

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

THESIS

Submitted to
Babasaheb Bhimrao Ambedkar University
(A Central University)
Lucknow

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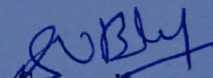
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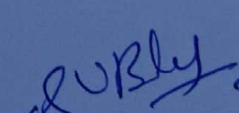
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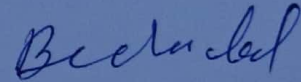
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I hereby declare that the work embodied in this thesis entitled **EMERGENCE OF CHRISTIAN EDUCATIONAL AND MEDICAL INSTITUTIONS IN UNITED PROVINCES, 1920-1947**, carried out by me under the supervision of **Prof. S. Victor Babu**, Department of History, Babasaheb Bhimrao Ambedkar University, Lucknow, is an original work and it has not been previously submitted in part or full for any other degree or diploma in this or any other University. This is also to certify that this thesis is free from all kinds of plagiarism.

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

SUBMITTED TO

BABASAHEB BHIMRAO AMBEDKAR UNIVERSITY

FOR AWARD OF THE DEGREE OF DOCTOR OF PHILOSOPHY IN HISTORY Submitted by BECHAL ENROLLMENT NO - 1358/15 UNDER THE SUPERVISION OF

Prof. S. VICTOR BABU

DEPARTMENT OF HISTORY SCHOOL OF AMBEDKAR STUDIES BABASAHEB BHIMRAO AMBEDKAR UNIVERSITY LUCKNOW-226025 2020

CHAPTER - I 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. To begin with let us look at certain anecdotes and thoughts of few prominent personalities as to why education is important for livelihood of the common people. Kafoumba Doumbia narrates, when I think why education is so important, I remember my high school days, how I used to spend hours to solve mathematical questions as homework. After waking up at 6:00 AM, I used to go to the school and after school, for the PSAL soccer game. I recall the memories of my teachers, my friends and the classrooms, in short, the fun! I could never hate school. However, some of my friends neither liked going to school nor studying. On the other hand, I was passionate because I wanted to be a software engineer in the future. As a matter of fact, it was a challenging profession, but I always believed myself and my capabilities. 2 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

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ABBREVIATIONS

BMJ	British Medical Journal
IMG	Indian Medical Gazette
PH	Public Health
NWP	North Western Provinces
IMS	Indian Medical Services
NPC	National Planning Committee
WHO	World Health Organization
DPH	Director of Public Health
PHC	Public Health Commissioner
RD	Registered Districts
UPSA	U. P. State Archives, Lucknow, India
MH	Medical History
AJPH	American Journal of Public Health
ARDPH	Annual Report of the Director of P. Health
ARLM	Annual Report of Local and Municipal Department
BIHM	Bulletin of the Institute of History of Medicine
SC	Sanitary Commissioner
GOI	Government of India
UP	United Provinces
PHDF	Public Health Department File
MuD	Municipal Department
MD	Military Department
NAI	National Archive of India, New Delhi, India
EPW	Economic and Political Weekly

GLOSSARY

Traditionem	Handing over, Passing on
Yunani Tibb	Greek Medicine
Shitala Mata	Goddess of Smallpox
Hamdard	To share the pain
Dawa Khana	Pharmacy
Atulasalai	Dispensary
Aushadhi	Medicine
Ayurveda	The traditional Hindu science of Medicine
Urad	Black gram
Balgham	Phlegm
Bhutas	Five elements of the universe
Vaidya	Rural Traditional Healers
Jvara Asura	Fever Domain
Chhoti Mata	The Smaller Mother
Badi Mata	The Larger Mother
Baseda	Form of Prasad in local lingo
Masurika	Lentils
Tikadar	Rural Vaccinator
Hakims	Yunani Physicians
Sangha	Buddhist Community
Samhita	Medical Treaties
Ars Medicinia	Art of Healing

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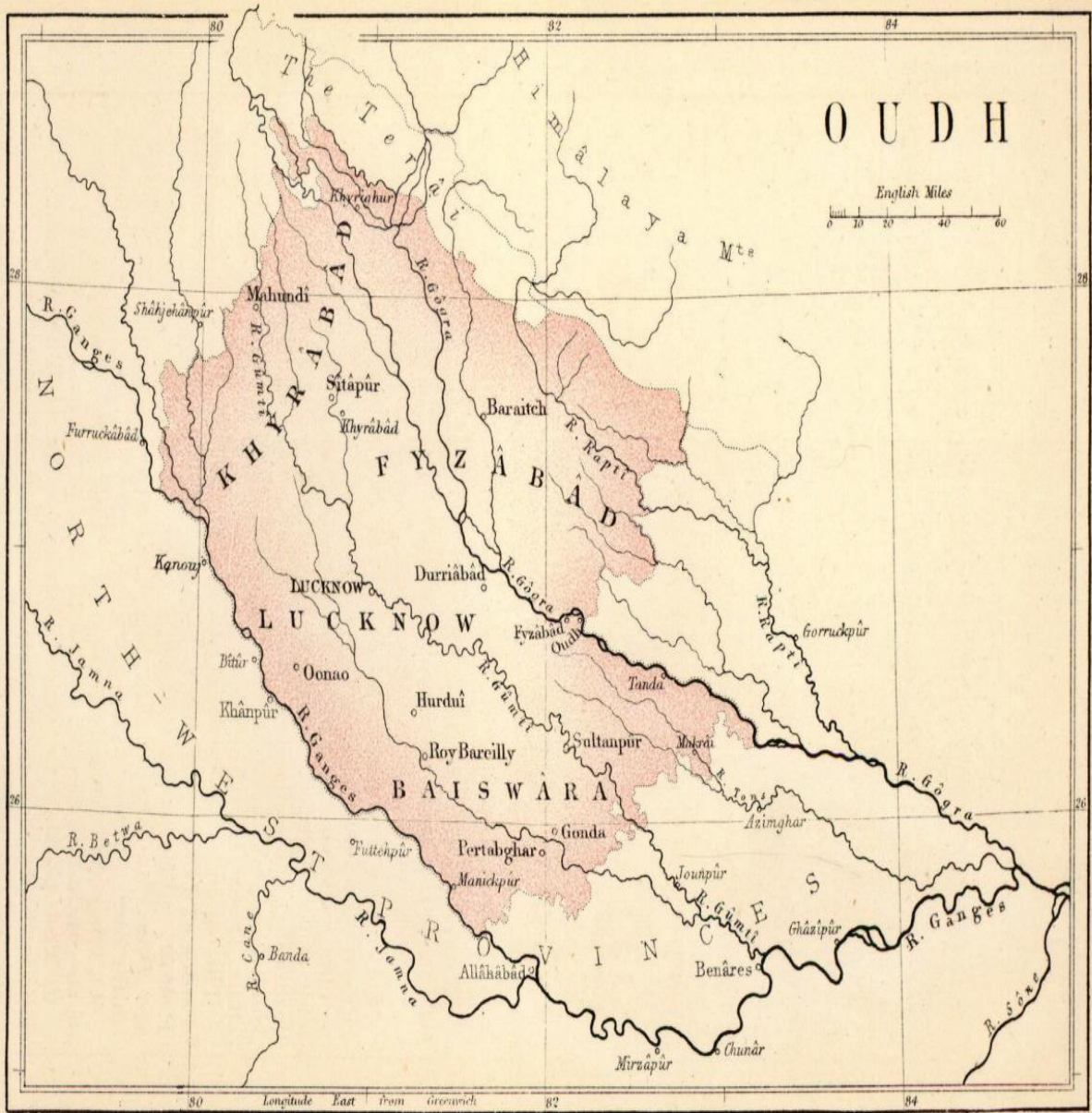
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AGRA AND OUDH

BIHAR

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Map of United Provinces of Agra and Oudh

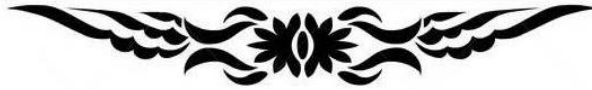


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Chapter 1
Introduction



CHAPTER – I

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 succeed¹d 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.

To begin with let us look at certain anecdotes and thoughts of few prominent personalities as to why education is important for livelihood of the common people. Kafoumba Doumbia narrates, when I think why education is so important, I remember my high school days, how I used to spend hours to solve mathematical questions as homework. After waking up at 6:00 AM, I used to go to the school and after school, for the PSAL soccer game. I recall the memories of my teachers, my friends and the classrooms, in short, the fun! I could never hate school. However, some of my friends

¹.Kafoumba Dombia in his blog on August 18, 2013, accessed on July, 2017.

neither liked going to school nor studying. On the other hand, I was passionate because I wanted to be a software engineer in the future. As a matter of fact, it was a challenging profession, but I always believed myself and my capabilities. ²

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.³

Kimberley Yang opines that, Education allows us to collect the various pieces of information and interpret it based on our previously learnt methods and theories. Knowledge through the formal method of learning is one thing but it is also acquired through the interaction with people. This learning makes us critical and helps in our personality growth. As a result, we become a thoughtful, sensitive and attentive person. These qualities play an important role in our lives to handle adversities and to accept people from different culture, region and state.

² Ibid.

³ Ibid.

The following is an excerpt from the letter written by Samuel to the future President of his country. In the letter he puts forward the following arguments; education is the basic important thing in today's world. It is true when people say it is a key to success because it leads you to have a happy life. It not only helps you to do what you love but it also instils confidence in you to go for something extraordinary. Success depends on the education we receive. People with good knowledge get the jobs. We cannot even imagine the future without education and learning. However, it is sad to accept that everyone has not the access to the basic education. If education is really so important, then why are we not making education accessible to every person out there?

“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.

Knowledge makes you capable of making right decisions for yourself. You become aware of making your life fruitful. A knowledgeable person realises the importance of leading a healthy and happy life. Sometimes less and incomplete knowledge acquired from education can lead us to a wrong path. With least knowledge, people end up making wrong decisions which are harmful in nature. I always believe a good education is an amazing domain to explore and I also want everyone to have privilege to receive knowledge from any valid source of education

no matter which race, gender, religious group, ethnic group the person belongs to. I thank you all for reading this.

Deciphering from the above arguments, it cannot be denied that education has inspired us to appreciate the beauty of nature. Only education helps us to notice the aesthetics around us and to understand the social responsibility. A citizen becomes thoughtful of his responsibilities and duties as a citizen and then takes a good care of his surroundings. Apart from the social care, education renders a person smart who knows who to contact in the case of emergency and how to follow the procedures. Therefore, education is everything. It is really important for us to receive whatever we are getting from education because in future any piece of education might come handfull at any time in life.

PURPOSE OF EDUCATION

Education is one of the certain necessities without which human lives will become difficult. One of the great Greek philosophers Aristotle has said that man is a social animal by nature and by necessity also.⁴ If we study the etymology of the word education, we find that education is derived from Latin word 'e-ducere', which means "to lead out⁵." In a much broader sense, education is a process by which one generation diffuses the whole skills, values and accumulated knowledge to another generation in the society. Education is the tool for nation's development and empowerment. It does not limit itself to a particular generation; instead, education is the medium of transmitting one's culture, beliefs and values to others' society. The

⁴ N.L. Gupta, *Women Education Through The Ages*, Concept Publishing Company, New Delhi, 2000., p. 19.

⁵ Ibid

development of a particular nation is measured from its well defined system of education. Without education, one nation can hardly develop. Therefore, education is one of the most crucial factors for development. Education aims at the development of whole personality of human beings.

In the nineteenth century, colonialism spread in the parts of Asia and Africa alongside its Christian missions. Because of this reason, colonialism was perceived by many Africans and Asians as a political as well as a religious practice. Some of the people even described the missions as the practice of 'hunting dog of western imperialism'⁶. However, a whole range of tensed and complex differences existed between this entangled relationship between religious missions and colonialism. It should also be noted that the modes of their interactions differed from country to country and from community to community. The encounters between them turned into conflicts and sometimes into agreement, but the degree of this agreement or the conflict depended largely on a specific task done in a specific situation⁷. Therefore, one cannot look from a general point of view at the relation of a mission with a particular colonial government.

The most important point to bear in the mind about the British education experiment in India is that it was conducted on people who had already gone through a developed educational experience for almost 2000 years. At the time when the art of writing was still in its infancy and the writing methods were not developed, memory and mnemonic devices were the only ways available for the transmission and propagation of knowledge. The Vedic masters developed the concept of teacher who was known to form the ideal relationship with the pupil. This system was created to

⁶ Mukherjee, S.N. *History of Education in India*. Acharya Book Depot, Baroda, 1951. Prologue, P. XXVI.

⁷ Ibid., P. XXVI

train the pupils who used to come to the teachers home out of self-interest. According to Mukherji, “It is not like the admission of a pupil to the register of a school on his payment of the prescribed fee.”⁸ His remarks make the distinction between two types of education system, the Vedic and today’s modern system, where a systematic admission of students takes place.

In the beginning of the nineteenth century, the Christian missionaries in India gave a powerful push to the wheel of social and educational change in the country. As a result, by the turn of the century the Indian society had taken a long stride ahead. The Christian missions in India were not only a new religion but also a new life. Their method of propagation through social work in the fields of education, medicine, and charity were pragmatic and it could be observed throughout the country⁹. By the time Christian missionaries were active on the ground through their several activities; many people belonging to elite backgrounds were easily getting attracted to this new trend of faith. Moreover, the new religion was regarded as emancipatory by the lower castes as they found it as a new ray of hope. These two segments favorably inclined to Christianity and this signaled danger to the Hindu middle class who later joined together to start reformative and revivalist movements¹⁰. Thus, the missionary phenomenon needs to be studied from this perspective.

ADVENT OF CHRISTIANITY AND EDUCATION

Educational port is another overlooked component of the wider literature on ‘Colonial knowledge’. It is concerned about the diffusion of knowledge. B. K. Boman Behron, a Bombay based scholar, argued that English education and the western

⁸ Ibid

⁹ Ibid

¹⁰ Ibid

curriculum were utilized by the British to episteme logically Hinduism and Islam's culture and religious foundations. It was an intricate part of an Anglicization program.¹¹ Gauri Vishwanath has argued that English literature, as part of a western curriculum acted as a facade for Christianity under the guise of English civil society.¹²

Colonial knowledge and Indian education both can be given greater perspective and clarity through a study of missionaries. By the end of the nineteenth century, missionaries were relatively better acquainted with the intricacies of Indian society than the colonial state. This was a period when the British relied more upon abstract and statistical intelligence rather than the chatter and human intelligence of India's streets bazar and school corridors.¹³

Western scholars had also been overseeing them as overzealous bombasts.¹⁴ This had mired our historiography. The experiences of missionaries in the colonial encounter were more intimate than official colonialism, Anglo-Indian and British knowledge. This is precisely why their value as historical actors should not be overlooked. Dismissing missionaries on account of their supposed aims, deprives our scholarship of a useful window through which we can understand the nature of change in late colonial India.

Missionary education in the United Province did not exist vaguely. It was based on morality and religion. The states own decision to subsidize the missionary schools was taken seriously by the Hindu religious formations. There are few examples of missionary societies involved in the subsidized education like Church

¹¹ Boman, B. K. & Behram. *Educational Controversies of India, the Cultural Conquest of India under British Imperialism*, Bombay, 1943.

¹² Vishwanathan, G. *Masks of Conquest Literary study and British rule in Colonial India*, New York, 1989.

¹³ Bayly, C. A. *Empire and Information, intelligence Gathering and Social communication in India, 1780-1870*, Cambridge, 1996.

¹⁴ Ibid

Missionary Society (C M S), London Missionary Society (L M S) and Society For The Propagation of Gospel (S P G); the former two were more evangelical in orientation, whilst the S P G was the representative of the high Church tradition in Anglicanism, hence, it had more in common with the catholic church.¹⁵ These societies had varied stances on doctrines specially the rituals in Christian mass. Despite these differences, they had similar attitudes to deal with Indian students and their religious traditions. Missionaries from different societies were actually recruited for the posts of teachers at other societies' schools. The number of missionary teachers and head masters' started declining because of their homogeneous attitude towards the people belonging to a heterogeneous society.¹⁶

Between 1760 and 1860, India was targeted for the purpose of colonial expansion. Under the East India Company, the British first occupied Bengal then southern parts of India. Later they spread their reach to the north and the west. In 1764 the first medical department was formed in Bengal in the service of the British Company.¹⁷ By 1785, other medical departments were established in three presidencies with 234 surgeons from both army and civil medical services.¹⁸ On the demand of Indians, by 1857, a Public Health Commissioner and a Statistical Officer were appointed for the Government of India to check the medical issues. After the establishment of Indian Medical Services, Royal Indian Army treatment was done by the Army Medical Department which came to be known as the Army Medical Corps in 1919.¹⁹

¹⁵ Ibid

¹⁶ Ibid

¹⁷ <http://www.ncbi.nlm.gov/pmc/articles/PMC2763662>

¹⁸ Indian Journal of community medicine 2009 Jan, <http://www.ncbi.nlm.gov/pmc/articles/PMC2763662>

¹⁹ Ibid

The municipality as well as the local board acquired a legal provision for the improvement of medical system and public health between 1920 and 21. Government of India certified the provincial governments for the medical services which were divided into three parts; federal, federal-cum-provincial, and provincial. In 1937, the Central Advisory Board of Health chose a Commissioner to supervise the problems related to public health in India. The Madras Public Health Act was also passed in 1939.²⁰ The Bhore Committee was created in 1946 by the Indian Government to perceive the development of public health. The Bore Committee submitted its statement on professional education, medical relief, international health, and medical research in the same year of its establishment to the Public Health department.²¹

The Chief Medical Officer of the Indian Medical Department was called the Director General. The Deputy General was selected to assist the Director General under the Health Department. The Public Health Commissioner and the Statistical Officer both government officials were accountable for any public health related matters in colonial India. The roles of the central staffs were dedicated to planning, programming, coordination, surveys, and regulation of all public health matters in the country.²² Provincial medical departments were established by the local governments. The Deputy Surgeon Generals/Assistant Inspectors helped the Surgeon General/Inspector General of Civil Hospitals. Provincial officers under the local government were responsible for examination and direction of all health services in the province. The district medical and sanitary services were taken care under the charge of a civil surgeon. The civil surgeon was required to check the rural hospitals and dispensaries three times a year. The person was also responsible for medico-legal

²⁰ Ibid

²¹ Ibid

²² Ibid

work, for sanitary and public health services based on vital statistics and data of vaccinations and other activities.²³ It is an interesting fact that all officers of the Indian Medical Services were Europeans or of European origin. They were recruited by the crown in England.²⁴ In 1788, Lord Cornwallis was the Governor General of India; he issued a statement which said that medical officers were discouraged to join the civil services after serving two years in the army.²⁵ This situation did not change a lot for the rest of the British rule. Then, Calcutta Medical College was set up in 1835 and Indian medical posts were opened to the natives trained as medical officers in Calcutta.²⁶

Other north-eastern states including Assam and Sikkim also came under British rule in the nineteenth century, and it was called British Burma.²⁷ After 1860, British limited their expansion in South Asia, but they were somehow occupied with their colonial subjects. They began to improve communication system by building railways and establishing telegraph lines.²⁸ Later, their involvement expanded with the help of their own created municipalities which raised the revenues and excises for the colonial government. Money was allotted for the establishment of modern infrastructure on western lines, also for the agricultural work, beautification of towns and cities, construction of dispensaries, schools and colleges. By the end of the nineteenth century, the British claimed that they had civilized India to an extent and Indians would desire for the further reform. Medical scientist Sir Ronald Ross,²⁹ opined that the British rule was essential for India's development. He also thought that

²³ Ibid

²⁴ Ibid

²⁵ Ibid

²⁶ Ibid

²⁷ Ibid

²⁸ Ibid

²⁹ Ibid

colonizers were superior to Indian population in terms of natural ability, integrity and science.³⁰

We need to examine how such thoughts became prevalent among Europeans and to what extent they affected the British policies. Were medical professions an expression of imperial altruism, or were they less important? Was the colonial government concerned of public health of common people from towns and villages? Was the colonial medical intervention effective? We will also try to analyze the responses of locals to the introduction of Western medication and hygiene guidelines.

Christian medical Institutions in Awadh mainly focused on establishing new medical institutions to tackle smallpox. What were the localities in which attempts were made to cure this disease and what was the colonial government's effort in tackling this disease? Who were the doctors initially, what were their equipment's and what were the ways of treating this disease? The medical records of medical institutions and public health organizations will be important sources for this study. The demographic data of the death rate in Awadh and causes of death, regional patterns of smallpox mortality, vaccine availability and manufacturing in India, the impact of vaccination on smallpox mortality in Oudh region will be studied.

On the 1st January 1923 there were 665 hospitals and dispensaries open, and 632 on the 31st December, 1923, a decrease of 33. Despite opening of 9 new dispensaries there was a reduction of hospitals and dispensaries due to the closure of eight dispensaries and transfer of 39 health workers to the Public Health Department. This has been described in the triennial reports of the civil hospitals and dispensaries for the years 1923, 1924 and 1925.³¹ On 1st January, 1927 there were 556 hospitals and dispensaries open. The year closed with 583 hospitals and dispensaries. The

³⁰ Ibid

³¹ Annual Sanitary Report, 1927

growth of 27 dispensaries.³² In the years of 1926, 1927, and 1928, Inspector-General of Civil Hospitals Colonel G. Tate and Colonel R. F. Baird were in the charge of the medical department during the triennium.³³ The cadre of Indian Medical Services and Civil Surgeons were revised as per remarks proposed by the Lee Commission.³⁴ The sanctioned cadre was 25 which were reduced to 18 from 21st April, 1928. Of these 18 Indian Medical Service Officers 15 were to be Europeans and placed in the following station: Banaras, Allahabad, Cawnpore, Agra, Meerut, Nainital, Lucknow, Missouri, Moradabad Jhansi, Gorakhpur, Jhansi, Bareilly, Gorakhpur, Dehradun, Aligarh, and Faizabad. Three Medical Service Officers are to be placed in Sitapur, Shahjahanpur and Saharanpur.

STUDY AREA

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 Patamau districts of Bengal. The area comes in contact with two of the Chottanagpur 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,

³² Ibid

³³ Triennial Report of Civil Hospitals and Dispensaries of the United Provinces for the years 1932, 1933 & 1934 by Colonel H.C. Buckley, M.D., I.M.S. Inspector General of Civil Hospitals, United Provinces. Allahabad: Superintendent, Printing and Stationary, United Province, 1935. IH 362.1109542 G2-G4. p. 1-13

³⁴ Ibid

Karnal and Ambala and the Punjab districts of Sirmur and Jubbal. The Jamuna river creates the western boundary, Ganges the southern, and Gandak the eastern³⁵.

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 provinces³⁶. 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 administration³⁷. 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 Oudh³⁸.

UNITED PROVINCES OF AGRA AND OUDH

The United Provinces of Agra and Oudh³⁹ was a province of India under the British Raj, which existed from 1902 to 1947; the official name was shortened by the Government of India Act 1935 to United Provinces, by which the province had been commonly known, and by which name it was also a province of independent India until 1950. It corresponded approximately to the present day Indian states of Uttar Pradesh and Uttarakhand. From 1856 to 1902, the region existed as two separate provinces, North-Western Provinces and Oudh. Allahabad became its capital in 1902⁴⁰ and continued until 1920.⁴¹ Lucknow was not made the capital until after

³⁵ The *Imperial Gazetteer of India, Vol. XXIV*, Oxford, 1908.

³⁶ Ibid

³⁷ Ibid

³⁸ Ibid

³⁹ Presidencies and provinces of British India - United Provinces of Agra and Oudh.

⁴⁰ Ashutosh Joshi (1 Jan 2008). *Town Planning Regeneration of Cities*. New India Publishing. p.237. ISBN 8189422820aw

⁴¹ Kerry Ward. *Networks of Empire: Forced Migration in the Dutch East India Company*. Cambridge University Press. p. 340. ISBN 978-0-521-88586-7 Retrieved 3 August 2012.

1921.⁴² According to the District surveys the areas of the two Provinces were, in square miles; Agra, 83,198; Oudh, 23,966; total 107,164.⁴³

POPULATION OF THE UNITED PROVINCES

The population of the United Provinces is about forty-eight and a half million (800,000 in Native States), and the average number of persons to the square mile is 432, viz. 445 in British territory, and 158 in the two Native States. The Himalayan west region, i.e. the mountainous tract in the north, has only eighty-seven people to the square mile. In the south, British Bundelkhand and Mirzapur District have 202 and 207 respectively. The other natural divisions exhibit a continuous increase in density from west to east. The western Sub-Himalayan Districts support 441 persons to the square mile, and the eastern 566; in the Gangetic plain 546 are found in the western portion, 577 in the central, and 751 in the eastern. Excluding cities, there are twelve Districts with less than 400 persons per square mile, fourteen with between 400 and 500, and twenty-two with a higher density. The most populous District is Ballia, in the extreme east, which supports 791 persons on each square mile of area.⁴⁴

ADMINISTRATIVE DIVISIONS

The United Provinces of Agra and Oudh included 9 divisions with 48 districts.

