CHAPTER II

‘NATIVE’ RESPONSES TO NEW MEDICAL PRACTICES:
COLONIAL ASSERTIONS AND PERSUASIONS

This chapter intends to examine how Western medical practice became the hegemonic form of medical knowledge and practice in Kerala. Various strategies employed to introduce Western Allopathic medical practice in Kerala from the late 18th century to early 20th century are discussed here. The colonial discursive construed the ‘indigenous’ curative practices and attributed it with obsoleteness and unscientificity. The course of building up 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 chapter. In addition, this chapter seeks to address the question how the Western bio-medical system became

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11 Kerala is a narrow strip of land between the Arabian Sea and the Western Ghats covering 39,000 sq km. The population of Kerala according to the Census of 2001 is 31.84 million, of which approximately 73 per cent are living in rural areas. Kerala was politically part of ancient Tamilakam until early medieval times (c 900AD). But Kerala began to emerge as a relatively independent cultural, linguistic and political region during medieval times under the rule of Kulasekhara of Mahodayapuram (c800-1100 AD) with its distinctive Malayalam language and much noted matrilineal system (Varier and Gurkkal 1992). By the late medieval period Kerala was divided into four kingdoms namely, Venad in the south (Travancore), Cochin in the centre, and Zamorin and Kolathiri in the north (Malabar). The colonial inroads into Kerala began with the arrival of Portuguese by the end of 15th century and culminated in the establishment of British direct rule in Malabar and indirect rule in Travancore and Cochin by the end of late 18th century. Even after independence from colonial rule in 1947, the three political divisions remained. It was only in the year 1956 that the present day Kerala state was formed uniting these three divisions.

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'the science' about human bodies and how its knowledge/power nexus12 discursively constituted the Western medical science as sole saviour of the health of the colonized. I will also look into how the spread of this practice resulted in the marginalization of different forms of indigenous healing traditions and how the whole process effectuated the constitution of colonial subjects who imbibed the discursively constructed truth telling about health as rational. This chapter is meant as a prelude to the coming chapters where discussions are centered on the modern Western medical practice (excluding indigenous healing traditions). This chapter will give an idea on how the modern Western medical practice became the hegemonic form of curatory practice in Kerala (whether it is in academic literature, popular visions, or in the Legislative Assembly) so as to foreground the whole discussion on health conditions of Kerala in the postcolonial period to get reduced on to it.

This chapter has two divisions. In the first part, I examine how colonial writers represented native healing practices as unscientific, irrational and barbaric; and the process of the establishment of institutional structures for imparting 'modern Western health care' along with the introduction of various Rules and Regulations by the colonial government. As the indigenous medical practices were discursively denigrated it paved way for the creation of a mentality to accept the Western notion non-coercively12; at the same time the rules and regulations were to some extent coercive. For example, vaccination was made compulsory for the entire population and it was made conditional

12 Foucault understands power as a presence everywhere, a presence that completely involved in or subliminal in all of the human actions and interactions. Power is everywhere, not because it embraces everything, but because it comes from everywhere. As Foucault says, it is not an institution or a structure, neither is it certain strength that we endowed with; it is the name that one attributes to a complex strategical situation in a particular society. For more detailed discussions on Foucault's notion of power and power/knowledge relation, see Michael Foucault Power/Knowledge; Michael Foucault, History of Sexuality volume 1.
for those seeking employment in the government sector. Secondly, often colonial bureaucrats often forcefully vaccinated common people (an interesting illustration of the sufferings of the people could be seen in N.S. Madhavan's novel *Lanthanbatteriyile Luthaneeyakal*). Meanwhile, there are another set of sources where one could see the 'native' speaking the language of the colonizer. That is, in the late 19th century itself people from Kerala began to argue for introducing Western medical practice claiming that it is scientific, rational and having truth value. The persuasion of the Travancore rulers to accept Western medical practice by its subject too must be categorized in this *genre* of speech. Here, the speeches of 'native' are coming not out of any coercion, but out of a misrecognition (by misrecognition I mean the state of mind in which the person make the speech on the belief that what he/she says is really what he/she independently thinking, and fails to realize that his/her thoughts are emerging out of an already-imbibed truth regime that the hegemonic discourse created). This second aspect of non-coercive reflections will be briefly analyzed in the second division.

