CHAPTER II

Background of Health Care Administration in the Foothills

The history of modern healthcare system in the erstwhile North East Frontier Tract (NEFT), the present day Arunachal Pradesh may be traced back to the interventions of the colonial administration in the foothills. The British succeeded the administrative control over the plains and thereafter displayed intermittent military expeditions towards the surrounding hills of the Brahmaputra Valley. The earliest healthcare facilities in Arunachal Pradesh were introduced in the foothills through these military expeditions and survey operations. It was a part of policy to win the confidence of hill people adopted by power dispensation stationed in the plains. The records of the colonial explorations and other official correspondences amply suggested the viability of these administrative measures towards the hill territories.

One of the earliest records available on the health care is related to the Christian Missionary of the colonial period. After the treaty of Yandaboo, the American Baptist Missionaries from Burma were engaged to work amongst the Singphos and Noctes and Wanchos (the erstwhile Namsang Nagas). Nathan Brown and his team started to work first amongst the Khamptis from March 1836.\(^1\) The American missionaries tried to do medical work amongst the Singphos\(^2\) but was not successful since the objective to proselytise the Khampti, Singho, Nocte and Wanco was abandoned and the focus of Christian mission was shifted to Brahmaputra valley. Another phase of missionary contact with the

---


people of Arunachal Pradesh happened when the French missionary Father Krick visited Mebo (near Pasighat) in 1853 and provided medical relief to the people of the area. Krick’s account reflected the missionary’s belief in the superiority of western biomedicine over indigenous healing practices and the missionary bias on the tribes’ world view. As such overwhelming response to medical relief provided to the people of Mebo is amply testified in these lines:

“Yes, yes,” they all replied with one voice, “and if you cure our sick, we shall keep you for ever, and we shall build you a house”, and in evidence of their sincerity, the chiefs put the guardhouse at my disposal...No sooner was I settled down in my new home than invitations poured in from all sides requesting me to go and look after the sick: being a priest, I must needs be a physician too.³

Like Krick, Gray also said that he was besieged with Singhpho asking for medicines.⁴ It is seen that these early colonial explorers took keen interest to notice the health condition and diseases among the people they visited. They also took along with them medicines and offered it to the people as a means to establish friendly contact with them. Being the earliest European visitors to these parts of the hills north of the Brahmaputra, they were the first colonial ethnographers whose information on the tribes and their territories supplied the colonial government with necessary information. Their medicine helped them in some way to win the confidence of hill tribes’ reluctant and suspicious of outsiders in their territories. Once convinced of its benefit, the eagerness shown by the people in welcoming medicine and its distributor was regularly reported in the colonial records. The report of Krick could have been treated as an isolated case of a preacher but the regularity with which medicine became a part of further

ties between the colonial authorities in the plains and recalcitrant neighbours in the hills made a case of medically-assisted colonial penetration in the hills of Arunachal Pradesh.

These developments could be noticed from the early decades of the twentieth century onwards. Until this period the sub-Himalayan range to the north of Brahmaputra Valley was kept beyond the reach of officials and missionaries. Punitive expeditions and display of forces was the main policy followed during this period like for example the Nyishi Hills Military Expedition of 1875. The potential threat of the Chinese offing in the first decades of the century led to change in the frontier policy of the British. The murder of Noel Williamson coinciding with this changing scenario accelerated the change of frontier policy. In this endeavour the British executed several punitive and political expeditions like Adi Expedition (1911-12), the Mishmi Mission (1911-12), the Miri Mission (1911-12), and Aka Expedition (Promenade) (1913-14) towards the Arunachal Pradesh. The origin of modern medicine in Arunachal Pradesh started from these turn of events in the second decade of twentieth century. The importance given to health of the force as well as the overall medical aspect of military expeditions were borne out by some of the reports of the above missions. Captain E.J.C. MacDonald, I.M.S. served as the Medical Officer of the Mission and furnished a separate medical report of the mission while Assistant Surgeon A.B. Cornelius furnished medical report for the Nizamghat Column of the mission as may be ascertained from the table 2.1 (a) and 2.2 (b) given below:

5 Jenkins to Thompson, Bengal Government Papers, File No. 369 of 1861, ASA, Dispur.
6 Mani Lal Bose, History of Arunachal Pradesh, Concept Publishing, New Delhi, 1977, pp. 120,210,211.
**Table 2.1 (a): Disease and Casualty of the Mishmi Mission Force**

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Disease</th>
<th>Number of Cases</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Malaria</td>
<td>69-military; 242- Naga coolies</td>
<td>Nil</td>
</tr>
<tr>
<td>2</td>
<td>Pneumonia</td>
<td>02</td>
<td>Nil</td>
</tr>
<tr>
<td>3</td>
<td>Cholera</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>4</td>
<td>Epidemic</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>5</td>
<td>Infectious diseases</td>
<td>Four isolated cases of mumps</td>
<td>Nil</td>
</tr>
<tr>
<td>6</td>
<td>Accident</td>
<td>06 severe cases</td>
<td>01</td>
</tr>
</tbody>
</table>

**Table 2.1 (b): Diseases from which the Dacca Military Police Battalion Suffered on the Nizamghat Column, Mishmi Mission**

<table>
<thead>
<tr>
<th>Serial No</th>
<th>Disease</th>
<th>Number of admissions</th>
<th>Percentage of days in hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dysentery</td>
<td>8</td>
<td>.21</td>
</tr>
<tr>
<td>2</td>
<td>Malaria</td>
<td>20</td>
<td>.25</td>
</tr>
<tr>
<td>3</td>
<td>Rheumatic Fever</td>
<td>2</td>
<td>.02</td>
</tr>
<tr>
<td>4</td>
<td>Anaemia</td>
<td>3</td>
<td>.07</td>
</tr>
<tr>
<td>5</td>
<td>Conjunctivitis</td>
<td>3</td>
<td>.02</td>
</tr>
<tr>
<td>6</td>
<td>Corneal ulcer</td>
<td>2</td>
<td>.02</td>
</tr>
<tr>
<td>7</td>
<td>Bronchitis</td>
<td>8</td>
<td>.18</td>
</tr>
<tr>
<td>8</td>
<td>Inflammation, mouth</td>
<td>2</td>
<td>.03</td>
</tr>
<tr>
<td>9</td>
<td>Ditto, tonsil</td>
<td>3</td>
<td>.07</td>
</tr>
<tr>
<td>10</td>
<td>Colic intestinal</td>
<td>2</td>
<td>.03</td>
</tr>
<tr>
<td>11</td>
<td>Ringworm</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Eczema</td>
<td>1</td>
<td>(11&amp;12) .01</td>
</tr>
<tr>
<td>13</td>
<td>Inflammation con Tissue</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Abscess</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Ulcer, leg</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Whitlow</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Inflammation glands, groin</td>
<td>1</td>
<td>(local diseases) .04</td>
</tr>
<tr>
<td>18</td>
<td>Abrasions, knee</td>
<td>1</td>
<td>.01</td>
</tr>
<tr>
<td>19</td>
<td>Wound, hand</td>
<td>2</td>
<td>.02</td>
</tr>
<tr>
<td>20</td>
<td>Wound in head</td>
<td>2</td>
<td>.01</td>
</tr>
<tr>
<td>21</td>
<td>Sprain ankle</td>
<td>1</td>
<td>.01</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>68</td>
<td>1.00</td>
</tr>
</tbody>
</table>

The detail records of casualty and diseases of both the troops and the local people underlined the importance of such military operations in generating colonial epidemiological knowledge when missions were undertaken in new areas outside

---


8 *Ibid.*, Appendix C.
the limit of the colony. Major Bliss, the Commanding Officer of the mission also made a brief note about the health status of the Mishmis and reported the prevalence of goitre, malaria and intestinal diseases as well as the opium addiction. Medical Officers were engaged in acquiring knowledge about disease, places, topography, flora and fauna during the early colonial period in India. Many a times, these officers were used as active agents of the process of colonisation in the newly acquired territories. Some of these official reports showed that similar measures were undertaken in Arunachal Pradesh by the British India authorities. The nature of Bliss’s note reflected the same agenda. In fact, Bliss regretted his inability to record the flora and fauna found in the Mishmi area other than the routine administrative reports.

Bliss and Cornelius’ reports served as a guideline of medical challenges for subsequent military expeditions into the erstwhile North East Frontier Tracts. These reports mapped the estimated risk of diseases involved in military undertakings in the hills and provided a scientific basis to counter such challenges in subsequent years. Thereafter, the British relationship with the tribes marked a shift in policy as disease became a subject of interest and mitigating it a way to nurture friendly relation with the tribes. Capt. G.A. Nevill’s report on the Aka Promenade (1913-14) also made survey of disease and health of the natives as given below:

The Akas and Mijis are a fairly healthy people. Goitre is very prevalent amongst them, it was noticeable that at Jamiri, where the people obtained their water from springs, there was practically no goiter...From enquiries it would seem that both the Akas and Mijis are gradually decreasing in numbers. This they account for as the results of epidemics of dysentery, also to the large

---

amount of infant mortality. They apparently suffer a good deal from pneumonia during the rains.\textsuperscript{10}

Nevil commended Captain Kennedy, the Medical Officer of the mission, for the latter’s medical work during the mission. Kennedy was credited as a great political asset in establishing good relations with the people during the mission. It was reported that the people were willing to obtain medicine and said to have made requests for dispensaries be established in their villages. Nevil strongly recommended that the request must be acceded and said that, “it would be far the easiest, cheapest, and the best way to obtain control over the country.”\textsuperscript{11} Similar observations were made when the same mission proceeded to Tawang.