1. MEERUT DIVISION:

Meerut Division is an administrative geographical unit of Uttar Pradesh state of India. Meerut is the administrative headquarters of the division.

- Meerut District

⁴² Ashutosh Joshi (2004). *History, Religion and Culture of India, Volume 5*. Gyan Publishing House. p. 176. ISBN 8182050642.

⁴³ United Provinces of Agra and Oudh – United Provinces of Agra and Oudh.

⁴⁴ U. P. District Gazetteer, Lucknow.

- Dehra Dun District
- Saharanpur District
- Muzaffarnagar District
- Bulandshahr District
- Aligarh District

2. AGRA DIVISION

- Muttra District (Mathura)
- Agra District
- Farrukhabad District
- Mainpuri District
- Etawah District
- Etah District

3. ROHILKHAND DIVISION

- Bijnaur District (Bijnor)
- Moradabad District
- Budaun District
- Bareilly District
- Shahjahanpur District
- Pilibhit District

4. ALLAHABAD DIVISION

- Cawnpore District (Kanpur)
- Fatehpur District
- Banda District
- Allahabad Division

- Hamirpur District
- Jhansi District
- Jalaun District

5. BENARAS DIVISION

- Mirzapur District
- Benaras District
- Jaunpur District
- Ghazipur District
- Ballia District

6. GORAKHPUR DIVISION

- Azamgarh District
- Gorakhpur District
- Basti District

7. KUMAUN DIVISION

- Almora District
- Naini Tal District
- Garhwal District

8. LUCKNOW DIVISION

- Lucknow District
- Unao District (Unnao)
- Rae Bareli District
- Hardoi District
- Sitapur District
- Kheri District

9. FAIZABAD DIVISION

- Faizabad District
- Bahraich District
- Gonda District
- Sultanpur District
- Bara Banki District
- Partabgarh District

PRINCELY STATES

1. Rampur State, 2. Tehri - Garhwal State

By the 18th century, the once vast Moghal Empire was collapsing, undone by internal dissension and by expansion of the Marathas from the Deccan, the British from Bengal, and the Afghans from Afghanistan. By the middle of the century, present-day Uttar Pradesh was divided between several states: Awadh (Oudh) in the centre and east, ruled by a Nawab who owed allegiance to the Moghal Emperor but was *de facto* independent; Rohilkhand in the north, ruled by Afghans; the Marathas, who controlled the Bundelkhand region in the south, and the Moghal Empire, which controlled the entire Doab (the tongue of land between the Ganges and Yamuna rivers) as well as the Delhi region.

The British Raj was British rule in the Indian subcontinent between 1858 and 1947.⁴⁵ The term can also refer to the period of dominion.⁴⁶ The region under British

⁴⁵ Oxford English Dictionary, 3rd edition (June 2008), on-line edition (September 2011): In full *British Raj*. Direct rule in India by the British (1858-1947); this period of dominion.”

⁴⁶ Oxford English Dictionary, 2nd edition, 1989. Examples: 1955 *Times* 25 Aug 9/7. It was effective against the British Raj in India, and the conclusion drawn here is that the British knew that they were wrong. 1969 R. Millar *Kut* xv. 228 Sir Stanley Maude had taken command in Mesopotamia, displacing the raj of antique Indian Army commanders. 1975 H.R. ISAACS in H.M. Patel et al. *Say not the struggle Nought Avaieth* 251 the Post-Independence regime in all its incarnations since the passing of the British Raj.

control - commonly called India - included areas directly administered by the United Kingdom as well as the princely states ruled by individual rulers under the paramount of the British Crown. The region was less commonly also called British India or the Indian Empire.⁴⁷ According to the Angus Maddison, “The British contributed to public health by introducing smallpox vaccination, establishing Western medicine and training modern doctors, by killing rats, and establishing quarantine procedures. As a result, the death rate fell and the population of India grew by 1947 to more than two-and-a-half times its size in 1757.”⁴⁸

HISTORIOGRAPHY OF MEDICINE IN INDIA

Public health is the most debated topic in the historiography of medicine in India. Two types of arguments are predominant. The first one is concerned with the question of colonial legacy in public health. The opinions vary over the statement that public health flourished only under the British rule.⁴⁹ Some claim British officials were not willing to protect the health of the entire population of the colonized countries.⁵⁰ The second tendency seems to be inspired by Michel Foucault, who has considered the ‘public health’ measures as the medium through which colonial government exercised power over its subjects.⁵¹ These two tendencies however do not take opposing stands.

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⁴⁸ Angus Maddison (2006). “*Class Structure and economic growth: India and Pakistan since the Moghuls*”. Taylor & Francis. p.53. ISBN 0-415-38259-9

⁴⁹ Muhammad Umair Mushtaq, ‘Public Health in British India: A Brief Account of the History of Medical Services and Disease Prevention in Colonial India’(2009), *Indian Journal of Community Medicine*.

⁵⁰ R. Ramasubban, *Public Health and Medical Research in India: Their Origins and Development under the Impact of British Colonial Policy*, Stockholm: SAREC 1982; *idem*, ‘Imperial Health in British India, 1857-1900’ in R. Macleod and M. Lewis,(Eds,) *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion*, London: Routledge, 1988, 38-60; D. Arnold, ‘Medial Priorities and Practice in Nineteenth-Century British India’, *South Asia Research*, 5: 1985,167-83.

⁵¹ D. Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, Berkeley: University of California Press, 1993.

Medicine or medicinal practices were not new to India. There have been medical practices in India existing from thousand years. The classical traditions of *Ayurveda*⁵² and *Unani*⁵³ and other 'little tradition' or folk medical traditions have existed in our country from ancient times. The early medicines find mention in the ancient and medieval texts. *Atharveda* (1500 BC) is a classical text containing mystical, magical and rational elements dedicated to religious medicine. From 6th to 4th century BC, several heterodox groups grew such as, Buddhist *Sangha* founded by *Gautama Shakyamuni*, *Mahavira* the founder of Jainism, *Makkhali Gosala* (an obsolete group), and *Sktsramana*. They brought many influential changes in the domain of medicine in ancient India.⁵⁴

The above-mentioned medicinal forms are still widely in use in India and taught in medical colleges specially founded for alternate traditional medicine. Buddhist sacred texts provide valuable classical medical knowledge.⁵⁵ In the first half of the 20th century, some important texts were translated, for instance, *Susruta Samhita* translated by *Kunja Lal Bhishagratna* and *Charaka Samhita* by *Avinash Chunder*. Both *Samhitas* describe eight branches of *Ayurveda* such as Internal Medicine, Treatment of Children, Demonology, Treatment of disease above the clavicle, Surgery, Toxicology, Geriatrics and Aphrodisiac.⁵⁶ The ancient text *Bhela Samhita* written by *Vagbhasa* survived for a short period and it needs to be

⁵² Dominic Wujastyk, 'Indian Medicine' in W. F. Bynum & R. Porter (ed), *Companion Encyclopaedia of the History of Medicine*, Vol. 1. London: Routledge, 1993. Pp. 755-778.

⁵³ Ibid

⁵⁴ Ibid

⁵⁵ Jyotir Mitra, *A Critical Appraisal of Ayurvedic Material in Buddhist Literature*, Varanasi, Jyotirlok Prakashan, 1985 and K.G. Zysk, *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery*, New York, Oxford University Press, 1991.

⁵⁶ A. C. Burnell, *A Classified Index to the Sanskrit MSS in the Palace at Tanjore*, London, Trubner, 1880. P. 63.

translated.⁵⁷ Foreigner travellers like Francois Bernier, Nicolao Manucci, John Fryer, Gracia D'orta, among others have written immensely about Indian medical practices.⁵⁸

In 1563, Gracia D'Orta a Portuguese physician wrote a book titled (translated) *Colloquies on the Simples, Drugs and Materia of India*.⁵⁹ Catechism a religious text was documented by St Francis Xavier and finally *Compendio Espirituel* was written by Dr. Pereira who was the first archbishop of Goa. Both the texts include 57 drug samples.⁶⁰ Even though the Portuguese and the Indians were involved working on medical practices, the latter was marginalised.⁶¹ Apart from that, The Dutch East India was interested in herbal medicine. Scholars like S. Ali Nadeem Rezavi, Irfan Habib, Shireen Moosvi, Tazimuddin Siddiqui, Ishrat Alam and others have worked on the medical practices of *Unani* which flourished during the medieval times in India.⁶²

We shall now discuss briefly about the relationship between indigenous and western medicine. The new western form of medicine was known as 'Allopathy'. Colonialists did not trust the Indian medical practices. The learning of Indian classical medicine was "part of the philosophical and cultural enquiries (Indology)".⁶³ The East India Company documented large number of works which are even now well-preserved. These works are being used for specific kind of historical narratives. A *History of the Indian Medical Service 1600-1913* was written by D. G. Crawford, it

⁵⁷ Ibid

⁵⁸ C. Markham, *Colloquies on the Simples and Drugs of India*, London, 1913. P. vii.

⁵⁹ Ibid

⁶⁰ Rajesh Kochhar, *The Truth behind the Legend: European doctors in pre-colonial India*, in <http://www.ias.ac.in/september1999/articleee.htm>, Retrieved on 12 January 2013.

⁶¹ T. J.S. Patterson, 'The Relationship of Indian and European Practitioners of Medicine from the Sixteenth Century' in G.J. Meulenbeld and D. Wujastyk, op. Cit., p. 120.

⁶² D.M. Bose, (et. al) *A Concise History of Science in India*, Indian National Science Academy, New Delhi 1971. P. 401.

⁶³ Deepak Kumar, op. Cit., p.xii.

was published in two volumes in 1914.⁶⁴ In the end of nineteenth century, the British Medical Journal published articles on Indian medicine.⁶⁵ Christian Missionaries had also been active in the domain of medicine. In recent times, some scholars have explored the Christian Missionaries' medical mission in India. Following are some of the important works on the history of medicine in India, Andrew Porter's *Religion versus empire: British Protestant missionaries and overseas expansion 1700-1914* (2004), David Hardiman's *Healing Bodies, saving souls: medical missions in Asia and Africa* (2006), David Hardiman's *Missionaries and Their Medicine: A Christian Modernity for Tribal India*, (2008), Rosemary Fitzgerald's *Clinical Christianity: The emergence of medical work as a missionary strategy in colonial India, 1800-1914* (2001) and Maina Chawla Singh's *Gender, Thrift and Indigenous Adaptations: money and missionary medicine in colonial India* (2006). All of these writers have narrated fascinating stories of Christian medical mission in India through their books.

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.⁶⁶ This association initiated the first journal dedicated to medicine in 1953 with the name *The Indian Journal of the History of Medicine*.⁶⁷ Another

⁶⁴ Some of the published articles are 'Indigenous Medical Systems of India', in *The British Medical Journal*, Vol. 1, No. 1624, Feb. 13, 1892. P.345., 'Medicine In India', in *The British Medical Journal*, Vol.2, No. 3802, Nov. 18, 1993. P. 931. 'Ancient Hindu-Aryan Medicine', in *The British Medical Journal*, Vol. 2, No. 3853, Nov. 10, 1934. pp. 872-874 and "The Indian Medical Congress: Anti-Choleric Inoculation in India', in *The British Medical Journal*, Vol. 1 No. 1778, Jan. 26, 1895. Pp. 219-221.

⁶⁵ Ibid

⁶⁶ Dr. P. Kutumbiah, op.cit., p. vii.

⁶⁷ The main aims of the institute relate to collection of source materials pertaining to history of Indian system of medicine from Medico-Historical sources beside archaeological/epigraphically description, traveler's accounts, diaries and records of hereditary Vaidyas and Hakims. The institute's Library housed in Osmania Medical College Building Campus is one of the richest Libraries on History of Medicine and now possesses some of the antique and rare manuscripts on Indian Medicine. Presently it has around 200 original manuscripts and another 100 manuscripts on microfilms.

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.⁶⁸ 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.⁶⁹

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.⁷⁰ 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),⁷¹ 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*

⁶⁸ Ibid

⁶⁹ Ibid

⁷⁰ H. R. Zimmer, *Hindu, Medicine, Baltimore*, John Hopkins University Press, 1984., M. Z. Siddiqui; *Studies in Arabic and Persian Medial Literature*, University of Calcutta Press, 1959., G. Mukhopadhyaya; *History of Indian Medicine*, (2 Vols.) University of Calcutta Press, 1929.

⁷¹ David Arnold, *Imperial Medicine and Indigenous Societies*, Manchester University Press, Manchester, 1988, B. Pati & M. Harrison (eds.), *Health, Medicine and Empire: Perspectives on Colonial India*, Orient Longman Limited, New Delhi 2001., David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteen-Century India*, Berkeley, Los Angeles & London: University of California Press, 1993., Poonam Bala, *Imperialism and Medicine: A Socio-Historical Perspective*, Sage, New Delhi, 1991.

Colonial Punjab 1850-1945 (2006) by Kavita Sivaramakrishnan.⁷²

Mark Harrison in his book “*Fractured States: Smallpox, Public Health and Vaccination Policy in British India, 1800-1947*”⁷³ 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. This is the reason why this work takes a strong stand on the political, economic and scientific factors which are disturbing the extension of vaccination. Various responses with its complexities have been pointed out in this comprehensive remark. The author emphasizes on a pragmatic approach, rather than the ideological in his book in order to develop a new aspect for the study of efforts put by the colonial administration and scientific institutions to curb the most infectious and deadliest disease. With the enormous help of documents produced by the colonial officials, this work also brings our attention back to the smallpox control methods. This book can be considered as the most relevant book which provides important details of the precise case of smallpox.

Sandhya L. Polu remarks in her work titled “*Infectious Disease in India, 1892-1940; Policy Making and the Perception of Risk*”⁷⁴ 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

⁷² Ibid

⁷³ Harrison, Mark. “Fractured States: Smallpox, Public Health and Vaccination Policy in British India, 1800-1947”, Orient Longman, New Delhi, 2005

⁷⁴ Sandhya L. Polu, ‘Infections Disease in India, 1892-1940; Policy-Making and the Perception of Risk’. History Collection 2012, Series: Cambridge Imperial and Post-Colonial Studies Series.

centre of debates related to epidemics. That was the reason why India was gaining so much attention internationally. As India was at high risk of epidemics, European and English businessmen were concerned what if the diseases get transmitted from India to the colonial country and other colonies through global trade and transportation. Danger and fear were not only restricted to the transportation of goods and people in fact, the colonial government started realizing the risk of getting infected which could curb their power of controlling the mass movement, economic and the whole colonized territory. This book in particular provides the special case studies of diseases like cholera, plague, malaria and yellow fever to analyse that factors such as health diplomacy, epidemiology, trade, imperial governance, medical technologies, and cultural norms function differently at a global level.

The book '*Hospitals in Iran and India, 1500-1950s*'⁷⁵ 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. The emerged portrait is not homogeneous in characteristic; rather it demonstrates ambivalent, vague and distinct images. Hospitals present a powerful symbolic image of the Muslim scientific civilization and of course of modern medicine.⁷⁶

William H. Foege in his work '*House on Fire: The Fight to Eradicate*

⁷⁵ Fabrizio Speziale, 'Hospitals in Iran and India, 1500-1950s', Brill 2012.

⁷⁶ Ibid

*Smallpox*⁷⁷ 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. The narrator of the story who also represents the writer in several situations belongs to the cohort of architects who participated in the discovery of vaccination. The vaccination in the story ends the disease which almost affected entire India. The book narrates the details of everyday life, at the same time it makes us feel how challenging it is to work on the ground level in an impoverished country like India.

There is another book which tells again the story of smallpox. We are talking about *The Speckled Monster: A Historical Tale of Battling Smallpox*. Jennifer Lee Carrell, the writer describes a Speckled Monster who narrates a fiction about two parents who dare to challenge the smallpox. After surviving the disease, they make the medicine with the help of folk knowledge borrowed from African slaves and Eastern women who were willing to protect their children.⁷⁸

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'*⁷⁹ 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. According to him, "transmission was a complex process; it was never linear. One has to look at it from different angles; individuals, professional societies,

⁷⁷ William H. Foege, 'House on Fire: The Fight to Eradicate Smallpox' University of California, 2012.

⁷⁸ Jennifer Lee Carrell, 'The Speckled Monster: A Historical Tale of Battling Smallpox' Published by Plume, in 2004.

⁷⁹ Deepak Kumar, 'Probing History of medicine and Public Health in India – A Story of Encounters at Multiple Sites, published in Indian Historical Review, 2013

institutions and of course the government policies played important and varied roles”.⁸⁰ He has taken the examples from the writings of contemporary authors, critics, journals, government documents and private papers.

David Arnold in his work *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth - Century India* (1993)⁸¹ 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. For him, the colonial rule in India contradicted the politics of Britain itself, as the colonial government in India centralised the whole political powers; legislative, executive and judiciary.

M. Harrison's work *Public Health in British India: Anglo-Indian Preventive Medicine 1859-1914*⁸² 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. It does not exclude the indigenous population in the discussion. This is considered as the first work in British India devoted to the public health.

There is other work of **Deepak Kumar** with the title *Disease and Medicine*

⁸⁰ Ibid

⁸¹ David Arnold, 'Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth – Century India' University of California Press, 1993. ISSN - 9780520082953

⁸² Mark Harrison, 'Public Health in British India: Anglo-Indian Preventive Medicine (1859-1914), published by Cambridge University press, 1994.

*in India: A Historical Overview.*⁸³ 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 this book, he educates us about the creation of the British government on the Indian territory. He also discussed about the strength of the medical system in colonized India which gradually tried to replace the old medical methods practiced immensely by indigenous population. The volume comprised of the essays about the medicine and pandemics since the ancient times till the colonisation period.

In the work '*Medicine and the Raj: British Medical Policy 1835-1911*'⁸⁴ **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. He studied the Indian responses as to how they reacted, to what extent they accepted the British medical policies and the development of medical services and medical policies. Trends of indigenous medicines gradually faded out in popularity when the natives started getting education based on the British System.

The work of **J. S. Rao**, '*Science and Technology in India*'⁸⁵ 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

⁸³ Deepak Kumar 'Disease and Medicine in India: A Historical Overview, Published by Tulika publications, 2001.

⁸⁴ Anil Kumar *Medicine and the Raj: British Medical Policy in India, 1835-1911*, Published by SAGE Publications Pvt. Ltd., 1998.

⁸⁵ J. S. Rao, '*Science and Technology in India*, Published by American Association for the Advancement of Science, 1985.

because when the world was going through the age of industrialisation, India was then struggling for its independence. From a long period of time, India has been invaded by foreigners who left the country in distress. Basically, the writer tries to convince the readers that India was a country of struggle in terms of population, freedom, development and progress, still India worked on the innovation in the domain of science, for example, Indian medical department addressed the most important health issues.

Mark Harrison in his work '*Science and the British Empire*'⁸⁶ 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. Science has actually played an active role to help imperialism. It was the best medium to show superiority and dominance. The author investigates the western definition of hygiene and its imposition on the indigenous population like using soap and disinfectants. He argues, by this way, it became easy to understand and analyse people's selective behaviour towards the western science. Now, scientists could see the differences between their nature in the colonial time and pre-colonial time. He traces how some Indians naturalized the western science. They tended to consider it as a part of universal scientific system to which India had contributed throughout the history. He further argues that, the colonisers tried to make us believe that western medicine practitioners sought the opportunities to do their experiments in the colonies, while in fact they tried to learn from indigenous and old medical traditions. Imperialism had a visible and clear impact on the scientific developments in the subjects of physics, geology and tropical medicine.

⁸⁶ Mark Harrison, 'Science and the British Empire' Published by The University of Chicago Press on behalf of the History of Science Society, 2005.

There is an article written by **A. B. Christie**. In the article *Smallpox*,⁸⁷ 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. There was routine infant vaccination, which is no longer advised because of the risks it can bring with itself. It can make the patient more vulnerable towards other fatal diseases. However, smallpox is no longer a threat globally.

*The ancient and modern methods of treating smallpox in India*⁸⁸ 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. He argues, later the inoculators belonging to the higher castes converted themselves into vaccinators. Vaccination was tried on the calf and then given to children, but belonged to the Brahmin caste. He opines that the Himalayas would have been nearly depopulated had smallpox been allowed to sweep away a large percentage of the population, which it did annually in the plains, where religious observance requiring the promiscuous collection of the disease at the “Sutta” or smallpox festivals, served only to spread the disease. In the end, he concludes with the attention acquired to supervise the whole system of vaccination.

*Conquest of smallpox*⁸⁹ is a Science newsletter which has viewed that, Smallpox once the most feared of all disease in western civilization, today is known

⁸⁷ A. B. ‘Smallpox’, Published by BMJ in 1973.

⁸⁸ The British Medical Journal, ‘The Ancient and Modern Methods of Treating Smallpox in India’. BMJ in 1885. Accessed on 01/01/2014.

⁸⁹ Conquest of Smallpox’ in The Science News-Letter, Vol. 55, No. 21, p. 327. Accessed on 01/01/2014.

to most Americans only as the reason for being vaccinated. The newsletter gives a brief history of its vaccination. Dr. Edward Jenner came to Berkeley in England on May 17 in 1749. While smallpox claimed a continuously high toll, striking the rich and the poor, Dr, Jenner and others noted that one group of persons seemed to be immune. They were the dairymaids, who had contracted the milder disease, cowpox, from cattle. In 1796, Jenner inoculated an eight-year old James Phipps with cowpox. After few days, he again inoculated the boy, this time with virulent smallpox virus. James Phipps did not contract smallpox, and vaccination was a proven weapon against the dreaded disease. The word “vaccination” is derived from “vacca”, a cow. Today, in an era of accelerated advances in medicine, the achievement of an English clergyman’s son born two centuries ago is still a major weapon in the war against diseases.

C. Kellick Millard in his work *Control of smallpox in India: A Suggestion*⁹⁰ 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. In the year of 1936, the number of dead was 46,267 only in Bengal. Almost 4,382 deaths were recorded only in the city of Calcutta. Keeping aside the economic situation, the number of people suffering from the disease was so high which could not be even calculated. Thus, the authorities had tried to make the vaccination accessible widely. The writer remarks the environment of India made it more difficult to deal with the disease because India is a hot country and the vaccination was becoming less effective.

Sanjoy Bhattacharya and Rajib Dasgupta have worked on smallpox titled,

⁹⁰ C. Killick Milard, ‘Control of Smallpox in India: A Suggestion. The British Medical Journal, Vol. 2, No. 4063, pp. 1061-1062, BMJ. Accessed on 01/01/2014.

A Tale of Two Global Health Programs: Smallpox Eradication's Lessons for the Anti-polio Campaign in India,⁹¹ 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. The eradication of smallpox was taken as a worldwide mission by WHO in the early years of 1950s. Broke Chisholm was the first director general of WHO. He took the matter seriously at the global level and proposed to eradicate the pandemic completely in 1953.

There is another work of **Sanjoy Bhattacharya** with the title *The control and Eradication of Smallpox in South Asia*.⁹² 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. Not only Asia, Europe and Africa were also vulnerable to such pandemics. We also understand by reading the work that people belonging to all class and communities were anxious and scared of diseases like smallpox. The author said that the damaging characteristic of smallpox and its frequent comeback pushed all the medical, political, religious and social actors to indulge themselves in the search for effective means to control the spread of the viruses. Since it was not possible to come out suddenly with the preventatives and remedies, people suggested the quarantine of those infected by the smallpox virus. Religious people turned to gods and they started performing religious ceremonies; the worship of the Goddess Sitala in South Asia is the best example of it.

⁹¹Sanjoy Bhattacharya and Rajib Dasgupta, *A Tale of Two Global Health Programs: Smallpox Eradication's Lessons for the Anti-polio Campaign in India*, 2009, 99 (7): 1176-1184.

⁹² Sanjoy Bhattacharya, *The control and Eradication of Smallpox in South Asia*. Private collection of Sanjoy Bhattacharya. Published by Rural Vaccinator in United Provinces, British India, 1930.