The perspective employed in this chapter is influenced by some of the critical reflections on colonial medicine written by scholars such as David Arnold and Gyan Prakash. David Arnold represented Western medicine not only as an immediate domain of health but also as a wider realm of cultural and political hegemony.\(^\text{13}\) He argues that 'body' was colonized or it was inserted in a new field of tactics and institutions aimed at achieving mastery over life with an extraordinary involvement of state medical regime. He stresses the extraordinary importance of state medicine in British India in the production and subordination of subjects. Gyan Prakash elucidates the operation of bio-

\(^{13}\) David Arnold, 1993, *Colonizing the Body State Medicine and Epidemic Disease in Nineteenth Century India*, Oxford University Press, Delhi.
power in British India and opines that from the very beginning, it differentiated itself from Indian practices to the extent that there occurred an unbridgeable gap between the State and the people.\textsuperscript{14} He considers the domination of Western medical practice as the history of the subjection of Indians to a new form of surveillance and control and their constitution as modern subjects. Phillip B Wagoner is of the opinion that the production of colonial knowledge represents a form of epistemological violence waged by the colonial State on its colonized subjects.\textsuperscript{15} Let us move on to the details now.

\section{Colonial Representation of Health and Medicine}

I begin this session quoting an observation made by a medical missionary named Somerwell. In his work \textit{Knife and life in Travancore} (which is a reminiscence of his experiences in spreading Western medical practice in Travancore), he wrote the following:

The traditional healers of Travancore very often rely completely on magic and superstition for their cures, and deal with such stock-in-trade as the evil eye and familiar spirits. Their drugs are often intense irritants which drive that patients nearly wild with pain, and possibly enable them (by contrast) to forget the pain of the original disease. Sore eyes are treated with the most ghastly mixtures, the


\textsuperscript{15} Colonial knowledge is produced by the active agents of the colonising society, operating upon the patients of the colonised. Because of the attendant loss of agency on the part of the colonised, and because of indigenous categories and forms of thought are not just ignored, but forcibly displaced by the imported episteme of colonisers, the production of colonial knowledge thus represents a form of 'epistemological violence' waged by the colonial state against its colonised subjects. See Wagoner, Phillip B. (2003), "Pre-colonial Intellectuals and the Production of Colonial Knowledge", \textit{Comparative Studies in Society and History}, 45(4): 783–814.
agony caused by which is supposed to drive the devil of eye disease away. Often and often this barbarous treatment is followed by blindness. There must be thousands of poor folk in India to-day who are blind simply from the effects of ‘native medicine’ given for a trivial complaint in the eyes which Nature, left to herself, would have cured within a week or two. Duodenal ulcer is treated by the vaityans with counter-irritation in the shape of branding with hot irons or blistering with irritant drugs. The majority of our gastric cases at Neyyoor come to us with the abdomen already scarred by the vaityan’s activities in this line. Cancer is treated with similar drugs, which eat the cancer away in the middle, leaving intact the growing edge which is the seat of active disease, and therefore doing little to the patient except to cause him many sleepless nights of agony.”(Somerwell, 1955. 131-132)

The above quote stands as a typical example for the assumptions the colonial Missionaries as well as Administrators retained and represented about the various healing traditions which existed in Kerala. They construe that the healing practices prevailing in pre-colonial and colonial Kerala are superstitious as the procedure of treatment involves magic and spirit possession and its effects are said to be that of warding of evil spirits. Somerwell reduces the whole traditions of indigenous treatment in a single word ‘barbarous’. This ‘barbarous’ treatment then is contrasted with the scientific, rational, civilized, and modern treatment, which is Western medical practice. Scholars like Edward Said have already revealed the politics behind the Western discursive constitution of the East/Orient as a binary opposite of the West/Occident.16 He found that it is through such discursive construction that a new colonial subjectivity was created in the colonies in such way that it would persuade the subjects to accept what the West tells as truth and objective. The Orientalist representations of the indigenous medical practices form a part of the larger colonial discursive construction of the East and Natives. Somerwell’s (as well as many other Missionaries, scholars and colonial administrators) assertion accompanies the continuous reconstructions

of indigenous curatory practices in Kerala as antithetical to the civilized practices of the West. Such discourses made by both Christian missionaries and the colonial administration are linked with modernity's notion of progress. If the State as well as the society want to progress, then the subjects were to accept the Western prescription; this is what such writings did/intended.

