

**How to Cite:**

Phukan, A. (2022). A Brief account of british health policies in assam under colonial government. *International Journal of Health Sciences*, 6(S3), 803–808.  
<https://doi.org/10.53730/ijhs.v6nS3.5474>

## **A Brief Account of British Health Policies in Assam Under Colonial Government**

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**Abstract**---Public health has become another important area of research in recent years and many studies have been done on endemic diseases like cholera, smallpox, kala-azar, plague etc in the British India. Response to the epidemic diseases both within the colonial administration and in different sections of the indigenous population--have also attracted the social historians. Historians have treated epidemics as an important event of the mid of the 19th century because it had created major transformation in the society. At first colonial government adopted some policies mainly to serve the needs of the colonizers and soldiers and were extended to urban areas to safeguard the Europeans in mines, plantations, factories and administrative centers. Later they realized that if their surrounding area remained diseased and unclean, it was difficult to protect them. So they adopted some health policies in India as well as in Assam. This paper focuses on public health policies that were adopted by British. This paper also focuses on impact of these policies on society.

**Keywords**---diseases, colonialism, health policies, Assam.

### **Introduction**

The shift from hunter-gatherers societies to agrarian societies has favored the spread of various infectious diseases in between the human population. Expanded trades between communities have led to the interactions between humans and animals and that facilitated the transmission of zoonotic pathogens. With the development cities, increasing trade and commerce, increased travels as well as effects on ecosystems due to increased human population raised the emergence and spread of infectious epidemic diseases as a result risks for outbreaks of epidemics and pandemics increase. When epidemic diseases spread beyond a country's borders, in various countries then disease officially becomes a pandemic. Throughout the history emergence and spread of infectious diseases with pandemic potential regularly occurred. Major pandemics and epidemics such as plague, cholera, flu have already afflicted humanity.

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International Journal of Health Sciences ISSN 2550-6978 E-ISSN 2550-696X © 2022.

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Manuscript submitted: 18 Nov 2021, Manuscript revised: 09 Feb 2022, Accepted for publication: 27 March 2022

Infectious diseases still create threats for human health as pathogens can spread rapidly through global trade and travels. The entire humankind in world is now facing the new coronavirus disease from 2019 (COVID-19) pandemic till today. In such crucial period of pandemic it is our public health policy that has played an important role in tackling situations. India has today reached a stage of development in health service for which we must show gratitude towards British. Though their main intention was to meet the demands of British government, their legacy in the field of public health is undeniable. In the evolution of public health in India they had played an important role.

### **Objective**

The main objectives of this study are:

- To explore and review major pandemics that have caused distress among humankind throughout history in India especially on Assam and efforts that colonial government had took to control these diseases
- To analyse about the public health policies that were taken by British government
- To explain about the impact of these health policies on society.

### **Methodology**

Both primary and secondary sources are used in this paper. The Primary data are drawn from various travelers' accounts of that particular time period. Besides, secondary data are collected from various books, journals, research articles, thesis etc.

### **Background**

When British came into the power of India, they had to face challenges of various diseases. As India had various environments, each region had its own peculiar kind of diseases. The advent of various infectious diseases and medicine was directly link to colonialism in India. The history of infectious diseases and their prevention by colonial ruler led to establishment of health system in India. British colonial authority brought certain development in health scenario and provided medical facilities to people when their own economic and commercial interests were at danger. Their own profitmaking orientation led to limited dissemination of western medical facilities to the people of 19<sup>th</sup> century. Towards the last decades of the 19<sup>th</sup> century the colonial government had extended western medical facilities and established dispensaries, carried out various campaigns to fight those epidemic diseases. At first they provided medical facility to their army for that reason they established hospitals only for British army. British gradually realized that if their neighborhood area remained diseased and dirty, it was difficult to protect themselves. So they adopted some health policies.

### **British health policies**

By observing the whole situation British adopted some policies in India. They took some health policies like compulsory vaccinations or Contagious Diseases Acts.