The book *Boston's Historic Smallpox Epidemic*⁹³ 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 the ancient times, it was present in Asia, Africa and Europe according to the historical records. The infection was usually transmitted from person to person by floating droplets in the air which entered into the human's body through the respiratory tract. It is generally spread through the surface especially when smallpox patients' clothing comes in the contact of others non affected. According to the author, most Christian believers thought that the disease is God's punishment and it is the result of human sins. Therefore, people turned to religion and God; they started participating in the mass to pray for forgiveness of their sins. They believed that God would forgive them and as a result the disease would stop. People were so cautious that they forbid the exposure of victim's belongings in the public places. People who could not afford a physician relied on folk medicine that was neither more nor less effective than the depleting methods of the medical science, though it probably allowed nature to do its work without weakening the patient. The virus attacked most people who lacked strong immunity, leaving untouched those who were resistant to the virus. The critical turning point in western thinking about inoculation took place in the end of the 18th century when Edward Jenner, a country doctor recognized that milkmaids who had contracted cowpox from the animals they milked were resistant to smallpox. News of Jenner's discovery spread rapidly throughout the world and eventually his research helped to eliminate smallpox everywhere.

⁹³Amalie M. Kass, 'Boston's Historic Smallpox Epidemic', Massachusetts Historical Society, 2012. Vol. 14, pp.1-61.

In Medical Encounters in British India, 1820-1920,⁹⁴ **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. Discourses on medicine were the only way to influence the public for collaboration when all other discourses were ending up with the conflicts. This was a very smart usage of medical science which could ‘divide’ and ‘universalize’ simultaneously’, because the colonial power on one hand was celebrating the differences and on the other hand, they were trying to put two different cultures on the same platform of science. Therefore, scientific hegemony seemed like utopia to the both parties. The way they tried to put into practice their scientific medicine also looked impossible because they wanted to prove that a universal standard can be maintained if only allopathy practitioners would be allowed to work in the programmes run by the government. Among the Indian practitioners of western medicine there were a few who sincerely wanted to take advantage of the indigenous system and practices. There were several ways through which the western and indigenous both could collaborate, sadly they could not find the same to go side by side.

An article titled *The Goddess Sitala and Epidemic Smallpox in Bengal*⁹⁵ 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. Therefore, it is a

⁹⁴ Deepak Kumar, ‘Medical Encounters in British India, 1820-1920’, *Economic and Political Weekly* in 1977. Vol. 32, No. 4, pp.165-170

⁹⁵ Ralph W. Nicholas, ‘The Goddess Sitala and Epidemic Smallpox in Bengal’, *Association for Asian Studies*, 1981. Vol. 41, No. 1, pp.21-44.

matter of concern which should be addressed to the almighty Gods. Sitala is a Goddess in the regions of India where the Indo-Aryan language speaking people are settled and also in Nepal. In the rural south-western parts of Bengal, she is worshipped during spring with so much splendid celebration. It is still believed that she is taking away the fear of smallpox from the community because the region has not reported a single case of smallpox from more than a decade. It has happened definitely because of vaccination although people consider her role in it very seriously. However, the article gives an interesting aspect of situating the case of smallpox with the involvement of Goddess Sitala. Though it seems illogical but it reflects the lifestyle and practices of indigenous population and their beliefs during the pandemic.

Smallpox as we can see from the above discussed works, the disease that academics and scientists looked at this matter seriously. They have tried to see this phenomenon from all possible perspectives. We also understand that the subject of smallpox was once a global problem, but later it became the matter of concern for the developing countries only. As the writers have found interesting stories of the indigenous population, it is fascinating to know how they mingled religious factors and science.

COLONIAL MEDICINE IN CONTEXT

Colonial efforts to deal with the health of developing regions were closely linked to the economic interest of the colonizers. Health was not an end in itself, but rather a prerequisite for colonial development. Colonial medicine, or “tropical medicine,” as it was called during the late 19th century, was concerned primarily with maintaining the health of Europeans living in the tropics, because these individuals were viewed as

essential to the colonial project's success. The health of the colonized subjects was normally only considered when their ill health threatened colonial economic enterprises or the health of the Europeans. Accordingly, the success or failure of health interventions was measured more in terms of the colonies' production than by measuring the levels of health among the native population.

Another aspect of this logic was that colonial governments usually did little to build rural health services for the general native populations. Rural services, when they did exist, were run by missionaries and focused primarily on maternal and child health. For most rural inhabitants, contact with Western medical services was limited to occasional medical campaigns such as mass vaccinations during infectious disease epidemics. Yet, this policy left large areas untouched for local traditional healers. Colonial medical authorities generally discounted the medical knowledge of local populations and at times persecuted indigenous health practitioners. Though there was a pattern in colonial India, where British doctors drew on local knowledge both for identification of local illnesses and for expanding their pharmaceutical knowledge by incorporating local plants and herbs, but in general, disapproval of traditional knowledge and practices was the rule.⁹⁶

Another characteristic of colonial medicine was that it tended to be narrowly technical in both its design and implementations. Health care was defined during the pre-World War II era as mainly the absence of disease, and could therefore be achieved by understanding and developing methods for attacking specific diseases, mainly those that were infectious, one at a time. This narrow "disease" approach to health and illness appeared to be cheaper and more manageable than efforts to

⁹⁶ Packard RM. Post-Colonial Medicine. In Cooter R, Pickstone J, (ed.), *Companion in the twentieth century*, Rutledge; 2000. Pp. 97-112.

improve the general health and well-being of colonial subjects through social and economic development. Colonial authorities viewed both the provision of broad-based health care and efforts to deal with the underlying social and economic determinants of illness as both impractical and unnecessary.

STATEMENT OF THE PROBLEM

When the British arrived in India, they had to deal with several tropical diseases. To begin with, hospitals were created to take care of the medical and health needs of the army personnel. But in later years, these medical facilities had been extended to the general public as well. Along with government, Christian missionaries had also set up a lot of hospitals and dispensaries. Modern medicine was introduced in the hospitals; however Indians were apprehensive about modern medicine in the beginning. The existing literature on the history of medicine looked at Christian missionaries and their activities only from either conversion point of view or as supporters of colonial rulers. All missionaries did not belong to the same homogenous group. There were different denominations among Christians and all of them did not share the same ideology or practice. There were various reasons for the medical activities of the missionaries, which this research seeks to bring out.

RESEARCH OBJECTIVES

After studying the several historical documents during the British rule in the context of medical science, we felt the need to investigate further. We chose the subject of medicine in India under the British rule, so that we can try to find the answers to certain gaps in history of medicine. This thesis would examine:

- 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?

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 historical 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.

CHAPTERIZATION

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 sever 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 we discussed the “financial condition of institutions”. 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.

Chapter5: Conclusion. This last chapter concludes the entire research work with some findings of the work.



Chapter 2
History of Medical and
Educational Institutions



CHAPTER –2

HISTORY OF MEDICAL AND EDUCATIONAL INSTITUTIONS

MACAULAY'S MINUTES

Christian missionaries had its great impact and a very deep influence on education in India. Missionaries contributed a lot towards vernacular literature by their printed books in the vernacular language, along with western knowledge through the medium of English.¹ And this is what is known as "English education". The demand of English education mainly arose in the province like Bombay, Madras and Bengal by some social reformers who were deeply influenced by the western ideas. United Provinces was lagging far behind in these terms. Well, this reform created differences between the 'Orientalists' who were in the favour of traditional forms of education and the 'Anglicists' who was in the favour of western English education.² However, it was widely accepted that mass education was possible only in the vernacular language. In one of their annual reports, the Committee wrote: "We conceive the formation of a vernacular literature, to be the ultimate object to which all our efforts must be directed."³ J. Thomason in the North-West Provinces, advocated for vernacular education.⁴ This struggle between the Orientalists and the Anglicists led to the famous Minute of 1835 of Lord Macaulay, then legal member of the Executive Council, on the side of Anglicists.⁵ It also brought about the decisive minutes of the two successive Governor-Generals, Lord William Bentick in 1835 and

¹ Y.B Mathur, *Women's Education in India*, Asia Publishing House, Bombay 1973. pp 5-6.

² Ibid

³ Ibid

⁴ Ibid

⁵ Ibid

Lord Auckland in 1839, endorsing Macaulay's policy.⁶ By that time, only English education was encouraged and approved by the government. By introducing English education as compulsory, the British had their own motive, because by doing this they will get educated Indians who would help them in administration. It was also assumed that this education imparted to the upper classes of the society automatically would filter down to the lower classes gradually. In other words, one of the characteristics of this educational policy was based on the theory of "downwards filtration", which means it was not meant for everybody but for only "the rich, the learned, the men of business".⁷ C.E. Trevelyan described that the group of people of educated Indians had prior literary knowledge, willingness to learn and above all had sufficient relaxed time to give. Once they were trained, they could become teachers who could help the society in the learning from the elementary level in their own native languages. The whole plan could be executed in less expense. Consequently, the whole society could be benefitted from the western education and learning system.⁸

WOOD'S DESPATCH AND LORD DALHOUSIE

Lord Dalhousie's period was remarkable in the history of education in India. It was known for the foundation of a modern education system in India between, 1848 and 1856.⁹ Wood's Despatch of 1854, drafted by Northbrook, who was also the Governor General of India, has been called as 'Magna Carta' of Indian education.¹⁰ Sir Charles Wood's epoch- making despatch of 1854, analysed the whole subsequent course of Indian educational development. Until the Wood's Despatch, the attitude of

⁶ Ibid

⁷ S .Bandopadhyay, *From Plassey to Partition*, Orient BlackSwan New Delhi, 2013, p.142.

⁸ Ibid

⁹ S.C. Ghosh, *The History of Education in Modern India 1757 -2012*, Orient BlackSwan New Delhi, 2013,p.103

¹⁰ Y.B Mathur, *Women's Education in India*, Asia Publishing House, Bombay 1973, p7.

the East India Company towards the problem of mass education was that of impossibility. They focused only to teach and to reach up to the upper classes and expected it to filter down to the lower classes. The despatch for the first time abandoned the filtration policy. "The Despatch of 1854, first imposed upon the government of India the duty of creating a properly articulated system of education from the primary school to the University".¹¹ It also recommended the establishment of Universities at Calcutta, Madras and Bombay on the model of University of London.

The Despatch suggested that the grant-in-aid was to be given on the basis of religious neutrality to the schools which provide secular education and satisfactory local management and governance. In terms of trained school teachers and text books, the Despatch paid a lot of attention towards both these aspects. The Despatch also recommended professional training in law, medicine and civil engineering. The Despatch also stressed upon the need of urgent spread of education among women, which is observed in the following paragraph, "The importance of female education in India cannot be overrated and we have observed with pleasure the evidence which is now afforded of an increased desire on the part of many of the natives of India to give a good education to their daughters".¹² The Despatch visualised that the progress of education would not only provide the government with able, efficient and faithful servants, but the possibility of such appointments would also act as an incentive to the progress of education in India.¹³

¹¹ Y.B. Mathur, *Women's Education in India 1813-1966*, Asia Publishing House, Bombay, 1973 .,p7.

¹² S.C. Ghosh, *The History of Education in Modern India 1757-2012*, Orient BlackSwan New Delhi, 2013, p.80

¹³ Ibid

Later on, in 1856 in some provinces like Agra, Muttra, Mynpoorie and Banda, female education by direct instrumentality was set on foot in several districts. The cost was paid altogether by government or a school cess. The scheme was also supported by the government and by the highest rank of officers.¹⁴ The apparent success was correspondingly great. According to J.A. Richey, "Prior to the Despatch of 1854 from the court of Directors, education was not recognized as a branch of the state system of education in India. The attention of the authorities does not appear to have been directed to the subject until many years, after they had adopted definite measures for the education for boys. In none of the general despatches relating to educational matters submitted to or received from the Courts of Directors during the first half of the 19th century is there any reference to the education of Indian. It would seem that the authorities both in England and in India were of opinion that any attempt to introduce female education, where there was no demand for it, might be regarded by the people as an interference with their social customs."¹⁵

Although, Despatch did not provide certain rights and liberties in education, the inclusion of Indian languages as the medium of instruction at school level was a good initiative.¹⁶ Even education on law and civil based on totally secular learning were also included. Well, the Despatch was criticized by M.R. Paranjpe who observed it in his *Progress of Education in 1941* that, "The Despatch does not even refer to the ideal of Universal literacy although it expects education to spread over a wider field through the grant-in-aid system: it does not recognize the obligation of the state to educate every child below a certain age, it does not declare that poverty shall

¹⁴ S. Bhattacharya, *The Development of Women's Education in India*, p.31

¹⁵ Y.B. Mathur, *Women's Education in India, 1813-1966*, Asia Publishing House, Bombay, 1973, p.,28.

¹⁶ S.C., Ghosh, *The History of Education in Modern India, 1757-2012*, Orient BlackSwan New Delhi, 2013 , p.81.

be no bar to the education of deserving students; and while it may be admitted that employment in government offices was not the object of English education as visualized in the Despatch, the authors did not aim at education for leadership, education for the industrial regeneration of India, education for the defence of the motherland, in short, education required by the people of a self-government nation".¹⁷

The Despatch launched in 1854 gave support to the education with a lot of enthusiasm, but, it was not completely successful because it also required certain changes. Lord Stanley's Despatch of 1859 noted "both the difficulties and the importance of female education are adequately appreciated by the officers of the Department of Education".¹⁸ Later, slow progress was made towards women education, and also not much was achieved till 1870.

In North-Western Provinces, the numbers of schools were very large, but the main difficulty came in the way of inspection. The Agra circle contained large number of schools having 187 with 3465 pupils. In the Allahabad circle the education did not make very striking advance, but the progress and state of the schools was considered satisfactory. There is a decrease of two schools and an increase of 36 pupils; and the total number of schools being 87, with an aggregate of 1554, of these , 1051 are in the lowest class; 1022 are Hindus and 533 Musalmans; 888 are the children of Agriculturists, 1026 read Hindi, 44 Persian and the rest Urdu; four of them having being trained in the Banaras normal school. The majority of the can read and write and are acquainted with elementary arithmetic.¹⁹ Many of them can read fairly well and know very little about arithmetic. Same was in the case of Oudh, as in this

¹⁷ Ibid

¹⁸ N.L. Gupta, *Women Education Through The Ages*, Concept Publishing Company, New Delhi, p.109.

¹⁹ Document no.22, A.P. Howell note on "Education in British India, 1870-71, S. Bhattacharya (ed.) , *The Development of Women's Education in India, A Collection of Documents 1850-1920*, Kanishka Publishers Distributors, New Delhi., p.55.

Province some important changes were made in the management and in the control of girl's schools. Basically, in this Province, schools and pupils have been increased, but it is difficult to ascertain the exact progress made. "Thus, the schools have increased by thirty-one and the pupils have risen from 879 to 1369, or have increased by 490. The average attendance per school is now about twenty; last year it was twenty-three".²⁰ Thus, it can be said that the education in Oudh is beset with difficulties. To a certain extent his opinion is borne out by facts.

Later on, in 1875, there were almost 100 schools which were basically attended by natives, which mainly consist of 81 government schools, 16 were aided and 3 were unaided. The table 2.1(A) clearly shows the comparative results of government and aided schools, see appendix for detail information. It is said that "each pupil educated at an aided school costs on an average more than three times as much as one educated at a government school, and costs the government more than twice as much."²¹ The year opened with 89 schools, and basically closed by 81. This year can be called as the year of progress; for, though the number of schools has decreased by 8, the average daily attendance has increased by 46. Mr. Thomson, in respect to the female schools in his circle remarks that "these schools have had all the success that was expected of them".²² Different source told that during the previous year's report there was the decrease of 52 in and an increase of 49 in halkabandi schools (govt. primary vernacular schools). Later on in year 1876 the ' no. of schools has decreased from 375 to 316, and there appears to be some improvements in teaching in those that remain'.²³

²⁰ Ibid, p.58.

²¹ Ibid., p.65.

²² R.T.H. Griffith , *Report on the Progress of Education in N.W.P and Oudh for the year 1875-76*, Allahabad, N.W.P. Govt. Press, 1876.

²³ Ibid

Further in the year 1877-78, the government schools are all of the lower or primary class. "About the aided schools in the N-W Provinces 5 are middle schools for European with 359 pupils, 4 are middle schools for native with 445 on the rolls and 128 are primary schools with 2933 pupils. The number attending the government schools has fallen from 2662 in 1876-77 to 2633 in the year under report."²⁴ Thus, we can see there is a decrease in attending the schools run by government. From the 2.1 table given below show the general statement about the no. of schools and on roll during 1877-78, on 31st march.

Table no.2.1: As showing no. of schools and on roll during 1877-78, on 31st march

Schools	No. Of Schools	Roll, 1877-78, 31 st March			
		Hindus	Muslims	Others	Total
N.W. Provinces					
Government	107	2115	477	41	2633
Aided	143	1483	1342	1451	4276
Private	-	-	-	-	-
Total	250	3598	1819	1492	6909
Oudh					
Government	65	737	870	2	1609
Aided	18	160	493	93	746
Private	4	40	54	-	94
Total	87	937	1417	95	2449
Grand Total	337	4535	3236	1587	9358

Source: S. Bhattacharya, The Development Education in India.

²⁴ Report on Public Instruction in the N.W.P and Oudh for 1877-78, Allahabad, Govt.Press., p.70.

The condition related to education mainly differs from one province to other provinces. In 1876, because mainly in this year 'there were 400 government primary schools with 9000 pupils in the North-Western Provinces and Oudh'.²⁵ So it can be felt that very much progress was made in the field education up to 1881.

HUNTER COMMISSION OF 1882

A careful study of the developments done in education in India since 1855 discloses that many changes did not take place as it was demanded by the provisions of the educational Despatch of 1854. Moreover, the government failed to build up a system for the mass education. Elementary education was neglected in comparison to secondary and higher education. All these were provided a platform for the review of the educational developments in the country since 1855.²⁶

The educational growth which was continuously prevailing in the previous period was not up to the expectations among the masses, as it did not focus on primary education and private enterprises were also being crushed. For this basically, in 1882 an education commission was appointed to inquire the whole system on the manner on which the Wood's Despatch has been adopted.²⁷

In February 1882, Lord Ripon appointed the first Indian Education Commission for which William Hunter was made the Chairman.²⁸ The commission was asked to enquire particularly the Despatch of 1854 and to suggest measures which could be carried out in the future. The commission were suggested to be more focused on primary education. The government of the NWP and Oudh feel that the

²⁵ Ibid., p.73.

²⁶ S.C. Ghosh, *The History of Education in Modern India 1757-2012*, Orient Black Swan New Delhi, 2013., p.92.

²⁷ File no. 3/1884, Education Department, Report of the Indian Education Commission, p.57.

²⁸ Ibid

recommendation of the Commission, for the furtherance of education, may be accepted in their entirety, as laying down temporarily and judiciously the lines on which further action should be taken is difficult and important matter is that it should proceed.²⁹ In accordance with the recommendations of the Commission the Provinces were supposed to increase the educational percentage, either from private enterprise or from the provincial board, in order with an increased provision of funds for primary education. However, it appears that 84 percent of the local, 74 percent of the municipal, and 21 percent of the provincial funds, devoted to education, was expended on primary education in the NWP and Oudh in the year 1881-82.³⁰

The main reason was due to the financial position of the government in 1876. However, it was felt that if changes were necessary, then it could be possible with the least prejudices to education. “The total no. of schools in 1882 was 308, attended by 8883 pupils. The returns in the last annual report of the Department show a small increase both in schools and scholars, and in instruction also there are signs of improvements”.³¹ In 1881, according to the Census Returns there is aggregate increase in education for all India during the past ten years. This increase has been fairly spread over the larger provinces, except in Punjab and NWP and Oudh. Next major attention has been made to the primary education, one half of those in aided or unaided schools under inspection. And in NWP and Oudh the proportion is 3.5 to 5. NWP and Oudh basically lags behind in comparison to other provinces. In the NWP, Sir Alfred Lyall was of opinion that the mere establishment of schools would do little towards of education and further added “before any considerable progress is obtained , the natives must themselves lend their cooperation and full assent to the

²⁹ Ibid, p.81.

³⁰ Ibid, p.81.

³¹ Ibid., p.49.

administrative measures of Govt., and a public opinion less indifferent to the education of must be formed”.³²

PRIMARY EDUCATION

There were lots of difficulties in the way of female education due to which large number of students withdrew themselves at a very primary stage. Basically, the system of child marriage was one of the major drawbacks in terms of girl’s education, as it draws large proportion of the girls from school at a very early age and this cuts them off from receiving education.

Below table 2.2: clearly shows the figures of in P.S. in NWP and Oudh for the year 1886-87 and 1891-92.

³² File no. 3/1884, Education Department, Report of the Indian Education Commission, p.159.

Table: 2.2 Clearly shows the figures of in P.S. in NWP and Oudh for the year 1886-87 and 1891-92.

1886-1887														
Province	Maintained by the Department		Maintained by local and Municipal Boards		Maintain by Native States		Aided		Unaided		Total		Girls in Boys Schools	Boys in Girls Schools
	Schools	Pupils	Schools	Pupils	Schools	Pupils	Schools	Pupils	Schools	Pupils	Schools	Pupils		
N-WP and Oudh	-	-	168	3753	-	-	159	5527	17	381	344	9661	-	-
1891-1892														
N-WP and Oudh	-	-	136	2917	-	-	167	5832	11	353	314	9102	217	317

Source: A.M. Nashq, Progress of Education in India 1887-88 to 1891-92, Second Quinquennial Review.

This table clearly shows the number of schools in different instruction in different years and NWP and Oudh shows a decrease both in schools and scholars. It is noteworthy that in some provinces along with the NWP and Oudh province there is no increase in primary education. "In the N-W schools shows a decrease, while pupils are stationary; but this poor return is distinctly better than that for the previous five years when both schools and pupils decreased considerably."³³

In the year 1891-92 total numbers of public institutions was 5711 and in private institutions was 1042. Next in the year 1896-97 the total no. of public institutions was 6550 and of private institution was 1458. Next in the year 1901-02 the public institutions were 6176 and private institutions were 1338. This is the data of total no. of public and private institutions for girls during the year from 1891-1902. Now, among this, the total number of increase in public institutions and private institutions during the year from 1891-1902 was 395 and 176 respectively.³⁴ However, NWP shows a decrease in both schools and scholars. In fact, in both aided and unaided primary schools there was seen an era of decline towards the primary education.

Table 2.3: Showing total number of pupils in all institutions

Provinces	No. of girls pupils in		
	1931-32	1936-37	Increase in the no. of girls
United Provinces	167011	224688	57677

³³ A.M. Nash , Progress of Education in India 1887-88 to 1891-92, Second Quinquennial Review., p. 294.

³⁴ R. Nathan , Progress of Education in India 1897-98 to 1901-02, Fourth Quinquennial Review, 1904 published.

Source:- John Sargent, Progress of Education in India, 1932-1937.

Above table clearly gives the picture about the enrolment in the given time period.

Here table 2.4 which is listed below is showing briefly the number of institutions and number of scholars in it regarding to primary education.

Table 2.4: Showing no. of Institutions and no. of Scholars during the year 1902-33 in Primary education in United Provinces.

Year	No. of Institutions	Increase (+)	No. of Scholars	Increase(+)
		Decrease(-)		Decrease (-)
1902	429	Not available	14807	+
1906	Not available	Not available	Not available	+
1908	930	+	Not available	Not available
1909	936	+	Not available	Not available
1911	Not available	Not available	+	Not available
1912	55	Not available	+	Not available
1913	1062	+	2162	+
1914	Increased by 18	+	By 416	+
1915	17239	+	993549	+
1916	18122	+	1036125	+
1917	142203	+	5818730	+
1918	12653	+	725462	+
1919	1222	+	41624	+
1920	By 40	+	42869	+
1923	Not available	+	Not available	+
1924	Not satisfactory	-	Not available	-
1925	1563	+	52534	+

1926	1568	+	54118	+
1927	1657	+	57478	+
1928	Not available	-	59451	+
1929	1711	-	Not available	-
1931	1719	-	Not available	-
1932	1773	-	Not available	-

Source: Estimated from Administration reports of United Province and Statistics reports.

The table given above gives the clear picture of number of institutions and scholars in the institution at primary stage. There are certain years which show basically the unsatisfactory results regarding institutions and scholars. Basically year 1924 gives the unsatisfactory result regarding the number of institutions and there can also be seen a decrease in the number of scholars also. As earlier in 1909, the number of institutions was established around 936 but no particular data was available regarding the number of scholars but from the sources it was assumed that there was the decline in the number of scholars at primary level. Again, in the year 1923 no particular data was available to show the number of institutions and number of scholars but from the reports of administration says that there was the increment in both i.e. in the number of institutions as well as in the number of scholars. The percentage of increment was more or less not very excellent. Still, there was a need to extent the schools in the provinces.