After the conclusion of operations in the Aka (Hrusso) area, Captain Nevill branched off his trip to Tawang while Captain Kennedy accompanied him taking along half a coolie load of medicine. In Tawang also, a great demand for medical relief was reported and the provisions of the visiting team proved quite inadequate to meet the demands of the Monpa for medicine and surgical treatment.\textsuperscript{12} With a change in the climatic conditions from the Aka (Hrusso) Hills to the great heights of Tawang, a new disease was mentioned in the reports. Nevill reported that leprosy was comparatively common amongst the Monpa of Tawang areas. Apart from disease, the medical reports dwelled on various aspects like water supply, climatic conditions and mortality of the people of the Aka and the Monpa areas.

It is observed, a diseases prevalent in a particular area was not always borne in the local environment. Many were brought from outside the tribes


\textsuperscript{11} Ibid., p. 8.

\textsuperscript{12} Ibid., Appendix No. 2.
homesteads or from the plains. Conversely, more the contact a particular group of people with the outside world more the chances of getting exposed to new diseases and importing them into one’s village. This was also the case with the Monpa of Tawang who used to visit Udalguri in the plains for trade or to participate in the annual trade fairs held during the winter months. This was an important event of socio-economic calendar of the people. But once in the plains, they became susceptible to diarrhoea, malaria and many of them were infected during their stay at Udalguri in Assam. The promenading party came to know this and so Captain Nevill asserted that it would be a great boon to these folks and incidentally of considerable political value if the government were to open a dispensary at Udalguri.  The colonial administrators were aware of the importance of Udalguri trade centre in the Monpa economy. So, the British wanted to take advantage of the danger posed by diarrhoea and malaria to the people either by extending some health facilities which may in turn help to establish friendly relations with the tribesmen. Nevill therefore made a more general suggestion that expeditions into hills should always be accompanied by a Medical Officer along with one Sub-Assistant Surgeon (SAS) for every thirty miles of proposed line of communication.  The importance of medical relief and number of patients treated during the entire mission could be well understood from the table given below:

13 Ibid.
14 Ibid.
Table 2.2: Statement Showing the diseases of the Monpa, the Aka and the Nyishi patients treated during the Aka Promenade

<table>
<thead>
<tr>
<th>Diseases</th>
<th>No of Monpa Patients</th>
<th>No of Aka Patients</th>
<th>No of Nyishi Patients</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abscess</td>
<td>4</td>
<td>1</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>2</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Bronchitis</td>
<td>4</td>
<td>11</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Colic (intestinal)</td>
<td>3</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Carious tooth</td>
<td>2</td>
<td>--</td>
<td>--</td>
<td>Extracted</td>
</tr>
<tr>
<td>Debility</td>
<td>6</td>
<td>4</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>3</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Diseases of digestive system</td>
<td>5</td>
<td>12</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>----- Heart</td>
<td>1</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>----- Ear</td>
<td>--</td>
<td>1</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>----- Eye</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>----- Nerve</td>
<td>3</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>----- Skin</td>
<td>1</td>
<td>--</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Dislocation</td>
<td>---</td>
<td>---</td>
<td>1</td>
<td>Hip</td>
</tr>
<tr>
<td>Dyspepsia</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Fevers</td>
<td>5</td>
<td>6</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Fly-bite Ulcer</td>
<td>--</td>
<td>1</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Fracture</td>
<td>1</td>
<td>--</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Goitre</td>
<td>1</td>
<td>44</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Gonorrhoea</td>
<td>1</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td>15</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Myalgia</td>
<td>--</td>
<td>--</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>2</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Rheumatism</td>
<td>3</td>
<td>8</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td>1</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Sprain</td>
<td>--</td>
<td>3</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Ulcer</td>
<td>1</td>
<td>15</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Wound</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Worms</td>
<td>3</td>
<td>--</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80</strong></td>
<td><strong>123</strong></td>
<td><strong>63</strong></td>
<td><strong>265</strong></td>
</tr>
</tbody>
</table>

The above records showed that the modern medicine formed an important component of military expeditions in the hills. Diseases were a major source of suffering to the people in the hills and their reported eagerness to receive medical relief was planned to be exploited for diplomatic and political ends. Medicine did not merely follow to serve the military but was envisaged to be an important and integral part of the policy of extending political influence over the hillsmen.

---

15 Ibid.
The military outposts left behind by the expeditionary forces in the hills became the first emblem of this policy. It was for one such outpost that the first medical staff, Captain E.C.J. McDonald who earlier served the Mishmi Mission as the Medical Officer was appointed on April 29, 1912 for the Balek outpost in Pasighat.\textsuperscript{16} Prior to this, the military surgeon at Sadiya took up many cases of fracture of limbs, eye diseases and the like bought into the station by people of the neighbouring hill tribes from the outposts of several places.\textsuperscript{17} Soon after the end of the above four missions, the government introduced certain administrative changes as a part of the administrative reorganisation of region to have direct control of the North-East Frontier. In October 1912 the tract to the east of Subansiri was placed under the charge of Dundas with headquarters at Sadiya, and the tract west of Subansiri was placed under Neville who was directly under the Chief Commissioner.\textsuperscript{18} It was at this stage that the appointment of McDonald at Balek outpost was done as a part of what was termed in official parlance as “control of the North-East Frontier.”\textsuperscript{19}

The appointment of Civil Surgeon McDonald was made against the creation of a temporary post of 2\textsuperscript{nd} class Civil Surgeon for six months in August 1, 1912\textsuperscript{20} posting McDonald as the first Civil Surgeon at Balek outpost. The pay of the Civil Surgeon was borne from imperial government exchequer and not from

\textsuperscript{16} Foreign Department Proceedings, Est.-July 1913- 32-33- Part B, NAI, New Delhi.
\textsuperscript{17} DC Lakhimpur to the Deputy Surgeon General, Eastern Frontier Districts, Letter. No. G-379, Shillong dated 29\textsuperscript{th} May 1882, Assam Secretariat, Home (B), Medical and Sanitation, Jan/83, 21-25, ASA, Dispur.
\textsuperscript{18} Priyam Goswami, The History of Assam: from Yandabo to Partition, 1826-1947, Orient Blackswam, New Delhi, 2012, p. 151.
\textsuperscript{19} Kennedy to the Secretary to the Govt of India, Home Department, letter No. 5385M, dated 12\textsuperscript{th} December 1912, File No. M.O./12 (M) of 1914, Assam Secretariat, Municipal Department, Medical-A, March 1914, No. 3, p. 1, State Archives, Government of Arunachal Pradesh, Itanagar (hereafter SAGAP, Itanagar).
\textsuperscript{20} Worgan to Second-Secretary, File No. M.O./12 (M) of 1914, Assam Secretariat, Municipal Department, Medical-A, March 1914, Nos. 3-11, p.1, SAGAP, Itanagar.
Provincial Revenue. On October 16, 1912 the Government of India, Foreign Department sanctioned a permanent Indian Medical Service post for the Dibrugarh Frontier through which the service of McDonald was extended. One post of Military Assistant Surgeon (MAS) and three Sub-Assistant Surgeons (SASs) were also sanctioned for the erstwhile North East Frontier (NEF), the actual appointments and posting being subjected to specific requirements at subsequent stages. Military Assistant Surgeon E.G. Crunden (Class III) was appointed as Medical Officer at Sadiya on July 7, 1913. He was originally supposed to be posted at the outposts in Lohit Valley once the construction of roads and occupation of the outpost was completed. It is to be noted that the above medical posts were military in character and only Europeans were appointed for these posts. The creation of medical posts and appointments of doctors were part of a plan for type of medical administration meant for all the outposts of the region. Correspondence made on July 7, 1912 between the Commissioner of Assam and the Government of British India in the Foreign Department clearly stated about establishing gradual control over what was then called North East Frontier, the present day Arunachal Pradesh. The medical budget of the estimate of the above plan is shown below:

---

21 Assam Secretariat, Education Department, Medical-A, March 1924, Nos. 1-12, p. 4, SAGAP, Itanagar.
22 Kennedy to Comptroller, File No. M.O./12 (M) of 1914, op.cit., p. 1, SAGAP, Itanagar.
23 Kennedy to Chief Secretary, File No. M.O./12 (M) of 1914, op.cit., Nos. 3-11, p. 2, SAGAP, Itanagar.
24 Notification No. 4436 M. by the Chief Commissioner of Assam, File No. M.O./12 (M) of 1914, op.cit., No. 3, p. 3, SAGAP, Itanagar.
25 Telegram No. 3107 dated 30th May 1913 of Civil Surgeon, NEF to the IGCH, Assam, File No. M.O./12 (M) of 1914, op.cit., Nos. 3-11, p. 3, SAGAP, Itanagar.
26 Kennedy to the Secretary the Secretary to the Govt of India, File No. M.O./12 (M) of 1914, op.cit., Nos. 3-11, SAGAP, Itanagar.
Table 2.3: Estimate of the cost of control of the North-East Frontier 1912

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Monthly cost in ₹</th>
<th>Annual cost in ₹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Officer</td>
<td>550</td>
<td>6,600</td>
</tr>
<tr>
<td>Local allowance for Medical Officers</td>
<td>200</td>
<td>2,400</td>
</tr>
<tr>
<td>Military Assistant Surgeon</td>
<td>250</td>
<td>3,000</td>
</tr>
<tr>
<td>Local allowance for Military Assistant Surgeon</td>
<td>100</td>
<td>1,200</td>
</tr>
<tr>
<td>Three Sub-Assistant Surgeons at Rs. 40</td>
<td>120</td>
<td>1,440</td>
</tr>
<tr>
<td>Local allowances for 3 Sub-Assistant Surgeons at Rs. 20</td>
<td>60</td>
<td>720</td>
</tr>
</tbody>
</table>

Thus, the importance of medical as an arm of colonial intervention in NEFT from the second decade of twentieth century is amply reflected in these records. In this regard Archdale Earle, Chief Commissioner of Assam said:

> It is extremely important that we should press on medical and educational schemes, but particularly medical schemes, in the newly acquired areas. Medical relief is most urgently required, and it will be the most important way in which we shall get into touch with the wild tribes.

