hindi*). These journals and newspapers not only aimed at social and moral training of women but they contained articles and information regarding female diseases and the measures of prevention. Traditional *Unani* and *Ayurvedic* medicines were suggested to the women for their motherhood period. Medical aid to women was extended by generous individuals along with the government’s efforts.

In 1878 Sir Salar Jung of Hyderabad opened a *Zenana Dispensary*. In the same year a separate clinic for Zenana treatment was opened in *Afzal Jung Hospital* Hyderabad. The foundation of *Cama Hospital* in 1886 at Bombay by a Parsi lady Bhikaji Cama is most noteworthy; as she was the first women and children’s hospital in India to be staffed exclusively by medically trained women. In 1909 efforts to improve *Traditional Midwifery* were made by *Hakim Ajmal Khan* who founded a training Centre for *Dais* (midwives) at Delhi. Christian missionaries were the pioneers in starting the first training classes for *Dais* (midwives) in 1866 at Amritsar.
The reformist Ulamas of Darul-Ulum-Deoband privileged the education of Muslim women in the favor of patronizing purity of body, mind, and soul. *Maulana Ashraf Ali Thanevi* wrote his celebrated work *Bahishti Zewar* for women in which he described about two types of diseases among women—*general* and *female*. He described the measures about the childcare and has also prescribed preventive medicines for child as well as mothers also.

Maulana Ashraf Ali Thanevi said in the introduction of 9th Section of his book *Bahishti Zevar*:

> ‘Some methods should be adopted by women for the maintenance of their health as well as their children the women who do not know about all these cannot prove themselves as good wives. Such problems can be resolved easily by adopting the method of health care and medicine as it was also appreciated by our Prophet (PBUH)’.

Apart from suggesting medicine A.Thanevi suggested various Quranic words and verses which could be used either through written amulets or incantation. This sort of treatment according to A.Thanewi, could be very effective in cases of stomachache, Cholera, plague, fever and small pox. The

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9 It was a comprehensive handbook of *fiqh* especially for the education of girls & women. It was first published in 1335 A.H., in 8 volumes.

10 Among females, diseases regarding menstruation, according to him accrued due to some psychological stress and frustration among the young widows and unmarried girls at a general stage.
Indian elite turned their attention to the issues related to women’s health. Macho Khan, Publisher of *Mufidul Madaris*, a monthly journal launched in 1872 from Agra, emphasized modern and scientific methods for midwifery.\(^{11}\)

As said earlier in 19\(^{th}\) century India, condition of women was very feeble in the sense that they were not allowed to discuss their health problems even with their husbands, and their treatments during the motherhood period was done by *midwives* who were not medical trainers.

A number of books were written by the eminent doctors of the time on midwifery in the vernacular language. There were another books published in the last decades of 19\(^{th}\) century they are:

**Table-6.1: Books on Midwifery:**

1. Dhatrividya (1886), two volumes - *Khiredaprassad Chattopadhyay*

2. Dhatrividya (1887) - *Alok Chandra Das Gupta*

3. Dhatrividya (1888) - *Rajendra Nath Mitra*

4. Nari Chikitsa (1888) - *Shekhar Kumar Basu*


\(^{11}\) There were other journals also as *Tehzib-e-Niswan* founded by Syed Mumtaz Ali (1898) and monthly/weekly *Chashma-e-Khirad* by Abdul Rahim Khan (1876) that played a vital role to aware the women section of the society.
**Figure-6.1:** WOMEN’S JOURNALS AND NEWS PAPERS IN VERNACULAR LANGUAGE

