

I had the privilege of reviewing Mridula Ramanna's earlier volume, *Western Medicine and Public Health in Colonial Bombay, 1845-1895* in *The Book Review* (Vol XXVII, No.8, August) in 2003. Subsequently, I chaired the lecture she delivered at the Jamia Milia Islamia, the prestigious XXV M.A. Ansari Memorial Lecture, delivered in March 2007. The excellent lecture was titled 'State Intervention and Indian Responses: Plague Epidemics in Bombay Presidency' which, I suspect, forms the first chapter in this volume. The author and I know each other, and I admire her work. This is thus not an 'objective outsider's' review—as if that ever exists.

Writing the history of health or medicine in India is, for obvious reasons, monopolized by western scholars. Not only are the archives located in either the UK or USA, scholars from these countries seem to have endless access to the field that is India. For an Indian scholar or indeed a PhD student, the situation is terminally bleak. Imperialism exists and thrives in academia and it is indeed a structural factor. So it is utterly creditable that Ramanna has been able to access archives in the UK and the US, without being part of a select group of globalized Indian academics, the celebrities of the academic world, for

**HEALTH CARE IN BOMBAY PRESIDENCY
1896-1930**

By Mridula Ramanna

Primus Books, Delhi, 2012, pp. 202, ₹795.00

whom of course all doors open. I wonder if there is data on how many dalit or adivasi scholars obtained any of these fellowships to go abroad for either data collection or study.

I feel I can precisely say again what I said in my previous review of her work. The slim volume is divided into six chapters, and discusses for no apparent reason of ordering, colonial and Indian responses to plague, the promotion of sanitary consciousness, the changing reactions to hospitalization, maternal health, women physicians and Indian medicine. 'In each of these areas, the author has unearthed a great deal of data, from a rich variety of primary sources, pertaining to Bombay in the relevant years. This is, of course, the great strength of the book, but the obverse is that this huge and painstaking mining of data has not been adequately utilized to craft some richly gilded arguments. Given the fact that each of these areas has been extensively dealt with by a host of scholars, what is the import of Ramanna's mining of fresh data pertaining to Bombay? Unfortunately, we do not know.' But I must also confess how refreshing it is to find a text in the history of medicine with absolutely no reference to the

Colonial Responses to Public Health

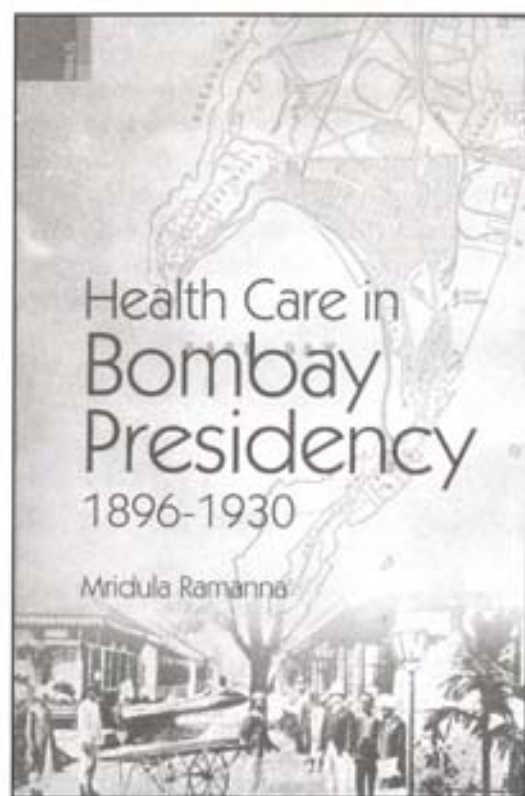
Mohan Rao

discourses of Foucault, Bourdieu and Chatterjee since many of the texts, replete with these discourses, exhibit a singular, and curious, contempt for the empirical.

The plague epidemic of 1896 took the authorities by surprise. It had grave implications, then as now, for France called for international sanctions, a boycott of all trade through and from India. The colonial authorities did not know what caused the plague or how it spread, but knew they had to act with authority to show the world they were taking decisive action. Hence the violence and coercion in the anti-plague measures, evoking fierce resistance. There was the forced hospitalization of suspected cases, and 'plague riots' as the relatives of patients tried to rescue them from what seemed certain death: the mortality rate in hospitals were distinctly higher. This was of course not peculiar to India and Indians but had been a feature of British medical history too, the familiar hospital riot of early nineteenth century England. When a medical team went to inspect a suspected case in Bombay, and was refused admission into the home, an altercation followed, and 'as the crowd attacked them and in the subsequent police firing, five persons were killed or mortally wounded. Consequently, house searches were abandoned' (p.13).

