

**EMERGENCE OF CHRISTIAN EDUCATIONAL
AND MEDICAL INSTITUTIONS IN UNITED
PROVINCES, 1920-1947**

**SUMMARY
of
THESIS**

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SUMMARY

INTRODUCTION

This research seeks to study the historical development of the Christian educational and medical institutions in the United Provinces between 1920 and 1947. In the history of modern India, post-British, it was the Christian missionaries who evinced initial interest in educating the Indian people. It was the pressure built by the missionaries, which can be said to be the primary reason for the colonial government to take efforts in this direction. Hence, this research seeks to study the role of Christian missions in enabling the process of education of the masses in the United Provinces. The study will also delve into the intentions of the missions in this civilizing effort and how far were they sincere in their efforts. The hurdles faced by the missions in their effort to start medical institutions will also be an aspect of this research. How far did they succeed in taking western medicinal practices among the Indian masses and the response of public to western medicine? Finally this research will study how the medical efforts of the missionaries laid the foundations for the growth of medicine and health care in post-independent India.

Gaining knowledge is the most important thing about education. It educates us about the world around us and also about the changes which occur from time to time in this world. In this way, it helps us to enlarge our cognitive thinking and perspectives to look at the life around us. Generally, we have observed people arguing over the importance of education. They hold different opinions on the topic like if education is the only source of knowledge. Some believe that only the quantitative information can be gathered from our surrounding. They also think that knowledge is something very different from this information. They are not completely right because

in order to convert the information into knowledge, we need education. Education enables us to interpret the all kinds of information and data. In short, education crossing the boundaries of textbooks enters into the life. I wish, we could provide education to all. I don't want any child to be left behind.

'Education is the most powerful weapon which you can use to change the world.' said Nelson Mandela. The present time where we live in requires our attention to the education an extremely important topic, as many people are still unable to receive education worldwide. This unequal distribution of education and knowledge is extremely unfair. Those who belong to formal learning can easily get a job in the future, but those are deprived of learning at schools will face several challenges and even the poverty. Therefore, our attention to accessibility of education is crucial today.

Objectives /Research questions of the Study

- The extent to which the British and Europeans were determined to introduce their medical discoveries in a foreign territory.
- What were the effects of medical services on colonial policies?
- Did the colonial government try to spread public health beyond the urban center's into towns and villages?
- What were the responses of the indigenous people to the medical interventions of the colonial government?
- What was the impact of the educational and medical institutions on the society in the United Provinces?

- Did any religious conversion take place either in educational or medical institutions?
- Did the colonial government achieve the desired goals?
- Did such medical institutions try to meet the expectation of lower caste population?

Scope of the Study

The present study takes into consideration the region of Oudh and the United Provinces which is today known as Uttar Pradesh located in the northern India. The whole area of Agra and Oudh lies between 23° 52 and 31° 18 N and 77° 3 and 84° 39 E and it was administered by the Lieutenant-Governor. The provinces come into contact with Tibet in the north and Nepal in the North-East. From the east and south-east directions, it is bordered by the Champaran, Saran, Shahabad and Patana districts of Bengal. The area comes in contact with two of the Chotanagpur districts, Rewah and Saugar districts in the Central Provinces. In the west the province bordered the states of Gwalior and Delhi, districts of Dholpur, Bharatpur, Gurgaon, Karnal and Ambala and the Punjab districts of Sirmur and Jubbal. The Jamuna river creates the western boundary, Ganges the southern, and Gandak the eastern.

The presidency of Agra was created in 1834, but then it was separated and later combined with the Presidency of Bengal. In the year of 1836, this was changed to the Lieutenant-Governorship of the North-Western provinces. The Province of Oudh was a princely state. It was annexed by the British in 1856 and converted into a chief commissionership with a separate administration. In 1877, both the provinces of Agra and Oudh were combined together under the combined charge of the Lieutenant-Governor of the North-western provinces and chief commissioner of Oudh.

Review of Literature

Therefore, we can say that a systematic study of the history of medicine in India has started recently. In other words, it can be called a post-colonial phenomenon. In 1947, a group of Indian professional doctors started the association of medical history. This association initiated the first journal dedicated to medicine in 1953 with the name *The Indian Journal of the History of Medicine*. Another organization named “The History of Medicine Club” was set up in 1958 and in 1964 it was formed in the medical colleges based in Mumbai and Madurai. Furthermore, in 1973 one more institute came into existence “The Indian Institute of History of Medicine”. Since its commencement, The Indian Institute of History of Medicine has involved itself in the domain of research on the history of medicine particularly in relation to the Indian traditional forms of medicine.