The history of vaccinations can be traced back to 1802 when a superintendent General of Vaccination was appointed in India after discovery of smallpox vaccine. The Epidemic Diseases Act was also passed in 1897 to implement the necessary measures for control of epidemics. The Plague Research Committee was formed under President Maj. Lyons. In 1873 Birth and Death Registration Act was passed. Though these policies were to serve the interest of colonizers but these had created a huge change in health sector of whole India as well as Assam.

Diseases like plague, malaria, cholera and smallpox are classified as Indian epidemics thriving on an enervating climate, untidiness, obscurantism and the lack of social services among people. It is said that the ruling class was not likely to enjoy a healthy life here and they migrated here only to face death. Apart from other diseases in the province of Assam, British faced a strange disease endemic called Kala-azar and Beri-Beri by natives. An investigation about Kala-azar was carried out by G.M.Giles. He was a surgeon IMS on special duty in Assam in 1898. The company began to administer the region since 1820s and till then Assam got interacted with western medical science. Captain R.B. Pamberston, who was the joint commissioner of Manipur, had termed Assam as the third unhealthiest place after Arracan and Rangoon. In the account of Shihabuddin Talish it is mentioned that climate condition of the areas which were located far away from Brahmaputra River was most unhealthy for foreign people. Smallpox was one of the major epidemic diseases in Assam during the 19<sup>th</sup> century. Mortality rate was very high and it mainly affected the poor. In 1832, smallpox occurred in Nogoan district in epidemic form and gradually spread in other districts of Assam. Smallpox was cured through the traditional way by natives. Only after establishment of 'The smallpox commission of 1850', the disease was treated scientifically when Vaccination Act was passed in 1870. In 1793 when Captain Welsh arrived in Guwahati, Cholera epidemic broke out in Assam and died many. J.M'Cosh in his book 'Topography of Assam' had mentioned that 'inculation' with smallpox virus is practiced by natives, they have a strong prejudice against vaccination, this aversion is peculiar to the people of plains, those of the hills are very willing to go have it performed'. To check and mitigate the ravages of diseases like smallpox, cholera, malaria, kala-azar, plague temporary hospitals were set up.

British also divided all the hospitals into grade pattern. A graded were the 'military hospitals, second category for Europeans personnel, third for all including natives. The fourth included all charitable hospitals and dispensaries. For administrative and finance, hospitals further divided into Class I, Class II, Class III-A, Class III-B. Class I were maintained by government, class II were by municipalities or local funds of sub-divisional headquarters. Class III-A under private sector, class III-B were managed by both private sector and government aids. Class-I were under civil Surgeons and Assistant Surgeons. Class-II was under charge of medical graduates who were designated as Sub-Assistant Surgeon (SAS), Class III A, Class III B under native doctors. Under the colonial Contagious Diseases Act, designed to contain the spread of sexually transmitted diseases, sex workers had to "register themselves at police stations, get medically examined and monitored". In July 1869, some prostitutes of Calcutta petitioned the colonial authorities, accusing them of "violating their womanhood" by forcing them to register and undergo genital examination. Indian women especially

prostitutes forced to take periodic medical checkup, if they were found fine they were allowed to carry prostitution with the Europeans and if they were infected they were either treated or expelled from the regimental and cantonment premises.