There is another description in yet another colonial record on the indigenous healer's treatment of the sick. Here, the healers (i.e., different kinds of indigenous medical practitioners) are portrayed as ignorant about scientific diagnosis as well as dispensing laboratory test and proved medicines. The record says that the 'astrologer, the exorcist and the physician were all in attendance at the sick bed of a person: 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'. (Census report of cochin, 1901). The three agents he identifies as traditional medical practitioners are the astrologer, exorcist, and the physician or vaidyan. The first one depends on revelations (and not scientific diagnosis) to identify the cause of the disease, the exorcist employs magic to treat the sick (and not any scientific method), and the vaidyan does 'some' treatment. The latter were the only category of people who had received some positive gaze from the colonizers in the early years of colonialism. But by the beginning of the 20th century that too began to change. To understand the further implications of such a colonial construction we need to look into how they contrast the indigenous treatment with that of the West, which I will do in the subsequent paragraphs.
I can multiple the examples of colonial writings depicting indigenous tradition as barbarous, but to avoid platitude, I am omitting them. Instead, I will quote below the colonial literature on the community and their sickness. Here also, ignorance, superstition, and barbarity are construed as the cause of disease. While writing about the Pulaya community in Travancore, a 19th century Christian missionary named Samuel Mateer observes their health condition and the reason for illness in the following way:

> From their [Pulaya] uncleanly habits they are afflicted with skin diseases, inflammation of the eyes, ulcers, and leprosy. Bad food, strong drinks and tobacco chewing also injure them. From the beginning of any sickness they, like many other castes, consider it dangerous to wash or bathe; and this of itself, often aggravates disease...

> They are both careless and ignorant in the treatment of the sick... They have no professional doctors amongst them; and no knowledge of medicines even so simple as caster oil...

> Every ailment is attributed to the agency of some demons or other whom it is the business of the pujari or priest to discover (Samuel Mateer, 1991, p. 48-49)

Similarly, C.A. Innes, a colonial administrator who served in Malabar (a Part of Madras Presidency), also writes about the unhygienic life of yet another group of people, the Mappilas (Muslims of Malabar). This observation is made while he surveys the public health situation in Malabar:

> Outbreaks of cholera are frequent and often assume a severe epidemic form. Mappilas with their filthy habits, their contempt for the most elementary laws of sanitation, and their reluctance to submit to rational methods of treatment, are the chief sufferers, and, when once the disease has obtained a footing in a densely crowded dirty Mappila town like Ponnani, the difficulty with which it is eradicated is easily imagined. In most municipalities, the Mappila quarter is, for this reason, a standing menace to the health of the town. (C A Innes, 1908: 292)

> 'Uncultured' lifestyle (or in other words, barbaric life), lack of professional doctors, ignorance of the value of medicines and the elementary laws of sanitation, reluctance to submit to rational method of treatment and leaving the diagnosis to pujaris (priests) are said to be the determinants of the poor
health of the indigenous people. Beyond health, I argue, such assertions have implications for the degradation of several groups of communities who were not succumbing to the colonial norms/visions. Or in other words, in the colonial vision, their ignorance and reluctance were tantamount to denial of the colonial power or reluctance to become colonial subjects. Here, health is not merely a matter of subjection; along with it people were objectified as the agents of the State towards the march of progress. Those who are yet to accept such notions had to be corrected coercively, but non-coercively by persuading them to accept the colonial notion as their own.

There are interesting observations on the indigenous physicians as well. In Somerwell’s text, we could see the usage of the words *vaiytnan*, quacks, magician and the like to refer to indigenous healers including *Ayurvedic* physicians. These terms are contrasted with ‘doctors’; the latter exclusively refers to surgeons/physicians trained in the Western medical tradition. He identifies contrasts in their treatment: what the ‘quacks’ do is black-magic and what the doctors do is scientific treatment. First, I will quote the way he depicts the quacks and then will move on to discuss how he distinguishes the practice of quacks and the doctors. I quote,

> There is no law in the state controlling the activities of the quack doctors. So although there are thousands of doctors, so called, in Travancore, by far the large number of these are the vaiytnans or ‘native physicians… Most of these dangerous people are the sons of vaittyans, to whom their fathers bequeathed the knowledge of a few drugs. Their outlook is entirely medieval. Most of them believe in evil spirits as the cause of disease, and their idea of medicine is that it has magical powers against these special spirits…but the real tragedy of quack doctors is that they are accepted by 90 percent of the people as competent to diagnose and treat disease. (Somerwell, 1955, p.93)

In the above quote, the indigenous medicine men are unruly (no low to control) and medieval in outlook. The cause of the disease is the evil spirit and the power of the medicine lies in the magical spirit. Through such a
counterpoising, Western practice is projected as rule-governed, modern and beyond superstition. These 'quacks' were seen as the real problem for the agents who wanted to disseminate the idea of Western medicine in Kerala due to which they had to be controlled. This is what can be read from the quote.

