

SUMMARY

INTRODUCTION

During the last three decades, studies on the social history of medicine in India have proliferated to a large extent. The recent scholarship has traced the hegemony of western medicine by exploring the state's intervention through epidemic control policy, emergence of western medical institutions, relationship between gender and health, conflict between indigenous and colonial medicine. Broadly speaking there are two tendencies in the historiography of the medicine in India. The first one focuses on the question of colonial legacy in public health and claims that public health flourished under the British government to protect colonial enclaves. While another one, emphasize on the power used as a means to extend and control the subjects in the domain of medicine. The two arguments do not explicitly oppose one another while accept the imperialistic nature of colonial medicine.

The phenomena of the child as a historical subject of inquiry received scanty attention, especially in the Indian context. In the context of colonial discourse on childhood, there are studies which enable us to understand the anti-colonial nationalism and Indian child. Scholars such as Satadru Sen and Balgopalan have traced the colonial attitude towards children through colonial institutions. According to Satadru Sen, it was a part of the extension of boundaries of increasingly scientific constructions of race that undergirded contemporary imperialism. Development of multiple childhoods in interaction with colonialism and anxiety of the colonial state through the lens of labour, schools, jails, studied in detail by Balgopalan. Within the broader area of colonial history, child health is a less explored domain. Within recent scholarship, under the domain of childcare, much attention directed to the history of the medicalization of birth and infant nurturing. There have been few such undertakings in the area of the health and welfare of children in colonial times.

The proposed research is a humble attempt in an untried field to explore the history of child medicine which has not adequately been explored. The research aims to identify the policy making process for childcare in colonial times and its continuity and development in post-colonial Uttar Pradesh. The prime objective of this work is to trace the history of paediatric medicine in India in general and United Provinces in particular. The study explores the sensibilities of the colonial state in child healthcare

and its impact on the policy formulations in the Indian context. The thesis thus documents the process of emergence, development, progress and reforms in paediatric medical policy in independent India and especially in Uttar Pradesh. In the work, an attempt is made to understand the way the colonial state attempted to derive legitimacy for its rule in India with the introduction of paediatric welfare policies.

ANALYTICAL FRAMEWORK OF STUDY

The current work will thus explore the evolution of paediatric medicine in colonial United Provinces and its progress and development in independent India. A study on the evolution of paediatric medicine in government policies is a historiographical gap in the history of medicine and public health in India. The present study proposes that the colonial government in India had introduced paediatric medicine in an attempt to reduce the mortality rate among the children for various purposes including and publicising them as a welfare state. The study revolves around the ‘governmentality’ approach proposed by Michael Foucault and Gyan Prakash. The work is influenced by Foucauldian notion of knowledge and power and governmentality, according to this approach, knowledge produced in the colonial period used as a tool of dominance, therefore in independent India, we need to inverse the colonial knowledge to that project in to reinforce decolonization. Foucault traces the evolution of governmentalization of the modern state in western history which revolves around the economy and welfare of the state. In short, the focus will be to trace the evolution and development of paediatric medicine in the policy of state from 1880-1980 in the United Provinces.

OBJECTIVES OF THE STUDY

The following are the chief objectives of the study of the topic-

1. To trace the history of paediatric medicine in India in general and United Provinces in particular.
2. To explore at intervention level, the sensibilities on child health and their impact on policy formulations in Indian contexts.
3. To identify the beginning of civil society’s engagement with child medicine in United Provinces.
4. To reconstruct the state intervention and its anchoring of therapeutic interventions in the United Provinces.
5. To understand how the colonial state attempted to derive legitimacy for its rule in India with the introduction of paediatric welfare policies.

6. To trace the emergence of women-centric medicine in United Provinces which had direct and an indirect bearing to paediatrics.
7. To explore the role of medical organisations and missionaries in the institutionalisation of paediatrics.
8. To explain the process of institutional development of paediatric medicine, like maternal hospitals, child health centres, clinics, etc.
9. To trace the policy level attempts from national to local levels centred on paediatrics.
10. To document the process of emergence, development and progress of paediatric medical policy in independent India and especially Uttar Pradesh.
11. To understand the way through which the government of Uttar Pradesh conceptualised the ideas of health, population and state responsibility in the period of political change.