- Akhbar-e-nisa: Women's Newspaper by M. Syyad Ahmad, 1887
- Tehzib-e-nisa: Magazine by Sayyed Muntaz Ali, 1898
- Mushie-e-Madhar: Magazine by Muhammadi Begum, 1904
- Sughar Beti: Book by Muhammadi Begum, 1904
- Kuhl-ul-jawahir: Literary work by M. Muslihuddin, 1873
- Ismat: Journal by Rashid-ul-khairi, 1908
- Khatoon: Journal by Shaikh Abdullah, 1904
Many other quarterly journals and magazines were published at various places. Shibchandra Sen published mother and child care manual- *ShishuPalan* in 1875 at Bengal. A journal Calcutta journal of medicine was published in 1868-69, regarding midwifery, childcare and mothers care. Similarly Dr. Jadunath Mukhopadhyaya wrote *Dhatrishiksha* and *Prasutishiksha* in 1891. It was a progressive effort of the elite Indians to create awareness among them.

Christian missionaries took the first step in this regard to start training classes for *dais* from 1866. Medical aid for women was also given by generous individuals in 1878. Sir Salam Jung of Hyderabad opened a Zenana dispensary also. Local Hindus and Muslims of high respect donated for the establishment of charitable hospitals and dispensaries for the care of poor people. The Ulamas of Darul- Ulum also patronized *Unani Tibb* which was considered to be superior or equivalent to western medicine system. There established three types of hospitals in India.13

(i) Funded by provincial revenues

(ii) Financed by municipal & Local boards

(iii) By private subscribers among the private subscribers

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12 Nursing services in Bombay also were provided by All saints sisters (missionaries) from 1884-1902. Dr. Annette who served at Cama Hospital from 1894-1918 recommended the training of nurses.

13 Mridula Ramanna ‘Gauging Indian Responses to Western Medicine, Hospitals and Dispensaries’, Bombay Presidency, 1900-20. In Deepak Kumar, *Disease and Medicine, in India*, op.cit., p.236.
We also observe the direct state involvement whenever the diseases became epidemic and covered the large area including the Native, Industrial, Military and European settlements. Free distribution of some medicines as *malaria quinine*¹⁴, *black pills*¹⁵ and *potassium permanganate*¹⁶ attracted the people to come to the dispensaries and its effectiveness led the Indian people realize the importance of its treatment.

(III)

**Works of Missionaries: Canadian Baptists and Anglican missionaries in Southern Regions:**

The missionaries believed that the prevalence of superstitions and ruthless belief among the indigenous communities led to heavy loss of lives. As a result, India was perceived by the missionaries as a strange land of irrational beliefs. However, by the last years of the nineteenth century, western medical missionaries in India realized the implications of health care systems along with the multifarious process of *Christianization*. In this context, as late as the 1920s, a European medical missionary observed:

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¹⁴ It was prepared from Alkaloid found especially in Cincona bark and used as Febrifuge tonic and anti periodic. However, it was not fully effective it could have unpleasant side effects; also it was not every time available still it was a reliable remedy for malarial fever. From - NAI, GOI, ‘Report of the Director of Government, Cincona Plantations, Madras’, in *Home Department Proceedings*, Medical Branch, Nos. 38-39, Oct. 1887,

¹⁵ It proved to be slight effective medicine for plague and was distributed by the Government during the outbreak of plague in 1896 in Bombay.

¹⁶ Potassium per magnate was used to protect water supply from bacteria.
'For the continued preservation of Christianity to Hindus and Muslims, there is no more potent agency than the work of Medical Mission. The successful evangelization of a block of 320,000,000 may be regarded as the dream of an enthusiast. But the idea of let us say 320 medical missionaries, each ministering and witnessing to 1,000,000, no longer seems wildly impracticable'.

By the end of the 19th Century, in Telgu region the involvement of the medical missionaries with the treatment of diseases like tuberculosis and leprosy became very prominent; the Canadian medical missionaries constructed a big tubercular sanatorium at Rajahmundry to improve the health standards of the rural laboring classes, who were particularly from depressed-class background. The medical missionaries also renovated the Ramachandrapuram and Vizianagaram leper homes to protect the diseased from all forms of social discrimination.