Towards this end, expansion of medical establishment was planned and some sanitary measures were also initiated. In 1915 the hospital at Balek (Pasighat) was enlarged with provisions for indoor patient treatment besides regular outdoor treatment. One of the earliest challenges of the hospital at Pasighat was the menace of malaria. In 1918, anti-malarial measures were carried out under the direction of the Sanitary Commissioner and a sum of ₹ 300/- was incurred in connection with the anti-malarial measures. Assistant Surgeon Birendra Nath Sen Gupta, one chaukidar and paniwalla, Ghute Gurung of the hospital were commended for their outstanding works in this effort and a reward of twenty rupees was sanctioned by the administration. This was an important

---

27 Ibid., p. 2.
example of tackling disease by the employees by rendering a valuable service which was recognised for worthy of reward from the government. The eagerness was reflected in the matters of finance for teh outpost hospital. Even when financial austerity was advocated for regular provinces of the empire, the same was not applied in the case of Arunachal Pradesh. It was important to create and develop the ancillary branches of administration in frontier areas even in times of financial constraints.

In 1923, the Bengal Retrenchment Committee Report suggested for reduction of medical expenditure in the Brahmaputra Valley. 31 But the recommendations were not applied in the case of medical expenditure for the Frontier areas. The sanctioned cadre for the Indian Medical Service in North East India comprised twelve officers plus two officers as leave reserve. Of these fourteen officers one served as Civil Surgeon of the erstwhile Sadiya Frontier Tract. Out of the seven Military Assistant Surgeons employed in Assam in 1923 one was Mr. Gloria, posted as Assistant Surgeon at Pasighat and the other was Lieutenant Mullins, Civil Surgeon at Sadiya headquarters. 32 Despite these initiatives in the first decade after the four military and political missions mentioned earlier, actual medical relief to the people was limited to the foothill areas and was closely attached to official policy of exploration and survey operations. When political exigency did not demand closer contact with tribes, explorations were not undertaken and also military outposts were not established leading to non-distribution of medicine at the opened dispensaries in the hill areas.

31 Assam Secretariat, Education Department, Medical-A, March 1924, Nos. 1-12, pp. 6-14, SAGAP, Itanagar..
32 Ibid., p. 16.
After the end of the four exploratory missions, the question of the Chinese
influence had become clear. The Adi Expedition and the Miri Mission did not
found any trace of the Chinese influence in the region which they explored except
some contacts in the extreme north of the Adi area.33 But the situation in the
Mishmi area was deemed urgent and so it called for further survey and
exploration. Road construction leading to the proposed border military outpost at
Walong and such other places considered important in the Lohit Valley were
started34 and this undertaking was called Lohit Valley Road Project. Along with
this project medicine and dispensaries were followed to meet the health care
facilities for the employees and other officials of the project.

Sadiya Civil Hospital

Sadiya was a strategically important place in the frontier politics of the
British India since the Myanmarese War. It was the outpost from which the
Khampti and the Singpho and later on the Mishmi and the Adi were were
contacted with loose relations. Thus, it would seem that the erstwhile Sadiya
Frontier Tract became a natural headquarters of the colonial authority for
operational area and to maintain a loose control over the Khampti, the Singpho,
the Adi and the Mishmi. It was therefore obvious that health services were
established in this important administrative centre. The hospital at Sadiya which
was built in 1914 had the provisions of two small wards made of wooden and
bamboo capable of holding twelve male patients and four female patients
respectively.35 A small separate bamboo dispensary erected near the river dealt

33 Robert Reid, op.cit., p. 242.
34 Ibid., pp. 242-43.
35 Civil Surgeon, Sadiya Frontier Tract to IGCH, 25th July 1925, Assam Secretariat, Medical-A, March
largely with the coolie corps. Because of encroachment in 1922, the hospital was moved to a site nearer the town area. The basic provisions of the hospital and the working conditions of the staff were reported to be worse. The political importance of the hospital can be seen from the comments of the Civil Surgeon:

To the staff, work under such conditions fails to convey the impression that it is a seriously meant effort to cope with the medical requirements of a large virgin district. If medicine is to acquire the importance which is desirable in a political district, in the first instance let us raise our standard of work and housing at headquarters, where treatment is more thorough and cures proportionately more lasting.36

The Sadiya Civil Hospital was used as a medium of employing medicine to further political interest. Medical officers were expected to be young, learn the habits and language of the tribes, and act as “civilizing influence.” The remark of Lt. Colonel H. Innes, Officiating Inspector General of Civil Hospitals makes this amply clear:

Medical relief is a great asset from a political point of view and large number of hill people come in to Sadiya for treatment, many from great distances. To-day a Lama from Thibet hearing of the fame of the hospital has come for treatment and there is no doubt the present buildings are an eye sore and in no way worthy of the British Raj not only are they unsuitable but they are costly to maintain and the time has come to do something better...what is wanted here is a young active officer prepared to devote himself to medical and surgical work, to learn to speak the language and to realise his responsibilities as a civilizing influence.37

The policy seems to have bore fruit as Innes spoke about the Sadiya Hospital being visited by neighbouring tribes of the hills including from Tibet. The following table shows the work of the hospital for a three year period.

36 Ibid., p. 2.
Table 2.4: Patients treated in the Sadiya Civil Hospital during 1924, 1925 and 1927

<table>
<thead>
<tr>
<th>Year</th>
<th>Outpatient (daily average)</th>
<th>In-Patient/ Indoor</th>
<th>Operations Performed</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1924</td>
<td>18.75</td>
<td>13.48</td>
<td>19 major including 4 cataracts</td>
<td>Figures for 1927 reflect total of the year. Average NA</td>
</tr>
<tr>
<td>1925</td>
<td>15.24</td>
<td>15.22</td>
<td>15 with 5 cataracts</td>
<td></td>
</tr>
<tr>
<td>1927</td>
<td>3,271</td>
<td>261</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

The hospital was provided with separate financial resources to maintain its staff and the budget for the year 1925 is shown below:

Table 2.5: Budget of the Sadiya Civil Hospital (State Institution) for the year 1925

<table>
<thead>
<tr>
<th>Total Receipt (in Rupees)</th>
<th>Expense Sub-Head (in Rupees)</th>
<th>Staff salaries and pay of Assistant Surgeon</th>
<th>Establishment</th>
<th>Medicines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriptions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Europeans = 60</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indians = 240</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total = 11,089-13-3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Because of the political importance and growing number of patients, it was proposed to improve and expand the hospital. A proposal amounting to 71,130 for the cost of renovation was sent to the Government of India. The Sadiya Hospital was therefore a key health care institution in the frontier policy of the British India Government and all possible steps were taken to fulfill those objectives.

It was considered that only appointing staffs and improving the hospital alone was not sufficient in the medical policy towards the tribes. So, the physical

---

38 The figures for the year 1924 and 1925 are derived from Inspection remarks by Lieut. Col. Innes, IGCH dated 19th Jan 1926 and that of 1927 is from the Inspection remarks by the Governor of Assam on the hospital dated 31st January 1928, Assam Secretariat, Medical-A, March 1928, No. 70, pp. 3-5, SAGAP, Itanagar.
39 Ibid.
40 Friel to the Secretary to the Government of India, Department of Education, Health and Lands, Assam Secretariat, Medical-A, March 1928, No.77, pp. 11-12, SAGAP, Itanagar.
look of the hospital building was considered equally important as was medical relief. It was believed, the grandeur of the British Raj, should also be reflected in the visual aesthetics and architectural marvels of such institutions. Thus the proposal for improvisation of the Sadiya Hospital was justified by the administration in these words; “The civilizing influence of a well administered hospital on the various tribes who visit Sadiya is remarkable, but at present the condition of the buildings is such as to discourage attendance.”\(^{41}\) The hospitals and dispensaries were the first civic institutions of the imperial power to deal with the various tribes as a state instrument of forward policy towards Arunachal Pradesh.

Besides the refurbishment of Sadiya Civil Hospital, it was felt that the dispensary at Denning in Lohit Valley was considered for reviving as a part of the forward policy. Originally the Denning Dispensary was a Public Work Department dispensary kept for the use of the coolies working in the Lohit Valley Road. Accordingly, an amount of \(\square 27,241\) was sanctioned for reviving and renovation of Denning dispensary building.\(^{42}\) The smooth functioning and dedicated service rendered by the Denning Dispensary was well appreciated by the Governor of Assam in these words; “The Sub-Assistant Surgeon appears to be doing good work. He should do all he can to win the confidence of the hill tribes.”\(^{43}\) The development of Sadiya Frontier Tract was marked by strategic use of medicine and dispensaries to win the confidence of the hill tribes and hence the

\(^{41}\) Ibid.