COMPULSORY PRIMARY EDUCATION

To make primary education more progressive different measures were taken by the government of United Provinces. For example in 1923, compulsory primary

education act was implemented in Sitapur municipality.³⁵ According to the census of February 1927 there were 1429 boys of the age between 6 and 11 years, but in the census taken in February 1928 the number has decreased to 1356. In the year under the report the Board secured an enrolment of 97% of the boys residing in the compulsion area.³⁶ In 1921, in Cawnpore Municipality there are approximately 10,000 boys between the age of 6 and 11 years and of these 3,000 or 30% are now attending vernacular primary schools.³⁷ These data shows that there was more focus on boy's education in these districts (Sitapur and Cawnpore).

To fill these gaps in the Primary Education, United Provinces District Boards Primary Education Act 1926, was introduced for the development of primary education in the provinces.³⁸ This particular Act aims to provide for the extension of primary education in rural areas under district boards. It declared the policy of the government of the United Provinces that universal, free and compulsory primary education for boys and girls should be reached by a definite programme of progressive expansion.³⁹ It extends to all the areas under the jurisdiction of the district boards in the United Province. According to this act primary education means instruction in reading, writing, and arithmetic of level as may be prescribed for primary schools by the local government. Basically, the United Province are backward in primary education, the percentage of boys of school-going age receiving primary education in rural areas being only 25, while that of girls is much smaller. The Govt. are therefore, anxious to

³⁵ File no.762 of 1923, Compulsory Primary Education in Sitapur Municipality, Education Deptt.

³⁶ Ibid

³⁷ File no. 979 of 1921, Compulsory Primary Education in Cawnpore Municipality, Education Deptt.

³⁸ File no. 1020 of 1925, United Province District Boards Primary Education Act 1926, Education Deptt.

³⁹ Ibid

spread education among the masses, as in order to ensure a wide and rapid diffusion of knowledge among them some compulsion measures are to be taken.⁴⁰

With the United Province District Boards Primary Education Act of 1926 brought several changes in many districts of United Provinces. The district in the coming years made education compulsory, while on the other hand many had several problems in enforcing this Act. In 1935, DPI (Director of Public Instruction) of United Provinces directed to Governor to agree on the outline of compulsory Primary Education from September 11, 1935 in the four wards of the Cawnpore Municipality:⁴¹

- 1) Moulganj
- 2) Patkapur
- 3) Sadar Bazar
- 4) Anwarganj

Well these are some district where compulsory primary education was introduced during the year 1934.⁴² The expansion of this compulsory Act reveals that in coming years there was the demand of girl's primary education.

SECONDARY EDUCATION

⁴⁰ File no.1020 of 1925, United Provinces District Boards Primary Education Act 1926, Education Deptt.

⁴¹ File no. 1136 of 1935, Compulsory Primary Education for Girls in Cawnpore Municipality, Education Deptt.

⁴² File no. 1025 of 1933, Resolution by Mrs. Kailash Srivastava regarding girls compulsory Education, Education Department .There are some major resolution which took up by Mrs. Kailash Srivastava regarding girls compulsory education. As in resolution 12 of their first meeting held at Cawnpore on Jan 18, 1932, the Girls Education Inquiry Committee suggested that opinion be invited from municipalities, where compulsory education for boys has already been introduced, in regard to the possibility of introducing it for girls. The no. of girls in school is small compared with the no. of boys. On resolution no. 5 o their second meeting held at Lucknow on Nov 20,1932,the Girls Education Inquiry Committee, while considering the advisability of introducing compulsory education should be controlled by the Govt. and that the experiment should be tried in urban areas. To obtain funds it suggested that the house tax be increased by 2 pieces or one anna per rupee as necessary and the money thus obtained be earmarked for girl's education.

Secondary education may be defined as 'the stepping stone of the educational system' in any country. In actual to define secondary education is quite impossible. In the report of the education commission, secondary education was described as 'that which leads up from the primary to the collegiate course'.⁴³ The expansion of secondary education in India dates very back in 1854 when the Wood's Despatch was published. It was later on, there was an increase in secondary schools and besides the efforts of provincial governments, both local bodies and private agencies started several high schools in every part of the country.

Secondary education in India was classified in to 2 stages; Middle and High. Middle schools were of two types; Vernacular Middle schools and English Middle schools. The distinction between these in terms was of that of the medium of language. English was an obligatory subject in English middle schools while in Vernacular Middle schools it was non-compulsory.⁴⁴

⁴³ J.S. Cotton, Progress of Education in India 1892 to 1897.

⁴⁴ Y.B. Mathur, *Women's Education in India*, p.84.

Table 2.5: Education in British India in 1882 (especially in NWP and Oudh) as showing the number of Institution and Scholars on March 31st 1882

Province	Class of Institutions	Number of Institutions					Number of Scholars in					
		Departmental	Aided	Unaided under Inspection	Unaided not under Inspection	Total	Departmental	Aided Schools	Unaided under Inspection	Unaided not under Inspection	Total	Percentage of Schools to total female population of school going age
North Western Provinces and Oudh	Secondary Schools	-	3	-	-	3	-	68	-	-	68	-
	Primary	160	132	10	-	302	3687	4797	242	-	8726	27
	Mixed	-	-	-	-	-	-	-	-	-	-	-
	Normal	-	3	-	-	3	-	138	-	-	138	0.1
	Total	145	166	-	-	311	3857	5496	-	-	9353	0.72

Source: Education in India: A Collection of Documents 1850-1920.

Above table 3.10 shows the number of Institutions for secondary education and scholars in it in the year 1882. There are only 68 scholars in aided schools. Undoubtedly, the condition was very unsatisfactory, but yes progress was still going on in this field. Later on with the passage of time some changes were made in the secondary education.

Table 2.6: Secondary Schools in 1885-86 in NWP and Oudh.

Province	Managed by the Department		Managed by the local and Municipal board		Aided		Unaided		Total		Remarks
	Schools	Pupils	Schools	Pupils	Schools	Pupils	Schools	Pupils	Schools	Pupils	Girls in Boys Schools
N.W. Provinces											
English	-	-	-	-	17	1443	3	68	20	1511	-
Vernacular	-	-	-	-	2	157	-	-	2	157	-

Source: S. Bhattacharya, Education in India

Later on, in the year from 1887 several progresses were made. Basically, all the other secondary schools in the NWP and Oudh Province, except those for European schools were managed by the various missions. Later on, the Director says, the vernacular schools are on a very different footing. Almost all the students attending these schools are Native Christians. These schools are becoming more and more important and from what I myself seen of those at Gonda, Sitapur, Fyazabad and Lucknow they appear to contain the germs of much future promise.⁴⁵

Table 2.7: Given below shows the Secondary Schools during the year 1886-87 and 1891-92 especially in NWP and Oudh province.

		1886-1887										
Province	Managed by the Department		Managed by the local and Municipal board		Maintained by the native states		Aided		Unaided		Total	
	Schools	Pupils	Schools	Pupils			Schools	Pupils	Schools	Pupils	Schools	Pupils
N.W. Provinces												
English	-	-	-	-			17	1176	-	-	17	1176
Vernacular	-	-	-	-			2	396	-	-	2	396

⁴⁵ S.Bhattacharya, *The Development of Education in India: A Collection of Documents 1850-1920*, Kanishk Publishers, New Delhi., p.221.

1891- 1892												
Province	Managed by the Government		Managed by the local and Municipal board		Maintained by the native states		Aided		Unaided		Total	
	Schools	Pupils	Schools	Pupils	Schools	Pupils	Schools	Pupils	Schools	Pupils	Schools	Pupils
N.W. Provinces												
English	-	-	-	-	-	-	31	1836	-	-	21	1836
Vernacular	-	-	1	22	-	-	-	-	-	-	-	22

Source: S. Bhattacharya, The Development of Education in India, p.221.

Table 2.8: As given below shows the Secondary Schools, English and Vernacular, 1891-92 and in 1896-97-

1891- 1892														
Province	Government		District and Municipal		Native states		Aided		Unaided		Total			
	School	Pupil	School	Pupil	School	Pupil	Schools	Pupils	School	Pupil	School	Pupil		
N.W. P. and Oudh														
English	-	-	-	-	-	-	31	1836	-	-	21		1836	
Vernacular	-	-	-	-	-	-	-	-	-	-	1		22	
1896-1897														
Province	Government		District and Municipal		Native states		Aided		Unaided		Total	Percentage of Increase or Decrease, 1896-97 compared with 1891-92		
	School	Pupil	School	Pupil	School	Pupil	Schools	Pupils	School	Pupil	School	Pupil	School	Pupil
N.W. P. and Oudh														
English	-	-	-	-	-	-	31	1836	-	-	21	1836	52	60
Vernacular	-	-	-	-	-	-	-	-	-	-	1	22	100	159

Source: J.S. Cotton., Progress of Education in India 1892-93 to 1896-97.

Table 2.9: Percentage of Increase or Decrease, 1896-97 compared with 1891-92

Percentage of Increase or Decrease, 1896-97 compared with 1891-92	
School	Pupil
52	60
100	159

As from 1891 up to 1897 there were signs of increment in the secondary schools. During this time period in the English schools an increase by 52 can be seen and by +60 an increment can be seen in the number of pupils in it. Same in the case of vernacular schools there was an increment by 100 and by pupil there was an increment of 159. These figures show a respective increase in the number of secondary schools in the NWP and Oudh and definitely in pupils also.

Table 2.10: As given below shows Secondary schools by class of management.

Province	Government	Native State	Aided	Unaided	Total	Total Public Management	Total private Management
Madras	48	1	-	5	197	49	148
Bombay	2	1	1	5	67	4	63
Bengal	3	-	-	6	59	3	56
United Provinces	-	2	-	4	40	2	38
Punjab	2	5	-	1	34	7	27
NWFP	-	-	-	-	-	-	-
Burma	-	-	-	-	39	-	39
Central Provinces	-	1	-	-	20	1	19
Assam	-	-	-	2	5	-	5
Berar	-	-	-	-	-	-	-
Coorg	-	-	-	-	-	-	-
Total, 1901-02	55	10	1	23	461	66	395
Total, 1896-97	50	12	1	16	16	63	377

Source: R. Nathan., Progress of Education in India 1897-98 to 1901-02.

No doubt the U.P lagged far behind as compared with Madras, Bombay, and Bengal etc. The condition in the several other provinces like NWFP, Burma, CP, Assam, Berar and Coorg. All over in India, progress can be seen in the year 1901-1902 as compared from 1896-97.

Table 2.11: As given below shows the number of high, middle stages of secondary schools

Province	High	Middle	Total
Madras	491	3575	4066
Bombay	610	1389	1999
Bengal	230	884	1114
United Provinces	154	716	870
Punjab	80	547	627
NWFP	-	-	-
Burma	85	650	735
Central Provinces	24	305	329
Assam	2	20	22
Berar	1	43	44
Coorg	-	4	4
Total for 1901-1902	1677	8133	9810
Total, 1896-1897	1190	7178	8368

Source: R. Nathan., Progress of Education in India, 1897-98 to 1901-02.

The table mentioned above gives the statistical figure of high and middle stages of secondary schools. Later on, in the year of '1909-10, 1910-11, 1911-12, 1912-13, 1913-14 the number of institutions was 58, 61, 72, 73 and 85 for respective years. The number of female scholars in 1909-10 was 58, in 1910-11 was 61, 1911-12 was 72, 1912-13 was 73 and for 1913-14 years the number was 85 in the United provinces of Agra and Oudh together.⁴⁶ In the year 1915-16, the secondary schools rose from 606 to 645 and scholars from 87,194 to 93,997, all the provinces

⁴⁶ Deptt. Of Statistics India, Statistical abstract for British India, Vol v Education, 1913-14, Calcutta, 1915.

contributing to the increase, as the number was fairly large in the united provinces.⁴⁷ These data interprets that there was an increment in the secondary education among girls. As regards to the institutions in '1915-16 was 95, in 1916-17 was 111, in 1917-18 was 114, in 1918-19 was 119 and in 1919-20 was 132 regarding secondary schools in these provinces.

In different parts of the United Provinces the provisions of scholarships were initiated, like the 'Govt. has accepted an offer made by the Rani Sahiba of Khajurgaon in the Raebaeralli district as to give a sum of Rs. 3000 for poor girls as in the form of scholarships for schools.'⁴⁸ It can be said that in different parts of United Provinces like in Raebaerali, and Gonda, the provision of scholarships was started. The main aim of these scholarships as to retain more and more girls in the schools and especially for the poor girls and widows who are not eligible to pursue themselves into the higher level. So, this could be the best means to support education system among girl. As there were also different provisions of scholarships among students to pursue higher education.

HISTORY OF EDUCATIONAL AND MEDICAL INSTITUTIONS

Portuguese were the first Europeans to establish a medical institution in India. In 1510, The Royal Portuguese Hospital was founded in Goa and it was given to the Jesuits in 1591.⁴⁹ It was known as one of the best hospitals worldwide, however, its

⁴⁷ Deptt. Of Statistical India, Statistics of British India. Vol v Education 1915-16, Calcutta, 1917.

⁴⁸ File no. 177 of 1909, Lady Hewett Scholarship Endowment Trust, Rea Barali, United Provinces, Education Dept.

⁴⁹ O.P. Jaggi: Western Medicine in India- Public Health and it Administration, Vol. XIV of History of Science, Technology and Medicine in India, Atma Ram and Sons, New Delhi, 1979. p. 71-73.

accessibility was restricted only to European Christians. The East India Company later established the first hospital in 1664 at Fort St. George in Madras.⁵⁰

British came to India primarily for the purpose of trade and commerce, they were not interested in providing education to the Indians. The East India Company, however, took the responsibility of educating the Indians under the Charter Act of 1813.⁵¹ A clause was included by the East India Company's Act of 1813, which mandated the governor general to dedicate around one lakh rupees annually for education. It should also be noted that the initially education was accessible only to men, women were kept out.

ESTABLISHMENT OF MEDICAL INSTITUTIONS

In 1679, Madras General Hospital became the first hospital to be established in India. Later, the Hospital of Calcutta was created in 1796 and four hospitals were established in Madras between 1800 and 1820.⁵² In 1854, the government of India started supplying the medicines and other medical instruments to the increasing number of minor hospitals and dispensaries.⁵³ First Rural Health Training Centre was founded in Singur next to Calcutta equipped with talented doctors.⁵⁴ The expenditure on public health facilities was increasing rapidly by 3.6 million rupees in 1880. There were 7.4 million patients in 1880 which increased to about 22 million in 1902. India, death rates from smallpox in epidemic years fell from over 2,000 per million

⁵⁰ Crawford, D.G. : A History of the IMS 1600-1913, Volume. II, W. Thacker and Co, Calcutta, 1914. p.140.

⁵¹ N.L. Gupta, *Women Education Through The Ages*, Concept Publishing Company, New Delhi, p.107

⁵² Public Health in British India: *A Brief Account of the History of Medical Services and Disease Prevention in Colonial India*, Indian Journal of Community Medicine, June 2009, PMID: PMC 2763662

⁵³ Ibid

⁵⁴ Ibid

Population to less than 500 per million between 1870 and 1930, as more and more Indians were vaccinated by these diseases. Over a hundred thousand Indians were reported as having died of the viral diseases in each of eleven years between 1902 and 1945. 1930 was recorded as a non-epidemic year throughout the country.⁵⁵ By the early 19th century, these old establishments had given way to more permanent institutions located in the big towns. The turn of the century also saw the establishment of hospitals for Indians, following the example set by Calcutta in the 1790s. The typical hospital of the early 19th century was an institution for the Indian poor peoples, funded partly by government and partly by private subscriptions as the century progressed, larger hospitals and also smaller hospitals began to develop around the medical colleges established in the presidency and other large towns.

This expansion occurred alongside a rapid growth in the number of hospital and dispensaries providing out-patient care, which generally proved more popular than treatment within the hospital and dispensaries. In 1910, however, the Government of India claimed that most of the western dispensaries of rural regions were not accessible to the most of the Indian population. Government decided to rely on training more private practitioners and nurturing the development of what was referred to as the independent medical profession.⁵⁶

INDIAN PUBLIC HEALTH IN THE BRITISH DOMINION

The subject of public health has been very much crucial to the historiography of medicine in India in the recent years. Broadly speaking, there are two tendencies in the literature to date. The first is concerned with questions of the colonial legacy in public health. The second tendency is about hospitals and dispensaries even though

⁵⁵ D.G. Crawford, *A History of the Indian Medical Service*, Vol. 2, London: W. Thacker, 1913, 424-31.

⁵⁶ Proceedings of the Government of Bombay, Home (Medical), No. 1/1324, 1913.

the British did not make much progress. There are different opinions in this regard which vary widely; some claim that public health developed mostly under British⁵⁷ and others claim that the British administrations thought hardly about the protection enclaves' health.⁵⁸ Some scholars have questioned the appropriateness of the term 'public health' in the Indian context, preferring to employ the term 'state medicine' instead.⁵⁹ Hence, the second tendency in the historiography is much indebted to the writings of Michel Foucault who has studied the public health measures in the context of colonial power through which the state wanted to understand and control its subjects.⁶⁰ These two tendencies are not necessarily opposed to one another, and as Partho Dutta wrote in his work that the notion of public health and colonial policy emerged from a reformist mode of governance which was the image of British imperialism.⁶¹

Public health signifies the organized efforts put together under the direction of medical experts. The purpose of these efforts is to control and prevent the diseases which would result help the society to improve their health and protect themselves from the getting infected by the dangerous disease. People also get concerned for better sanitization and hygiene. Environmental health was the matter of concern which did not include only water and food, but also ventilation, lighting, safety, housing, town-planning, which could also guarantee a better lifestyle. Here, we quote

⁵⁷ H.R. Tinker, *The Foundations of Local Self-Government in India, Pakistan and Burma*, London: Athlone Press, 1954, p-85-89

⁵⁸ R. Ramasubban, *Public Health and Medical Research in India: Their Origins and Development under the Impact of British Colonial Policy*, Stockholm: SAREC 1982; idem, „Imperial Health in British India, 1857- 1900“, in R. MacLeod and M. Lewis, *Disease, Medicine and Empire: perspectives on Western Medicine and the Experience of European Expansion*, London: Routledge, 1988, 38-60; D. Arnold, „Medical Priorities and Practice in Nineteenth-Century British India“, *South Asia Research*, 5: 1985, p- 167-83

⁵⁹ D. Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, Berkeley: University of California Press, 1993. P- 50-53

⁶⁰ Ibid

⁶¹ J. Cunningham, 'The Public Health in India', *Journal of the Society of Arts*, Vol. XXXVI, Feb. 1888, pp. 241-65.

an important Rockefeller in India J.B. Grant who writes, “Public Health is the science and art of social utilization of scientific knowledge for medical protection by maintaining health, preventing disease, and curing disease through organized community efforts for the hygiene of the environment, the control of the community infections, The education of the individual in principles of personal hygiene, the Organization of medical and nursing service for the early diagnosis and Preventive treatment of disease, and the development of social Machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health. As such, public health becomes social medicine and is primarily a field of social activity, applying practically every basic science directed towards a comprehensive programmed of community service.”⁶²

Today, if we look at the statements of scientists, we observe different perceptions regarding the same subject. Some believe that the excessive dependence on medical interventions is dangerous, therefore, it should be avoided. We take the example of J.D. Megaw was the Director General of the Indian Medical Service (IMS) in the year 1930. He has argued, “Suppose for a moment that the public health services of India were to achieve complete success in stamping out malaria, cholera, smallpox, tuberculosis, and all other great killing diseases of India, and suppose that nothing was done to increase the production of food or to restrict the growth of population, the inevitable result would be the replacement of the tragedy of death from disease by the greater tragedy of death from starvation.”⁶³

⁶² General Address by J.B. Grant on 6 January 1940 at the Indian Science Congress (Madras: *Science and*

Culture), Vol. VI, No. 8, 1940, pp. 480-86.

⁶³ D.J. Megaw ‘Medicine and Public Health’, in E. Blunt, *Social Service in India*, (London: HMSO), 1938, p. 228.

Today, it has been recognized that the importance of public health services and programs are degrading. Moreover, the public health is funded and supported less comparatively. Public health is a vast domain where a large population feel dependent. That's why we believe that it should be given a concern and support, so, a society's interest and health can be fulfilled. Instead we observe that private health centres receive more attention and fund. Earlier, the British motive was to sanitize European's health alone, but within a decade they had extended their sanitary reforms to Indians as well. This is undeniable that colonisation has shifted our interest to the public health services. But, in the end of the 1860s, sanitation was given the priority and heading further in the 19th century they started to make efforts to reduce the sickness and mortality of public health. They also started to appoint the sanitary commissioners to inspect the health of the general population.⁶⁴

PUBLIC HEALTH ORGANIZATIONS AND MEDICAL FACILITIES

The civil surgeon, the head of all medical organizations in the district, is assisted by medical officers and staffs. The Civil Surgeon is appointed by government of India to do the medical inspection in all areas. In 1868, Public Health Department was established by British in India. According Bhore Committee, with the recommendation of two departments of public health and medical departments, suggested to improve the public health in the districts with the help of District

⁶⁴ M. Harrison, *Public Health in British India: Anglo – Indian Preventive Medicine, 1859 – 1914* (Cambridge University Press, 1994). p. 151.

Medical Scheme.⁶⁵ There were medical staffs consisting of medical officers, anti-epidemic operators and assistants.

HOSPITALS AND DISPENSARIES

Balrampur hospital was the main hospital which was in the control of a superintendent, the Additional Civil Surgeon. It was built on 27th May, 1869. Maharaja Malrampur created a trust for this hospital and donated Rs. 2,47,700 for the maintenance of this Hospital.⁶⁶ The hospital was maintained by the state government who took care of all expenditures. The hospital had both the in and out patients with a special block of rooms set aside for British.

Hazratganj Civil Dispensary is another example of government initiative. The hospital was in charge of a Medical Officer working under Civil Surgeon. Civil Hospital started as a dispensary, later its management was relocated to the Municipal Board.⁶⁷ There is another hospital with the name The King's English Hospital which was founded by Muslim king Nasir-ud-din Haidar of Awadh division. Its care was vested in the Kings Hospital Fund.⁶⁸ These hospitals had been taken care by the State.

The Dufferin Hospital was set up for women in the city. It was maintained by Dufferin Fund maintained by the district.⁶⁹ In 1876, another hospital for women was established in the compound of Zahur Bakhsh Church near Lalbagh and named as

⁶⁵Indian Journal of community Medicine, June 2009 PMC2763662
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2763662/>

⁶⁶ Oudh General Department No. 1986/III – 342 – B – 17, dated 29th June, 1892.

⁶⁷ Annual Report of the Civil Hospitals and Dispensaries of the United Provinces for the year ending 31st December, 1923 by Lieut-Colonel, R.F. Baird, I.M.C., M.I.C., offg. Inspector General of Civil Hospitals, United

Provinces. Allahabad: Printed by the Superintendent, Government Press, United Provinces, 1924

⁶⁸ Ibid

⁶⁹ Ibid

Lady Kinnaird Hospital. The Hospital was managed by the Zenana Bible and Medical Mission with the help of grants received by the district.⁷⁰

HOMEOPATHIC HOSPITALS AND DISPENSARIES

The homeopathic hospital set up with a total strength of 20 beds including a female ward and an isolation ward. Hospital had four qualified homeopathic doctors.⁷¹ In the beginning of 20th century, we could find 3 permanent dispensaries in rural areas. In 1954 some temporary dispensaries were created. At that time there were 12 Ayurvedic dispensaries, 10 Allopathic dispensaries, 6 Unani and 2 Homeopathic dispensaries.⁷²

- Allopathic Dispensaries: Itaunja, Mohanlalganj, Malihaba and Salimpur Nadarganj, Nagram, Bakshi-ka-talab, Sarojininagar, Sissendi, Kakori,
- Ayurvedic Dispensaries: Harauni, Nigohan, Bahauli, Katra bakkas, Gosainganj, Aliganj, Nabipanah, Mal and Mohibullapur Shaikhpur, Saspan, Banthara.
- Unani Dispensaries: Kankaha, Bijnor, Khushalganj, Amethi, Nagram, Mahona.
- Homeopathic Dispensaries: Intgaon, Mirakhnagar.

There were 665 hospitals and dispensaries open on the 1st January, 1923, and 632 on the 31st December, 1923, a decrease of 33 and at the end of the year one dispensary remained temporarily closed against four on the 31st December, 1922. Patients who were treated in the dispensaries run by local and private fund were

⁷⁰ Ibid

⁷¹ Ibid

⁷² Ibid

5,455,610 against 5,525,298 in 1922. This decrease is common to all classes of dispensaries, except standing dispensaries, as shown below:

Table: 2.12 Decrease in all the Classes of Dispensaries in the year of 1922 to 1923.