Going a step further, these colonial writings ascribe some fundamental differences between the 'native physicians' and 'Western doctors'. If the former is superstitious and lives in the 'medieval world', the latter have scientific training and are always taught to ask the question 'why?' at every stage of the diagnosis and treatment of a patient and are modern. A narrative:

Why has a pneumonia cause a fever? 'It is a devil. Let's get rid of it', says vaittyan. It's due to a lack of imbalance between phlegm and wind. Let's get the fever down to normal' says the Ayurvedic. The qualified doctor says: 'the high temperature is nature's reaction to the disease. The fever is therefore not a bad thing in itself, but often good. Penicillin and nursing will get the case better'. Common sense, the microscope, the X -ray, the test – tube – all these can be made to prove things incontrovertibly so that much of modern medicine and surgery depends upon proved facts and observations, not on tradition or guess work. 17

As I said early, in the early years of colonialism, the Ayurvedic physicians were respected. But by the late 19th century itself, colonial writings began to construct the ayurvedic practitioners too as possessors of obsolete knowledge and unscientific in practice. I quote

Just as in ancient Greek and Egyptian systems of medicine, the body is considered to be controlled by three 'humours', vayu or air, (wind), gapam or phlegm, pittam or bile. lack of balance between these three is considered as the

17 However, the writer suggests that among the native physicians, the most respectable type is the Ayurvedic Doctor. His narration about Ayurvedic doctor is also interesting. I quote' you will find him polite and courtly, often a Brahmin by caste, and with full of little bits of magic and incantations, mixed up a system of medicine that is full of rules and classifications... Ayurvedic men do with skill and patience, and in which they very often cause marked improvement to their cases, is the side of physical medicine-massage, manipulations etc. I am often quite content to let my patients, if they are suitable cases, take the treatment of ayurveda in these respects, although its foundation and premises are entirely unscientific, in practice it works out all right'. Somervell, T. Howard (1955), Knife and life in India: The Story of a Surgical Missionary at Neyyoor, Travancore, London: The Livingstone Press
root cause of disease, and in one of the ancient Hindu systems all maladies are classified in series of twelve, each set of twelve having attached to it twelve suitable drugs. It is obvious that this sort of hanky-panky, founded on tradition at least 2,000 years old, and (in the minds of many of its practitioners) not having progressed during all the centuries, provided the patient with little chance of help. As so often among the less respectable vaittayans, the ayurvedic doctor’s treatment is mainly the treatment of symptoms, and his attempts to get further to the root cause of disease, being founded on false hypotheses, are completely useless... To him the supreme value is the antiquity; to us [Western doctors] it is being up-to-date.

There is, however, a real tragedy in the fact that so many people in an immense country like India trust themselves to these medicine-men, often barbarous, always superstitious and nearly always doing more harm than good to the patients. (Somewell, 1955, p.137-138)

Scholars have pointed out that ‘medicine’ was one of the means through which missionaries tried to convert upper castes. They valued medical service as more effective than education as a means to win over the native populations. They thought that modern education was the surest means to make them to reflect on their superstition and liberate themselves from the barbaric practices, which, they thought, in turn will lead them to the world of reason by emancipating them from the world of magico-religious beliefs. From 1838, many medical missionaries were sent to India to propagate and disseminate modern/Western rationality and they univocally asserted that ‘the intellectual development of the people would relieve them from much suffering and prepare them for increased usefulness to the state’.

In short, colonial projections of Western medical practice in Kerala represented indigenous healing practices as irrational, unscientific, and barbaric in comparison with Western medical practice. The latter for them was civilized, objective and scientific and a symbol of modernity and progress. The

Western medical practice was introduced in Kerala with newly-created notions of hygiene and 'body', especially through the writings of Christian missionaries, colonial administrators and the native elite communities.