Unlike smallpox colonial authority unable to control Malaria and Cholera, so for this they blamed natural obstacles of Assam and opium eating habit of natives. In the case of Kala-azar it was exceptional, as its etiology was not known to British prior to 1903, western medical science had failed to prevent the disease. So went for traditional Assamese Bez for treatment and in many cases this indigenous medicine worked miraculously. With an view of prosecution of medical research for causation and prevention of diseases 'The Assam Medical Society' was formed in 1931. They worked for diseases like Malaria, Anaemia in pregnancy, Dysentery, Cholera, Pneumonia. The society carried out survey to control Malaria. They also successfully dealt with Cholera in Cachar and Sylhet. To execute the aim society was divided into four (i) making plan to control the disease (ii) distribution of cinchona alkaloid (iii) training of personnel (iv) to do research. Colonial government carried out various preventive and treatment campaigns, surveys such as anti-malaria campaign, leprosy surveys, goiter surveys to develop the health scenario of Assam. By unifying efforts of Medical and Public Health Department in the control of epidemic diseases particularly kala-azar that began in 1930's brought satisfactory results. Colonial government also carried out public health propaganda which consisted of giving magic lantern demonstration and lectures to villagers. Assistant Surgeons in charge of kala-azar in the time of inspections gave lectures on subject like malaria, kala-azar, small pox, maternity, child welfare, foods, and sanitation by magic lantern slides. The government also provided anti-rabic treatments to people in 1930's and 1940's. In 1932 there were 43 centers for anti-rabic treatment in Assam. Apart from all such activities colonial government also sent various campaigns and propaganda work among common people to spread the basic knowledge about diseases how to protect themselves from the diseases.

Majority of recruitments in Assam health services were from Bengal and a few from Sylhet and Goalpara who studied in the presidency. Few scholarships were granted in 1879 to Assamese and pupils of Khasi-Jayantia to qualify themselves for subordinate Medical Service. Brigadier-Surgeon of Dibrugarh had rendered a signal service to the cause of Medical Education in Assam. On his death in 1890, he bequeathed in his Will an amount of rupees fifty thousand to be devoted to the endowment of a Medical School in Assam. Finally in recognition of the testator's munificence gave it the name of the 'Berry-White Medical School'. In addition to this there many schools were establishment in different parts of Assam. The Local Self Government Act was passed in the year 1885 and responsibility of healthcare now passed to District Board and Local Board. But with minimum amount of funds they couldn't perform their duties. Towards the end of 1943, government of British appointed Health Survey and Development Committee under Sir Joseph Bhore to review the health condition of India and committee gave some important recommendations on modern health care system of India.

### **Impact of British health policies**

The preventive and curative measures that were taken by colonial government succeeded in reducing the cases of various epidemic diseases and mortality. But the public health policy and measures that were adopted by colonial couldn't tackle the health problems of native people. They granted a very small budget to public health service which was not sufficient enough to fulfill the requirements of common people. Condition of sub-divisional dispensaries was poor equipped with inadequate supply of medicine. Anti kala-azar campaign that was conducted by Health Department but it had a very limited coverage. So, it was not at all successful in tackling the diseases.

In spite of their all effort public health condition in India was highly deplorable. As a result rural population had to depend on traditional 'Bez' to cure their diseases. In early stage of their rule Indians didn't whole heartedly supported western medicine but some reports shows us there were large number of indoor and outdoor patients attended hospitals and dispensaries at that period of time. Only need of that time was an effort of government with a good health care policy. Europeans in their writings represent India and Assam as a disease zone, in reality epidemic diseases like plague, cholera, smallpox everywhere in 19<sup>th</sup> century world but methods to combat it different. In western world preventive measures were seen as public welfare policy but in India these some measures were as a way to consolidate the imperial authorities.

### **Conclusion**

Very few phenomena throughout human history have shaped our societies and cultures. Outbreaks of infectious diseases have been remarkable event for society. So it is very important to give attention to these phenomena. Infectious diseases still represent threats for human health as it spread rapidly throughout the world. So it is very important to know about the history, the way they were controlled in the past and so that it can give us ideas about how we should treat these diseases today. British has given India developing concept of public health, hygiene, medical institutions and hospitals, IMS and SMS and provided an organized medical system which provide us direction to build up a strong public health administration in independent India. British response to the epidemic diseases and their health policies in India enable us to develop good public health policies in later period of time. The way they were controlled in the past teach us how we should treat and managed these diseases today.

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