Year	Total Treated	General Dispensaries	Female Dispensaries	Standing Dispensaries	District Board Travelling Dispensaries
1922	5,525,298	5,097,357	427,941	5,002,300	522,998
1923	5,455,610	5,028,591	427,019	5,148,472	307,138

Sources: Annual Report of the Civil Hospitals and Dispensaries of the United Provinces for the year ending 31st December, 1923 by Lieut Colonel, R.F. Baird, I.M.S., M.I.C., Off. Inspector-General of Civil Hospitals, United, p-150.

Table: 2.13: The attendance (both indoor and outdoor patients) at general dispensaries and those intended for women only.

Year	General dispensaries		Dispensaries for women	
	Indoor	Outdoor	Indoor	Outdoor
1921	65,832	5,225,962	18,870	403,060
1922	65,085	5,032,272	18,707	409,234
1923	66,679	4,961,912	19,441	407,578

Sources: Annual Report of the Civil Hospitals and Dispensaries of the United Provinces for the year ending 31st December, 1923 by Lieut-Colonel, R.F. Baird, I.M.S., M.I.C., Offg. Inspector-General of Civil Hospitals, United, p-150.

Table: 2.14 The classes of patients treated during the year 1922 under report and the year 1923

-----	1922	1923
Europeans and Eurasians	9,231	7,945
Hindus	3,725,648	3,648,398
Muhammadans	1,646,442	1,663,682
Others	143,977	135,585
Total	5,525,298	5,455,610

Sources: Annual Report of the Civil Hospitals and Dispensaries of the United Provinces for the year ending 31st December, 1923 by Lieut-Colonel, R.F. Baird, I.M.S., M.I.C., Offg. Inspector-General of Civil Hospitals, United, p-152.

Table: 2.15 The attendance of in and Out-patients during the years

Years	In-Patients	Out-Patients
1920	85,061	5,703,870
1921	84,702	5,934,022
1922	83,792	5,441,106
1923	86,120	5,869,490
1924	87,652	5,879,189
1925	88,312	5,293,774

Sources: Provinces. Allahabad: Printed by the Superintendent, Government Press, United Provinces, 1924. IH 362.11120954006 F3. P.1- 4.

The attendance for each of the last six years was 16,092,453 attendances of out-patients as against 16,779,398 in the previous triennium. The in-patients numbered 2,62,084 and out-patients was 2,53, 555.

The main diseases treated and the number of deaths in the medical institutions in Awadh and some other district of united provinces. These diseases are Cholera, Leprosy, Malaria, Small-pox, and Tuberculosis. The following table summarizes the chief diseases treated and the number of deaths in the Awadh Province:

Table: 2.16 The following table summarizes the chief diseases treated and the number of deaths in the Awadh Province:

Diseases	1923		1924		1925	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Cholera	611	17	3,772	140	108	39
Leprosy	2,753	7	3,253	NIL	3,368	2
Malaria	351,338	76	1,327,800	143	1,047,380	140
Small-pox	301	NIL	884	52	1,211	29
Tuberculosis	10,329	238	11,264	301	12,108	280

Sources: Annual Report of the Civil Hospitals and Dispensaries of the United Provinces for the year ending 31st December, 1923 by Lieut-Colonel, R.F. Baird, I.M.S., M.I.C., Offg. Inspector-General of Civil Hospitals, United, p-155

On January 1, 1927 there were 556 hospitals and dispensaries open. In the last of the year closed with 583 hospitals and dispensaries. The increase of 27 dispensaries is accountable as follows:

Table: 2.17 On January 1, 1927 there were 556 hospitals and dispensaries open. In the last of the year closed with 583 hospitals and dispensaries. The increase of 27 dispensaries is accountable:

Opened during the year : 1927	
Subsidized dispensaries	33
Local Funds	2
Private aided	1
Closed subsidized dispensary	1 (36 – 1 = 35)
Transferred to District Boards	8 (35 – 8 = 27)

Sources: Annual Report of the Civil Hospitals and Dispensaries of the United Provinces for the year ending 31st December, 1923 by Lieut-Colonel, R.F. Baird, I.M.S., M.I.C., Offg. Inspector-General of Civil Hospitals, United, p-157.

Table: 2.18 The Attendance under the separate classes of Dispensaries in the year of 1926 and 1927.

Classes	1926	1927	Increase	Decrease
Classes I, III and IV –State, Public,	5,346,329	5,378,102	5,346,329	-----
Local Fund and Private Aided.				
Class II – State, Special Police, Forest, Canals, etc.	153,412	153,412	153,412	-----
Class V – Private Non-Aided	602,555	592,305	602,555	10,250
Class VI – Railways	322,487	312,591	322,487	9,896
Class VII – Subsidized	-----	96,675	----	-----

Sources: Provinces. Allahabad: Printed by the Superintendent, Government Press, United Provinces, 1924. IH 362.11120954006 F3. P.1-4.

There has been increased attendance of dispensaries against classes I, II, III and IV, while a slight decrease against classes V and VI. The increase shown against VII cannot be really called an increase since the figure has been shown in the annual report for the first time only.

Table: 2.19 The attendance at general dispensaries and those for women only in the year 1925 to 1927.

Year	General Dispensaries		Dispensaries for Women	
	Indoor	Outdoor	Indoor	Outdoor
1925	68,745	4,860,186	19,567	438,588
1926	69,321	4,888,056	19,970	423,982
1927	78,760	4,982,623	16,222	350,297

Sources: Annual Report of the Civil Hospitals and Dispensaries of the United Provinces for the year ending 31st December, 1923 by Lieut-Colonel, R.F. Baird, I.M.S., M.I.C., Offg. Inspector-General of Civil Hospitals, United.

Table: 2.20 The above statement has shown an increase of 109,206 at general dispensaries and a Decrease of 77,433 at women dispensaries.

-----	1926	1927	Increase	Decrease
Europeans and Anglo-Indian	7,605	7,290	-----	315
Hindus	3,606,081	3,745,451	139,370	-----
Muslims	1,630,010	1,618,875	-----	11,135
Others	102,683	103,161	523	-----

Sources: Annual Report of the Civil Hospitals and Dispensaries of the United Provinces for the year ending 31st December, 1923 by Lieut-Colonel, R.F. Baird, I.M.S., M.I.C., Offg. Inspector-General of Civil Hospitals, United Provinces.

SUBSIDIES TO PRIVATE PRACTITIONERS

Only 38 medical practitioners had established themselves in rural areas under the scheme of subsidy for practitioners and the scheme was not a success. The practitioners considered that to make a living in these small towns was difficult owing to their inability to obtain reasonable fees from the patients. Grants were made to

District Boards to open subsidized dispensaries in rural area. The number of such dispensaries open on 31st December 1927 was 1932.⁷³

PROVINCIAL SUBORDINATE MEDICAL SERVICE CADRE

In December, 1926 the cadre of Provincial Subordinate Medical Service stood at 413. The next year this number has been reduced to 402 due to the transfer and closure of dispensaries.⁷⁴ The services of Provincial Subordinate Medical Service Officers were as usual lent, when required, to the Public Health Department in connection with the outbreak of epidemic diseases. There was a slight rise in mortality from Small-pox as compared to the previous years, as the total deaths recorded in 1927 was 5,091 against 3,922 in the previous year and 4,940 was the mean of previous five years. The death-rate was .27 against .20 in 1926 and .26 the Quinquennial mean.⁷⁵

Table: 2.21 The annual mortality for the years of 1901 to 1923.

Year	No. of Deaths	Year	No. of Deaths
1901 – 1910 mean	4,962	1924	11,152
1911 – 1920 mean	5,074	1925	5,644
1921	1,771	1926	3,922
1922	1,170	1927	5,091
1923	2,811		

Sources: Annual Sanitary Report, 1927

According to a government policy document, the cadre of IMS officers fell from 19 to 15. No new admission into the service is to be made. The cadre of

⁷³ Annual Sanitary Report, 1927

⁷⁴ Ibid

⁷⁵ Ibid

Provincial Medical Service Civil Surgeons was raised from 14 to 23 during the triennium owing to the reduction in the cadre of Indian Medical Service. The Provincial Subordinate Medical Service cadre fell according to the accepted Policy of Government of India, for the deprovincialization from 431 to 372. The reduction was due to the following causes:⁷⁶

- a) Handing over of 27 dispensaries to district and municipal boards;
- b) Transfer of 8 posts of house surgeons and physicians to the Agra Medical School For making direct appointments from among the passed students every year;
- c) The closure of 2 dispensaries.
- d) The reduction of 9 reserve appointments on the 37 appointments.

In the below Table: 2.22 – The attendance of in and out-patients at the dispensaries during the triennium of 1926, 1927 to 1928 and compared with the previous triennium of 1923, 1924 to 1925. The attendance of out-patients at the dispensaries during the triennium 1926, 1927, and 1928 was 16,365,887 as compared with 16,092,456 in the previous triennium 1923, 1924 and 1925. The in-patients numbered respectively 2,85,675 and 2,62,084.

⁷⁶ Ibid

Table: 2.22 Following statement shows the attendance for each of the last six years.

Year	In-Patients	Out-patients
1923	86,120	5,369,490
1924	87,652	5,879,189
1925	88,812	5,298,774
1926	89,291	5,257,038
1927	95,019	5,379,758
1928	101,866	5,729,091

Sources: Annual Sanitary Report, 1927

Table:2.23 The Chief Diseases treated and the Number of Deaths of In and Out-Patients departments of the several classes of the Medical institutions in the Awadh.

Diseases	1926		1927		1928	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Cholera	898	46	2,287	200	3,988	185
Leprosy	3,925	-----	4,251	8	4,471	4
Malaria	967,520	134	917,858	124	732,440	137
Small-pox	1,863	50	1,857	107	2,026	11
Tuberculosis	14,283	812	15,479	293	16,280	284

Sources: Annual Sanitary Report, 1927

BRANCH DISPENSARIES AND RURAL MEDICAL RELIEF

Subsidies to local boards to encourage qualified medical practitioners to settle in rural areas continued to be granted but the rates had to be reduced by half during

the years 1932- 33, owing to financial problems. At the end of 1934, however, Government restored the rates originally sanctioned.⁷⁷ The scheme for increasing the number of dispensaries in rural areas as revised in 1930 began working satisfactorily. The ‘cheaper and smaller dispensaries’ scheme for the bill tracts started in 1931 has been very successful and medical relief is now easily available to the rural areas which were formerly very remote from dispensaries.

Table:2.24 The number of dispensaries subsidized by Government of India and district boards and the medical practitioners who have settled in rural areas to render medical aid to poor patients.

YEAR	Number of subsidized dispensaries	Number of medical practitioners
1932	35	19
1933	35	20
1934	48	24

Sources: Annual Sanitary Report, 1927

Financial difficulties did not enable more dispensaries being opened in rural areas. Owing to absence of social amenities in rural tracts and the reduction in the subsidy there was difficulty in including medical practitioners to come forward to work in small towns and rural areas. Two branch dispensaries were handed over to the complete control of district boards during the triennium with lack of funds⁷⁸

⁷⁷ Ibid

⁷⁸ Ibid

Table:2.25: The results of treatment during the two triennial sections of 1929-31 and 1932-34.

	1929-31	1932-34
Diseases arrested	112	152
Much improved	61	80
Improved	149	128
Stationary	61	68
Worse	47	59
Died	6	7

Sources: Annual Sanitary Report, 1927.

DUFFERIN FUND

The activities after establishment of the Dufferin Fund have on the whole continued to be satisfactory. The financial condition of the Fund has improved, although the financial condition of some of the local branches has been somewhat unsatisfactory. These funds were not given by the British alone, also the kings and nawabs contributed. Hospital and dispensaries were not in good conditions, so these funds were used to improve the condition.⁷⁹

Table: 2.26 The comparative figures for in-patients and out-patients at the hospitals affiliated to the Awadh branch of Dufferin Fund.

	1932	1933	1934
In-door	17,484	18,065	17,821
Out-door	475,806	564,483	511,263

Sources: Annual Sanitary Report, 1927

⁷⁹ The Annual Report of the National Association for Supplying Female Medical Aid to the Women of India. Price Is. Hatcliards, 97, Piccadilly

Table:2.27 Figures of 1932, 1933 and 1934 include the Lady Lyall Hospital at Agra which is provincial institution. Its separate figures are shown below:

	1932	1933	1934
In-door	3,531	3,882	3,433
Out-door	17,663	18,264	17,389

Sources: Annual Sanitary Report, 1927.

The new edition of the United Provinces Medical Manual has been published, which shows that the activities of the Medical Department are hampered owing to financial stress. The manual recorded, apart from expansion of medical relief, much difficulty has been felt in maintaining some of the hospitals and dispensaries, especially those financed by local bodies. The Bareilly Sadar Hospitals especially needs attention and improvement.⁸⁰

⁸⁰ Triennial Report of Civil Hospitals and Dispensaries of the United Provinces for the years 1932, 1933 &

1934 by Colonel H.C. Buckley, M.D., I.M.S. Inspector General of Civil Hospitals, United Provinces. Allahabad:

Superintendent, Printing and Stationary, United Province, 1935. IH 362.1109542 G2-G4. p. 1-13

Table:2.28 A summary of the chief diseases treated and the number of deaths in the in-patients and out-patients departments of several classes of the hospitals in the provinces, with the percentage of deaths in each disease in the year 1935.

Malaria	1935		
	CASES	DEATHS	PERCENTAGE OF DEATHS
	1,174,745	122	.01
Tuberculosis of lungs	21,893	808	1.44
Cholera	1,568	78	4.97
Dysentery	134,464	183	.14
Dysentery	9,783	12	.12
Smallpox	2,150	63	2.93

Sources: Triennial Report of Civil Hospitals and Dispensaries of the United Provinces for the years 1932, 1933 & 1934 by Colonel H.C. Buckley, M.D., I.M.S. Inspector General of Civil Hospitals, United Provinces. Allahabad: Superintendent, Printing and Stationery, United Province, 1935. IH 362.1109542 G2-G4. p. 1-13.

Table:2.29 The comparative figures for in-patients and out-patients at the hospitals affiliated to the Awadh Branch of the Dufferin Fund in 1934 and 1935.

	1934	1935
In door patients	17,821	23,020
Out-door patients	541,263	646,500

Source: Triennial Report of Civil Hospitals and Dispensaries of the United Provinces for the years 1932, 1933 & 1934 by Colonel H.C. Buckley, M.D., I.M.S. Inspector General of Civil Hospitals, United Provinces. Allahabad: Superintendent, Printing and Stationary, United Province, 1935. IH 362.1109542 G2-G4. p. 1-13

The cadre of the Indian Medical Services, Civil Surgeons remained unaffected throughout the triennium of 1935, 1936 and 1937 of Awadh. Col. R.S. Townsend, Col. H.C. Buckley and Col. J.A.S. Phillips were in charge of the Medical Departments

during the triennium. The cadre of the Awadh Medical Service Officers which stood at 97 at the end of the last triennium rose to 99. The cadre of the Provincial Subordinate Medical Service was 344 as against 349 on the last day of the preceding triennium. 43 officers were recruited during the triennium under report of I.M.S.

HEAD QUARTERS HOSPITALS

The necessity for the provincialization of certain headquarters' hospitals was very pressing and the question of provincializing the Sadar Hospitals at Bareilly, Faizabad, Etah and Ballia, the King Edward VII Hospital, Benares, and the Kashipur Male Hospital, Nainital, was still before Government.⁸¹ Amongst the provincialized hospitals, the condition of the Prince of Wales Hospital, Cawnpore, later known as 'The Ursula Horseman Memorial Hospital and Prince of Wales Charitable Dispensary' the condition had improved greatly due to the generosity of Messrs. H. and A. Horsman of Cawnpore.⁸² The hospital had been practically reconstructed on up-to-date modern lines. Extra staffs had also been sanctioned. Subsidies were given to local boards to build and maintain dispensaries in rural areas. It continued on a little larger scale during the triennium under report than in the last triennium.

⁸¹ Triennial Report of Civil Hospitals and Dispensaries of the United Provinces for the years 1932, 1933 & 1934 by Colonel H.C. Buckley, M.D., I.M.S. Inspector General of Civil Hospitals, United Provinces. Allahabad: Superintendent, Printing and Stationery, United Province, 1935. IH 362.1109542 G2-G4. p. 1-13.

⁸² Ibid

Table:2.30 The number of dispensaries subsidized by Government and district boards and the medical practitioners who have settled in rural areas to render medical aid to patients of the poorer classes in 1935 to 1937.

YEAR	NUMBER OF SUBSIDIZED DISPENSARIES	NUMBER OF MEDICAL PRACTITIONERS
1935	47	21
1936	61	20
1937	68	28

Sources: Triennial Report of Civil Hospitals and Dispensaries of the United Provinces for the years 1932, 1933 & 1934 by Colonel H.C. Buckley, M.D., I.M.S. Inspector General of Civil Hospitals, United Provinces. Allahabad: Superintendent, Printing and Stationery, United Province, 1935. IH 362.1109542 G2-G4. p. 1-13.

Table:2.31 The total number of dispensaries at the end of each year of 1935, 1936 and 1937.

Year	Number of dispensaries
1935	698
1936	691
1937	701

Table: 2.32 Number of departmental dispensaries, funds, local and state level medical relief during the triennium of 1935 -1937.

	NUMBER OPENED	NUMBER CLOSED	NUMBER TRANSFERRE D
I State Public	1	1	...
III Local Fund	6	5	...
IV Private Aided	4	1	...
V Private Non-Aided	8	1	2
VI Railways	1	1	...
VII Subsidized Scheme	10	2	...
Total	30	11	2

Table: 2.33 The distribution of medical personnel throughout various institutions in Awadh Provinces district. Figure for the two triennia of 1932 – 34 and 1935 – 1937.

YEAR	TOTAL NUMBER OF MEDICAL PERSONNEL	YEAR	TOTAL NUMBER OF MEDICAL PERSONNEL
1932	Net available	1935	2,508
1933	2,126	1936	2,586
1934	2,291	1937	2,685

In hospitals and dispensaries, there are 957 medical personnel of all grades and classes in all provinces in 1937. The attendance of out-patients at dispensaries

during the triennium 1935 – 1937 was 23,972,158 as compared to 21,169,929 in the previous triennium in the provinces. In-patients numbered 3,97,885 for 1932-34 compared to 3,56,482 for 1932-34.

Table:2.34 A summary of the chief diseases treated and the number of deaths in the in-patient and out-patient departments of the several classes of medical institutions in the Provinces, with the percentage of deaths in each disease in the year of 1935, 1936 and 1937.

DISEASES	1935			1936			1937		
	Cases	Deaths	Percentage	Cases	Deaths	Percentage	Cases	Deaths	Percentage
Cholera	1,221	145	.009	1,174,715	122	.018	1,224,684	124	.01
Dysentery	156,744	322	1.46	21,392	508	1.43	24,659	274	1.11
Leprosy	9,539	74	6.06	1,568	78	4.97	1,297	58	4.47
Malaria	1,497,846	159	1.12	134,464	183	.13	159,443	216	.18
Malaria	1,105	13	.18	9,788	12	.12	10,119	10	.09
Tuberculosis	21,967	30	2.71	2,150	63	2.93	588	80	5.10

Source: Triennial Report of Civil Hospitals and Dispensaries of the United Provinces for the years 1932, 1933 & 1934 by Colonel H.C. Buckley, M.D., I.M.S. Inspector General of Civil Hospitals, United Provinces. Allahabad: Superintendent, Printing and Stationery, United Province, 1935. IH 362.1109542 G2-G4. p. 1-13

Table:2.35 The attendance for In-patients and out-patients from 1931 to 1936.

YEAR	IN-PATIENTS	OUT-PATIENTS
1931	111,080	6,857,656
1932	113,633	6,765,554
1933	119,655	6,944,788
1934	123,194	7,459,860
1935	127,844	7,506,551
1936	133,140	8,191,590

The total number of beds available was 9,216 (6,119 for males and 3,097 for females) against 9,157,466 patients in 1935. Males increased by 715,234 and females by 142,015. The increase of female patients was a pleasing factor with the spread of welfare work, it is hoped that the attendance will further increase patients.

Table: 2.36 The various classes of Medical Institutions which were opened, closed, or transferred during the year of 1938.

Class of Institution Number	Opened Number	Closed Number	Transferred
I – State –Public	1	1	-----
II – State-Special –			
(i) Police	1	-----	1
(ii) Others	1	-----	-----
III – Local Fund	11	2	7
IV – Private Aided	4	1	-----
V – Private Non-Aided	1	-----	3
VI – Railways	1	-----	-----
VII – Subsidized	2	1	-----
Total	22	5	11

The total medical personnel consisting of Indian Medical Services (I.M.S.), Indian Medical Director (I.M.D.), Private Medical Services (P.M.S), and Private Subsidies Medical Services (P.S.M.S.) officers, graduates and licentiates both paid and honorary including members of the Women’s Missionary Society (W.M.S.), compounders nurses, midwives and dais in all classes of medical institution in the province was 2,836 against 2,685 during the previous year. The total number of in-door and out-door patients treated at State-Public, Local Fund, and Private aided hospitals and dispensaries was 8,785,196 against 8,407,528 in 1937 and the number of in-patients was 154,131 as compared with 1,36,901 in the previous year. Out-patients numbered 8,631,065 as against 8,270,627 during the previous year.

Table:2.37 The attendance for in and out patients each of the six years from 1933 to1938

YEAR	IN-PATIENTS	OUT-PATIENTS
1933	119,655	6,944,788
1934	123,194	7,459,585
1935	127,844	7,509,951
1936	133,140	8,191,580
1937	136,901	8,270,627
1938	154,181	8,631,065

In 1937, the total number of beds available was 9,672 (6,375 male and 3,297 female) against 9,488 (6,291 male and 3,197 female). Altogether 10,523,896 patients were treated in all classes of hospitals and dispensaries, against 10,237,169 in 1937 and the number of male patients increased by 1,71,160 and of female patients by 1,15,567. The increase in female patients is due to the spread of maternity work.

Table:2.38 The chief diseases treated and the number of deaths against them for the years 1937 and 1938 are compared.

Diseases	1937		1938	
	Cases	Deaths	Cases	Deaths
Malaria	1,224,684	124	1,068,949	137
Tuberculosis	24,659	274	25,833	315
Cholera	1,297	58	14,022	387
Dysentery	159,443	216	189,411	271
Leprosy	10,119	10	10,281	15
Smallpox	588	30	975	47

UNITED PROVINCES MEDICAL COUNCIL

The following recommendations were made in the report to Government:

- a) The prosecution of the Strangers Postal Training and All India Railway Medical and Art College, Benares, under the Indian Medical Degrees Act, for issuing unauthorized diplomas in Western Medical Science;
- b) The raising of the Agra Medical School to the University standard so as to bring it within the purview of the Indian Medical Council;
- c) The raising of the Agra Medical School to the University standard so as to bring it within the purview of the Indian Medical Council; The amendment of the Lucknow University Act so as to allow medical licentiates to appear at the M.B.B.S. examination of the University on conditions similar to those in Madras;
- d) The publication of the list of registered medical practitioners biennially instead of Quinquennial as at present.

WORKING OF HOSPITALS AND DISPENSARIES IN THE AWADH PROVINCE

Due to economic conditions many new developments remained unattainable and the efficiency of the hospitals and dispensaries were severely handicapped. The important activity of the year under report is:

- i) The status of the Nagina Dispensary has been raised from a. P.S.M.S, to a P.M.S., charge.
- ii) The Medical School, Agra, has been converted to a degree college.
- iii) A sum of Rs. 93,000 under the head of medical facilities was spent on equipment, etc. in various hospitals and did much to modernize several of the hospitals in this respect.
- iv) As a part of the Rural Development Scheme, 10 centers at varying points were established during the winter season for the relief of eye diseases.

HOSPITALS AND DISPENSARIES

At the close of the year 1938, the number of hospitals and dispensaries of all classes in the province was 714. Of these 389 were located in rural areas and in urban areas had 325. In 1939, 65 new dispensaries were opened, 10 closed and 3 transferred, leaving 766 (440 in rural areas and 326 in urban areas) in operation at the end of the year. In connection with the Rural Development Scheme for medical relief in rural areas, there are 146 Ayurvedic Aushdhalayas and 47 Unani Dawakhanas were opened, during the year under report.

DISTRIBUTION OF MEDICAL PERSONNEL

The strength of the medical personnel working in all classes of hospitals and dispensaries in the Awadh in 1939 was 2,965. It consists of I.M.S., P.M.S., P.S.M.S,

and I.M.D., officers, graduates and licentiates, both paid and honorary, including the members of the Women's Medical Service, compounders, nurses, and dias. 280 were in hospitals and dispensaries at the Provincial Headquarter, 1,604 at district headquarters and other urban areas, and 1,081 serving in rural areas.