Making of the Health Institutions

The discursive construction of the indigenous healing practices as barbaric, unscientific and irrational was coupled with the establishment of hospitals, dispensaries, medical training schools and government departments to look after matters concerning the health of the native population. To illustrate this coupling, in this section, I would briefly discuss the administrative processes through which colonial State supported the promotion of Western medical practice in different parts of colonial Kerala.

The available documents show that the Dutch were the first European power who tried to strategically introduce Western medical practice in Kerala. They had two main concerns (there may be more, but the present researcher did not get any archival evidence to say conclusively so). One is hygiene and the other is leprosy control. The Dutch found unhygienic condition, especially in the sea-ports, and asked people to keep their premises clean so that the spread of epidemics could be prevented. Records say that the Dutch had run a Leprosy Asylum at Palliport in Malabar and later that went to the British. How the Dutch perceived native practitioners and what was the interest that had driven them to introduce Western medical practice is not known. The interest that a Dutch scholar showed in compiling the multi-volume work *Hortus Malabaricus* stands as testimony for their interest in indigenous medical knowledge, especially about the medicinal properties of flora. Here, it is sufficient to say that Dutch noticed the healing practice and lifestyle of people
in Kerala, even if it was in a limited scale and introduced some of the concepts of Western medical practice in Kerala without dispensing what was there.

The British colonial intervention was more critical and apparent. There were references to the presence of surgeons in the British Factories in Malabar in the second half of the 17th century. The territorial conquest of the East India Company in the late 18th century necessitated the establishment of a permanent place to meet the medical needs of the company servants, especially those in the Army. Therefore, in 1784, a medical service was established. Surveying the vital statistics of people was followed by serving the Army in the year 1784 and it continued for long time. It found that 'the natives' were more prone to sickness than the 'Europeans', therefore, they introduced vaccines to control epidemics among the 'native troupes'. Records available on the Madras presidency for the year 1784 attest this point. In 1785, the Court of Directors set the peacetime establishment with surgeon and assistant surgeons. Later, their numbers were increased.

C.A. Innes writes that it was in the year 1845 that the first public hospital was opened at Calicut followed by ones Palaghat and Cochin. In the 1860s, 'municipal towns were powered with similar institutions, and the hospital at Calicut, Tellicherry, Palaghat and Cochin were handed over to the respective municipalities. Government paid the salaries of the Medical officers out of provincial funds. The local boards which began to function about the same time also opened hospitals or dispensaries gradually at all taluk centres and at important villages like Chowghat and Angadippuram'. (CA Innes,1908, p289). Missionaries, Police and the Railways were the main players in establishing medical institutions in Malabar. Records reveal that by the beginning of the 4th decade of the 20th century there were 13 government hospitals, 30 dispensaries
belonging to the local boards and 22 subsidized dispensaries in Malabar. They also show that nearly 7,30,000 persons were treated in such medical institutions for some ailment or the other at a total cost of 4.47 lakhs of rupees (C.A Innes, 1908, p.290).

While writing on the history of the introduction of Western medical institutions in Madras Presidency in which Malabar was a Province, David Arnold notes that the Indian Medical Service began to function there in the early years of the 19th century and it got matured by the middle of the 19th century as 'an archetypal colonial service, wedded to the military and administrative needs of the colonial state and staffed almost exclusively by Europeans specially recruited for the purpose. This was a model that paralleled (and so facilitated communication with) the structure of the India Civil Service (ICS) and the other scientific and technical services that emerged in the second half of the century' (David Arnold 2004: 58).

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. 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

\footnote{T K Velupillai, \textit{Travancore State Manual}, Vol. IV, Trivandrum, Government of Kerala.}
doctor. A hospital for chronic cases was 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.21 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 1927.22 Lady Linlithgow laid the foundation stone of the T.B. hospital on 11 January 1939 at Asaripalam, three miles west of Nagarcoil.23

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.24

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

23 Cited in Sunitha Nair, 2001,p-220
years. Achutha Menon notes about the development of health sector in Cochin in the following manner: ‘in 1823, the Civil Surgeon of British Cochin was made *ex officio* Darbar Physician, and a dresser was attached to the jail at Ernakulam, while the Trichur jail was placed in the charge of the dresser attached to the British military detachment stationed there. It was these three officers that first began to show to the people the advantages of European medicine and surgery. 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 out-patient dispensaries, operation theater, contagious ward, etc’ (1995[1911]: 368).

