Paraphrasing the Framework of Public Health in Colonial India

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Abstract: The concept of Social Darwinism nurtured the phenomena of British colonialism in Asia and Africa and emergence of Macaulayism calcified it on Indian soil. British sense of cultural superiority galvanized them to trample every icon of traditional Indian ethos and harmonized the sentiments of indigenous people with European culture. Public health and medical treatment in India before the advent of Europeans were solely based on Ayurveda and Unani way of treatment. Ayurvedic and Allopathic procedure of treatment were greatly different from one another in their ideologies and methodologies of treating the ailing. Ayurveda, on one hand served the objective of Prevention is better than cure, whereas European medicines aimed at eliminating the disease through heavy doses of chemical composition. Ayurveda usually focused on tackling the hormonal imbalances of human body in the form of Vata, Pitta and Kapha doshas. Unani Vaidyas used eight diagnosis methods for effective results such as- pulse, stool, urine, tongue, speech, vision, touch and appearance. Unlike these unsophisticated systems which focused on empowering the body with naturally-built immunity to fight diseases, sophisticated British way of medicinal treatment drew conclusions after punctilious technical examination of the source, proper recording and documentation of the symptoms and logical allopathic medication comprising of suitable chemical composition after authentic diagnosis. Queen's Proclamation Act of 1858 gave Britishers an upper hand in Indian administration. They conducted several amendments through various acts to mold the thriving medical practices in India according to their personal preferences. The episode of vaccination drive promulgated by them played a prominent role in amelioration of the status of public health in India. This research work is an attempt to sketch an honest parody of Public Health System of India during British rule. Meticulous dissection of historical documents available in National Archives, New Delhi, scrutiny of records of East India company in British Library and rare documents on Medical History of British India from National Library of Scotland have facilitated the draft of this paper. Apart from the aforementioned primary sources various secondary sources have been used in form of books, articles and newspaper reports. This qualitative research would intrude into the disguised territory of East India Company records in order to construct the ideological notions which weaved the policies of British Governors and Civil servants regarding the health and sanitation of Indian civilians.

Key words: Sanitation, Macaulayism, Social Darwinism, Allopathic, Public health

Introduction:

"Of all the treasure troves,
Bestowed on earth,
The most precious is Life."

Human civilization has marshalled the forces of nature in order to support sustenance. When Britishers camped their settlements on Indian soil, unfriendly climatic conditions proved hazardous to their health. With the perception of building a long lasting empire in India, they considered the matter of deteriorating health of British soldiers, civil servants and other British officers of different cadres as an impediment to their Imperialistic endeavour. After much contemplation British Government deduced that interaction with Indians living under unhygienic conditions is the prime reason of sickness of British soldiers. Thus, British health policy decisions in India focused on the health of Indian civilians in general and the British army in particular. The above mentioned fact is substantiated by Dirom Grey Crawford's report of 1914 commented that various health organizations, such as- Bengal Medical Service(1764), Bombay Medical Service(1779) and Madras Medical Service(1764) were established to serve the troops and servants of the East India Company and formed a part of the Royal Indian Army. In 1859 British government formed the Royal Commission to enquire into the rate of sickness and mortality rate among troops both European and Native recruited in the Indian Army and the class of diseases which cause such severe sickness and high mortality rate in India.

Presidency Army	**Period**	**Fevers**	**Dysentry and Diarrhoea**	**Cholera**	**Hepatitis**	**Other Diseases**	**All Causes**
BENGAL	1812-31 1832-52	29.7 13.6	19.3 14.3	8.5 10.4	4.3 4.0	11.5 20.0	75.9 64.1
BOMBAY	1803-27 1828-53	10.8 10.6	19.9 12.8	5.4 10.0	4.2 4.1	22.7 11.7	65.6 50.7
MADRAS	1829-38 1841-52	4.8 2.8	13.3 8.0	7.4 6.4	5.2 2.9	14.3 11.9	45.0 32.0

Table- Soldier's varying mortality rate, Imperial Gazetteer of India, volume-1, p. 526, chapter- The Indian Empire.