IN-DOOR AND OUT-DOOR PATIENTS

The number of in-door patients treated at the Local Fund, State-Public and Private aided hospitals and dispensaries were 159,466 as against 154,131 in the previous year. The daily average attendance during the year was 6,308.344. The number of out-door patients treated was 9,149,868 as against 8,631,065 in the year 1938, which gives a daily average attendance of 62,597.6107 and The total number of –patients treated, both in-door and out-door, stands at 9,309,334, showing an increase of 524,138 over the past year. This shows a tendency to an increased appreciating of western medicines and this figure would rapidly expand if modern methods of treatment were more available in our hospitals and dispensaries.

Table:2.39 The number of cases treated for some of the principal diseases, and the number of deaths, during the year 1939 under report and the preceding year 1938.

Disease	1938		1939	
	Cases	Deaths	Cases	Deaths
Malaria	1,068,949	137	1,163,776	123
Tuberculosis	25,833	315	24,404	344
Cholera	14,022	887	5,478	198
Dysentery	189,411	271	83,079	114
Leprosy	10,281	13	10,265	20
Small-pox	975	47	1,233	54

STATE HOSPITALS

The existing State hospitals in these Provinces are working under severe hardship by the paucity of funds at their disposal. Extra staffs, accommodation, funds for diet and equipment, etc., adequate to their requirements are still needed and the provision for medicines is required to be increased. During the year under report the State hospitals at Allahabad were visited by His Excellency Sir Maurice Hallet, the Governor of the United Provinces. He felt the necessity of a new central hospital at Allahabad in place of the old ones. The plans and estimates for this project are under preparation.

DISTRICT HEADQUARTERS HOSPITALS AND DISPENSARIES

The Provincialization of some of the Sadar hospitals was a primary concern for the Government of India. Most of the district boards found it difficult to maintain these institutions up to modern standards. A sum of Rs. 50,000 was again allotted by Government to assist district boards to provide medicines and equipment for their rural allopathic dispensaries.

SUBSIDIZED SCHEME AND MEDICAL RELIEF IN RURAL

AREAS

The scheme for giving subsidies to local boards for building and maintaining subsidized hospitals and dispensaries and for settling medical practitioners in rural areas continued on a little larger scale. It is an important land-mark in the history of medical expansion in Awadh. This is a systematic attempt to introduce modern scientific medicine expansion to the large population of the rural areas. It not only provided a system of medical treatment where none had been available before, but

also aroused local interest in matters pertaining to health and medical measures and promoted a new type of co-operative enterprise vital to the public health and happiness of the village community. There were 76 subsidized dispensaries and 40 subsidized medical practitioners working in rural areas as against 70 and 36 in the preceding year and the total number of patients treated by subsidized medical practitioners settled in rural areas was 301,844 against 266,444 during 1938.

RURAL DEVELOPMENT DISPENSARIES IN AWADH

The object of bringing adequate medical relief within easy access of every village was furthered by the establishment of the following hospitals and dispensaries in rural areas in connection with the Rural Development Scheme:

- i) 16 Allopathic Travelling Dispensaries.
- ii) 146 Ayurvedic Aushadhalayas.
- iii) 47 Unani Dawakhanas.
- (iv) 48 Allopathic Fixed Dispensaries.

The establishment of these dispensaries has been financed by Government of India. In selecting the places for the location of these dispensaries due regard has been paid to local requirements



Chapter 3
Colonial Public Health
Policy



Chapter 3

COLONIAL PUBLIC HEALTH POLICY

The indigenous population played a significant role in shaping the colonial health policy in India. This chapter will delve into the formulation of the colonial health policy. It would look into the different diseases and how the colonial health policy has dealt with them, it would focus as to what policies the colonial government initiated and how it has dealt with the cure and eradication of various diseases. It would also discuss the problems faced vis-à-vis the local population by the colonial government and their interventions.

The response of the local population and its hostility to state interventions such as inoculation and sanitary during the 19th century have been documented by historians.¹ The native² population was not initially pleased or supported the measures such as inoculation and evacuation of disease-affected rural areas, which were initially not popular. The growing financial constraints of provincial governments and sanitary administrations made the financial and material assistance provided by leading members of the communities, such as caste-specific hospitals and dispensaries indispensable for effective disease control.³ The indigenous healers such as *hakims* and *vaids*, (doctors) who were actively displaced by the state's introduction of Europeans medicine, had to be co-opted in the 19th century to extend public health measures into rural areas. As early as 1857, *hakims* were used as vaccinators and

¹ See for instance David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, Berkeley: University of California Press, 1993, 141-4; 211-18; 223-32.

² The term "native" is used to refer to the Indian component of governmental departments. The term „native“ newspapers refer to newspapers published in the vernacular, 15 June, 2016

³ General Proceedings, North Western Provinces (hereafter NWP) August 1868, Proceedings 130-137, India Office Library (hereafter IOL), P/438/32; NWP General Proceedings, May 1890, Proceeding 9, IOL P/3597.

during the next decade, *hakims* in the NWP were also being trained in vaccination techniques and were found to be extremely effective agents for promoting this new public health measures in general people.⁴ At the end of the century, *hakims* and *vaid*s (*doctors*) were provided with free access to government-built pilgrim camps to encourage people to report cases and admit the sick into medical institutions.⁵

While the response and significance of elites (national and local), the local public, and even indigenous healers, to public health measures have been the subject of considerable historical inquiry, the role of the subordinate staff responsible for implementing measures on the ground remains largely under-studied. The historians who have researched Indian public health have focussed on the policymaking and the response of the upper echelons of administration.⁶ The staff were the executive officials had to deal with vast tracts of the country and were generally obliged to communicate with the general people needs to be studied in detail.⁷

DISEASES AND TREATMENT IN 1891

In 1891, Cholera raged severely in Bareilly and Shahjahanpur. Deaths from Small-pox were fewer than in the previous year, and the only districts which suffered to any considerable extent from this disease were Gonda, Lalitpur, and Bahraich. Out of 4,784 deaths from small-pox in Gonda and Bahraich, no less than 4,321 occurred among children under 12 years of age.⁸ The vaccinations were not implemented well

⁴ The Superintendent General of Vaccination in the NWP noted, „Several *Hukeems*, etc., have been taught and familiarised with the art of vaccination, and through them doubtless a knowledge of vaccination will have been spread to others, reconciling the apathetic and prejudiced to its adoption“ (NWP General Proceedings, August 1869, Proceeding 47, IOL P/484/34).

⁵ NWP Sanitary Proceedings, December 1897, Proceeding 82, IOL P/5126.

⁶ A good example of these professional rivalries is Harrison's study of the difference of opinion within the sanitary administration as to how cholera was caused: Harrison, *Public Health*, 102-4.

⁷ GOI Sanitary Proceedings, August 1881, Proceeding 24, IOL P/1664.

⁸ Annual Report of the Civil Hospitals and Dispensaries of the United Provinces for the year ending

in Oudh and Gonda. In Gonda, the vaccinators were reported to be lazy and unsystematic.⁹ Fevers prevailed with severity in almost every district; but the mortality was unusually high in Moradabad, Bareilly, Budaun and Bulandshahr.¹⁰ Compared with other districts, bowel- diseases, as usual, were more prevalent in Lalitpur, Dehra Dun, Hamirpur, Jhansi, and the three districts comprising the Kumaun Division. During the year 1886-87, only 14.05 per mile of the population of the whole Province were protected by this means. Bovine lymph was largely used at Lucknow and Bara-Banki.¹¹

The testing performed by the inspecting officers of the department was not satisfactory. The Deputy Sanitary Commissioners Superintendents saw only about one-fourth of the total operations. The proportion of successful cases observed by Deputy Sanitary Commissioners, Deputy Superintendents, and Native Superintendents shows that the percentage of success claimed by the vaccinators is open to doubt.¹² The Compulsory Vaccination Act was in force only in the Cantonments of Agra and Meerut. The annual death registered in 1885 is as follows¹³:

31st December, 1891 by Lieut-Colonel, R.F. Baird, I.M.S., M.I.C., Offg. Inspector-General of Civil Hospitals, United Provinces. Allahabad: Printed by the Superintendent, Government Press, United Provinces, 1924

⁹ Ibid

¹⁰ Ibid

¹¹ Ibid

¹² Annual Report of the Civil Hospitals and Dispensaries of the United Provinces for the year ending 31st December, 1885 by Lieut-Colonel, R.F. Baird, I.M.S., M.I.C., Offg. Inspector-General of Civil Hospitals, United Provinces. Allahabad: Printed by the Superintendent, Government Press, United Provinces,

¹³ Ibid

Table: 3.1 - Causes of Deaths registered in 1885 under the usual heads.

Diseases	Registered Deaths,1885	Deaths per 1,000 of population
Cholera	63,457	1.44
Small-Pox	14,593	0.33
Fever	11,24,150	25.48

As the table above shows, nearly 90 per cent of the deaths in these Provinces were due to epidemic diseases.

There were 665 hospitals and dispensaries open on 1 January 1923, which reduced to 632 on 31 December 1923, a decrease of 33. In 1922, 4 temporary dispensaries were closed whereas, in 1923, one was closed. The total number of patients treated at the state public, local fund and private aided dispensaries was 5,455,610 against 5,525,298 in 1922, decreased by 69,688. This decrease is common to all classes of dispensaries, except standing dispensaries, as shown in the following statement:

Table: 3.2- Decrease in all the Classes of Dispensaries in the year of 1922 to 1923.

Year	Total Treated	General Dispensaries	Female Dispensaries	Standing Dispensaries	District Board Travelling Dispensaries
1922	5,525,298	5,097,357	427,941	5,002,300	522,998
1923	5,455,610	5,028,591	427,019	5,148,472	307,138

The fall in attendance is not due to lack of popularity. The greatest fall is under Travelling Dispensaries owing to their closure.

Table: 3.3 - The attendance (both indoor and outdoor) at general dispensaries and those intended for women only.

Year	General dispensaries		Dispensaries for women	
	Indoor	Outdoor	Indoor	Outdoor
1921	65,832	5,225,962	18,870	403,060
1922	65,085	5,032,272	18,707	409,234
1923	66,679	4,961,912	19,441	407,578

Table: 3.4 - The classes of patients treated during the year 1923 and the previous year 1922.

----	1923	1922
Europeans and Eurasians	9,231	7,945
Hindus	3,725,648	3,648,398
Muhammadans	1,646,442	1,663,682
Others	143,977	135,585
Total	5,525,298	5,455,610

Table: 3.5 - provides the information on the main diseases treated and the deaths caused by them in the years 1923-25.¹⁴

Diseases	1923		1924		1925	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Cholera	611	17	3,772	140	108	39
Leprosy	2,753	7	3,253	NIL	3,368	2
Malaria	351,338	76	1,327,800	143	1,047,380	140
Small-pox	301	NIL	884	52	1,211	29
Tuberculosis	10,329	238	11,264	301	12,108	280

¹⁴ Annual Sanitary Report, 1925

On January 1927, there were 556 hospitals and dispensaries. 27 dispensaries were opened new. The year closed with 583 hospitals and dispensaries.¹⁵

Opened during the year -			
Subsidized dispensaries	33	}	
Local Funds	2		
Private aided	1		
Closed subsidized dispensary			1 (36 - 1 = 35)
Transferred to District Boards			8 (35 - 8 = 27)

Table: 3.6 - The total number of patients treated was 5,474,777 against 5,346,329 in 1926, showing an increase of 128,448. The Attendance under separate classes of Dispensaries in the year 1926 and 1927 is as follows.

Classes	1926	1927	Increase	Decrease
Classes I, III and IV – State, Public, Local Fund and Private Aided	5,346,329	5,378,102	81,773	-----
Class II – State, Special Police, Forest, Canals, etc.	153,412	154,900	1,888	-----
Class V – Private Non-Aided	602,555	592,305	-----	10,250
Class VI – Railways	322,487	312,591	-----	9,896
Class VII – Subsidized	-----	96,675	96,675	-----

¹⁵ Annual Sanitary Report, 1927

There has been increased attendance against classes I, II, III and IV, while a slight decrease against classes V. The cases under clause VII have been categorised under this for the first time. They have been figured in the annual report for the first time.¹⁶

Table: 3.7 - The attendance at general dispensaries and those for women only in the year 1925 to 1927.

Year	General Dispensaries		Dispensaries for Women	
	Indoor	Outdoor	Indoor	Outdoor
1925	68,745	4,860,186	19,567	438,588
1926	69,321	4,888,056	19,970	423,982
1927	78,760	4,982,623	16,222	350,297

The above statement has shown an increase of 109,206 at general dispensaries and a decrease of 77,433 at dispensaries for women.

Table: 3.8 – Attendance according to class in the year of 1926 to 1927.

-----	1926	1927	Increase	Decrease
Europeans and Anglo-Indian	7,605	7,290	-----	315
Hindus	3,606,081	3,745,451	139,370	-----
Muhammadans	1,630,010	1,618,875	-----	11,135
Others	102,683	103,161	523	-----

There was a slight rise in mortality from Small-pox as compared with the previous year, the total deaths recorded during the year being 5,091 (2,573 males and 2,518 females) against 3,922 in the previous year and 4,940, the mean of previous five

¹⁶ Ibid

years. The death rate was .27 against .20 in 1926 and .26 the quinquennial mean. The incidence of the disease was thus on the normal line.¹⁷

Table: 3.9 – The Annual mortality for the years 1901 to 1923.

Year	No. of Deaths	Year	No. of Deaths
1901 – 1910 mean	4,962	1924	11,152
1911 – 1920 mean	5,074	1925	5,644
1921	1,771	1926	3,922
1922	1,170	1927	5,091
1923	2,811		

Inspector-Generals of Civil Hospitals Colonel R.F. Baird, Colonel G. Tate and Colonel R.F. Baird was in charge of the Medical Department during the triennium. The Lee Commission Report and its recommendations brought in changes in the cadre of Civil Surgeons, Indian Medical Services Civil Surgeons.¹⁸ The sanctioned cadre strength of 25 was reduced to 18 from April 21, 1928. Of these 18 Indian Medical Service Officers, 15 were to be European origin and placed in the following stations: **Benares, Allahabad, Cawnpore, Agra, Meerut, Naini Tal, Mussoorie, Lucknow, Moradabad, Jhansi, Bareilly, Gorakhpur, Dehra Dun, Aligarh, Fyzabad.** Three Indian Medical Service officers were to be placed in **Sitapur, Shahjahanpur and Saharanpur.**¹⁹

The cadre strength of Indian Medical department officers also was reduced from 19 to 15. No new admissions were carried out in the service

¹⁷ Annual Sanitary Report, 1927

¹⁸ Ibid

¹⁹ Ibid

The Provincial Medical Service Civil Surgeons strength was raised from 14 to 23 during the triennium owing to the reduction in the cadre of Indian Medical Service and Indian Medical department Civil Surgeons. The cadre of provincial Medical Service officers was 102 of whom 5 officiated as a civil surgeon.²⁰

The Provincial Subordinate Medical Service cadre also reduced following the government policy. The government adopted the policy of 'deprovincialization'. The strength reduced from 431 to 372. The reduction was due to the following causes:

- (a) *Handing over of 27 dispensaries to district and municipal boards;*
- (b) *Transfer of 8 posts of house surgeons and physicians to the Agra Medical School for making direct appointments from among the passed students every year;*
- (c) *The closure of 2 dispensaries.*
- (d) *The reduction of 9 reserve appointments on the 37 appointments.*

The total reduction of appointments comes to 46. 9 new dispensaries were opened in these years. The net decrease was therefore 37, which brought the cadre of Provincial Subordinate Medical Service from 431 to 394. There were 22 vacancies at the end of the triennium, which according to the orders of Government could not be filled; the cadre strength was regularized to its correct number 372.²¹

The services of Provincial Subordinate Medical Service officers when required were deputed to the Public Health department in connection with the

²⁰ Ibid

²¹ Triennial Report of Civil Hospitals and Dispensaries of the United Provinces for the years 1932, 1933 & 1934 by Colonel H.C. Buckley, M.D., I.M.S. Inspector General of Civil Hospitals, United Provinces. Allahabad: Superintendent, Printing and Stationary, United Province, 1935.

outbreak of epidemic diseases, and fairs. From May 1, 1928, government-sanctioned grants for an allowance of Rs. 100 per mensem to women medical graduates and Rs. 50 to women of the certificated class to compensate them for low pay.²²

The following table gives a comparison of the in and outpatient numbers at the dispensaries during the triennium of 1926 to 1928 and compared with the previous triennium of 1923 to 1925.

The attendance of outpatients at the dispensaries during the triennium 1926-28 was 16,365,887 as compared with 16,092,456 in the previous triennium 1923-25. The in-patients numbered respectively 285,675 and 262,084.²³ The following statement shows the attendance for each of the last six years:

Table: 3.10 The attendance of outpatients at the dispensaries during the triennium 1926-28 was 16,365,887 as compared with 16,092,456 in the previous triennium 1923-25. The in-patients numbered respectively 285,675 and 262,084. The following statement shows the attendance for each of the last six years

Year	In-Patients	Out-Patients
1923	86,120	5,369,490
1924	87,652	5,879,189
1925	88,812	5,298,774
1926	89,291	5,257,038
1927	95,019	5,379,758
1928	101,866	5,729,091

²² Ibid

²³ Ibid

Inspector-General of Civil Hospitals Colonel H.R. Nutt, Colonel H.C. Buckley and Lieut.-Col. R.S. Townsend was in charge of the Medical Department during the triennium of the Civil Hospitals and Dispensaries for the year 1932 – 1934. The cadre of European and Indian origin in Indian Medical Service, Civil Surgeons remained unaffected throughout the triennium.²⁴

The Civil Surgeons, Provincial Medical Service, was increased by 30 owing to the reduction of Civil Surgeons in the Indian Medical Department.

The status of three Provincial Medical Service officers was lowered to that of Provincial Subordinate Medical Service. Selection boards carried out the recruitment in the Provincial Medical Service and Provincial Subordinate Medical Service.²⁵

SMALLPOX VIRUS

Smallpox virus was dangerous and the infections spread easily and rapidly. In the first week of infection, the virus quietly established itself in an infected person. It does not show signs of illness. Any healthy person contracting smallpox virus did not realise the infection until the end of the first week. Generally, around the ninth day, the first signs and symptoms appeared: headache, fever, chills, nausea, and backache, sometimes with convulsions or delirium. Some victims experienced terrifying dreams during this prodromal stage, which lasted up to three or four days. Victims with fair skin often developed a diffuse scarlet colouration in their faces, which sometimes extended over the entire body. At the end of the prodrome, the fever subsided and the

²⁴ Ibid

²⁵ Ibid

victim temporarily felt better, just as the virus declared its presence by producing the characteristics rash.²⁶

Typically, the flat reddish spots appeared first on the face, and then spread rapidly over the face, lower arms and legs than on the centre of the body. Over the next several days the miserable, aching victim was transformed and swollen flat spots of the rash became raised pimples, then blisters, and then pustules, after which the pustules dried up and turned into crusts or scabs. At its height, the many pustules of a dense rash sometimes made the victim's skin appear yellow. In fair-skinned victims, vesicles and early pustules were surrounded by a thin red halo; during the popular stage, the entire lesion was red. Many died in the first few days of the rash, others soon after the first week of the rash, and some were carried to their graves even before the rash appeared. Once a person was infected, there was no effective treatment.²⁷

Some patients appeared exactly as if they had been severely scalded or burned, and even less seriously affected victims said their skin felt as though it were on fire. In addition to the skin, which sometimes sloughed off in large pieces, the virus attacked the throat, lungs, heart, liver, intestines, and other internal organs leading to the death of the patient. Victims reeked of a peculiarly sickening odour. In some, the disease caused haemorrhaging internally and externally, the so-called black smallpox, which was always fatal. Overall, about one out of every four victims died. Survivors were immune and usually could not get the infection again, but they often were left with pockmarked faces, or less commonly, blind in one or both eyes.²⁸

²⁶ Ibid

²⁷ Dixon, C. W. 1962. *Smallpox*, London: J and A. Churchill. p. 170

²⁸ Ibid

A person ill with smallpox shed millions of infective viruses into his immediate environment from the rash on his skin and open sores in the throat. Each victim remained infectious from just before the rash appeared until the last scab dropped off about three weeks later, but was most highly contagious during the first several days of that period. Corpses of victims who died of the infection were also a dangerous source of the virus. Sometimes clothing, shrouds, or blankets recently contaminated with pus or scabs served as a vehicle for the virus, whereby persons who were not in direct contact with a patient would become infected.²⁹

Most victims, however, acquired the virus through droplet infection while in face-to-face contact with the patient by inhaling contaminated air. Only very rarely was airborne smallpox virus known to have infected another person beyond the immediate vicinity of the victim. Not all persons who were exposed to smallpox became infected. The chances of being infected were about fifty-fifty for other susceptible members of the same household.³⁰

Within each infected human cell, the smallpox virus multiplied by forcing the cell's reproductive apparatus to replicate smallpox virus instead, which then leaked out to infect other cells, or was released more dramatically when the infected cell became overly packed with the virus and ruptured. The virus shower probably commences just before the sudden rise in temperature and onset of symptoms of the initial phase.³¹

In fulminating infections, death usually occurred within three to five days, often caused by overwhelming toxæmia or massive haemorrhaging into the skin,

²⁹ Ibid

³⁰ Ibid

³¹ Dixon, C. W. 1962. *Smallpox*, London: J and A. Churchill.

throat, lung, intestine, or uterus. Such patients had no characteristic popular or vesicular eruption, only a nonspecific red or violet patchy, petechial, or morbilliform rash may be seen. In other malignant infections, the smallpox virus caused diffuse destruction in the dermis or deeper layer of the skin, and patients died between ten and fourteen days after onset of symptoms, with pustular lesions that were sometimes confluent. Patients with benign infections usually had superficial lesions limited to the epidermis, which were less liable to secondary bacterial infection.³²

Smallpox deaths attributable to complications other than haemorrhage usually occurred eighteen days or more after symptoms began. These other potentially life-threatening complications most often resulted from secondary bacterial infection of the wound in the skin originally caused by the virus. The virus itself was usually responsible for destroying sebaceous glands, which, because they are more numerous on the face, resulted in the characteristic permanent pockmarks' being most common on the most visible part of the body. A few patients develop encephalomyelitis, manifest by drowsiness and speech disorder, in the second week of illness. In about 1% of patients, the virus caused ulcerations of the cornea, usually starting around the fourteenth day of illness, and resulted in permanent blindness of the affected eye or eyes. Blindness and secondary septic infections were more frequent in undernourished victims.³³

Variola Major was the only species of smallpox known until late in the 19th century. The disease caused by *Variola Minor* looked and spread exactly like the familiar severe smallpox, but whereas *Variola Major* killed about 25% of its victims,

³² Ibid

³³ Phadke, A. M.; Samant, N. R.; and Dewal, S. D. 1973. "Smallpox as an Etiologic Factor in Male Sterility," *Fert. And Steril.* 24: 802-4.

Variola Minor killed only 1% or less. Victims of *Variola Minor* were less likely to be scarred than those who survived an attack of *Variola Major*.

Like inoculation, a successful vaccination protected the vaccinee against smallpox. A freshly vaccinated person developed a rash only infrequently and in any event could not spread smallpox to others, unless he had been infected with smallpox just before the vaccination took effect. People who recovered from natural smallpox or inoculation were usually immune to subsequent infection by smallpox for the rest of their lives.

Since smallpox was spread from the person and does not naturally infect animals, it could not exist in a community so long as susceptible persons were available to keep the disease going. In recent years, it has been estimated that measles virus requires a minimum population of about 2-3 hundred thousand persons to ensure that enough new susceptible persons are born annually to sustain the chain of infection indefinitely.³⁴ The population required to sustain smallpox is probably less than that since smallpox is less contagious than measles. However, much higher infant mortality rates from other causes in past years would have tended to raise the base population needed to ensure an adequate number of susceptible.³⁵

HISTORIOGRAPHY OF SMALLPOX IN INDIA

That smallpox has been prominently chronicled in the histories of health and medicine in South Asia is not surprising considering the dramatic nature of both the

³⁴ Black, F. L., 1966. "Measles Endemicity in Insular Populations: Critical Community Size and Its Evolutionary Implication." *J. Theoret. Biol.* 11: 207-11. Barlett, M. S. 1957. "Measles Periodicity and Community Size." *J. Roy. Stat. Soc., ser. A*, 120: 48-59. Barlett, M. S. 1960. "The Critical Community Size for Measles in the United States." *J. Roy. Stat. Soc., ser. A*, 123: 37-44.