Post-independence, historians and scholars like M. Z. Siddiqui, G. Mukhopadhyaya and H. R. Zimmer have studied the different crucial aspects on history of medicine in India. Hence, we can say that the progress was slow, but it was always in continuation. Recently, we have witnessed new inclinations and methods to research the medical history in India. Many historians have finally given their attention to the connection between colonialism and medicine in the country. Scholars have produced several significant works like, *Imperial Medicine and Indigenous Societies* (1988) by David Arnold, *Imperialism and Medicine: A Socio- Historical Perspective* (1991) by Poonam Bala, *Health, Medicine and Empire: Perspectives on Colonial India* (2001), D. Arnold’s *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (1993) edited by B. Pati & M. Harrison, *Disease and Medicine in India: A Historical Overview* (2001) by Deepak Kumar, and *Old Potion, New-bottles - Recasting Indigenous Medicine in Colonial*

Punjab 1850-1945 (2006) by Kavita Sivaramakrishnan.

Mark Harrison in his book “*Fractured States: Smallpox, Public Health and Vaccination Policy in British India, 1800-1947*” is a detailed account of efforts put in for the control of smallpox in colonial India. Instead of relying on the stereotypes, the book tends to highlight the bureaucratic functions and purposes. This work makes us understand the reasons why smallpox control procedures and programmes could not be that effective as they were expected.

Sandhya L. Polu remarks in her work titled “*Infectious Disease in India, 1892-1940; Policy Making and the Perception of Risk*” that the scientific terms like global health, bio-security, and public health preparedness came into existence long before, and she also discusses the struggle of European and colonial governments to curb and prevent the spread of epidemic diseases in India as well as in the western world. The attention was given to India because the country was at the centre of debates related to epidemics. That was the reason why India was gaining so much attention internationally.

The book ‘*Hospitals in Iran and India, 1500-1950s*’ written by **Fabrizio Speziale** talks about the hospitals in the post-medieval Indo-Iranian world from different aspects. During the Safavid-Mughal periods, hospitals were working based on avicennian medicine. However, hospitals became an important tool to spread the modern western medicine in Iran under the Qajar dynasty and in India under British rule. The book represents a significant outlook on the history of medicine and its institutions in Iran and India during the modern periods.

William H. Foege in his work ‘*House on Fire: The Fight to Eradicate Smallpox*’ writes a story which tells the horrific consequences of the epidemic smallpox and the triumph after all the struggles. The disease which kills, blinds, and

eradicates millions of people over centuries from human history, is entirely eliminated with the help of medical care and practices.

Here we take an example of the article written by **Deepak Kumar**, a prominent writer. The article '*Probing History of Medicine and Public Health in India*' talks about the cultural means involved in the transmission of medical practices and experiments in India under colonisation. He also stresses the problems encountered in those cultural means. Pre-colonial experiences function as background to him.

David Arnold in his work *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth - Century India* (1993) has focused on the role of the state in public health departments. He argues throughout how the western medicine system turned into a complex bridge between the colonized and the colonizers. He has taken into consideration three major epidemics; Smallpox, cholera and plague and he examines the impact of medical practices on them.

M. Harrison's work '*Public Health in British India: Anglo-Indian Preventive Medicine*' 1859-1914 tries to explore many un-researched areas such as European attitudes towards the country and its inhabitants. It also studies the ways in which European attitudes were echoed in literature based on medical themes and medical policies. The book tries to keep the medicine as the subject of debate; however it includes the discussions on the colonial government.

There is other work of **Deepak Kumar** with the title '*Disease and Medicine in India: A Historical Overview*.' His areas of interest in the book are science, technology and medicine as they have played crucial roles in Indian history

throughout the ages. He focused on how people perceived diseases and what were the imperial responses. He told about the preventive methods.

In the work '*Medicine and the Raj: British Medical Policy 1835-1911*' **A. Kumar** has written about the study of the concepts of colonial science, which was practiced by the British. In this volume he focuses on the early exploratory activities in medical science; he talks about the problems that rose in administration of science, education of science, and scientific research.

The work of **J. S. Rao**, '*Science and Technology in India*' talks about the medical discoveries and inventions done by India in science which have been borrowed by other countries as well. India's achievements are important to notice because when the world was going through the age of industrialisation, India was then struggling for its independence.

Mark Harrison in his work '*Science and the British Empire*' has written that under the British rule, India has shown a great interest in the field of science. Therefore, there is a colonial science which is totally different from the science mentioned in pre-colonial times..

There is an article written by **A. B. Christie**. In the article *Smallpox*, the writer confirms that smallpox was the deadliest disease which haunted countries like Ethiopia, Sudan, India, Pakistan, and Nepal. However, it was believed that this disease will disappear soon from these countries too because the world organizations had started the campaign for eradication.

The ancient and modern methods of treating smallpox in India has opined that the ancient method was inoculation, while the modern was vaccination. Dr. Pringle has pointed out that in India; the exercise of the inoculation was based on the

constant personal reflection. It was empirical knowledge acquired by the personal experiences with the subject.