Aforementioned tabular data taken from Imperial Gazetteer of India volume-01 was prepared by the officials of British Government to document the percentage of British troops died from various diseases. In its report, The Royal Commission of India commented that, the health of the British troops is undoubtedly associated with the health of the population of the country in which it resides. It recommended the appointment of a commission for the improvement of public health in each Presidency. It was decided that the commission would play the role of an advisory board and would suggests improvements for barracks, hospitals, seats of Government and military stations at regular intervals. Great efforts were directed towards the sanitary improvement of native towns, prevention and mitigation of epidemic disease.
Thus, began the journey of transition from Ayurvedic medicines to Allopathic methodology of treatment fomented by British government. Royal Commission report initiated further interference of Colonial government in the prevalent health conditions in India. Several committees were established which conducted several surveys and conducted many amendments to ameliorate Public health infrastructure in India. This research paper would discuss the affairs taken up in some of these health commissions and the improvements it propounded.

British India and Public Health

I. Policies and Acts

Europeans completely dejected the traditional Indian notion of medical treatment. Ayurveda, on one hand served the objective of Prevention is better than cure, whereas European medicines aimed at eliminating the disease through heavy doses of chemical composition. British system of medication was a sophisticated and bureaucratized system of treatment which was based on practical technical knowledge and logic. Thus, the medial projects they implemented in India were well articulated and is followed even today. This research paper would discuss in detail some case studies showcasing the pragmatic and systematic methodology adopted by British to improvise public health and transform India into a healthy and hygienic haven for their countrymen to work, live and rule.

The decision to appreciate Medical inspection of school children in Gwalior taken during Gwalior Durbar meeting in 1929 was remarkably innovative. This scheme of periodical medical inspection of school children was implemented in secondary schools at first and was extended to all other schools later. It was decided in the meeting that each child will be medically examined twice a year and the results of the examination will be communicated to their parents by means of printed cards suggesting the type of treatment recommended in each individual case. The expenses of examination were to be bore by royalty of Gwalior Durbar. Another incident highlighting British sensitivity towards the ailing folks both European and Indian was their management of Mental Asylums. A study was conducted to examine the working and living condition of mental asylums in India. On 23rd July the elected committee submitted its report and concluded that, the management of lunatic asylums in India is neither sympathetic nor systematic. According to the report, mismanagement was

prevalent in the administrative set up of these asylums and no full time medical officer was recruited for the supervision of these institutions. There was an absence of adequate arrangements for the amusement of lunatics. The committee also suggested amalgamation of smaller asylums into the larger asylums. This suggestion hardly received any up votes from the ruling authority as an increase in the size of an asylum would enhance the risk of the spread of contagious and infectious disease. Mental Health Collection reports describe that patients were involved in daily routine works such as- matting, coir and oil. Female patients performed works like gardening and cleaning. We find that some asylums were built exclusively for European patients, such as Bhowinapore in Bengal. Some medical records retrieved from National Library of Scotland states that British colonizers wished to civilize the indigenous population. So, they used to admit members of wandering gangs or robbers and tested new therapies on them. On 10th July, 1869 E.C Bayley, the chief Commissioner of Oudh passed a legislation which proposed the improvement of public health of rural communities. Bayley ascertained that with the help of legal authority Sanitary measures in villages and smaller towns will be enforced and necessary powers will be given to local officers to administer the health. He also added that there is need to extend such practices throughout the country as early as possible in order to implement at least the simplest and general sanitary measures among the Indian civilians.

It was Macaulay who once quoted that, "**British rule only to bless.**" Slavery in any configuration is a curse, however British as masters did something good for the Indians, who they considered as slaves of ignorance and fatalism. Association of Medical Women of India and Dufferin Fund were some of the noble initiatives taken up by those Europeans who practiced philosophy of humanitarianism. AMWI was established when in 1906 a meeting was organized for lady doctors from different parts of India to form an association dedicated towards improving women health. There were 26 members from Bombay, out of them 13 were Parsis, 6 were Indian Christians, 5 were European and 2 were Hindu women. With the similar objective Dufferine fund was established by Lady Dufferine in 1885. The fund was founded after Queen Victoria gave Lady Dufferin the task of improving healthcare for women in India. The fund provided scholarships for women to be educated in the medical field as doctors, hospital assistants, nurses and mid-wives. The proclamation of these funds marked the beginning of western medicine for women in India. The fund financed the treatment facilities and establishment of teaching hospitals in Bihar, Calcutta, Madras, Karachi, Delhi and Bombay, for instance-still surviving Lady Aitchison hospital in Lahore was sponsored by this fund. Likewise, when famine of 1781 tormented Madras, British Government along with St. Mary's Church set up the city's first formal charity called Monegar Choultry. It was formed after a recommendation by the famine relief committee of 1782. A house was rented for poor and sick. British government also started two major projects in Madras- the first one was the institution of female nursing in the hospitals of Madras presidency and second was localizing the concept of public health. This facilitated structuralisation of a common and less sophisticated system by which the benefits of sanitation and European medical treatment

may be brought home to the mass of the population not living in municipalities and cantonments.