Despite the measures, plague spread, as did the fear and violence in its shadow. In Pune, the intense hostility aroused by the anti-plague measures culminated in the assassination of W.C. Rand, the Chair of the Pune Plague Committee. Indeed, Lord Curzon admitted, 'I fancy that almost everywhere we began wrong. In those days it was all science, and compulsion and evacuation at the point of the bayonet' (p. 25). Plague receded as mysteriously as it began, laying waste vast swathes of the population, economy and society. But just as England was going through a sanitary revolution, the imperial government pleaded a paucity of funds to initiate similar measures in India. Unlike the cholera epidemics in Europe which led to public health measures for the population, the recurrent epidemics in India led to no such measures, then as now.

One of the most important chapters in the volume is to do with debates about women's health and family planning. Women and motherhood has of course been an ex-



remely important trope in the construction of nations across the world. In the case of India what is also imbricated in this discourse is the troubled, indeed fraught, ideas of Indian womanhood that had informed a range of nationalist debates in the 19th century, from age of consent to sati. During this period Indian women had been objects of nationalist reformist agendas setting right what were conceived of as the aberrations of the recent past; practices such as widow immolation and child marriages were evidence to the British that they did indeed have a civilizing mission among barbaric and traditional natives. What were the features of the new woman to be brought into being in India? She was to be a woman sensible, prudent, rational and above all clean, but to be distinguished both from the materialistic ungodly western woman and the common Indian woman, superstitious, sexually promiscuous and dirty (Rao 2004).¹

The colonial government noted the appalling levels of infant and child mortality and maternal mortality, and attributed them to population growth and Indian manners, customs and ceremonies that they could not interfere with. Further, there was a paucity of funds, especially when, after the first war of Independence, military expenses rose. The colonial response was to leave this huge task to voluntary action, setting up the Dufferin Fund. Maharajas anxious to court favour with the authorities, made donations. But this was of course no substitute for state action.

Family planning was another area which saw intense debates. Rani Lakshmi Bai

Rajwade, a medical doctor and a member of the National Committee on Health was one of its most involved proponents. Calling for the creation of a 'comprehensive medical service financed wholly by the State, available to all persons' (GOI 1948: 158),² Rajwade pointed out that 'to keep up the interplay of life and death about 20 mothers have to starve or poison themselves to death for every thousand of births; that out of the thousand born at such awful cost nearly 175 to 200 die before they are a year old; that on the scarred survivors of this stupendous ordeal is laid the responsibility of reproducing and building up their race in this land' (GOI 1948: 119).³

The Sub-Committee also favoured birth control in the interests of the development of the nation, thus linking individual and family behaviour to national growth and indeed the teleology of progress and welfare. The nation state was conceived of as a body, composed of physically and morally healthy citizens to which all must contribute (Zachariah 2001).⁴ On the other hand, reflecting Gandhi's position, Muthulakshmi Reddi, another prominent woman doctor, from Chennai, was fiercely opposed to contraception. She 'held that birth control was an unnatural method of limiting the family, while continence and self control raised the moral and spiritual nature of man and woman' (p.150). Given these differences, how did the Sub-Committee decide? It held that while self-restraint was desirable, it was not possible among the masses, for whom more scientific methods must be devised.

This book is important reading for students of history and public health. It is also enjoyable reading. I would however like to repeat from my earlier review something that applies not just to this book but to much writing in the history of medicine. While the author 'covers a wide colonial canvas of ill-health, disease and death, her preoccupation with primary materials has meant a relative neglect of the rich literature in each of the fields she discusses. The preoccupation with primary data has also meant there is a neglect of the socio-economic context within which diseases and deaths thrive. Further, there is a constant conflation with medicine and health, and sanitation with public health. This of course is a legacy of public health left to us by the Utilitarian, cost-cutting, Chadwick, one of the first to bring in that woeful arithmetic of Cost-Benefit Analysis to social concerns where it cannot legitimately, methodologically, be applied. But given what we know today about the history of health, it is time public health was understood in its broader pre-Chadwickian perspective: when the health of a population was understood to be related to living and working conditions, to availability of food and employment, to security in people's lives, and to measures to provide succor through medical care when other measures fail.'

Will historians of medicine rise to this challenge? We need this: public health scholars and activists desperately need this engagement from historians.

Mohan Rao is a medical doctor with specialization in public health. He is Professor at the Centre of Social Medicine and Community Health, Jawaharlal Nehru University, New Delhi.

References

- ¹ Rao, Mohan (2004), *From Population Control to Reproductive Health: Malthusian Arithmetic*, Sage, New Delhi.
- ² Government of India, National Planning Committee (1948), *Report of the Sub-Committee on Health*, Vora, Bombay.
- ³ Government of India, NPC (1948), *Report of the Sub-Committee on Population*, Vora, Bombay.
- ⁴ Zachariah, Benjamin (2001), 'Uses of Scientific Argument: The Case of "Development" in India, c 1930-1950', *Economic and Political Weekly*, Vol. XXXVI, No.39.