\(^{42}\) Bajpai to the Secretary to the Government of Assam, Local Self Government Department, dated 13th April 1928, Assam Secretariat, Medical-A, June 1928, No. 84, p. 8, SAGAP, Itanagar.

\(^{43}\) Inspection remarks made by His Excellency the Governor of Assam, on the Denning Civil Dispensary on 1st February 1928, Assam Secretariat, Medical-A, June 1928, No. 83, p. 8, SAGAP, Itanagar.
financial constraints were not allowed to impede this project. The dispensary outpost in Siang was not extended beyond the foothill station of Pasighat because the suspected Tibetan influence in the area was cleared. And the focus shifted to Lohit Valley where the influence was perceived to be inimical to imperial strategic interest.

**Development in the Undivided Kameng and Subansiri Region**

The developments in the modern day undivided Kameng and Subansiri Districts, formerly known as Balipara Frontier Tract reflected the same strategic considerations in the question of opening dispensaries. Since there was no immediate threat of the Chinese presence in the area as gathered by the Miri Mission, 1911-12 no attempt was made to set up military outposts and dispensaries in the area even after a decade. In 1921 the administrative headquarters of the area was transferred to Charduar after the 5th Battalion of the Assam Rifles was formed in 1920 with its headquarters at Lokra. In the same year, a post of Civil Assistant Surgeon (CAS) was established and attached to the Assam Rifles Battalion and its cost was debited to the Provincial Revenues. Thus, like in Sadiya, Pasighat and Denning in parts of present day Lohit, Siang and Dibang Valley in the erstwhile Sadiya Frontier Tract, the first medical teams in Kameng and Subansiri region were started as part of military outposts.

In 1930 the Civil Assistant Surgeon was placed under the general supervision of the Civil Surgeon (CS), Darrang and the pay and allowances of the officer was debited to the Central Revenue. Subsequently, owing to administrative inconvenience, the Civil Assistant Surgeon was placed in

---

45 Assam Secretariat, Medical Department, Medical-A, June 1933, Nos. 3-5, p. 1, SAGAP, Itanagar.
subordinate medical charge of the undivided Kameng and Subansiri region under the supervision of the Civil Surgeon, Darrang who was also the acting Civil Surgeon of the these areas. In fact, this Civil Assistant Surgeon was a part of the Assam Rifles Battalion personnel at Lokra from 1920 to 1930 who was paid from provincial revenue. When the Civil Assistant Surgeon was given the medical charge of Kameng and Subansiri region its pay and allowances were debited to the Central Budget. Unlike the present day eastern Arunachal Pradesh formerly known as Sadiya Frontier Tract, no independent Civil Surgeon was appointed for Charduar, administrative headquarters which looked after the affairs of the then Balipara Frontier Tract. In 1932, after the 5th Battalion of the Assam Rifles at Lokra was amalgamated with the 2nd Battalion of the Assam Rifles at Sadiya, the post of the Civil Assistant Surgeon was done away with and the medical work of the areas were placed under the direct charge of Civil Surgeon, Darrang. The Civil Surgeon was expected to tour the administered territories twelve times in a year and a fixed contribution of ₹1,200 per annum from the central to the provincial revenue towards the pay and travelling allowance was made.47 The change in the source of pay and allowances of the Civil Assistant Surgeon from provincial to the central revenue after being given the medical charge of the area and the special allowance made to Civil Surgeon, Darrang reflected the importance and extraordinary nature of medical duty in the overall frontier policies of the Government of British India.

The financial component of this development was similar to that of the eastern region as discussed in the foregoing arguments. The total estimate of

47 Assam Secretariat Proceedings, Medical Department, Medical-A, June 1933, No.3, p. 1, SAGAP, Itanagar.
expenditure on health care for the year 1926 was ₹ 9,900/- (Non-recurring) and ₹ 1,675/- (Recurring) of which the latter mostly comprised the payments of one Sub-Assistant Surgeon, one vaccinator, medicine, etc. These staffs belonged to the hospital at Charduar and Lokra, the headquarters of the Political Officer and the battalion of the Assam Rifles respectively. These establishments in the administrative and military centres in the plains became the medical relief base centre to outreach the interior villages in the hills.

The interest shown by the natives in the medical relief was one of the major highlights of the Aka Promenade and Tawang Expedition. Captain G.A. Nevill, who served as the Political Officer of the frontier from 1919 to 1928, in the administrative report for the year 1924-25 mentioned that when the expedition team visited the Aka (Hrusso) in February 1925, the tribe submitted a petition to the government for establishment of a dispensary in their country. It is said that a similar demand was placed ten years ago during the Aka Promenade. Nevill strongly recommended for a dispensary with a good and competent Sub-Assistant Surgeon to be established in the Aka (Hrusso) area. It is evident that people in the hills were interested in modern health care facilities and the colonial administrators were eager to accept their requests for establishment of dispensaries in the hills for furtherance of the policy to earn goodwill of the tribes.

As it is understood from the foregoing arguments the medical relief became a bridge between the tribes and the colonial administration to maintain the normal cordial relations. Further, Captain G.A. Nevill, while giving the report

---


for the year 1927-28, stated about the Aka and the Nyishi that they gradually gained confidence and were becoming appreciative of the benefits of the new order in the frontier.\textsuperscript{50} It was suggested for establishment of a small garrison with the British Officer, a dispensary and a Sub-Assistant Surgeon to be attached to every post in the frontier. Captain Nevill asserted that people of the hills appreciated the hospitals for treatment of sickness more than anything else. It is important to note that the above suggestions were made after the Ranganadi (Panyor) Expedition on the eastern Nyishi in 1926-27.\textsuperscript{51} In pursuance of these objectives, Captain Nevill identified four places in the region for establishment of military outposts where dispensaries were to be set up. The first was at Jamiri in the Aka area which was located strategically between the Aka, the Miji, the Nyishi and the Sherdukpen of Rupa. The latter was located near traditional Monpa trade route to Udalguri trade centre in Assam. The three other places were in the Ziro plateau, Miripathar in the plains and Dikrong Valley (present day Doimukh).\textsuperscript{52} All these places were selected for their strategic location in controlling the Nyishi of both Kameng and Subansiri areas.

On May 21, 1928 Captain G.A. Nevill was succeeded by R.C.R. Cumming who followed up some of the earlier proposals without any change. One of the important proposals was to construct a road in the Aka area with a cold weather outpost and dispensary at Jamiri and the same was sent to the Government of British India for consideration.\textsuperscript{53} The total amount of the proposal for one sub-assistant surgeon, one compounder, one sweeper and medicine meant for Jamiri

\textsuperscript{50} Robert Reid, \textit{History of Frontier Areas, op.cit.}, p. 291.
\textsuperscript{51} \textit{Ibid.}
\textsuperscript{52} \textit{Ibid.}, pp. 292-293.
\textsuperscript{53} \textit{Assam Secretariat Proceedings}, Excluded Areas Records, Notes, Political-A, December 1929, Nos. 54-56, pp. 1-2, SAGAP, Itanagar.
outpost was estimated at ₹ 2, 190 and a sum of ₹ 750/- for the purchase of medicine intended to issue the tribesmen who appear for treatment at the outpost. A proposal of a sum of ₹ 3,916 was also submitted to the Government of British India for improving the Charduar Dispensary to cater to the increasing demands for medicine. Thus, it may be noted that both in the eastern as well as western part of Arunachal Pradesh military outposts and dispensaries were set up in the respective headquarters in the foothills as well as in some strategically located places inside the hills.

The other related development during this period was that of jungle clearing in Pasighat in 1919 to ward off the spread of malaria for which a special grant of ₹ 5,000/- was spent. Further, for the improvement of water supply facilities in Pasighat some wells which were constructed earlier were improvised while a sum of ₹ 8,000 was granted for a new water supply scheme meant for the Assam Rifles outpost. Thus, sanitary aspect of healthcare was solely devoted to military outposts and no similar steps were undertaken to benefit the tribes. The specific amount spent on medical and public health care facilities towards Arunachal Pradesh for the periods from 1921-22 to 1925-26 during the imperial rule are shown in the table 2.6 below:

\[\text{Table 2.6:}
\]

---

54 Soames to the Secretary to the Government of India dated Shillong the 27th September 1929, Assam Secretariat Proceedings, Excluded Areas Records, Notes, Political-A, December 1929, Nos. 54-56, pp. 1-2, SAGAP, Itanagar.
55 Dundas to the Chief Secretary to the Chief Commissioner of Assam, Shillong dated Camp Pasighat, the 17th December 1918, Governor’s Secretariat, Excluded Areas Records, Nos. 190-193, Municipal Dept, Sanitation Branch, File No. S-1/1919, SAGAP, Itanagar.
56 Governor’s Secretariat, Excluded B, Programmes for September 1938, No. 553, p. 3, SAGAP, Itanagar.
57 Calvert to the Secretary to the Governor of Assam, Governor’s Secretariat, Excluded B, Programmes for September 1938, No. 566, p. 19, SAGAP, Itanagar.
Table 2.6: Statement Showing the Expenditure on Medical and Public Health during the Year 1921-26

<table>
<thead>
<tr>
<th>Head of Scheme</th>
<th>1921-22</th>
<th>1922-23</th>
<th>1923-24</th>
<th>1924-25</th>
<th>1925-26</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>52,462</td>
<td>46,719</td>
<td>50,418</td>
<td>51,616</td>
<td>52,288</td>
<td>2,53,503</td>
</tr>
<tr>
<td>Public Health</td>
<td>1,024</td>
<td>1,090</td>
<td>1,289</td>
<td>1,536</td>
<td>1,870</td>
<td>6,890</td>
</tr>
<tr>
<td>Total</td>
<td>53,486</td>
<td>47,809</td>
<td>51,707</td>
<td>53,152</td>
<td>54,158</td>
<td>2,59,592</td>
</tr>
</tbody>
</table>

The total expenditure in Manipur for the same period was about ₹ 3,333/- only which was much less than the total expenditure of Arunachal Pradesh. It would seem that more fund was granted for Arunachal Pradesh to ensure the disease-proof military and political outposts of which a negligible amount was spent to provide medical relief facilities to the people.