Besides, several acts were passed after the occurrence of some natural calamity to remunerate the losses and satiate the resentment amidst suffering locals. This research would elucidate the proceedings of some of these reports passed after the outbreak of some epidemic or any natural hazard. In May 1869, locals of Chudderghat bazaar were excruciating with the discomfort caused by cholera. British authorities exercised some stringent measures to restrict spread of the disease. The bazaar was efficiently cleaned and all refuse matter and filth were removed. All houses and dwelling places were whitewashed and drains were flushed. All choleric discharges were directed to be collected and in the absence of more efficient disinfectant, they were ordered to be mixed with freshly prepared charcoal and recently burnt lime to be conveyed to a distance and carefully buried in places free from the probability of contamination of sources of water supply. Also each police-thannah was supplied with medicines and written instructions were furnished to be posted at the gates or walls of various thannah. British officers gave colossal prominence to sanitation and hygiene and so they implemented various restrictions and rules through the issuance of various Acts, in order to prevent the occurrence of any serious disease. On 7th August, 1869 a report on the progress of sanitary improvement made in Madras presidency was presented. The committee formed to investigate reported that- the military cantonments are cleaner and in order, Wells have been dug and trees have been planted, buildings for the English soldiers are suitable and offer light and ventilation in appropriate proportion, contagious disease act has been enforced in Madras, Lock hospital has been established and the vulnerable section of the society i.e. women and children have been registered and subjected to regular inspection, special grants were given to Ooty for sanitary works and water supply, central jails were well advanced. The committee suggested that all the district level jails should be remodeled in order to meet the basic requirements of physical health. Special grants were also issued to ameliorate the working and living conditions in subsidiary jails. The committee also suggested that General hospitals at Madras, its several branches, regimental hospitals and provincial dispensaries must be improved. Likewise, in 1864 Bengal sanitary board presented its report commenting on the reasons behind the deteriorating health of British troops. The commission laid stress on the evil effects of the sanitary condition of the general population. In 1880, efforts were made to provide a more complete supervising agency by amalgamating the sanitary and vaccinated staffs. The extension of local self –government under Lord Ripon strengthened the executive agency and increased the available funds. The next step in this regard was the establishment of sanitary boards in each province, equipped with the powers necessary for the control of the sanitary works of municipalities and district boards. By 1893, sanitary boards had been established in every province except Berar, where a system of District Sanitary board already existed.

Britishers seriously worked towards the establishment of quarantine norms, registration and regular medical check- up of prostitutes and issuance of Contagious Disease Act in order to prevent the spread of deadly diseases. Proceedings from a meeting that took place in July

1869 throw light on the quarantine norms ascertained by Home department of British government to make special arrangements for the accommodation of patients suffering from contagious diseases. These included- penalty on persons suffering from infectious disorder entering public conveyance without notifying to driver that he is so suffering, a penalty of 5 pound sterling was to be charged from defaulters, local authorities were instructed to provide carriages for conveyance of infected persons imitating the same practice executed in England, where special carriages were assigned for the conveyance of sick suffering from contagious diseases. British government substantiated their policies by asserting that they are on a Civilizing Mission in India, for the betterment of Indians and encouraged the spread of sanitary education and Dispensary movement which ultimately reduced the mortality rates in army men, both in British and natives. In 1868 Contagious Diseases Act came into picture after being passed by the Governor General in council. This act restricted the business of unregistered prostitutes and Brothel- keepers. At any place, where this act applied no woman was allowed to carry out her business without being registered. The local government were supposed to make rules for the registration of common prostitutes and brothel- keepers. The act gave powers to the local governments to appoint persons, to make periodical examinations of registered woman in order to ascertain whether they are suffering from a contagious disease or not. Any woman registered under this act after receiving notice from any such officer of the local government shall get her examination done at certified hospital prescribed to her for medical treatment. The Contagious Disease Act holds prominence because it indirectly gave ground for administration of medical affairs at local level by local officers itself. Later, the Montgomery-Chelmsford Constitutional Reforms of 1919 led to the transfer of public health, sanitation and vital statistics to the provinces and thus was considered as the first step in the decentralization of health administration in India. Afterwards, many research and training institutes were sheltered at rural levels to facilitate improvements in health facilities, such as- the first rural health Training center was established in Singur near Calcutta.