HYPOTHESIS OF STUDY

The chief assumptions of the present work are as follows-

1. Colonial state did engage with the category of paediatrics not explicitly but implicitly.
2. At the policy and governance level, the government had sensibilities towards children and their welfare, even though it made a half-hearted approach for improving the deplorable conditions.
3. The medical intervention by the colonial state is a product of international sensibilities, nationalist articulations, moral conservations and imposing hegemony.
4. Penetration of western medicine in the *zenanas* initiated the process of colonizing the child's body.
5. The emergence of women both native and Europeans in the social sphere had a deep and everlasting impact on the child health in colonial times.
6. After independence, paediatrics received utmost priority from the central and state government of Uttar Pradesh, yet impressions of colonial government gradually disappeared.
7. The post-colonial state-initiated various plans and programmes to combat morbidity and mortality among children however, the success rate of the efforts was undistinguished.

AREA OF STUDY

The area selected for the research is North-Western Provinces, renamed in 1901 as United Provinces of Agra and Oudh. Under the British regime, the province included nine divisions with 48 districts. The region also had two princely states- Rampur and Tehri- Garhwal. On 25th January 1950, it was renamed as Uttar Pradesh. It continued to be central to Indian politics and was especially important in modern Indian history as the hotbed of the Indian national movement. In terms of colonial medical history, the region has found scattered references in works exploring the hegemony of colonial medicine in Northern India. This offers an opportunity to make an exhaustive study on the introduction of the western medical system in the Province and trace the course of changing reactions and responses of the people towards colonial medicine.

METHODOLOGY OF THE STUDY

The research design of the thesis is exploratory, critical, analytical, descriptive and interpretative using both primary and secondary sources, which enabled to construct the historical contexts of the policy of the colonial state towards paediatric medicine. To situate the paediatric medicine, unpublished archival material and official government publications from the National, State and Regional archives, and libraries collected exclusively. To understand colonial attitude, official records were explored rigorously through Files, Proceedings and Reports of Medical, Sanitation, Public health, Education, Municipal, Public Health, Local-self government and General Administration departments from State Archives Lucknow and Regional Archives Agra, and Home, Education and Education, Health and Lands from National Archives of India. Together with this, government official publications, native newspapers, periodicals, magazines, journals and vernacular sources, etc. were helpful in getting a deeper insight into the topic. Few vernacular sources such as magazines and journals- *Stri Subodhini*, *Madhuri*, *Roshni*; novels, Hindi articles etc. were explored to get a glance over the indigenous and nationalists responses towards the healthcare of children. Secondary sources- books and articles from journals have been of particular help to understand the history of science and medicine in colonial India and outlining the argument of the work into the broader generalizations of the history of social medicine.

REVIEW OF LITERATURE

Existing literature on colonial medicine focuses on its complexities with the relationship of medicine, culture, colonialism and social reforms in Indian society. The work, therefore, takes into account reviewing a wide variety of the literature on

colonial medicine. The review is not limited to the sphere of medicine but also tracks the works on colonial science and allied fields. Deepak Kumar in his book '*Science and Empire*' considers colonial science to be a replica of colonialism. He emphasized that it involves an exploratory activities (e.g. flora, fauna, topography, minerals, etc.) and the introduction of new techniques to make economic gain. Michael Worboys in his article '*Science and Colonial Empire 1895-1940*' too considers that science never practised on the empire-wide basis. He asserts that there was no imperial science, further describes in detail the utility and universalism as factors involved in policies and projects of the colonial state. The latest argument is forwarded by Gyan Prakash, in his '*Another Reason: Science and the Imagination of Modern India*' argued in his work that cultural hegemony of colonial science legitimized by the colonial power. Within this broader context of hegemony of colonial science in India, colonial medical policy as elucidated by scholars such as Anil Kumar, V. R. Muraleedharan, Radhika Ramasubban, Kabita Ray, described it as a tool of empire for the better healthcare of Europeans and colonial subjects, facilitating social control, and creating knowledge that fed a discourse justifying imperialism. The two dominant discourses on western medicine are that it was an inseparable part of colonial science, its transference from metropolis to colonies lead to the technological dominance over the natives. Together, initial intervention in public health administration was to ensure better health care for the Europeans natives and the army. The recent argument stressed that when Indians became a part of colonial administration, they also were brought under the sphere of colonial medicine. Further, it privileged the needs of Europeans and the military; and further, the IMS was initially a military service, formed the backbone of medical administration under the British while many sanitary and medical provisions aroused from the need to preserve the health of the army. Scholars have stressed on the fact that various aspects of British health policy in India were a part of the ideological enterprise which was set up to justify the Raj and emphasised the instrumentality of state intervention in the field of medicine and public health. In the last few decades, medical history of India had created a surge of interest among scholars such as David Arnold, Anil Kumar, Roger Jeffery, Mark Harrison, Radhika Ramasubban, etc. focused on colonial medical interventions and their socio-political implications to protect the health of colonial enclaves. The scholars not only tried to understand the popular reactions and responses but also studied how these reactions re-shaped medical interventions. While most studies