**Expansion of Health Services**

The next phase of administrative and medical expansion in the state started in the wake of the Second World War. The intervening period from 1915 to 1940 was described by G.E.D. Walker as a period of complete black out when there was limited intercourse between the administration and the hills tribes of Arunachal Pradesh. The threat of Japan in North East India during the Second World War compelled the British Indian Government to pursue a forward policy of speeding up direct administrative control of the tribal areas of Arunachal Pradesh. To this end, in 1943 J.P. Mills was appointed as the Adviser to the Governor of Assam for Tribal Areas to aid and advise on matters related to the tribal affairs. In the same

---

59 Ibid.
60 Manilal Bose, op.cit., p.186.
year, the Tirap Frontier Tract was created under a separate Political Officer so that more attention could be paid to the metalling of Stillwell Road opened to connect China through Myanmar.

It was felt necessary during this period to bring the tribes of Arunachal Pradesh under direct administrative control of the colonial authority. Hence, as soon as the War was over a few major steps were mooted in this regard. As a part of this policy the Post-War Reconstruction Plan was outlined to extend basic health services and medical infrastructure in Arunachal Pradesh and Nagaland by the Government of British India. All the official policy measures during this period were guided by the primacy of health services in the areas. Medicine was seen as an indispensable appendage to the administrative policy and establishing influence over the tribal areas. It was believed that there was no better way of showing the flag than that of providing good modern medical facilities in hill areas. This was the second and last phase of healthcare system executed by the Government of British India prior to Independence. The expansion of healthcare facilities were initiated during this phase and medical relief reached further in the interior villages of Arunachal Pradesh. In 1940 the Karko Dispensary Centre along with Riga Dispensary Centre was opened and in 1945 Pangin Dispensary was set up in the eastern part of the state while Rupa in 1943 and Dirangdzong in 1944 was opened in western sector of the State.

61 GED Walker, P.O., Sadiya FT dated 20th Nov 1945 to the Adviser to Governor and Niazi to the Adviser to the Governor of Assam, dated Shillong the 11th June 1946, Medical Department, NEFA Branch, File No. 33/29 of 1946, SAGAP, Itanagar.
62 Saikia to the Adviser, Medical Department, NEFA Branch, File No. 47/37-D of 1945; and Assam Governor’s Secretariat, Military Secretary’s Office, 1945, File No. A 1045/56, SAGAP, Itanagar.
With the establishment of these dispensaries, another fixture was added in the relations between the people and the colonial administration which was the annual tours of the medical officers in the interior villages. The Dirangdzong Dispensary which was opened on March 9, 1944 was inspected by I. Ali, Political Officer of the then Balipara Frontier Tract a year later on February 28, 1945.\textsuperscript{63} The inspection report of I. Ali left a valuable account of the functioning of dispensaries and also the importance of providing medical relief to the people in the villages. Lt. Thantluanga was taking charge of the dispensary and one Azizur Rahman was the Compounder both of whom were found to be doing excellent work. It was reported that the total number of patients treated in one year was about 7,108 and the number of those vaccinated was 8,023. Most of the patients suffered from goitre and malaria and were treated during the visits of the doctor to the interior villages. Villages settled nearby the outpost were visited frequently and distant ones were visited once a month. The doctor was generally accompanied by the Assam Rifles personnel during the tours. This practice of taking military escort during health tours in villages was criticized by I. Ali, the Political Officer who considered that the service of an interpreter in place of military escort would be more rewarding. It may be noted that the colonial administration did not feel secure in sending tour parties into the hills without military escort even for health teams. However, it was gradually felt that engaging interpreters in place of military escorts would help in communicating with the patients about diseases and thus help in winning the confidence of the people.

\textsuperscript{63} Medical Department, Medical Branch, File No. 24/20 of 1945, SAGAP, Itanagar.
The medical facilities in undivided Subansiri District were rather non-existent compared to the other areas of the state. In 1946 the erstwhile Balipara Frontier Tract was divided into two administrative units viz., the Sela Sub-Agency and the Subansiri Area for administrative convenience. Previously, the modern day Lower Subansiri and Papum Pare Districts were administered from the headquarters at North Lakhimpur (present day in Assam) and frequent winter season tours were made by Dr. Christoph von Furer Haimendorf who was appointed as the Special Officer in February 1944. Haimendorf after visiting the areas reported that no effective steps or exploratory operations were carried out after the Miri Mission, 1912 until 1944 in the Subansiri area.\(^{64}\) J.P. Mills, the Adviser to the Governor of Assam on Tribal Affairs visited the Ziro plateau in 1945 and noted that the dispensary and the doctors’ quarters at Duta were in dilapidated situation.\(^{65}\) It was also reported that medical relief was eagerly sought by the tribesmen every year. J.P. Mills’ daughter, Phillipa who accompanied her father in the tour developed a fever and succumbed to it while evacuating to hospital for urgent treatment.\(^{66}\) Haimendorf’s assigned job was exploratory in nature, not of establishing any political control and during his three trips to the area he was accompanied by the Assistant Surgeon Dr. Bhattacharjee and a compounder,\(^{67}\) thereby providing a temporary medical relief to the people in the interior villages wherever possible.

---


\(^{65}\) Adviser to the IGCH, Assam, Memo No. Tr. 160/45/1- Ad. dated Shillong the 4th January 1946, *Medical Department*, North East Frontier Branch, File No. 7/6(c) of 1945, SAGAP, Itanagar.

\(^{66}\) Neal to the IGCH, *Office of the Adviser to the Governor of Assam on Tribal Affairs*, File No. A 1159 of 1947, SAGAP, Itanagar.

\(^{67}\) *Medical Department*, Medical Branch, File No. 24/20 of 1945, SAGAP, Itanagar.
In October 1946 Major F.N. Betts was appointed as the Political Officer of the erstwhile Subansiri Area with the task of establishing a headquarters.\textsuperscript{68} Around the same time, the Civil Surgeon W.J.L. Neal visited the area and reported about the health situation and proposed some measures for expansion of health care services. The medical facilities that existed in the undivided Subansiri at the time of Major Betts’ joining are given below:

Table 2.7: Medical Situation in undivided Subansiri at the time of Betts’ joining\textsuperscript{69}

<table>
<thead>
<tr>
<th>KORE-HQ of the P.O.</th>
<th>Neal’s Medical Plan</th>
<th>Existing Medical Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political Officers Bungalow</td>
<td>A hospital at Base (Dejo?)</td>
<td>One Assistant Surgeon at Kore</td>
</tr>
<tr>
<td>5th Assam Rifles detachment</td>
<td>Hospital for 5th AR &amp; P.L.C.’s at Yatchouli</td>
<td>One Sub-Assistant Surgeon at Yatchouli (on leave)</td>
</tr>
<tr>
<td>Accommodation for 25 Interpreter’s quarters Some staff quarters Political Godown Assistant Surgeon’s quarter.</td>
<td>A Hospital at KORE (Headquarters of P.O.) A Dispensary in the Apa Tani Country</td>
<td>One Sub-Assistant Surgeon, itinerating (not filled) Two compounders</td>
</tr>
</tbody>
</table>

There was no hospital building at Kore and neither was there any dispensary in Ziro plateau. It was reported that diseases like malaria was prevalent in the area which was contracted during visit to the plains in Assam. Diseases of the respiratory tract, skin and goitre were also reported. So, it would seem that medical facilities provided in these areas were inadequate and required more medical attention in the villages.

In the modern day Tirap, Changlang and Lohit Districts many ad hoc dispensaries were set up along the Stilwell Road during the Second World War. These were located at various places like Tipangpani, North Tirap, Namchik,

\textsuperscript{68} Ibid.

\textsuperscript{69} Derived from the Inspection remarks by the Political Officer, Balipara Frontier Tract, Medical Department, Medical Branch, File No. 24/20 of 1945, SAGAP, Itanagar.
Kumla and Hell Gate all of which were closed as soon as the War was over.\textsuperscript{70} As on October 1945 the sanctioned strength of doctors in the area was two Sub-Assistant Surgeons who were posted at Lonke, Rima and Khonsa.\textsuperscript{71} It may be seen that medical facilities in Tirap, Changlang and Lohit Districts were first started during the Second World War as the area was the main focus of war mobilization by the British India in Arunachal Pradesh.