II. Vaccination Drive

Records from Medical history of British India, National library of Scotland have been used to develop a deeper insight into the development of vaccination facilities in India. The collection of records also gives us a vivid knowledge of British efforts to vaccinate the Indian population against smallpox using the latest 19th and 20th century western scientific techniques. Official documents state that small pox vaccination was implemented in India between the mid-1800s to mid-1900s. But with the arrival of Jennerian vaccination, British Empire stood successful in uprooting it from India. The harrowing tales of deaths from small pox has been well described in a report on Vaccination operation in Santhal Pergunahs in 1867. It stated that smallpox killed more people in Calcutta in two years than all the shot, shell and grape of the artillery, all the sabres of any cavalry and all the bullets and bayonets of the infantry could ever destroy when efficiently used against large armies of English soldiers for years. Hence, it was not an easy task for British authority to inoculate such a large mass of

population. It has been reported that Colonial government divided Indian territory into separate regions, such as Madras, Bengal and Punjab were separated with their own command structures. A sanitary team headed by sanitary commissioner was established with staff of superintendents, inspectors and vaccinators as assistants. Dispensaries and mobile vaccination teams were established in every provinces. Gradually, the availability of these services were extended to villages and remote areas to inoculate the localized population. Special arrangements were made for military cantonments, where inoculation was done frequently to vaccinate British serviceman working in India. In case of Bengal, Protective circles were used as protective barriers around the premises of Calcutta city. There were seven protective circles in Calcutta, which depicted that the residents of this area are fully vaccinated against small pox. It has been concluded from the study of various reports that special titles such as- Surgeon Major, Captain, Lieutenant Colonel and Doctor were mostly given to British doctors or officials. However, the role of superintendent or supervisor of the dispensary was generally given to the indigenous people. One of the conspicuous improvement that took place was the introduction of vaccine institutes in regions such as- Bengal, Madras and Punjab. Within these establishments tests and examinations were conducted to synthesise and maintain the cowpox to allow it to be dispatched to the vaccination centers at other places. Experiments were conducted on rabbits, buffalo, donkeys and goats to check on with the credibility of the vaccine. Britishers also introduced German techniques of inoculation in India such as practices involving the use of lanoline oil, glycerin, petroleum jelly and even chloroform infused glycerine paste. With time one can see that success rate of vaccination rose to the level of 95% towards the middle of the 20th century. This motivated the government to make revaccination a priority.

The most evident impediment decelerating the pace of vaccination drive was funds. The vaccination programme, staff and their training and tools, transportation and storage of vaccines from one place to another and even to remotest villages, distribution and cultivation of the lymph all required funding. Also, monetary assistance was much needed to for the development of vaccine institutes and their experiments with new processes. A report from Madras published in 1889 elaborated the status of funding. It stated that the entire expenses were bifurcated between the government and the municipalities, along with contributions from various charitable local bodies such as- Local Fund circles and native states respectively. Besides, payment was also secured from those being vaccinated. These funds were collectively used to pay the wages of vaccinators and other medical officers forming up the vaccination team.

Chapter of Vaccination in colonial times consists of an important episode which initiated the move for free vaccination. The meagerly educated or illiterate, low paid locals didn't welcome the move of paid vaccination. Their reluctance towards regular vaccination wasn't only detrimental for the carrier of vaccination staff in particular but was also a great threat to public health in general. Hence, Bengal Magistrate refused the enforcement of the payment through the use of local law enforcement and offered moral support to the suffering unpaid vaccinators. Thus, the chapter of free vaccination was added to the history of vaccination in

India. As the official announcement came, regions saw an upsurge in vaccination, for example, Bengal saw an immediate increase in vaccinations in areas where it was declared free. Furthermore, the Vaccination Act of 1880 of Bengal outlawed inoculation and made it compulsory for children to be vaccinated. Similar legislation was enforced in other regions of British territory.