Nursing services in Bombay city were being provided by the Anglican missionaries, since 1884. It was pointed out that modern methods of treatment required constant skilled attention of doctors and trained nurses to assist them in the hospitals. At the same time, the indifference of Indians in contributing to the G.T. Hospital Nursing Association was also noted.

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18 Ibid., p.189
The statistics of attendance at hospitals and dispensaries had shown a little change in Indian attitudes towards medical institutions. In his paper presented at the Bombay Medical congress in 1909, Turner attributed the repugnance to hospitals to the plague epidemic, and the unpopular measures of segregation and isolation.¹⁹

Cholera and smallpox were not unknown to the Indians, but the great mortality of plague was an unknown experience, and they ascribed this to doctors and hospitals and not to the disease. This led to protests against the infectious Diseases and hospitals in Bombay in 1897 and 1899. Turner regretted that though thousands of patients left the hospitals cured, they did not advise their caste men to resort to them. He believed that sanitary knowledge should be provided to the inhibitions. Yet Indian financial support of these institutions continued.

On occasion, the paucity of funds postponed the establishment of dispensaries till Indian donors came forward, as in Khed district. Endowing public welfare was in keeping with the Indian tradition. Thus the Ranchodlal home medical relief institution was set up at Ahmedabad to provide relief to those who were unable to attend hospitals and dispensaries. Thus the

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Ranchodlal home medical relief institution was set up at Ahmedabad to provide relief to those who were unable to attend hospitals and dispensaries.

**Indigenous responses: Positive and Negative:**

The indigenous section showed no particular response towards government’s initiative. Since there had been no effective remedy for some of the deadly diseases in the previous Indian system, the western medicine was adopted by the Indians as in the case of *Kala-azar, Surgery* and *Malaria*. We also see the poor people used to gather around the Missionaries in the hope of getting free medicines for their ailments. We also see that the diseases, which were treated by local practitioners in earlier decades of 19th Century, were also being treated in the hospitals of the government. Slowly and gradually many government hospitals were being opened:

1. Calcutta Medical College – 1835
2. Bombay Medical College – 1845
3. Calcutta University – 1857
4. Madras Medical College – 1875
5. Indian Medical Research Fund Association – 1911

Many researches were conducted in these hospitals. We have evidences which suggest that people slowly and gradually were turning towards the western medicine. The following diseases were consulted by the doctors of the hospitals established by countess of Dufferin fund.²⁰

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²⁰ A letter from H. Fraser, the Chairman to the Honorary Secretary of the countess of Dufferin’s Fund, Provincial Branch North Western Provinces & Oudh Branch Allahabad, 1st Dec., 1893 in Seventh Annual Report of the North Western
### Table 6.2: Treatment of certain diseases at hospitals

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Total number of the patients both in-door and out-door</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysentry</td>
<td>184</td>
</tr>
<tr>
<td>Malarial fever</td>
<td>1,645</td>
</tr>
<tr>
<td>Scurvy</td>
<td>04</td>
</tr>
<tr>
<td>Worms</td>
<td>16</td>
</tr>
<tr>
<td>Debility</td>
<td>21</td>
</tr>
<tr>
<td>Tubercular diseases</td>
<td>-</td>
</tr>
<tr>
<td>Leprosy</td>
<td>04</td>
</tr>
<tr>
<td>Dysepsia</td>
<td>218</td>
</tr>
<tr>
<td>Goritre</td>
<td>55</td>
</tr>
<tr>
<td>Spleen disorder</td>
<td>52</td>
</tr>
<tr>
<td>Ulcers</td>
<td>439</td>
</tr>
<tr>
<td>poisons</td>
<td>09</td>
</tr>
</tbody>
</table>

Similarly in Bombay Presidency many cases were being treated apart from surgery. By the beginning of 20th Century people’s concentration

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Provinces and Oudh Branch of the *National Association of Supplying Female Medical Aid to the Women of India*, The countess of Duffrin Fund, op.cit., p.97.
towards these hospitals increased. The largest number of patients was treated for malarial fevers, while the smallest number was treated for smallpox. Quinine was sold at cheap rates in malarial districts, particularly in Sind. A large number of dysentery and diarrhea cases were either among pilgrims or the destitute.