The prevalent system of fixed dispensaries limited the scope of using medicine to influence people in the interior areas despite yearly tours that were started. It was also reported to be unsuitable to the medical staffs serving in the interior outposts. The medical staffs were recruited from the plains and were unable to cope with prolonged stay in the hills.\textsuperscript{72} They were said to have suffered from psychological and physical boredom.\textsuperscript{73} It is reported that one Dr. Dutta, in-charge of Lonke Dispensary died in an apparent case of suicide resulting from loneliness.\textsuperscript{74} Numerous complaints of inconveniences, loneliness and requests for transfer were regularly reported after more dispensaries were opened in the interior villages. It is evident that some medical staffs struggled with shortage of proper accommodation, food, absence of family and friends. As a result, they experienced psychological problems while serving in the interior outposts far from administrative headquarters and their home. This was a new challenge in

\textsuperscript{71} Das to the Political Officer, U/O No. 3987 dated Sadiya the 3\textsuperscript{rd} October 1945, Medical Department, NEF Branch, File No. 1/37(d)(ii) of 1945, SAGAP, Itanagar.
\textsuperscript{72} Walker to Secretary to the Governor of Assam, No. 3457 G. dated 24\textsuperscript{th} October 1945, Medical Department, NEF Branch, File No. 1/37(d)(ii) of 1945, SAGAP, Itanagar.
\textsuperscript{73} Das to the Political Officer, U/O No. 3987 dated Sadiya the 3\textsuperscript{rd} October 1945, Medical Department, NEF Branch, File No. 1/37(d)(ii) of 1945, SAGAP, Itanagar.
\textsuperscript{74} IGCH, Assam, U/O No. 13958/NEF dated 15\textsuperscript{th} November, 1945, Medical Department, NEFA Branch, File No. 47/37-D of 1945, SAGAP, Itanagar.
the medical administration of the erstwhile North East Frontier before the Government of British India.

Measures of varying nature were advocated to tackle these problems. The steps suggested in this context became the basis for expansion of medical facilities and a sort of medical manual for the doctors. Measures in this direction suggested in the context of the erstwhile Tirap Frontier Tract are mentioned as under:

quoted below:

1. *Strengthening of the Base Hospital (Margherita) in a fairly well equipped condition with about 30 beds.*
2. *Itinerating doctors 2 or 3 in number to tour round the villages with suitable drugs (viz.- Mepacrine sulph drugs, Laxative tablets, A.P.C. tablets, Vit tablets, few ointments, eye drops, etc.)*
3. *Their duties will be:-*
   
   (a) To distribute medicines to sick.
   
   (b) Select out cases that need hospitalisation.
   
   (c) Arrange to send them to Base Hospital.
   
   (d) Propaganda work.
   
   (e) Preaching Sanitation.
   
   (f) Other Health measures.
4. *The doctors should be supplied with camp comforts and arrangements and should stay in each village for 2, 3, or 4 days as they think necessary and return to the Head quarters after a month or two for rest, refill the spent stock, submission of reports with comments.*
5. *Each one of them may be in charge of the Base Hospital for some time in turn.*
6. *Dispensaries and Hospitals can be established on watching the response and result of this system in suitable places gradually.*
7. *If doctors to do such work are not available, a start can be made even with compounders and trained Rural Health Inspectors.*

The Political Officer agreed with these proposals and suggested the early construction of a Base Hospital at Margherita situated at the boundary between the present day Arunachal Pradesh and Assam.

In the Lohit District, a small medical team accompanied the Road Project undertaken in the area. In January 1945, the Government of British India sanctioned two Sub Assistant Surgeons, two Compounders, two Peons and two

---

75 Das to the Political Officer, U/O No. 3987, dated Sadiya the 3rd October 1945, Medical Department, NEF Branch, File No. 1/37(d)(ii) of 1945, SAGAP, Itanagar.
76 Medical Department, NEFA Branch, File No. 6/37 of 1945 (P-II); and Political Officer to Civil Surgeon, Letter No. Tbl.V-1/46/784 dated 26-7-46, Governor’s Secretariat, File No. A.1050/46, SAGAP, Itanagar.
Medicine Carriers for the project when it was executed by the Central Public Work Department (CPWD). It has already been noted that this road project was part of the policy to check Tibetan influence in the Lohit Valley.

**Emergency Medical Relief**

Apart from establishment of dispensaries emergency medical relief during epidemics was another feature of colonial healthcare measure initiated by the then British India Government. In March 1935, epidemic outbreak of smallpox was reported from the hills beyond Denning in Lohit Valley, at Chowkham in Khampti area in April and at Mime-Sipo in Siang in May. About 100 deaths were reported from Chongkham, Munglang, Latao, Mumong in the Khampti areas in July the same year. The epidemic reportedly spread to the un-administered Mishmi area and so people from the area coming down to Sadiya for trade posed a threat to the health of Sadiya town. Accordingly, a vaccinator and a guard were placed at the Deopani crossing to ensure that people coming from infected Mishmi area were vaccinated and no infected cases entered Sadiya. Orders were issued in this effect by the colonial authority in which the Adi and the Mishmi were prevented from entering Sadiya unless they were vaccinated priorly. In response to this order, a deputation of people from Dambuk and Bomjur Adi villages requested for a vaccinator for their areas before the British administrators. The above petition was received by the Political Officer W.H. Calvert who then commented that the perception of the people was different few years back when it was not uncommon for Government Vaccinators to be chased out of their

---

77 Godfrey to Secretary to the Government of India, Letter No. 6/Med-51/46/14-Ad. dated Shillong the 7th November 1946, Governor's Secretariat, File No. A.1050/46, SAGAP, Itanagar.

village.\textsuperscript{79} The above order which required compulsory vaccination for entering the town of Sadiya during the period of epidemic reflected the idea of segregation of the hill tribes from their economic pursuit in the trade centre. This was an example of use of economic blockade to quarantine infected populace during epidemic to secure the population of the administered areas. Thus, epidemics along with raids became a legitimate excuse for imposing economic blockade on the tribes of the hills of Arunachal Pradesh by the colonial administrators of the plains.

Emergency medical reliefs were also undertaken in other parts of Arunachal Pradesh during the years 1945-48. The urgency and dedication with which these relief measures were carried out bears testimony to the administrations’ objective of winning the confidence of the people through medical services. In the month of July 1945 dysentery epidemic affected the villages of Koni-Yogeng, Simong, Riga, Pareng, Yeksing, Pangin and Rotung in the right bank of Siang River.\textsuperscript{80} Medical relief was immediately provided and as a result no casualty was reported. In September 1946 Lohit Valley witnessed dysentery outbreak and the report on the epidemic and measures undertaken is given below:

\textsuperscript{79} Ibid.
\textsuperscript{80} Medical Department, NEFA Branch, File No. 13/29 of 1945, SAGAP, Itanagar.
Table 2.8: Dysentery Epidemic in undivided Lohit District, 1946

<table>
<thead>
<tr>
<th>Affected Villages</th>
<th>Disease</th>
<th>Date of Outbreak</th>
<th>Date of Reporting</th>
<th>Date of Medical Relief provided</th>
<th>Total no of cases</th>
<th>Total no of Deaths</th>
<th>Total no of cured</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neyanglat Sangunlat Walenglat Walaglat, Kamdiglat Blonglat Slonglat Kamlalglat</td>
<td>Bacillary Dysentery</td>
<td>First week of July 1946</td>
<td>28-06-46</td>
<td>11-09-46</td>
<td>95</td>
<td>33</td>
<td>62</td>
<td>Medical Officer I/C Walong outpost visited the affected areas and distributed medicines</td>
</tr>
</tbody>
</table>

It is observed from the above information that medical relief was provided in a reasonably quick manner as a result of which about two-third of the patients lives of the deadly epidemic were saved.

Around the same time the Tashigong Dzongpen of Bhutan who was suffering from syphilis sent a messenger to Lt. Thantluanga, Medical Officer of the Dirang Dzong Dispensary and requested for treatment. The Political Officer of the erstwhile Balipara Frontier Tract promptly authorised the treatment and is reported to have said that it was important to help the friendly Dzongpen in order to maintain the post at Dirang Dzong. Tashigong Dzongpen had priorly supplied the outpost at Dirang Dzong with 150 mounds of rice at low price and the British administrators at Charduar considered that the Dzongpen’s goodwill was crucial in the long term colonial interest in the Monpa area which bordered Tibet. It may be argued that medical relief was also employed for diplomatic means to further the colonial policy in Arunachal Pradesh.

---

81 Abridged from File No. 129/29 of 1946, Medical Department, NEFA Branch, SAGAP, Itanagar.
82 Adviser to the Governor of Assam to Niazi, Medical Department, NEFA Branch, File No. 15/29 of 1945, SAGAP, Itanagar.
The foothill areas of Arunachal Pradesh were prone to malarial outbreak. Anti-malarial measures were undertaken in Pasighat and Charduar again during the years 1945-47. In order to tackle the situation standard manuals on the control of malaria like that of Brigadier G. Covell’s *Anti-Mosquito Measures: with Special Reference to India* were consulted and all necessary steps were taken. In Charduar and Lokra an anti-malaria expert Major Kar, Assistant Director of Public Health (Malariology) in the Provincial Government of Assam was entrusted to make an investigation and submit a comprehensive report in malaria case on the matter. The report of Major Kar on malaria case in Charduar and Lokra is shown in the table 2.9 below:

**Table 2.9: Total Malaria Case in Charduar Dispensary and the 5th AR Hospitals, Lokra**

<table>
<thead>
<tr>
<th>Year</th>
<th>Charduar Dispensay</th>
<th>AR Hospitals, Lokra</th>
</tr>
</thead>
<tbody>
<tr>
<td>1944</td>
<td>160</td>
<td>NA</td>
</tr>
<tr>
<td>1945</td>
<td>245</td>
<td>277</td>
</tr>
<tr>
<td>1946</td>
<td>192</td>
<td>81</td>
</tr>
<tr>
<td>1947</td>
<td>166</td>
<td>236</td>
</tr>
<tr>
<td>1948</td>
<td>202</td>
<td>520</td>
</tr>
</tbody>
</table>

It is evident from the above report that malaria posed a serious threat not only to civilians but also the military personnel who were reported to have fallen sick soon after coming back from tour in the hills of Arunachal Pradesh. In the years 1945, 1947 and 1948 the number of Assam Rifles patients were more than that of Charduar Dispensary and this was the reason why a special malaria officer was engaged to make an investigation on the threat of malaria. It is observed that when the question of the military personnel health was concerned, who guarded

---

83 APO, Pasighat to PO, Sadiya, Memo No. 201 SD, dated 22nd June/45, *Medical Department*, NEFA Branch, File No. 15/29 of 1945, SAGAP, Itanagar.

the outposts in the hills of Arunachal Pradesh specialized measures were adopted to ensure their health. But this same yardstick was not followed in the case of the common people for the hills relating to health facilities. The conspicuous facts may be that the health of the military personnel was significantly attached to the foundation of colonial administrative forward policy in Arunachal Pradesh.