III. Management of Veterinary Diseases

Animals were used as prominent source of power for armies in order to carry men, weapons, troops and supplies. Veterinary medicine was as powerful a weapon as the vaccines and antibiotics for improving military efficiency, facilitating imperial expansion and calcifying the foundation of British Imperialism. The Medical History of British India consists of various reports on veterinary diseases such as- trypanosomiasis, which was a chronic blood disorder affecting horses, camels and elephants. Reports issued by Army Veterinary Department include historical accounts and personal testimonies of officers which reveal the effects of trypanosomiasis on military operations. Another serious medical condition among animals was Rinderpest or cattle plague which was responsible for bovine deaths than any other disease in India. With the purpose of encouraging more researches British Veterinary colleges established in India in 19th century produced veterinary assistants for both the military and the civil veterinary departments. Some historians are of the view that establishment of these veterinary colleges was also an attempt to replace Hindu veterinary science with western veterinary science. These allegations are based on the ideology of Social- Darwinism practiced by the Imperial government i.e. survival of the fittest. Macaualay, who was called as a systematic falsifier in history by Karl Marx represented the spirit of British rule in India, which was to trample the traditional monuments of Indian culture and beliefs and build upon its remnants the sky scraper of British dominance. Some of the reports retrieved from the Medical history of veterinary colleges unveil the kind of authoritarian practices conducted inside the premises of these colossal institutions. For instance- some records from Bombay Veterinary College include statements of rules and regulations, examination procedures, discriminatory admission criteria, and stringent disciplinary norms. Various aspects of student life can also be sketched from the officials documents preserved in the National library of Scotland. It indicates that it was not only the education that was westernized but the daily life of students were also accustomed on European lines. Extra-curricular activities like-sports and exercise programmes were mandatory and was designed to promote manliness and practical animal handling skills.

However, with the passage of time British government realized that veterinary medicines and educational establishments are becoming heavy burden on the treasury of British government and are also alleviating social problems such as- famines.

IV. Indian Response Towards British System of Public Health

Colonial trend of history writing since time immemorial has advocated the blessings of Colonial rule in India. The arrival of Britishers indeed brought Industrial revolution,

Capitalism and Western philosophy on Indian land, nevertheless it ruthlessly polluted every strand of socio-political structure thriving here. The report on the causes of malarial fever in Bengal published in1868 is sufficient enough to elucidate this concept. The officer-in-charge has written in the report that the frequent occurrence and great fatality of malarial fever of latest years have started to have a serious effect on the average longevity and physical well-being of the people. He has further added that the moral effect of such incident on human psychology cannot be ignored either. In his report he has questioned the policies of British government and has stated that some of the boasted improvements implemented by Colonial government has resulted in the physical deterioration of the indigenous masses. The construction of railroads has obstructed the natural drainage of the country and has converted some previously healthy localities into unhealthy and deadly hot-beds of malarious fever. The inappropriate location of canals at places were irrigational activities were conducted have created a deadly miasmatic environment, which has destroyed as many lives as would have been lost by the casual famines which swept over these districts. He further added that imperfect drainage on account great public works has produced a degree of dampness favorable for the occurrence of Malaria. The means which have been adopted by the ruling government to facilitate the construction of raised roads passable at all seasons have in some cases disturbed the natural drainage of the country and has left water stagnating at many places.

The aforementioned account affirmatively substantiate that British way of living, policies, Western medical treatment, English education and English technology, though hypnotized the elite and upper class of the society but received abhorrence from the middle class and lowest strata of the society. In case of British system of treatment, the highly educated ones or those belonging to royalty embraced the culture of allopathic medicines, but the tribal folks and rural population continued to show their reluctance towards adoption of anything western or alien to their culture. With the assistance of some case studies, this research paper would try to materialize the affirmative and negative response of Indians meted out to British idea of Public health.

It was very difficult for the Medical officers of Mysore to convince the general populace to get vaccinated. Hence, they approached the young queen of Krishnaraja Wadiyar III, Devajammani. Devajammani vaccinated had a prompt influence on common people and they came forward for inoculation. This incident has been discussed by Professor Michael Bennett in his book, War against Small pox. He has well-documented the arduous journey of the vaccine to India. He writes that, the then Governor General of Madras, Sir William Bentick perceived it as a political opportunity to build a humanitarian image of British Government in Indian eyes by taking care of the public health of indigenous masses.Bennett further adds that, British were keen on getting the vaccines to India to protect the surplus population, who were huge source of man power for them to pursue their endeavor of political hegemony.