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/Western ideology implicit in the mode of treatment. In the course of time colonialism succeeded and by the turn of the 20th century, people of Kerala in general began to uphold that there is only a true medical knowledge, i.e Allopathy.

**Rules and Regulations**

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.\textsuperscript{25} 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.\textsuperscript{26} Similarly, the Epidemics 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.\textsuperscript{27} 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).\textsuperscript{28} 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

\textsuperscript{25} Vaccination was the first preventive measure propagated by the state. T.K, Velupillai, \textit{Travancore State Manual}, vol: IV, Government of Travancore, 1914, pp208-36.

\textsuperscript{26} Travancore and Cochin administration report, 1950-51, Government of Travancore, 1952.

\textsuperscript{27} Rules and proclamations of Travancore, Vol III, (1082-1091 ME), 1928.

\textsuperscript{28} The Travancore Public health act, 1121ME, Legislative file, Bundle no: 139, File No: 271, Kerala State archives, Trivandrum.
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.29 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,30 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. But, here, I did not attempt to furnish a detailed description of such acts enacted there (i.e., Cochin and Malabar). Instead, my focus was only to give a synoptic view of the dimensions of such regulations by illustrating the history of Travancore.

Overall, in this section of the chapter, my intention was to argue that 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 experience of the Travancore State demonstrates that the colonial administrators defined health and the curatory practice of their subjects from within their own epistemic realm and its 'truth' claims were projected to establish institutions and regulations on the one hand and to create conditions for the erasing of all other healing practices, on the other.

II

Native Representations

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 gives a wonderful picture of how a native viewed his own medical mission. I quote:

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. (somerwell, 1955,p.14)

However, this attitude began to change in course of time. The dissemination of Western rationality through various sites like schools, press, bureaucracy and the judicial system had its effect on creating a new subjectivity. The discourses which circulated through all these sites effected the acceptance of Western medical system as scientific and modern and thus desirable. A new
mentality created by the colonial discourses functioned as the new *habitus* in thinking that the new institutional practices that the colonial government suggested need to be accepted and celebrated to reckon one as civilized.

Though this could have been the case, often there were assertions from indigenous scholars who maintained that it was the proven scientificty of the Western medical practice that prompted the ‘native’ to accept it as the ideal curatory practice. For example, C. Achutha Menon writes that “the people had not only no faith in vaccination, but dreaded it as much as the small pox itself, and it was only when English education made some progress in the State that they began to realize the advantages of it. Even now, there are people who look upon the operation with feat and distrust, but on the whole its efficacy as a preventive measure is now generally recognized” (366-67).

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 (see the first section of this chapter). 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.31 I quote Panikkar:

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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.32

In Travancore, people were prompted to accept the Western medicine by the Kings (Maharajas) themselves allowing themselves to be vaccinated first in public and by starting a medical store. The medical store thus established was known as “Elayaraja Dispensary”.33 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.34 Demands for opening up of medical dispensaries came up in the Sri Moolam Assembly as well.35 Thus, by the turn of the 20th century, Western medicines and doctors became those ‘whom we [the people of Travancore] have more confidence than any other in Travancore, and to whom most of us go as a last resort’(cited in Somerwell,1955, 128).

To sum up, health, during the colonial period was an array of ideological and administrative mechanisms by which an emerging system of knowledge and

32 Ibid. P.245.
34 Cited in Koji Kawashima, 2000, p.121.
35 Cited in Koji Kawashima, 2000, p.121.
power extended itself into and over the indigenous society. In many respects, it was a process characteristic of bourgeois societies and modern states elsewhere in the world. The human body got counted and categorized; they were disciplined, discoursed upon and dissected. In this process, indigenous healing practices and its practitioners were construed as irrational, unscientific and quacks in contrast to the scientific and rational. Such representations created sufficient space for the entry of Western Allopathic practices. Such representations prevailed for a century or more. In terms of discourse analysis, such representations and self-projections of the West has the epistemic realm of enlightenment rationality. Now, in Kerala, the hegemonic form of curatory practice is Western Allopathic. Similar (colonial/Orientalist) discourses on health still continue in Kerala, but with some cosmetic changes required for the present. The following chapters will be an excurse through such discourses emanating from different fields, sites and institutions.