**Attempt to Create Medical Service Cadre**

Another important development in the field of healthcare measures during this period was the attempt to standardize the medical administration of Arunachal Pradesh. As part of the effort, a separate cadre of medical service in the name of *North East Frontier Medical Service* was sought to be created. The medical affairs of the erstwhile North East Frontier Tract was under the general supervision of the Inspector General of Civil Hospitals (IGCH), Assam with the Civil Surgeon at Sadiya assumed to be in the field. As discussed earlier the Civil Surgeon, Darrang was in nominal charge of the medical affairs of the western part of Arunachal Pradesh, the erstwhile Balipara Frontier Tract. This arrangement was made due to the vast geographical expanse of the frontier.

It was reported that by July 1946, the total sanctioned medical staff for the tribal areas of Arunachal Pradesh was one Civil Surgeon (CS), four Assistant Surgeons (ASs), fourteen Sub-Assistant Surgeons (SASs) and seventeen Compounders. The actual strength of medical staffs was five Assistant

---

85 IGCH to Governor’s Secretary, *Assam Governor’s Secretariat*, Military Secretary’s Office 1945, Notes, File No. A 1045/56, SAGAP, Itanagar.
Surgeons and seven Sub-Assistant Surgeons. Of these, four Assistant Surgeons were from Indian Army Medical Corps (IAMC) and the remaining one was from the Assam Provincial Cadre while five Sub-Assistant Surgeons were from the Assam Rifles (AR) and two exclusively sanctioned for the Agency. The existing system of medical administration suffered from two defects viz. there was lack of proper supervision of medical works in the hills because of the vast geographical expanse of the areas and anomalous position of medical staffs. Meanwhile there was existence of two classes of doctors posted in the hills like one for the Assam Rifles personnel while another for the civil population with different pay scale and terms of service conditions. It was proposed to bring about a uniform system of medical administration in place of the existing system of confused and anomalous arrangement.

Among the major steps proposed were construction of family quarters for the medical staffs; to take over the Civil Hospitals at Charduar and Pasighat by the Agency (i.e. North East Frontier Administration) from the Provincial Government of Assam; to pay the doctors from the Agency Budget; to grant two months leave in a year to the staffs; and to make ration provisions. The proposals were recommended by Lt. Col. E.T.N. Taylor, the Inspector General of Civil Hospitals, Assam to the Government of India. The broad structure of expansion

---

86 Bhatia to Governor’s Secretary, u/o No. 244, dated 9.1.46, Assam Governor’s Secretariat, Military Secretary’s Office 1945, Notes, File No. A 1045/56, SAGAP, Itanagar.

87 The term ‘Agency’ has been used in the contemporary Official records to refer to present Arunachal Pradesh through the name North East Frontier Agency (NEFA) was officially declared in 1954.

88 Assam Governor’s Secretariat, Military Secretary’s Office, 1945, Notes, File No. A 1045/56, SAGAP, Itanagar.

89 Saikia to the Adviser, Medical Department, NEFA Branch, File No. 47/37-D of 1945, Appendix: ‘Medical Scheme for NEFA recommendations put up by the Civil Surgeon’; and Assam Governor’s Secretariat, Military Secretary’s Office, 1945, File No. A 1045/56, SAGAP, Itanagar.
of health care system in eastern and western part of Arunachal Pradesh as proposed by the Civil Surgeon, Sadiya and contained in Lt. Col. Taylor’s recommendations were planned to cover all possible locations which were considered as important from military and strategic point of view. The farthest outposts like Dirangzong, Kirum, Walong and Punting were meant to be base-outposts from where itinerating doctors were supposed to accompany the Political Officer during tours to the interior villages. It was clearly reflected in the proposal that the hospitals were meant to be set up in places alongside the military outposts. The underlying rationale behind this step must have been to present the military outposts as a symbol of medical relief rather than an accomodation of soldiers ready to attack the tribes. The hospitals so established were supposed to look after the health care of both the Assam Rifles personnel and the native population. In remote places where the posting of a doctor was not possible, it was planned to post a compounder. The work of these hospitals were to be controlled and coordinated by larger hospitals called Base Hospitals. The base of these health care measures were proposed at four foothill locations namely; Charduar and Joyhing for the western section while Pasighat and Sadiya for the eastern part of Arunachal Pradesh respectively with two separate Civil Surgeons for each of the areas. The detail proposal of the plan is shown in the figure 2.1 which is the original proposal verbatim.
Figure 2.1: Proposal for Further Expansion and Administration of Health Units in the Balipara and Sadiya Frontier Tracts, 1945

Itinerating Doctor with P.O (1 Doctor)

Dirangzong
Agency cum AR
10 bed Hosp, 1 Doctor
Agency + Assam Rifles

Rupa
Agency cum AR Camp
Hosp, 10 beds, 1 SAS
Agency + Assam Rifles

KIRUM
Agency cum AR
Dispensary
1 Compounder
Agency + Assam Rifles

Duta
Agency cum AR Camp
Hosp, 10 beds, 1 SAS
Agency + Assam Rifles

PITE
Agency cum AR
Dispensary
1 Compounder
Agency + Assam Rifles

CHARDUAR
Base Hospital for Agency + A.R. HQ
Staff= Political C.S.
Political A.S. and Midwife
Either of them will also tour up.

JOHING
Base Hospital for Agency + A.R. HQ
Staff= 1 A.S. and Midwife
He will also tour up occasionally.

SUBANSIRI SUB-AGENCY

SELA SUB-AGENCY

BALIPARA FRONTIER TRACT
(One Political Civil Surgeon for Agency and AR.
His headquarters will be at Charduar)

---

90 Medical Department, NEFA Branch, F/No. 47/37-D of 1945, Saikia to the Adviser, Appendix: ‘Medical Scheme for NEFA recommendations put up by the Civil Surgeon’, SAGAP, Itanagar; and Assam Governor’s Secretariat, Military Secretary’s Office, 1945, F/No. A 1045/56, SAGAP, Itanagar.
It was reported that the fund for materializing the proposed medical units was one of the concern of the Government of British India. To save cost it was therefore suggested to amalgamate the Agency and Assam Rifles doctors into one cadre with an outpost allowances for the doctors in lieu of looking after the Assam Rifles. While recommending these proposals Lt. Col. Taylor emphasized
the importance of medical service in the larger political design of the British Empire and said that there was no better way of showing the flag than that of providing good modern medical treatment in the hill areas. The Ministry of External Affairs, Government of British India considered the above proposals and agreed that good medical attention was the key to secure the goodwill of the tribesmen of present Arunachal Pradesh and establishment of Government influence. On April 8, 1946 the Governor General in Council temporarily sanctioned the constitution of a combined medical cadre of the erstwhile North East Frontier Agency and Assam Rifles into single medical cadre which were to be posted in the eastern and western part of Arunachal Pradesh as shown below:

**Table 2.10: Amalgamated Medical Cadre (Temporary) for erstwhile NEFA**

<table>
<thead>
<tr>
<th>Category of Post</th>
<th>No. of Post</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Surgeons</td>
<td>4</td>
<td>₹ 150-160-20/2-300-25/2-400 P.M each for Provincial Medical Service Officer or rank pay for an Indian Army Medical Corps Officer</td>
</tr>
<tr>
<td>Sub-Assistant Surgeons</td>
<td>14</td>
<td>₹ 75-5-175 P.M. each</td>
</tr>
<tr>
<td>Compounders</td>
<td>17</td>
<td>₹ 30-1-40 P.M. each</td>
</tr>
</tbody>
</table>

Further, four posts of medicine carriers at ₹ 35/- p.m. each and five peons on ₹ 35 each p.m. with special pay were subsequently sanctioned to the amalgamated cadre.

The amalgamation of the combined medical cadre took effect from April 1, 1946 onwards. It was specifically stated that the amalgamation of medical services for erstwhile North-East Frontier was part of the larger policy laid down by the

---

91 Minutes of meeting held in the External Affairs Department on the 22nd August 1945 to consider the policy for the Tribal Areas of N.E.F., *Assam Governor’s Secretariat*, Military Secretary’s Office, 1945, File No. A 1045/56, SAGAP, Itanagar.