**Table 6.3: Statistics of Out-patients at Hospitals and Dispensaries, Bombay Presidency**

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Mean for the years 1911-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smallpox</td>
<td>440</td>
</tr>
<tr>
<td>Malarial fevers</td>
<td>383,919</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>5,246</td>
</tr>
<tr>
<td>Cholera</td>
<td>1,829</td>
</tr>
<tr>
<td>Dysentery</td>
<td>39,742</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>51,184</td>
</tr>
<tr>
<td>Lyprosy</td>
<td>679</td>
</tr>
</tbody>
</table>

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Though the indigenous section of society showed no clear response towards the western health measures, but it is also evident that they did not stop to go to those medical trainers who could provide them the cheapest medicine or could suggest them the cheapest measures. That’s why the poor unaware class always tried to seek shelter and protection in the worship of deities and in performing rituals as suggested by Ojhas and Tantriks.

Let’s now consider the reasons why indigenous section was showing its indifference towards some health care measures done by the government. Some native people did not adopt vaccination because it could not match with their old practice (inoculation). Its secular nature was not accepted by some orthodox people. Hindu community was not ready to have vaccination as it was prepared with calf Lymph. The Brahmins thought it impurity if the lymph was taken from the child of untouchables and the Muslims believed that the English were searching for Mehdi (the Savior) in the veil of vaccination.

There was also a problem of quick infection after vaccination on the children. People fled away from the areas where vaccination was to be done, and

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22 There was a problem of quick infection also just after the infection and the researches suggested that diseases like syphilis and lyprosy were often transmitted through vaccination. From, Report on Vaccination, Bombay Presidency and Sind: 1873-74 XXIV, O.P.R. cited in Harrison Mark and Sanjoy Bhattacharya (edited), Fractured States: Small Pox, Public Health and Vaccination Policy in British India, 1800-1947, op.cit., p.58-59.

23 Satya Laxaman, Medicine, Disease and Ecology in Colonial India, p.248

24 According to Muslim belief (Mehdi) will be the person who will drove away the evil from the world.

the British government made it compulsory for every one to be vaccinated.\textsuperscript{26} And this step was welcomed by Indian elites.

Sir Syed Ahmad Khan the Indian member of Legislative Council also favored the step.\textsuperscript{27} Sir Syed Ahmad Khan showed his courage and pointed out the government’s negligence and indifference while imposing \textit{compulsory vaccination} and establishing \textit{Relief Camps}. He suggested the government to consider and understand the communities’ sentiments and to take lenient steps to start such programs. Thus he delivered a speech in the legislative council and convinced the government that Indian Community evils readily accept any step taken by the government only if their sentiments are respected. This is an extract of the introductory speech which he delivered on 30\textsuperscript{th} September 1879 in the Viceroy’s Legislative Council while introducing the vaccination Bill:\textsuperscript{28}

‘My Lord there was a time when the people of this country had prejudices, to which superstition and ignorance had given birth, against the practice of vaccination. But the time has now arrived when such nations no longer find the minds of the gentry of India; Compulsory vaccination is thus a

\textsuperscript{26} Compulsory vaccination Acts in the various provinces were all first introduced in selected urban centres.

\textsuperscript{27} Indian Press welcomed the steps taken by the government towards public health. But they also apprised the interference of European in the affairs of local government by saying – ‘Any step to force sanitary measures an unwilling people must lead to failure’

\textsuperscript{28} Vaccination Bill introduced by Sir Syed Ahmad Khan in Viceroy’s Legislative Council, cited in Mohammad Shan, \textit{Writings and speeches of Sir Syed Ahmad Khan}, Nachiketa Publication Limited, Bombay, 1972, pp.139-142.
measure for the protection of the lives of innocent children from the results of the folly of their parents.....