³⁵ Imperator, P. J., and Sow, O.; and Fofana, B. 1973. "The Persistence of Smallpox in Remote Unvaccinated Villages during Eradication Program Activities." *Acta. Trop.* (Basel) 30: 261-68.

disease and the official measures developed to deal with it. They have provided with descriptions of social interventions, concerted official efforts such as the introduction of variolation regimes, Jennerian vaccination and the sometimes forcible isolation of sufferers in hospitals, special camps and residential properties tend to fit well into the terms of reference that have predominated in the historiography over the past two decades or so.³⁶ Some scholars have argued that it was representative of how ‘Western’ medicine in India was an effective “tool of empire”, selectively benefiting the British and their indigenous allies.³⁷ Some others claimed that smallpox vaccination was intended to ‘mark’ Indians, to draw information about them and thereby help control Indian society during the consolidation of colonial power. They also tend to maintain that these vaccination regimes represented an effort to impose the supremacy of scientific medical traditions. Moreover, it has been argued that this imposition was able to win over certain sections of the sub-continental society while being resisted by others for a host of specifically ‘Indian’ cultural concerns and that this resistance limited the state’s interventionist ambitions.³⁸

Events in the nineteenth century were seminal cannot be denied, not least as it was then that a variety of Jennerian vaccines were first made available for general use and efforts made to adapt these to varied subcontinental climatic and geographical

³⁶ Variolation referred to the inoculation of human beings with matter containing the smallpox virus (variola), while vaccination involved the use of a range of animal poxes containing the vaccinia virus.

³⁷ See Anil Kumar, *Medicine and the Raj: British Medical Policy, 1835-1911* (New Delhi: Sage, 1998), 167-68

³⁸ See, for instance, Deepak Kumar, “Unequal Contenders, Uneven Ground: Medical Encounters in British India, 1820-1920,” in *Western Medicine as Contested Knowledge*, ed. Andrew Cunningham and Bridie Andrews, 172-211 (Manchester: Manchester University Press, 1997). Also see, David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley and Los Angeles: University of California Press, 1993); Sandeep Sinha, *Public Health Policy and the Indian Public: Bengal, 1850-1920* (Calcutta: Vision, 1998); and David Arnold, *The New Cambridge History of India: Science, Technology and Medicine in Colonial India* (Cambridge: Cambridge University Press, 2000).

conditions. Yet, the first half of the twentieth century witnessed important scientific and administrative developments that changed, albeit often very gradually, the context in which vaccines were developed made and utilized in the field. By the second quarter of the twentieth century, the mass-produced vaccine in use in India was quite unlike that used in Britain.³⁹

The British apathy in matters of health and medicine was so marked and persistent that centrally and provincially controlled sanitary or public health agencies stagnated. In other words, they remained largely unchanged, in structure and scope, during the period between 1800 and 1947. Secondly, it is assumed that the British desire to cut administrative costs, in the field of public health and elsewhere, caused them to relinquish their responsibilities to a combine composed of elected - and Indian dominated - ministries, urban municipalities and district-level administrative bodies (District, Union and Village Boards). This devolution of administrative power signalled an end to 'British' interest in local health matters, despite persistent 'India' demands for grants to pay for new public health projects. A substantive change in the sphere of public health administration can be attributed entirely to the actions of Indian philanthropists and politicians located in the provincial legislative assemblies or local bodies.⁴⁰

³⁹ An article by Sanjoy Bhattacharya has described the nature and effects of some of these scientific developments in the South Asian subcontinent. See, "Redevising Jennerian Vaccines?: European Technologies, Indian Innovation and the Control of Smallpox in South Asia, 1850-1950," in *Health, Medicine and Empire: Perspectives on Colonial India*, ed. Biswamoy Pati and Mark Harrison, 217-69 (New Delhi: Orient Longman: London: Sangam, 2001).

⁴⁰ See, David Arnold, "Medical Priorities and Practice in Nineteenth-Century British India," *South Asia Research*, no. 5 (1985): 167-83; J. C. Hume, "Colonialism and Sanitary Medicine: The Development of Preventive Health Policy in the Punjab, 1860-1900," *Modern Asian Studies*, no. 20 (1986): 703-24; Ramasubban, *Public Health and Medical Research*; and Ray, *History of Public Health*.

While the colonial rule was inherently exploitative, the raj itself was also far weaker in many sectors than many senior British administrators would have liked it to be. The European officials were not consistently involved in the implementation of policies, owing to the deeply fractured structures. They were often much more reliant on indigenous bureaucratic agents and civilian allies than they were willing to accede publicly. This led to a series of disagreements within and between central, provincial, district and local authority officials; there were, after all, deep divisions about financial responsibility and smallpox immunization strategies.⁴¹ This was particularly the case in a situation where the district-level and sub-divisional administrative apparatuses, which were largely populated by Indian bureaucrats and backed by a relatively threadbare coercive apparatus, were willing to listen to and adapt to a range of ‘public’ pressures.⁴²

Smallpox control policies mostly relied on the assistance of a range of economically influential civilian allies, who were constantly pushing specific - and sometimes contradictory - political and social agendas, often from within the confines of new public offices created by political devolution.⁴³ Members of the different loyal groups, which had both Europeans and Indians. They tried to influence in different directions to accommodate various class, communal, caste and individual interests.

They deeply influenced the implementation of public health policy, often in contradictory ways. They could contribute to the introduction of effective vaccination

⁴¹ Mark Harrison, who has examined the correspondence between the provincial government and municipal administrators in Bengal between 1859 and 1914, has provided a description of the role of Indian political groups based in municipal bodies in weakening provincial public health initiatives. See *Public Health in British India*. Other new work has also underlined the great complexity of Indian attitudes, both bureaucratic and civilian, towards the question of vaccination, which often weakened official anti-smallpox campaigns in the nineteenth and twentieth centuries. See, Bhattacharya, “Re-devising Jennerian Vaccines?”

⁴² Ibid

⁴³ Ibid

schemes that often made no economic sense at all to officials based elsewhere, or fatally weaken anti-epidemic measures for which special economic assistance had been provided by the central or provincial government. Significantly, not all colonial anti-epidemic schemes were consciously under-funded, and vaccination policies were not always forcibly imposed.⁴⁴

The British Colonial State and its public health and medical establishments were not monolithic in structure. The colonial state was an aggregate of administrative levels, in which local officials were given - or took - a marked degree of autonomy during the implementation of policies prescribed by departmental superiors based within the central government or at the provincial headquarters. Officials based in the imperial capital and at provincial headquarters after framing a medical policy tried to impose it on British and Indian junior officials in the districts and subdivisions. These formulations, in turn, help us to question the tendency to blame the basis of policy 'failures' in the colonial period either on the 'British' or 'Indian' indifference.

THE SCANTY RECORD OF SMALLPOX DURING FIRST SEVENTY YEARS OF 19th CENTURY

Inoculation was widely practised and vaccination only made it very slowly against the prejudices of the people. The number of operations in India in 1850 did not exceed 350,000, but since then the quality and quantity of the work have steadily increased, the number of persons now annually protected exceeding eight million.⁴⁵ The table below shows a decrease in the mortality with respect to the growth of

⁴⁴ Ibid

⁴⁵ D. G. Crawford, *A History of the Indian Medical Service*, Vol. 2, London: W. Thacker, 1913, 424-31.

population, which represents the saving of about 1,160,000 lives in the third period as compared with the first, although, owing to plague and famine, all the conditions, save vaccination, were more favourable to the disease in 1890-1900.

Table: 3.11 - Smallpox Mortality in British India in ratio per 1,000 per annum of the population from 1871 to 1900:

SMALL-POX MORTALITY IN BRITISH INDIA			VACCINATION
Period	The annual average number of deaths	Ratio per 1,000 of the population	Annual Average number of persons successfully vaccinated
1871 - 80	168,964	0.93	3,931,709
1881 - 90	121,680	0.63	5,674,352
1891 - 1900	81,233	0.28	6,778,624

In North-Western Provinces and Oudh, there were 24 cantonments, having an aggregate population of 193,049. In 1885, 62 deaths from Cholera and 7 deaths from smallpox were recorded.⁴⁶

Cholera	62
Small-Pox	7

The registration in these cantonments was not satisfactory. In 14 of the cantonments, the death rate is under 20 per 1,000, but in 10 cantonments, it exceeded this ratio. Cawnpore registered a rate of 36.72 and Fatehgarh of 46.63 per 1,000.

⁴⁶ Ibid

SMALLPOX VACCINATION IN NORTH-WESTERN AND OUDH PROVINCES

During the Smallpox epidemic, in the North-Western and Oudh provinces, vaccinations were provided. Indeed, the most severe epidemic period of the whole series was included in the two years 1883-84, at the end of 13 years' vaccination work. Diseases such as Smallpox should be dealt as other Indian epidemics, They can be countered through the sanitary improvement of the localities and dwellings occupied by the people.

In 1885 there were registered 14,593 small-pox deaths, or .33 per 1,000 of the population, against a previous five years' average of 1.78 per 1,000, which, however, included a two years' epidemic, that of the preceding year, 1884, having occasioned the deaths of 202,541 people. The 49 districts, with a population of 41,338,271, returned 13,735 small-pox deaths in 1885, or 3.3 per 1,000, and the town population of 2,769,598 returned 858 deaths or the same rate as the districts. All the districts except Meerut returned deaths, but 49 towns out of 103 escaped the disease. Of the total small-pox deaths 3,712 were in children under one year of age, and under 12 the deaths were 6,282. Out of 1,150 circles of registration 431 returned deaths; but as these were scattered over the whole 49 districts, the attacks were local, and this character of the disease is further shown by the fact that all the deaths were yielded by 7,133 village out of a total number of 105,421. This was a very different experience from that supplied by the epidemic of 1884, which covered 943 circles of registration, and

took its victims from 42,663 villages.⁴⁷ The exceptional case of Meerut district, which escaped the disease, can be attributed to vaccination.⁴⁸

Table: 3.12 - The annual mortality from small-pox in ratios per 1,000 per annum of the population for the last 16 years:

Years	Ratio per 1,000	Years	Ratio per 1,000
1800	08	1878	39
1871	1.2	1879	1.7
1872	1.1	1880	0.1
1873	2.8	1881	0.3
1874	2.5	1882	0.6
1875	0.7	1883	3.1
1876	0.9	1874	4.5
1877	0.8	1875	0.3

During the years 1901-10, the average numbers of deaths from small-pox were 55. In the years, 1901, 1904, 1905, and 1909 the number of deaths was 2, 4, 8, and 2 respectively. The average yearly mortality for the decades 1911-20 and 1921-30 was 188 and 200 respectively and almost the same average obtained in subsequent decades. The last violent outbreaks of the disease occurred in 1945, 1950 and 1955, when 523, 828, and 582 persons respectively died from this disease. During the year ending 31 March 1957, 57, 178 persons were vaccinated in the municipal area. May and June are the most fertile months for this disease, while November is the least responsive.

⁴⁷ Report of Sanitation Department, Northern- Western Provinces and Oudh. Allahabad, 1891

⁴⁸ Report of Sanitation Department, Northern- Western Provinces and Oudh. Allahabad, 1891

MEDICAL INSTITUTIONS LICENSING IN 20th CENTURY

In India, death rates from smallpox in epidemic years fell from over 2,000 per million population to less than 500 per million between 1870 and 1930, as more and more Indians were vaccinated.⁴⁹ Over a hundred thousand Indians were reported as having died of the virus in each of eleven years between 1902 and 1945. In 1930, a non-epidemic year for the country as a whole (only 215, 260 cases and 48, 860 deaths were reported nationwide), all of the major maritime cities of India suffered from epidemic smallpox.⁵⁰

By the early 19th century, old establishments gave way to permanent institutions located in the larger towns. Hospitals were established for Indians, following the example set by Calcutta in the 1790s.⁵¹ The typical hospital of the early 19th century was an institution for the Indian poor, funded partly by the government and partly by private subscription.⁵² The larger hospitals over the years developed medical colleges in the presidency and other large towns.

Over the years, the number of dispensaries providing out-patient care grew and they were generally considered to be popular than treatment within the hospital. The government in its report in 1910, observed that most of the Indian population still did not have access to any Western medical institution, especially in rural districts. In that year, “the government gave up all pretence of providing comprehensive medical relief, declaring that it would never have the means to provide the necessary

⁴⁹ D. G. Crawford, *A History of the Indian Medical Service*, Vol. 2, London: W. Thacker, 1913, 424-31.

⁵⁰ Ibid

⁵¹ Ibid

⁵² For example, the Native Hospital at Benares was founded following the collection of Rs 50,000 in private subscriptions and government assistance in the form of a recurring monthly grant of Rs600. See Bengal Public (Home) Proceedings, F/4/364, OIOC, British Library.

coverage.”⁵³ It started relying more on training private practitioners and nurturing the development of what was referred to as the ‘independent’ (Indian) medical profession.

In the early twentieth century, at least four vaccines (smallpox, cholera, plague, and typhoid) were available in the country. However, the major challenge was the shift of smallpox vaccination to the two-dose schedule. This had an important implication in the form of additional vaccine requirement. Considering this, the Government of India decided to set up new vaccine institutes.

The initial vaccine research unit was Haffkine Institute for plague vaccine.⁵⁴ The smallpox vaccine lymph was being produced in Shillong and a few other places since 1890.⁵⁵

Table 3.13 - Major Milestones In Vaccine Developments And Licensing In India

YEAR	MILESTONE
1893	Efficacy trials on cholera vaccine conducted in Agra, India.
1897	First plague vaccine discovered by Dr Haffkine.
1904 / 05	First vaccine research institute established at Kasauli, Himachal Pradesh.
1940	Drug and Cosmetics Act enacted.

Source: Refs 4, 6, 27-30

The government set up an institute for smallpox vaccine lymph production in each of the then provinces of the country. These institutes emerged as a centre for vaccine and serum production and were also involved in the research.⁵⁶ The research

⁵³ Proceedings of the Government of Bombay, Home (Medical), No. 1/1324, 1913.

⁵⁴ *Bhattacharya S, Harrison M, Worboys M. 6. Fractured states: Smallpox, public health and vaccination policy in British India, 1800-1947.* Hyderabad: Orient Longman; 2006.

⁵⁵ Ibid

⁵⁶ Ibid

conducted in these institutes was focused on improving the quality of vaccines and also on the preservative to ensure long term stability of the vaccine material.⁵⁷

Table 3.14 - Year of the start of vaccine manufacturing units in India

YEAR**	MILESTONE
1832-1890	Sporadic research in various setups for development of smallpox vaccine lymph in India.
1890	Laboratory in Shillong started producing smallpox vaccine lymph.
1897	Plague vaccine produced by Dr Haffkine in the makeshift laboratory of 2 rooms in Grants Medical College, Bombay (Mumbai).
1899	Plague Laboratory, Bombay; later on named as Haffkine Institute (1925) Mumbai.
1904/05	Central Research Institute, Kasauli, Himachal Pradesh.
1910-1930	Additional vaccine institutes established in India, majority of producing smallpox vaccine.

*This is an indicative list only

** As per the information collected from the officials' websites of the manufacturing units serum institutes for India: www.seruminstitute.com; Shantha Biotech: www.shanthabiotech.com and Indian Immunological Ltd.⁵⁸

DEMOGRAPHIC DATA ON CAUSES OF DEATH

The demographic data on causes of death did not exist for India before 1880 until the publication of the Annual Report of the Sanitary Commissioner started providing information on registered births and deaths.⁵⁹ During the nineteenth

⁵⁷ Ibid

⁵⁸ For such a suggestion see, for example, D. Arnold, "Smallpox and colonial medicine in nineteenth-century India," in D. Arnold (ed.), *Imperial Medicine and Indigenous Societies* (Manchester University Press, 1988), p. 47.

⁵⁹ Ibid

century, deaths were rarely classified by age of the deceased and the cause.⁶⁰ There are very few demographic studies of mortality patterns in British India during the nineteenth century.⁶¹ David Arnold's influential essays on cholera, smallpox, and plague examine colonial health policy and its political and cultural context, they do not examine the demographic impact of such diseases.⁶² Similarly, studies by Ira Klein and Sumit Guha have tried to explain why Indian mortality began to improve from around 1921, but they largely neglect the issue of mortality dynamics during the nineteenth century.⁶³ Likewise, an early study of smallpox by S. P. James was confined to the late nineteenth century.⁶⁴

Table: 3.15 Estimates of smallpox prevalence, and protection status, among imprisoned populations and students in different parts of India in the mid-nineteenth century

LOCATION	YEAR(S)	PERSONS EXAMINED	HAD SMALLPOX	INOCULATED	VACCINATED	UNPROTECTED
BENARES	1869	900	414	162	0	324
			(46)	(18)		(36)
ODUH	1869	1,095	997	10	0	88
			(91.8)	(1)		(8)

Surces: Report on the Practice of Inoculation, Benares Circle, in Selections from the Records of Government of North-Western Provinces, Second Series Volume, 1871.

⁶⁰ Of course, age was usually recorded for registered deaths in India. However, except in the case of smallpox, it was not customary to publish deaths by both cause and age.

⁶¹ See, for example, D. Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, (Berkeley, University of California Press, 1993).

⁶² See, for example, D. Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, (Berkeley, University of California Press, 1993).

⁶³ I. Klein, "Population growth and mortality in British India," *The Indian Economic and Social History Review* 26 (4) 1989 and 27(1) 1990; also S. Guha, "Mortality decline in twentieth century India: A preliminary enquiry," *The Indian Economic and Social History Review* 28(4) 1991.

⁶⁴ Vaccination in the North-Western Provinces began to gain ground only in the 1860s.

The sample from North-Western Provinces (NWP), being particularly large, covering many districts and a period of 12 years, can be considered representative for the province. The wide prevalence indicated for NWP is reflective of the experiences of unprotected populations in India. In the absence of protection through inoculation or vaccination, the vast majority of people contracted smallpox.⁶⁵

REGIONAL PATTERNS OF SMALLPOX MORTALITY

Systematic registration of deaths and births in India started in the 1860s. The registration system was in the realm of the Medical Department, headed by the provincial Sanitary Commissioners, these officers had little control over the district- and village-level administrative apparatus that was used to collect data on deaths and births.⁶⁶

The village officer usually charged with recording deaths (the village watchman, or kotwal) was an integral part of the Revenue Department, headed by the District Collector (Deputy Commissioner). The interest of the District Collector and his subordinate officers influenced the quality, coverage, timely reporting, and inspection of the vital statistics in a district. These factors varied considerably over time and between districts and provinces. Initially, many Indians viewed the recording of vital events-deaths and births-with suspicion. Under registration was a recurring problem.⁶⁷

In many cases the village watchmen were barely literate, only basic information (e.g., the age and sex of the deceased) and relatively identifiable disease

⁶⁵ Vaccination in the North-Western Provinces began to gain ground only in the 1860s.

⁶⁶ For example, registration was some- times viewed as a way of controlling the practice of female infanticide indulged in by some higher castes.

⁶⁷ For example, registration was some- times viewed as a way of controlling the practice of female infanticide indulged in by some higher castes.

categories (smallpox, cholera, fevers, bowel diseases, and accidents) were to be recorded by the registration system.⁶⁸

Table: 3.16 – Average annual registered smallpox deaths 1865-99 in British India and its major provinces by period:

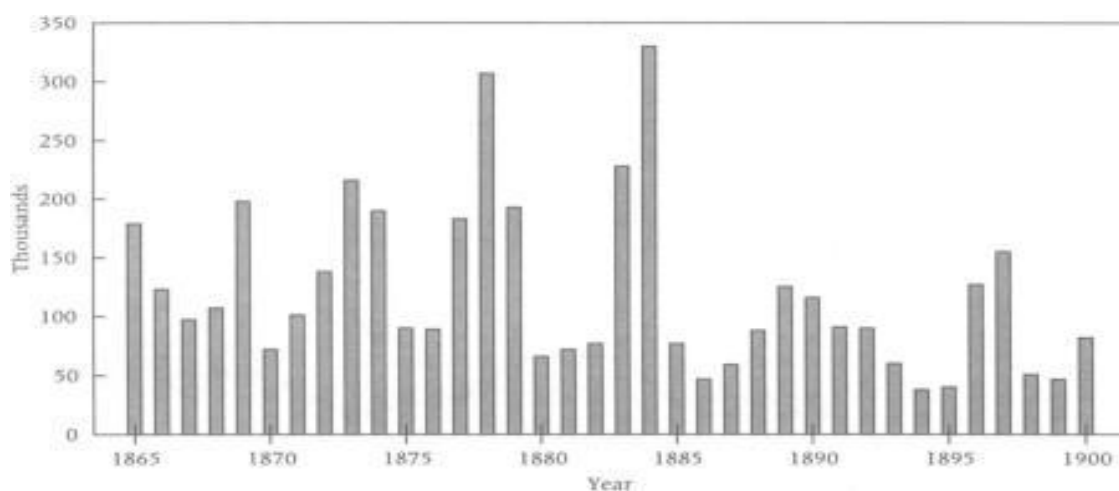
PERIOD	BRITISH INDIA	UNITED PROVINCES
1865-69	140,797 (210/97)	66,979 (108/30)
1870-74	158,955 (237/83)	72,221 (119/35)
1875-79	174,628 (308/101)	70,472 (171/26)
1880-84	151,439 (333/70)	74,641 (203/8)
1885-89	77,642 (131,51)	21,363 (48/8)
1890-94	78,654 (120/44)	19,979 (55/4)
1895-99	83,790 (167/46)	27,276 (87/2)

NOTE: For concision, provincial maximum and minimum numbers of smallpox deaths (shown in parentheses) have been rounded to the nearest thousand. See also note 24. SOURCE: Annual Report of the Sanitary Commissioner, various provinces, 1865-99.⁶⁹

⁶⁸ See Government of India, Annual Re- port of the Sanitary Commissioner, 1868, Appendix to p. 98.

⁶⁹ Annual Report of the Sanitary Commissioner, various provinces, 1865-99

Table/Figure 3.17 – Annual number of registered smallpox deaths, British India 1865-1900



Principal Data Sources: Annual Report of the Sanitary Commissioner, various provinces, 1865-1900.⁷⁰

The sharpest declines were observed for UP, wherein 1884 a total of 202,541 smallpox deaths were registered compared to only 1,968 in 1895. In six years within the period, 1865-84 UP registered more than 100,000 smallpox deaths, but during 1885-99 this figure was not recorded.⁷¹

During the last two decades of the nineteenth century, smallpox was declining in all these provinces.⁷² UP recorded a large number of deaths at the beginning of the period 1865-99, followed by a sharp decline by the end. UP experienced a high and violently fluctuating death rate until around the 1880s, after which a sharp decline occurred.⁷³

⁷⁰ Annual Report of the Sanitary Commissioner, various provinces, 1865-1900

⁷¹ Annual Report of the Sanitary Commissioner, Bengal, United Provinces, and Madras, various years.

⁷² Ibid

⁷³ Bengal Province includes Bihar and Orissa. United Provinces includes Oudh from 1869. Annual Report of the Sanitary Commissioner for various years, Bengal, United Provinces (and North-Western Provinces), and Madras.

THE IMPACT OF VACCINATION ON SMALLPOX MORTALITY

The most effective preventive measure against small-pox is vaccination. Smallpox was the biggest single cause of infant mortality. The responsibility for compulsory vaccination of every child born in a city or a village has been placed on the local bodies concerned, the Municipal Board or the District Board accordingly.

The local bodies maintained a staff of trained vaccinators who visited the houses where children are born and vaccinated them within six months of their birth. The vaccinators worked under the Municipal Medical Officer of Health in the city or the District Medical Officer of Health in the rest of the district. The Municipal Board of Lucknow had twenty-one vaccinators, to whom wards were allotted. They worked under the Assistant Superintendent of Vaccination assisted by one Supervisor. There is one Assistant Superintendent of Vaccination under the District Board, and 9 Vaccinators who were posted in circles.

In the event of an epidemic, trained vaccinators from other areas supplemented the staff of Vaccinators. All infants were revaccinated after 5 years from the first or primary vaccination. The School Health Officers revaccinated school-going children. Vaccination centres were also established in the city where free vaccination was carried out by the municipal staff. The village-level- workers in Development Blocks were also trained in vaccination so that they could assist in the event of small-pox breaking out in an epidemic form in the villages included in the Block.

The provinces of Oudh and Berar, located in northern and central India respectively, have special significance because the data from these provinces provides us with an opportunity to examine the toll of the disease in an unprotected population and illustrate the decline of smallpox following the introduction of vaccination.