92 Under Secretary to the Government of India to the Secretary to the Governor of Assam, Memo No. F.14 (9)-E/45, *Assam Governor’s Secretariat*, Military Secretary’s Office, 1945, File No. A 1045/56, SAGAP, Itanagar.
Government of British India under which other classes of officers serving in the
frontier were planned to be similarly amalgamated into one cadre. Mr. J.P. Mills,
the Adviser to the Governor of Assam on Tribal Areas was reportedly in the
process of making a central cadre of administrative officers for the erstwhile
North East Frontier Agency under the direct control of the Government of British
India. Around the same time another plan for expansion of medical services of
Arunachal Pradesh under the post-War Five Year Plan was already going on and
it was estimated that by 1951-52 the medical establishment in the areas would
increase to six Assistant Surgeons, thirty nine Sub-Assistant Surgeons, one Lady
Doctor, forty Compounders and fourteen Midwives. Mr. R.W. Godfrey, the
Secretary to the Governor of Assam argued that this number was sufficient to
form a separate cadre which he suggested to be named as North East Frontier
Medical Service. It is important to note that the proposed administrative re-
organization of Arunachal Pradesh after the Second World War was
experimented first with medical services.

The post-War Five Year Plan was a part of the post-War Reconstruction
Plan for Tribal Areas of Assam. By the time the war came to an end, a five year
plan of road improvement and construction was conceived by the Government of
India and finalized at a conference of the Chief Engineers held at Nagpur. This
was known as the Nagpur Plan and was subsequently termed as ‘Post War
Development Programme’. As a part of the plan a yardstick for future
administration of Arunachal Pradesh based on political and strategic necessities

93 Mills to the IGCH, Memo No. 6/Med-16/46/64-Ad., Assam Governor’s Secretariat, Military
Secretary’s Office, 1945, File No. A 1045/56, SAGAP, Itanagar.
94 Godfrey to the Secretary to the Government of India, Letter No. 6/Med-16/46/81-Ad., Assam
Governor’s Secretariat, Military Secretary’s Office, 1945, File No. A 1045/56, SAGAP, Itanagar.
was devised under which subjects like agriculture, medicine and education were identified as Nation Building Departments. It was felt that a contended loyal population was a strategic necessity of highest importance and therefore, expansion of administrative control in the area preceded and aided by medical facilities was advocated. The proposal for expansion of health care measures in various parts of Arunachal Pradesh as part of the plan is given below *verbatim*:

**Table 2.11: Five Years Post-War Reconstruction Plan for Sadiya, Tirap and Balipara Frontier Tracts: Medical Proposals**

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>One 35 bedded hospital</td>
<td>Pasighat</td>
</tr>
<tr>
<td>One 145 bedded Leper colony near</td>
<td>Pasighat</td>
</tr>
<tr>
<td>14 A Class Hospital (17 beds including 5 females and 2 Isolation)</td>
<td>Riga, Hayuliang, Temai, Foot Hills (Charduar), Rupa, Dirangdzong, Dutu, H.Q. of P.O. Tirap F.T., Tuen-Sang, Pelu, Dambuk, Chokham, Sampurna, Along</td>
</tr>
<tr>
<td>16 B Class Hospital (8 beds)</td>
<td>Walong, Changuanti, Pangin, Karko, Naga Hills, Kalaktang, Jamiri, Posa, Pigerong, Rilenga, in Tirap Frontier, in Naga Hills, Pugging, Jido.</td>
</tr>
</tbody>
</table>

**Housing arrangements for staffs**

**Staff**

<table>
<thead>
<tr>
<th>Required under present scheme</th>
<th>Already sanctioned</th>
<th>Now required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Assistant Surgeons- 6</td>
<td>14</td>
<td>25</td>
</tr>
<tr>
<td>2 Sub-Assistant Surgeons-39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Lady Doctor-1</td>
<td>--</td>
<td>1</td>
</tr>
<tr>
<td>4 Compounders- 40</td>
<td>17</td>
<td>23</td>
</tr>
<tr>
<td>5 Midwives-14</td>
<td>--</td>
<td>14</td>
</tr>
<tr>
<td>6 Cooks-33</td>
<td>--</td>
<td>33</td>
</tr>
<tr>
<td>7 Ward Servants-17</td>
<td>--</td>
<td>17</td>
</tr>
<tr>
<td>8 Sweepers-34</td>
<td>--</td>
<td>34</td>
</tr>
<tr>
<td>9 Peons-37</td>
<td>9</td>
<td>28</td>
</tr>
<tr>
<td>10 Medicine Carriers-34</td>
<td>8</td>
<td>26</td>
</tr>
<tr>
<td>11 Rural Health Inspectors -3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12 Vaccinators-6</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>13 Malaria Inspectors-2</td>
<td>--</td>
<td>2</td>
</tr>
</tbody>
</table>

**Financial Statement for Five Years**

<table>
<thead>
<tr>
<th>Year</th>
<th>Expenditure (in Rs.)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year: 1948-49-</td>
<td>13,89,748</td>
<td>The decrease in projected expenditure in later years was due to cutting in the Non-recurring Expenditure in buildings.</td>
</tr>
<tr>
<td>Second Year: 1949-50-</td>
<td>8,09,300</td>
<td></td>
</tr>
<tr>
<td>Third Year: 1950-51</td>
<td>9,16,772</td>
<td></td>
</tr>
<tr>
<td>Fourth Year: 1951-52</td>
<td>8,45,488</td>
<td></td>
</tr>
<tr>
<td>Fifth Year: 1952-53</td>
<td>5,16,812</td>
<td></td>
</tr>
</tbody>
</table>

---

96 Walker to the Adviser, Medical Department, NEFA Branch, File No. 33/29 of 1946, SAGAP, Itanagar.

97 Niazi to the Governor, Medical Department, NEFA Branch, File No. 33/29 of 1946, SAGAP, Itanagar.
It would seem that massive expansion of healthcare measures were envisaged under the post-War Plan. The suggestions made under the plan were accepted by the Government of British India and directed to be put into effect. It was considered to give first priority to the construction of buildings required for re-organisation of the medical establishment in the medical section of the Plan. Consequently, an amount of ₹ 2, 50, 000/- (rupees two lakh fifty thousand) was sanctioned for the reconstruction of Base Hospital at Pasighat. The hospital which was staffed and paid out of the provincial cadre and provincial funds was proposed to be taken over by the Agency. Attempts were made to train literate girls and boys from amongst hill tribes of Arunachal Pradesh as nurse and hospital attendants. It is reported that this early scheme of medical education faced with some difficulty because of lack of qualified candidates.

It was planned to put the expanded health care system under a hierarchical medical administration with the civil surgeon as the controlling officer and the respective Political Officers and Assistant Political Officers would exercise administrative control over the medical staffs in their jurisdiction. A set of standing orders meant for medical officers were prepared under which respect to tribal customs and other professional matters were outlined (Appendix I). Under this scheme, the doctors working in the newly opened administrative divisions were expected to learn the local language and were identified as the Political

---

98 Secretary to the Adviser to the Governor of Assam for Tribal Areas and States to the IGCH, Assam, dated Shillong the 22nd May 1947, Governor’s Secretariat, Military Secretary’s Office, File No. A 1005/47, SAGAP, Itanagar.
99 Letter No. 235/HP/1 dated 25th July 1947, Medical-B, NEFA Branch, File No. 80/6(c) of 1947, SAGAP, Itanagar.
100 Adviser to Chief Secretary dated Shillong the 10th February, 1948, Office of the Adviser to the Governor of Assam for Tribal Areas, File No. Med/11/48, SAGAP, Itanagar.
101 Medical Department, File No. 163/14 of 1948, SAGAP, Itanagar.
Officer’s most useful ambassadors. 102 The importance attached to medical services in the larger administrative policies regarding the tribes were again reiterated.

As we know that the administrative reorganisation of erstwhile North East Frontier Agency was planned by the Government of British India during the course of the Second World War. The expansion and standardization of medical services were co-opted under the post-War Reconstruction Plan and it was planned to create a separate medical cadre for the agency as a precursor to larger administrative re-organization. The scheme of North East Frontier Medical Service however, could not be materialised because the Government of British India was facing an entirely different political scenario at the time. It was reported that the Governor of Assam was asked to postpone the matter of creating a separate medical cadre in Arunachal Pradesh until the constitutional position of the Tribal Areas was clarified under the new Constitution of Independent India.103 Thus, by the end of this phase medical services were expanded and the efforts to establish a unified medical administration ended with the amalgamated medical service for Arunachal Pradesh.

The development in the field of healthcare measure in Arunachal Pradesh during the British administration in the North East India was thus designed and shaped by colonial requirements. Hospitals were opened in the administrative centres of the then Political Officers located in the foothill area and nearby towns

102 Neal to Bhatia, Governor’s Secretariat, Military Secretary’s Office, File No. A 1005/47, SAGAP, Itanagar.
103 Under Secretary, External Affairs Department to the Secretary to the Governor of Assam, Memo No. F. 14(8)-E/46 dated Shimla the 23rd October 1946, Assam Governor’s Secretariat, Military Secretary’s Office, 1945, File No. A 1045/56, SAGAP, Itanagar.
of present day Arunachal Pradesh and Assam like Pasighat, Sadiya, Charduar and Lokra. Dispensaries were opened in places where Assam Rifles outposts were located inside the hills like Jamiri, Rupa, Dirangzong, Balek, Pangin, Denning, etc. Medicine was used as an instrument of diplomacy with the various tribes of Arunachal Pradesh and in some cases even with neighbouring countries as discussed in the case of some Tibetans and the Tashigong Dzongpen of Bhutan. The doctor and other medical staffs were viewed as ambassadors or agents of the colonial government. The strategic considerations and change in the frontier policy in the wake of the Second World War speeded up the pace of expansion of health care facilities and standardization of medical services. However, this process could not be completed due to imminent transfer of power in 1947 and the anomalous position of Arunachal Pradesh (the erstwhile North East Frontier Agency) in the intervening period before the Constitution of Independent India came into effect from January 1950.