support the notion of 'limited Raj', the focus of most of them is on the epidemics control policy of the colonial state. The excellent work under this comes from David Arnold and Ian Catanach, who saw the disease as a means to explore the tensions between state and subalterns. Further colonial medicine was designated as an 'instrument of social control' to dominate the colonial subjects, was unfortunately not a benevolent extension of modern science and technology. Recent studies thus have challenged the assumption that the modern or western medicine was effective, humane and a welfare scheme for the welfare of colonies.

Thus, in the historiographical gap in the social history of colonial medical policy, the study explores the official attitude and policies towards child medicine. The historians of medicine document the vaccination policy and infant mortality (within the sphere of maternal health) and birth control in the colonial period. Thus, in the light scanty documentation on child medicine, this study takes a step further by exploring the policy-making process and official sensibilities towards child healthcare. The study also establishes that the children in the colonial regime were not only carriers but were also propagators of western medicine through which colonial state derived its legitimacy. The study of paediatric medicine in colonial United Provinces offers a new entry point into current debates on public health in colonial India.

CHAPTERISATION

The proposed study has been divided into six chapters. The first chapter i.e. '*Introduction*' looks at the concept of childhood and briefly, reviews work on the social history of colonial medicine in India and children or themes related to childhood. The chapter also describes in detail the objectives and methodology of the work.

Studies at the provincial level have enabled us to better understand the medical policy of the colonial state in India. Continuing with these works, the second chapter '*Evolution of Colonial Medical Policy in United Provinces*' explores the medical policy in the United Provinces and changing responses and attitude of the people towards the bio-medical system. The chapter contributes towards the emergence and expansion of western medicine in North-Western Provinces and develops the understanding of colonial state through their epidemic control policy and natives responses. A detailed analysis of the expenditure made by the provincial government in United Provinces provides an opportunity to understand the limited care provided by the colonial government and found it as the weakest link in the health

administration of United Provinces. As it was Municipal and local boards who were responsible for the healthcare of the population of this Province, a section in this chapter studies the weaknesses in the local government healthcare system and how it directly impacted the lives of individuals. The advent of western medicine gave serious competition to indigenous medical practices. In United Provinces, the indigenous medicine thus tried to give stiff resistance to the colonial medicine and in the process, various societies and organizations were formed which raised their voices but also received government's recognition. The chapter shows the urge and struggle of indigenous medicine in United Provinces to regain and establish their identity to be a scientific medicine. Thus, this chapter traces the colonial medical policy in general and United Provinces in particular, to prepare a base for the further chapters and outline the paediatric policy within the broader context of colonial medicine and State.

The third chapter '*Paediatric Medicine: Ideas and Practices*' is the main body of this work. The chapter discusses in detail the origination of child welfare works in India and the motivations leading to the formation of health-centric organizations dedicated itself for women and child health care. The sections in this chapter assess the health conditions of the child in the United Provinces through the status of mortality and morbidity and the measures taken to combat these highest numbers. Smallpox took the highest toll of life among children and that's why it was designated as the disease of children. The first colonial intervention targeting smallpox thus came in the form of Vaccination Act of 1880, which was the first legislation as well as the intervention in the healthcare of the children. The chapter shows the transition from negligence towards acceptance by the parents and the impact of vaccination in the United Provinces. Further, educational institutions were the first areas where one can find the hegemony of colonial medicine. United Provinces was one of the few provinces where systematic medical inspection of scholars was carried out by the state-appointed School Health Officers. The chapter develops the methodological concept of child medicine during the colonial period. In doing so, the thesis captures the hegemony of western medicine through colonial institutions among children. Even though the system had few drawbacks, the measures taken, sheds light on the colonial sensibilities towards paedia care. It was unfortunate that there was no nutritional policy to reduce the rate of malnourished children in the State, but it was due to the efforts of municipal and local governments that primary meal programmes were

started in the Province. It is in the light of these policies and programmes that the chapter assesses the evolution of paediatric medicine under the colonial state. The focus will be on the question to find whether the medical policy for paediatrics in United Provinces was a part of the broader project of colonizing mission of the welfare state or not?