Similarly, Raja Serfoji, who was the last Maratha ruler of Tanjore and ruled from 1798 to 1832 established Dhanvantari Mahal. It was a hospital that took care of patients of all

specialties and a research institute which produced herbal medicine for humans and animals. He built a pharmaceutical godown, Aoushadha Kothari, where pharmaceutical products were stored. King Serfoji carried out methodical ophthalmic practices between 1798 and 1832. He prepared 50 charts and manuscripts which contained hand-written case histories of the patients along with the sketch diagrams of the defects operated by King himself. He personally promoted the confluence of two different medical systems, European and Indian to nurture the foundation of a more enhanced and innovative medical treatments. Another stalwart in this field was Bal Gangadhar Jambhekar, who was the first Indian to start a journal called Bombay Darpan in 1831 for popularizing science. He established the Native Education society which took up the task of translating European medical works into Marathi and Sanskrit and vice-versa. It is obvious observation from the above episodes that the educated and prosperous Indian masses were comfortable in accepting the new and more rational type of physical treatment. However, Indian hakeems and vaidyas, who were popular among the rural masses were disgruntled. Men like- Hakim Ajmal Khan of Delhi and Vaidya P.S Varier of Kottakal worked unceasingly to provide an organized structure to the traditional knowledge of Medicine. Also, there were a few Indian doctors who pictured the indigenous procedures of treating the sick as practical and devoid of any serious side-effects unlike the allopathic medication which motivated several other physical malaise as negative repercussion of heavy dose of chemicals. It was not only the allopathic medicines that were boycotted but British vaccination programme also received huge resistance. The reports contain many accounts of opposition by local people in both 19th and 20th centuries. Resistance took many forms, from non-payment and simple refusals to violent physical assaults and even a murder attempt of a vaccinator in Madras in the year 1922. The major portion of opposition came from the poor locals who were unable to afford the paid vaccines. Besides, religious prejudices also caused substantial difficulties to the British as castes such as the Hindus and the Muhammadans refused the vaccination process because of the nature of the lymph. Cow was considered sacred for Hindus and it was unconvincing for them to inject something bovine into their body. However, to overcome this predicament experiments with other animals were trialled. Another issue that erupted against the British was the reluctance of parents to allow vaccination of their children. Most of them were afraid that their children will get ill because in some cases children died from prolonged exposure and fatigue from being taken to other villages for vaccination. Role of rumours cannot be ignored as it circulated various stories among the indigenous population highlighting the hidden conspiracy of a villainous empire to kill every individual. The first annual report of the Ranchi Circle of Vaccination in 1867-1868, states that there was a popular local belief that the vaccinators wanted to steal the children for some purposes of witchcraft or to give them a government mark which allowed them to be traced by police.

On a concluding note:

"Let us resolve that we shall not rest till the message of medical relief is carried to the humblest of cottage."

British health care system though was designed to resolve the health issues of the British settlers in India, however the humanitarian quotient of the entire establishment cannot be ignored. Heavy loss of human power in Crimean war and deteriorating health of British troops resulting in the outbreak of the rebellion of 1857 acted as a propellant for the British government to take some prompt actions. The establishment of Indian Medical service played an important role in facilitating advancement in the prevention and treatment of cholera, plague, leprosy, small pox and malaria. Although it's main task was to supply medical officers to the army during the war but with passage of time it developed into an institution equally promoting the well -being of both Indian natives and European soldiers. Several hospitals and medical schools came into prominence, for example- specialist institutions like the Lock hospitals were created for the treatment of venereal diseases. These hospitals were provided in India following the introduction of the Contagious Diseases Acts of 1864 and 1868. Civil and Military type of Lock Hospitals were established. These hospitals encouraged cleanliness and good hygiene and provided conducive environment for patients to get treated. Slavery in any form, in any configuration or on any soil is a curse, however the theory of objectivity suggests one to consider facts both affirmative and negative before building up the historical castle. This research has pinpointed the merits and the demerits of the British ideology of health care practiced by them on Indian soil and leaves the readers with their own conscience to determine the value of amalgamation of western methodology of treatment with the traditional Indian one.

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