My Lord, so far as my experience extends, I have no hesitation in saying that compulsory vaccination would meet the approval of the gentry of India. Indeed one of my Hindu friends – a gentleman of good birth and good influence at Benaras, the source of Hindu law and religion – asked me to induce the government for making vaccination compulsory. I have also received communication from respectable Mohammadan gentle men of Punjab to impose compulsory vaccination in Punjab region also.... Sir a law having for its object the security of the future generations of India from a calamity so universal and severe would, if properly put into operation, for from being unpopular, be welcomed by the people of this country.

Vaccination was favored by the Bengali News paper Hindu Patriot.\textsuperscript{29} The doctors and surgeons of Indian origin in IMS also played a vital role in propagating the vaccination programme. Some times the local members as 
\textit{Hakims} and \textit{Vaidyas} were also appointed in vaccination camps to bring the people and to convince them.\textsuperscript{30}

\begin{flushright}
\textsuperscript{29} Hindu Patriot, (News paper), ‘6 May 1878.
\textsuperscript{30} Mark Harrison, ‘Social History
\end{flushright}
E.A. Balfaur, Indian Medical Department has stated that these Vaids and Hakeems also practiced as physicians in Madras Presidency and their number was for greater than educated government servants. He noted that out of 8,000 practitioners in the territories under the government of Madras were 7,550 Vaids and Hakeems and only 450 were educated doctors.31

The subordinate staffs who were generally, head constables, Chaukidards, native vaccinators and even coolies were often employed by the government at the time of fairs, epidemics, and at pilgrimage sites to communicate with the people and to detect the sickness among the people. They also played a vital role in informing the government about indigenous sentiments.32

However, the secular nature of the Government in establishing relief camps & poor houses was also unacceptable because it interfered into the religious and cultural practices of the community. Regarding the causes of the unpopularity of the poor houses established by the government in the North Western Provinces and Oudh, during the Famine of 1878, Sir Syed Ahmad Khan said that the character of the management of the poor houses was not justified as it did not respect the religions sentiments of the countrymen where as, the poor house, managed by Sir Syed Ahmad Khan at Moradabad, during the time when John Strachey was the Magistrate and Collector of Moradabad, gained popularity, as it had following characteristics.33

31 NAI, Government of India, Home Department Proceedings, Medical Branch, NOS, 41-87, August, 1877.
32 Ibid. pp.45-70.
1. Poor house was divided into different enclosures and separate areas were assigned to different classes and castes.

2. A committee was formed which consisted of respectable Hindu and Mohammadan members who would select persons fit for working.

3. Separate Chaukas were provided for each class.

4. Various kinds of works were performed as spinning, trusting of ropes, weaving to support the poor etc.

As Plague had been an endemic disease in the Himalyan foot hills and the regions of Kumayun and Garhwal, it occurred for many times in these regions. The British government did not take serious steps until the International Sanitary Conference held at Venice, blamed British government for existing cholera tensions in India and then the plague.\(^{34}\) This international pressure and threats to its overseas trade compelled GOI to take quick preventive measures to combat plagues which were not acceptable for the indigenous section.

The municipal commissioner under the municipal board of 1888 authorized the municipal health officers to segregate the infected buildings. Further \textit{Epidemic Disease Act was passed} in 1897, and it authorized the officials to inspect any ship, or passenger, to search to disinfect, to demolish any dwelling or to stop any pilgrimage or religious fair.

The treatment of the officials with the indigenous section was really painful. The passengers complained about the treatment of white doctors while inspecting the sensitive body organs of male and female was intolerable. Even

\(^{34}\) The French attacked the British as ‘rulers of home of cholera and now one of the epicenters of plague’. 
the people preferred to die, rather than to be inspected or treated by the doctors.  

The news of sexual harassment by the colonial officials became common and the rumour was spread that the government made a deliberately crude attempt to punish the people who had been involved in anti-colonial activities.  