The conditions of childbirth had brought the child into the sphere of western medicine. Even before the establishment of the Dufferin Fund and Victoria Memorial scholarship, the government of North-Western Provinces took a keen interest in the establishment of women hospitals. The fourth chapter, i.e. '*Institutional History of Paediatric Medicine*' attempts to trace the development of child-centric western medical institutions in the United Provinces. In the process, the chapter argues that it was women hospitals and dispensaries which fulfilled the requirements of the children instead of establishment of the paediatric hospitals. Due to the voluntary organizations, some maternal and child welfare centres and clinics were opened in the Province. The proliferation of such centres led to the demand of women educated in western medicine. This chapter proposes that the Province due to social and administrative reasons failed to produce women doctors and staff who could take care of the children. Further, it is emphasized that though the Province had a separate medical training institute at Agra, it could not meet the basic facilities for its women and children. The institute trained the candidates as Hospital Assistants even though it required the well-qualified women doctors. Education specifically focusing on paediatrics was non-existent not only in the Province but in the country too. Another section of this chapter deals with the conflict between colonial state, voluntary agencies and indigenous *dhais*. Wide range of scholarship deals with the earlier encounter of the dais and colonial state. This chapter also proposes that the process and policies adopted as means to colonise the child's body through the extension of western medical training not only to the *dhais* but also to their daughters. In existing accounts, the colonial context of institutionalization of western medical care for children, training of female medical students and *dhais* in colonial medicine, challenges faced by Indian female doctors both professionally and socially, and colonizing the body of children through centres of dissemination of western medical care, are the least focused area. These unexplored issues are studied here in the context of the United Provinces.

Continuities and change in medical policy after independence finds the least attention from the scholars of medicine. To add towards the new scholarships and interpretations in the medical history of India the fifth chapter entitled '*Paediatric Medicine in Uttar Pradesh*' constructs the history of paediatric medicine in Uttar Pradesh and post-colonial India in general. The era after independence evidences remarkable development in paediatric care activities whether it was hospitals, schools, clinics, centres or educational and training institutes. The time frame of this chapter is 1947-1980, which forms the base years of paediatric policy in post-colonial India, the impact of which could be realized in contemporary India. The legacy of the colonial state posed as a challenge in the early years of independence where there was a lack of hospitals, medical professionals, educational and training centres specifically focusing on children. Political and administrative structures increased the complexity of the development in specialized services for children. The chapter traces the evolution and reforms in the nutritional policy through various programmes such as Mid-day meal, Milk-feeding scheme, Applied Nutrition Programme, Special Nutrition Programme and ICDS. These programmes proved as milestones in paediatric nutritional care yet their impact varied from one state to another, designating Uttar Pradesh as the state with poor medical health facilities in the country and having the highest number of malnourished children in the country. The chief reason for the failure of the policies was that the government transferred its energies and resources towards the family planning scheme. There were few defects in paediatric care policy of the government such as centralized programmes and schemes, weak planning, and reliance on international assistance. The chapter thus makes a comprehensive study of paediatric policy of central and state government in India.

Exploring paediatrics from the policy-making process point of view enables to open new doors of historical inquiry. The study reveals that the development of paediatrics in colonial India was a part of the process of emergence of voluntary organizations, growing bureaucratization, increasing international pressure for reform, and rationalization of administration that rendered the realization of state's responsibility of being a welfare state. The colonial state adopted measures to 'disciplining the child's body' through the medical facilities at schools, training of midwives, the establishment of child welfare centres, technological developments such as surgery, vaccination etc. This was a part of colonial governmentality which generated a peculiar colonial discursive formation which was the complex reproduction of the

western medicine in the context of the colonial rule in India. The present study establishes that paediatrics under the medical policy of the colonial state was underdeveloped to the extent that mortality in the United Provinces though declined after the 1920s remained extremely high. The paediatric policy was limited to medical inspection of school children especially to European children and institutions in urban areas; and compulsory vaccination of children in urban areas. It is emphasized here that the colonial state did engage with the category of paediatrics not explicitly but implicitly. At both policy and governance level, the government had sensibilities towards children and their welfare, even though it made a half-hearted approach for improving the deplorable conditions. Further, even though after independence, paediatrics received utmost priority from the Central and State government of Uttar Pradesh, yet impressions of colonial government gradually disappeared. Consequently, the conditions of paediatrics improved slowly and gradually which was far from satisfactory.