Conquest of smallpox is a Science newsletter which has viewed that, Smallpox once the most feared of all disease in western civilization, today is known to most Americans only as the reason for being vaccinated. The newsletter gives a brief history of its vaccination.

C. Kellick Millard in his work *Control of smallpox in India: A Suggestion* writes that no one could estimate the mortality rate occurred due to smallpox in colonized India. People became ignorant when the situation went out of control. Every year, the effects of the disease continued to spread.

Sanjoy Bhattacharya and Rajib Dasgupta have worked on smallpox titled, *A Tale of Two Global Health Programs: Smallpox Eradication's Lessons for the Anti-polio Campaign in India*, has celebrated the eradication of once widespread disease smallpox, this fact was clarified by World Health Organization (WHO) in 1980. This could not be successful without the interference of the WHO which started its mission in several countries including India.

There is another work of **Sanjoy Bhattacharya** with the title *The control and Eradication of Smallpox in South Asia*. In the book, he focuses on the historical and epidemiological evidences, according to which, South Asia was easy to be targeted by the diseases like smallpox.

The book *Boston's Historic Smallpox Epidemic* is the work of **Amilie M. Kass** who says that Smallpox is a highly contagious disease which is caused by the Variola virus. In 1979, the World Health Organization declared that smallpox is entirely eradicated from the planet, but for centuries it was included in the list of the deadliest pandemics in the history of humankind.

In Medical Encounters in British India, 1820-1920, **Deepak Kumar** states that Western Medical system played an important role in the colonization. Even while emphasizing the intrinsic differences between the two cultures; it worked towards a scientific hegemony. Colonial hegemonizing precluded the possibilities of interaction. Indigenous systems were marginalized that their practitioners often sought survival in resistance rather than collaboration.

An article titled *The Goddess Sitala and Epidemic Smallpox in Bengal* written by **Ralph W. Nicholas**, referred to the myths in a particular geographical context of Bengal. According to him, smallpox is that kind of disease which kills its victims, but after disfiguring or even after making its victims blind. Smallpox as we can see from the above discussed works, the disease that academics and scientists looked at this matter seriously.

SOURCES

For this doctoral research has been written by using primary and secondary sources. I have looked extensively into the archival records of the Home department, Health department, police records, revenue department and National Newspaper Reports at the National Archives of India. At the Uttar Pradesh state archives I have consulted the Public department, Local Self-government and Medical and Public Health department files. Further the publication and reports from the National Medical Library in New Delhi were studied. The Christian missionary documents were another important source for this study. The missionary sources were useful for getting information about their institutions and also they provide a clear picture of the society of the then United Provinces. I have used a number of public libraries for collecting secondary sources.

RESEARCH METHODOLOGY

This research involves qualitative as well as quantitative methods. Various archival, government and missionary records have been studied. These records were helpful in getting data as well as to build the theoretical basis of this research. I have travelled to different parts of Uttar Pradesh and Delhi for material collection. The local newspaper reports were a great source of information, used to corroborate the facts found in the archival sources.

ORGANIZATION OF THE WORK

Chapter 1: This chapter initially gives the overview of the importance of education and the growth of educational institutions in colonial India. Then it looks at the efforts of the missionaries in imparting education to the locals by establishing schools and colleges. Their efforts in convincing the British government for education of the masses and how they influenced the colonial government educational and medical policies in the United Provinces. The chapter also contains detailed review of literature and outlines the research objectives of the study.

Chapter 2: Titled “History of medical institution in United Provinces”, deals with the emergence of medical institutions in India. The different government efforts at institutionalizing health care in India. The stages in the development of primary, secondary and higher education. It also studies the history of medical institutions in United Province, the different forms of medicines and the infrastructural growth during the period of the study. The chapter further studies how these institutional mechanisms were made accessible to the larger public and how the people of United Province in rural and urban areas benefitted.

Chapter 3: entitled “Colonial Medical Policy by British” deals with the policies and commission that were set up by British from 1860 onwards. During the second half of the nineteenth century, frequent and severe spread of this disease was confirmed from several provinces. This chapter mainly demands its material from primary sources. Records from the Archives and field work are still in process of collection. This Chapter would focus on the geographical Background, Population, Nation of Health Sanitation, Epidemic Disease Acts passed by British Government, Health Programmes, Policies & committees appointed by the Government.

Chapter 4: In this chapter I show the “financial condition of institution”. The total income of state public, local fund and private-aided hospitals and dispensaries during the year was Rs. 44, 00,696 as against Rs. 42, 84,154 in 1938. The total expenditure aggregated to 55, 58,502 against Rs. 34, 79,857 in the previous year. The expenditure of Rs. 35,58,502 includes the deficit of Rs. 1,695 spent by Ghazipur District Board.

Chapter-5: Conclusion, this chapter concludes thesis by summing up various Christian educational and medical institutions, different policies which the colonial government followed; how disease was diagnosed and perceived and what kind of educational policies have been followed in these institutions.