These hasty steps taken by the government spread the wild rumors that the sahibs had taken the poison from *cobra* and put it into the Bombay Water Supply to spread plague. As a result there occurred a number of Anti plague riots.  

When GOI saw its failure, it started appointing the *Vaid* and *Hakeems* for the treatment in camps and hospitals. Though some changes were done by British Government and the values of India society were taken into consideration, but even thereafter British Government could not win the trust of the indigenous society. People did not show their positive response towards the village sanitation programme because it levied more tax (sanitary tax) upon them. Due to the unawareness also positive response was not seen from poor people sanitary Commissioner of Assam reported:-  

35 National Archives of India, Home, Medical, 2 February 1896, No.40.  
38 Anti Plague riot occurred in Kanpur in 1900, Poona in & the people burnt the segregation camps armed with lathis. R.C. Majumdar , p.400.
'Much attention has given to rural sanitation but the Chief Commissioner points out that title can be done until the people have been educated to appreciate its benefits.'

We have several other incidents which may tell us the indifferent attitude response and resistance of the poor people. It was a particular poor and down trodden section of the society who had a fear of imposing new tax among their minds and therefore they used to flee here and there to escape from the Government. However we do not notice any strong resistance or rebellion against the Government. Regarding enumeration also there was fear amongst the people but no special obstacles were encountered by the people as observed by the district officials, when they were asked about it.

The statistics collected by the hospitals and dispensaries show the increase in the number of patients who used to come for cure especially for surgery. The largest numbers of surgeries were for the removal of stone and extraction of the lens for cataract. Other surgeries included abdominal operations, operations for hernia, abuses of the liver etc.

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39 Report of the Sanitary Commissioner with the government of India (Assam) 1894, p.259,


41 Report of the Civil Hospitals and Dispensaries, Bombay Presidency, Bombay, 1909, p.3.
Role of Press:

However there is another interesting aspect which cannot be ignored while talking about the responses, that is the role of press. The newspapers, magazines, journals did their work quite honestly in order to let the people aware for their health problems. We find many opinions expressed through press which were sometimes in favor and sometimes against the Western Medical measures. Vernacular press also published some books in medicine.

M. Kempson, Director of Public Instructions N.W.P. informed that the total No. of registered publications in North Western Provinces during 1871 were 317 out of which 12 books (6 Urdu, 2 Hindi and 4 Persian) were published in Medicine.\(^{42}\) We also find its dominant role in advertising the Indian traditional products, healthy food etc. Many English newspapers and Medical journals advertised for suppliers of western medicine and surgical instruments.

The newspaper Abhyudya\(^{43}\) advertised a number of indigenous medical products in its columns. The medical product Pran Sanjeevani was


\(^{43}\) It was the first Hindi weekly established by Madan Mohan Malviya in 1907.
advertised by using words like Ramban and Sulaimani.\textsuperscript{44} It also published the book *Hanuman Chalisa*\textsuperscript{45} for the advertisement of *Pustraj Vatika*. Arogyata Ki Devi was printed for the advertisement of *Amrit Dhara*.\textsuperscript{46} The *Medicine Piyush Ratnakar*, the remedy for 80 types of diseases was advertised by the newspaper *Abhyudya*.\textsuperscript{47} Often these newspapers/magazines published the articles and opinion of various leaders in their columns. As compulsory vaccination favored by Sir Syed Ahmad Khan was in the news lines in the Madras Times.\textsuperscript{48}

To conclude, we can say that there was a consistent awareness among the people. One cannot say that there was an absolute indifference towards health care among the people.

\begin{flushright}
\textsuperscript{44} ‘Abhyudya’ 18 February, 1912, p.8.
\textsuperscript{45} ‘Abhyudya’, 18 Feb., 1912, p.7.
\textsuperscript{46} Abhyudya, 22 Feb., 1912.
\textsuperscript{47} Abhyudya; 18 Feb., 1912, p.8.
\textsuperscript{48} Madras Times, 3 July 1880, pp.2-3.
\end{flushright}