ODUH

Oudh was a medium-sized province consisting of 12 districts with Lucknow as its capital, retained a separate political identity until the British took control of it in 1856. In 1878, it was merged with North-Western Provinces. The mortality and vaccination statistics extracted for the districts of Oudh are presented below. The first sanitary report for Oudh (1868-69) contains the following telling observation: "Almost every native face is scarred by smallpox, whereas among Europeans this is an exception to the rule. So prevalent in short is the disease that all adult natives may be said to be survivors of smallpox."⁷⁴

Death registration in Oudh started in 1869. The records containing the registered crude death rates shows that during the initial year's deaths were especially under registered. The registration numbers improved over the years, particularly following the inquiry into excess mortality associated with the so-called food scarcity of 1877-79.⁷⁵ Oudh experienced epidemics of smallpox in 1869, 1872-74, 1878-79, 1883-84, and 1889.

The population of Oudh experienced an epidemic cycle of around four to six years, with smallpox accounting for at least 10 per cent of registered deaths in each

⁷⁴ First Sanitary Report for Oudh 1868-69, p. 5.

⁷⁵ Report on the Scarcity and Relief Operations in the North-Western Provinces and Oudh During the Years 1877-1878 and 1879, Allahabad, 1880.

epidemic; in both 1878 and 1883-84, the figure exceeded 20 per cent. Towards the end of the nineteenth century, the share of smallpox in the province's total mortality declined. During 1869- 73 smallpox accounted for 9.7 per cent of all registered deaths; during 1874- 78 it was 9.1 per cent. This proportion was still as high as 7.3 per cent during 1884-88, before finally falling to 2.5 per cent in 1894-98. In six years during the period 1869-90, registered smallpox death rates were around 200 per 100,000 populations. Starting from around 1890 the province's smallpox death rate showed a perceptible decline, even though there was no fall in the overall registered crude death rate for Oudh.⁷⁶

Roughly 90 per cent of total smallpox deaths occurred among infants and children. Infants alone accounted for around one-third of deaths. Adults (aged 12 years and older) constituted only about 10 per cent of smallpox mortality. One of the province's villages (which totalled some 25,000) that reported one or more deaths from smallpox during 1877-99.⁷⁷ In an epidemic year, 40-60 per cent of all villages were affected and underscored the sizable and complex administrative network required to offer protection to children living in a large geographical area.

⁷⁶ The precise age categories used varied slightly over time, but do not influence these results. Annual Report of the Sanitary Commissioner, United Provinces, various years. Age reporting of smallpox deaths began in 1885

⁷⁷ Ibid

Table: 3.18 - Number and percentage distribution of smallpox deaths by broad age groups, Oudh 1885-99⁷⁸:

PERIOD	UNDER 1 YEAR	1-12 YEARS	OVER 12	TOTAL
1885-89	23,770 (35)	37,636 (55)	6,944 (10)	68,350 (100)
1890-94	10,363 (32)	18,808 (58)	3,281 (10)	32,452 (100)
1895-99	16,450 (32)	28,250 (55)	6,647 (13)	51,347 (100)
1885-99	50,583 (33)	84,694 (56)	16,872 (11)	152,149 (100)

Annual Report of the Sanitary Commissioner, United Provinces, various years. Age reporting of smallpox deaths began in 1885.⁷⁹ Among the deaths occurred due to smallpox, about three-quarters of the deaths occurred in the five months from March to July. Smallpox was evident during the spring, reached its peak in mid-summer, and declined with the coming of the monsoon rains. This general pattern was found throughout the country.⁸⁰

The Oudh province, which was politically independent until 1856 and as this was not under the British rule, it was away from the vaccination process and its progress occurring in the rest of British India.⁸¹ The indigenous practice of inoculation was unknown in Oudh, in contrast to the neighbouring regions of Kumaon and Benares where inoculation was practised with varying degrees of acceptability.⁸²

Smallpox related deaths continued unabated in the province and neither the Nawab nor the population made efforts to practice inoculation or establish

⁷⁸ Ibid

⁷⁹ Ibid

⁸⁰ Principal data sources: Annual Report of the Sanitary Commissioner, United Provinces, various years.

⁸¹ The neighboring towns of Kanpur, Allahabad, Agra, and Bareilly practiced vaccination from the early nineteenth century.

⁸² See Sanitary and Vaccine Report for the Province of Oudh, 1869; Report on Vaccination 1869-70, p. 2.

vaccination. Early British Administration Reports for Oudh lamented the poor state of vaccination. In 1869, it was practised only in Lucknow (a city of about 300,000) out of a total provincial population of some 11 million. By 1872, vaccination was introduced to another 11 district headquarter towns and extended gradually to the vast rural population of the province.⁸³

The relationship between primary vaccination in Oudh and the smallpox death rate shows that the vaccination initially progressed slowly. In 1875, only about 25,000 people were being vaccinated each year. Then 75,000 vaccinations were performed in 1882, but an official investigation revealed that some records had been falsified to suggest improved performance.⁸⁴ The dishonest vaccinators were punished, and the annual number of vaccinations recorded fell back to around 30,000. The slow progress of vaccination continued for some time, but its quality and coverage began to improve. The early years of the last decade of the nineteenth century saw very large improvement, with more than 350,000 primary vaccinations being performed annually.⁸⁵

Increased vaccinations had their impact and that reflected in the decline of smallpox. In 1891, at least 70 per cent of the annual births were vaccinated and this had a significant impact where it produced a permanent decline in smallpox deaths by the end of the century. This level of vaccination coverage was sustained in the twentieth century, making smallpox a minor cause of death in Oudh.⁸⁶

Though the number of vaccinations increased yet it did not lead vaccination of all infants and the delay in vaccinating infants on time left them vulnerable.

⁸³ Annual Report of the Sanitary Commissioner, Oudh, 1869-73.

⁸⁴ Ibid

⁸⁵ Annual Report of the Sanitary Commissioner, Oudh, 1869-73.

⁸⁶ Annual Report of the Sanitary Commissioner, Oudh and United Provinces, for various years.

Occasional minor epidemics still occurred in 1897 and 1908- usually associated with large-scale population movements and mixing of people (e.g., during famines), which exposed those unvaccinated to a greater risk of contracting the virus.⁸⁷

SANITARY COMMISSIONERS AND DISTRICT BOARDS

India needed “a systematic village survey from a sanitary point of view.”⁸⁸ The members of the local board have instituted this responsibility. The government had drawn sanitary rules and asked the District Boards to use them and persuade the local population to partake with the information. It also asked the members of Boards to visit as many villages as possible and preserve a record of how far each village conforms to the sanitary rules. The results were required to be published in the district annual report.⁸⁹

The Sanitary Commissioner or the members were informed to visit in person, as many places as possible. The executive duties were relegated to the local boards. The Sanitary commissioner conducted sanitary surveys every year. His was required to visit different districts each year and maintain systemic records.

The District Boards did not have enough funds to spend on sanitation. Their funds were not sufficient to improve communications and repair the roads. Their funds came from ordinary and special grants from general revenues, and their requests for additional funds were repeatedly denied.⁹⁰ They had no powers of taxation under the Act, and Sir Alfred Lyall considered that “it would be premature to give them any.

⁸⁷ Ibid.

⁸⁸ Report of Sanitary Department, North-Western Provinces and Oudh. Allahabad, 1981.

⁸⁹ Ibid

⁹⁰ Ibid

If they are to spend money on sanitary works, the money must come from increased grants from Provincial Revenues”.⁹¹

The Board could not borrow, as they could not give security. The Local Self-Government scheme was to provide to the Boards. As the borrowing by the boards was tantamount to the Province borrowing and the Provincial Government was not allowed to borrow, it did not have the requisite borrowing powers.⁹²

PUBLIC HEALTH LEGISLATIONS

THE COMPULSORY VACCINATION ACT, 1892

The Compulsory Vaccination Act was passed in 1892 to ensure higher coverage with smallpox and reduce the epidemic.⁹³ The ‘Act’ largely remained on the papers except at the times of epidemics. On records, the law was in force in approximately 80 per cent of the districts of British India in 1938.⁹⁴

EPIDEMIC DISEASE ACT, 1897

Frequent outbreaks of the plague led to the introduction of the Epidemic Disease Act. It was passed in 1897.⁹⁵ This act provided the government with additional powers to prescribe temporary emergency regulations and introduce special measures during an outbreak.⁹⁶

⁹¹ Ibid

⁹² Ibid

⁹³ *Bhattacharya S, Harrison M, Worboys M. 6. Fractured states: Smallpox, public health and vaccination policy in British India, 1800-1947. Hyderabad: Orient Longman; 2006.*

⁹⁴ Ibid

⁹⁵ R.Nathan, *The Plague in India, 1896-97*, 2 Vols. (Shimla: Government Central Printing office, 1898), 2: 179- 189.

⁹⁶ Ibid

In 1906, the Government delegated the powers conferred by this Act to provincial Governments particularly for preventing plague.⁹⁷ The provincial Governments were directed to obtain permissions before the application of any provisions under the Epidemic Act.⁹⁸ The Governor-General of India conferred special powers upon local authorities to implement the necessary measures for control of epidemics.⁹⁹ These special powers were used for forceful segregation of infected persons, disinfections, evacuation, and even demolition of infected places. The act provided the medical and administrative officials with the right to inspect any person affecting the disease. They began to make special provisions for hospitalization for the patients.

THE DISTRICT MUNICIPALITIES ACT, 1920

The District Municipalities Act was passed in 1920. It had included the compulsory provisions relating to vaccination, the regulation of vital statistics, the control of epidemic diseases, the licensing of offensive trades and working of the other provisions for the general improvement of sanitation.¹⁰⁰ The provision of sanitary facilities during fairs and festivals was the responsibility of Local Boards. The local boards and municipal councils were also required to provide scavenging and other sanitary arrangements during the fairs and festivals. The Acts also provided for the allocation of funds to local bodies by temple authorities for making the sanitary arrangements.¹⁰¹ Later the act was dropped as the provisions of the existing Acts were considered sufficient and no special Act was necessary¹⁰².

⁹⁷ Ibid

⁹⁸ Ibid

⁹⁹ Ibid

¹⁰⁰ G.O. No. 1599, P.H., dated 22.9.1923.

¹⁰¹ G.O. No. 1599, P.H., dated 22.9.1923.

¹⁰² G.O. No. 1599, P.H., dated 22.9.1923.

MUNICIPALITY AND LOCAL BOARD ACTS, 1920-21

The Municipality and Local Board Acts was passed in 1920-21, where the act provided legal provisions for the advancement of public health in the provinces.

The first step towards decentralisation of health administration in India was after the initiation of Montgomery - Chelmsford Constitutional Reforms, 1919. This led to the transfer of public health, sanitation and vital statistics to the provinces.

The Government of India Act, 1935 categorised all the health activities three parts: federal, federal-cum- provincial, and provincial.

The Central Advisory Board of Health, 1937 was set up with the Public Health Commissioners as secretary to coordinate the public health activities.

The Drug Act, 1940 brought drugs under the control of the government for the first time in India. The civil surgeons carried out the medico-legal work at the district headquarters.

The government also initiated numerous National Health and Disease Control Programmes to raise awareness and eradicate the epidemic diseases, which affected the large swathes of people.

SUBORDINATE SANITARY STAFF

The term subordinate sanitary staff is a broad term used for the people who participated in the vaccinations and other medical duties. They were deployed to implement sanitary measures, from the local health officer to 'native' vaccinators and sweepers, from female inspectors to coolies and disinfectors.¹⁰³ Before 1896, when

¹⁰³ GOI Sanitary Proceedings. February 1898, Proceeding 429, IOL P/5421.

the plague appeared in India in epidemic form, the deployment of 'native' agency, though sizeable, was not as extensive as in the later years.¹⁰⁴

Since 1896, there was considerable pressure on the Government of India to contain and control the plague. To obtain early intimation of cases, prevent concealment and institute the comprehensive anti-plague measures, the government relied extensively on sanitary workers, alongside the staff of other institutions such as revenue departments, famine relief workers, police officers, railway inspectors and Indian medical sepoys.¹⁰⁵

During the outbreak of plague, railway inspectors and Indian medical men were deputed to examine train passengers and identify cases, who were trying to escape detection. Coolies were used to carrying out the evacuation and disinfection of plague-infested areas.¹⁰⁶ Hospital assistants and hospital servants became extremely important when epidemic diseases increased.

In urban areas when an epidemic broke, it was the duty of the Municipalities to provide special medical aid and accommodation to the sick and to take required measures to control the outbreak. In rural areas, the primary responsibility of dealing with the outbreak of epidemics rested with the District Medical Officer of Health attached to the District Board. He had one mechanized unit under him. These mechanized units or vehicles were turned to ambulances, to transport patients to hospitals.¹⁰⁷

¹⁰⁴ Ibid

¹⁰⁵ Ibid

¹⁰⁶ Evidence given by Lt.-Col. Wilkins, Special Medical Officer in Bombay, *Indian Plague Commission* VOL. 1, London: Eyre and Spottiswoode, 1900.

¹⁰⁷ Bhattacharya S, Jackson M. 15. *Vaccination against smallpox in India*. London: Wellcome Institute; 2005. Bazin H. 21. *Vaccination: history from Lady Montagu to genetic engineering*. Paris, France: John Libbey Eurotext; 2011. p. 110-245.

When a case occurred in the village, it was the responsibility of the village ‘chowkidar’ to report it to the local police station. When an epidemic broke, the chowkidar reported the deaths resulted by the epidemic, on his usual fortnightly attendance at the police station.¹⁰⁸ The *lekhpals* also reported the outbreak of an epidemic to their Sub-Divisional Officers and the District Magistrate and the District Medical Officer of Health. During the prevalence of an epidemic, the District Medical Officer of Health and his assistants worked directly under the District Magistrate and were responsible for advising measures to control the epidemic.¹⁰⁹

The District Magistrate informed the Director of Medical and Health Services about any outbreaks and through him requested the government for issuance of a notification under the Epidemic Diseases Act (Act III of 1897). Under this Act, the District Magistrate had the power to segregate the affected areas and take necessary action to control the epidemic.¹¹⁰

VACCINE AVAILABILITY AND MANUFACTURING IN INDIA 1802-1899

Smallpox matter was used for inoculation and the vaccination was made from the lymph from cowpox matter. The early vaccines (or vaccine matters, as called often) were not made in manufacturing units.¹¹¹

The lymph was collected from cows after vaccinating them with cowpox matter. Over the years, the vaccine underwent few changes. Vaccine farms and cow farms for the production of vaccine lymph in different parts of the world were started.

¹⁰⁸ Ibid

¹⁰⁹ Ibid

¹¹⁰ Ibid

¹¹¹ Bhattacharya S, Jackson M. 15. *Vaccination against smallpox in India*. London: Wellcome Institute; 2005. Bazin H. 21. *Vaccination: history from Lady Montagu to genetic engineering*. Paris, France: John Libbey Eurotext; 2011. p. 110-245.

In India, until 1850, the vaccine was imported from Great Britain. They had to face many logistical challenges for the transport of the vaccine to India.

In the initial years, all the lymph required for vaccination was coming from England and then kept alive through a chain of volunteers for further vaccination in India. 'Trained Vaccinators', travelling from one place to another conducted the vaccinations. These vaccinators were provided with licenses to conduct vaccination as such they were referred to as 'Licensed vaccinators'. The government did not pay them, so they charged nominal fees for vaccination from beneficiaries. This fee was only one of the prime reason for low coverage in rural areas and by poor people. To address the issue of 'paid vaccinations', the vaccinators were hired as salaried employees by provincial governments to administer vaccination in rural areas and were paid by the government. The system of 'Paid vaccinators' was started in the second half of the 19th century.

The vaccination in the 19th century was implemented through 'vaccination and sanitary departments' and the Sanitary Commissioners were in-charge of these efforts. The structure and approach adopted in each province varied slightly. The vaccination was offered through 'dispensaries' in urban areas, which would also act as a store for vaccine lymph.

The increased demand in later years led to the shortage of vaccine or lymph in India and the government was forced to find alternatives for sustained vaccine supply. The British government recommended and subsequently the Government of India accepted a request of Dr Haffkine to come and conduct Cholera vaccine trial in India. In 1893, Dr Haffkine conducted vaccine trials in Agra, Uttar Pradesh, and proved the efficacy of his vaccine in the effective control of the disease. Haffkine

knew the process for the development of cholera vaccine, and his vaccine efficacy was proved in India.¹¹²

From a table below, we can see that during the 14 years 1872 – 85, vaccinations have amounted to 7,460,166. It included those who died after vaccination, the operations performed in all these years have been only equivalent to one-sixth part of the population.

Table: 3.19 - In 1885 the vaccination staffs were as follows:

Deputy Sanitary Commissioners of circles	2
Deputy Superintendents	7
Native Superintendents	56
First-class Vaccination	279
Second class Vaccination	282

The total successful vaccinations and re-vaccinations performed by this staff in 1855 amounted to 595,644. The records did not have the details of age for the people who were vaccinated. There were 1,819,279 births registered or more than thrice the total vaccination at all ages. The numbers are reflective of the failures in implementing the vaccination.

The revenues from the provinces were spent on vaccination against smallpox, which was under the charge of the Sanitary Commissioners. Though the vaccination process faced considerable practical difficulties, the proportion of the population covered by vaccination increased steadily. The mortality rates due to smallpox viruses reduced after 1900. The reduction of mortality from smallpox was arguably the only

¹¹² Bazin H. 21. *Vaccination: History from Lady Montague to genetic engineering*. Paris, France: John Libbey Eurotext; 2011. p.110-245.

significant contribution to mortality decline in India that can be attributed to colonial medical intervention.

Vaccination was one of the few areas of public health for which provincial governments were directly responsible. As in Britain, the local authorities conducted the majority of sanitary work. They were empowered through the legislations in the 1870s and 80s to introduce sanitary regulations and to perform sanitary and hygienic services.

Some basic provisions for the collection of refuse and the disposal of excreta were compulsory but the legislation was often permissive, and the extent of sanitary reform in any locality depended greatly on local circumstances, such as availability of funds and the enthusiasm of the municipal commission. This was especially true of large sanitary works in the form of drainage and sewerage schemes, for which local authorities were usually dependent on loans from the government. Until the 1900s, there were very few direct government grants in aid of sanitation.

The potential benefits of vaccination were understood at the highest levels of colonial administration. The delivery mechanism developed slowly over the years, to the disappointment of several senior officials. The Medical Boards attached to the three presidency governments initially conducted the vaccination work. This was concentrated in the presidency capitals well into the 1860s, largely for financial reasons.¹¹³

The earliest efforts at targeting vaccination in the rural areas were piecemeal and uncertain in orientation. The vaccination work was hampered by the

¹¹³ For an informed discussion of the impact of financial constraints on the development of vaccination in Bengal in the first three decades of the nineteenth century see, Arnold, *Colonizing the Body*, 144-45.

disagreements of the officials on how vaccination worked as well as its ability to provide effective immunity against smallpox.¹¹⁴

In the first half of the nineteenth century, comparisons were regularly made with the practice of variolation, which had initially received official support in the subcontinent.¹¹⁵ While many administrators accepted that protection against smallpox could be imparted, they could not come to a consensus on developing human resistance using the milder cowpox ‘poison’. The discussions on the usefulness of vaccination in creating human resistance were based on options of constitutional predisposition and the effect of climatic factors in modifying the virulence of smallpox.¹¹⁶

Children continued to bear the brunt of these epidemics, despite a Vaccination Act that required Indian children to be vaccinated within six months of birth. Many of the Indian children did receive the vaccination and they suffered from smallpox viruses. Though the infection rates decreased over the years, this vaccination among the children showed how the vaccination laws were incomplete and inadequately enforced. The annual report for 1928 of India’s Public Health Commissioner explained: “Vaccination in India is not compulsory. The Vaccination Act of 1880, as amended in 1909, is intended to give the power to enforce compulsory vaccination in certain areas only. It has not been considered practicable to enforce this in India generally.”

¹¹⁴ See, for instance, S. Sproule, Surgeon, Report Relative to the First Introduction of Vaccination into Kattywar, 22 February 1808, MF 1/1125, Oriental and India Office Collections, London, UK (hereafter OIOC). Also see, letter from S. Sproule, Surgeon, to Lt. Col. A. Walker, Resident, Baroda, 22 February 1808, *ibid.*

¹¹⁵ See, for example, Charles, *Popular Information*, CSA.

¹¹⁶ *Duncan Stewart*, Report on Small-pox in Calcutta, 1833-34, 1837-38, 1843-44, And Vaccination in Bengal from 1827-1844 (*Calcutta: Government Press, 1844*), 50-51, OPR.

The British created a sanitary infrastructure in India, but they failed and 'lost the historic opportunity for initiating sanitary reform'. Indians also scuttled the initiatives taken by the colonial government.

Ramasubban argues that the British established a 'distinctly colonial mode of health care', characterized by residential segregation and neglect of the indigenous population. The tendency of Europeans to concentrate medical and sanitary expenditure on colonial enclaves was critiqued by David Arnold. He criticized the colonial government for devolving responsibility for health to poorly - funded and inexperienced local authorities. Arnold also contends that medicine was a powerful 'colonizing force' and a vehicle for the transmission of Western ideas into India.

The epidemics and state medicine in British India; health, medicine and colonial hegemony have to be studied to understand the impact of colonial rule on mortality decline in India. People belonging to different cultures around the world devised innumerable remedies over the years in futile attempts to protect themselves against smallpox. Entire families of some victims in India, for example, were forbidden to fry or season any food during the victim's illness.

14th-century European physician and an 18th-century Mughal physician in India recommended opening the pustules with a gold or silver needle. Viewed against the background of these and other extraordinary "treatments," Jenner's promotion of cowpox to prevent smallpox raised many eyebrows. The strategy to eradicate smallpox employed by the Region was based on some of the basic principles of public health: enhanced surveillance, case finding, isolation, appropriate risk communication to the public and vaccination. The programme not only eradicated smallpox but also gave hope to those committed to serving in public health that certain diseases, no

matter how severe and disruptive to human civilization, can be considered for eradication by applying these basic principles.

Religion presented substantial difficulties to the British vaccination process. The prevalent Caste system created hindrances to the British in effectively implementing the vaccination. Caste Hindus and the Muhammadans refused the vaccinations initially owing to the vaccination prepared from the animal lymph. They raised religious concerns about the lymph of an animal being injected into the human body. The religious concerns were raised because of the sacred nature of the cow. The British administration conducted experiments with other animals. Trials were conducted on the vaccines prepared from the Buffalo lymph, as the same significance was not applied to the buffalo. However, frequently arm-to-arm vaccination was conducted because of the connotation of extracting lymph from previously vaccinated children.

Many parents forbade the early vaccination practice of using children as arm-to-arm vaccinators. They feared that their child could become ill, and, in some cases, children died from prolonged exposure and fatigue from being taken to other villages as vaccinators. Also, the caste system strictly forbade the mixing of the blood between lower and higher castes, and children used as vaccinators were often of a lower caste. However, this practice would begin to die out with the advent of substance-sustained lymph at the turn of the century.

Rumour and stories among the indigenous population presented the vaccination process as suspicious - as the instrument of a villainous empire attempting to place tracers on the individual. Resistance also arose from fears that the colonists were deliberately infecting locals with smallpox. It was rumoured that 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.¹¹⁷

The prevalent distrust also led to irrational fears that the vaccination was served to harvest the blood of children. The blood was believed to be held on British ships so that, when there be a shipwreck the sailor's lives would be saved, but the children whose blood it was would die as a forfeit.

One of the greatest barriers to vaccination was the habit of inoculation. Similar to the plight of vaccination in Britain, inoculation was a popular and lucrative practice which had been performed for thousands of years, not merely the brief century the British had toyed with it. Inoculation was made increasingly illegal, yet the practice persisted. British attempts to stamp it out were made difficult, as Dr Hoskins highlighted in 1867: '... the mass of the people (are) wedded to inoculation ...'¹¹⁸ Efforts were even made to indoctrinate inoculators (in some areas known as tikadaars, or 'mark-makers') into vaccination practitioners. When not supervised, these inoculators frequently would slip into old practices over performing the vaccinations.

The vaccination reports reveal that British attitudes were increasingly critical and uncomplimentary to the work of Indians employed in the vaccination services, both in the mobile vaccination units and the dispensaries. The reports given to the sanitary commissioners, which were then forwarded to the Government, were frequently incorrect, exaggerated or falsified. This often led to the fining and dismissal of staff.

¹¹⁷ The first annual report of the Ranchi Circle of vaccination in 1867-1868, p.2.

¹¹⁸ First annual report for the Ranchi circle of vaccination for 1867-1868, p. 10

The lack of particular training or expertise is apparent through the confusion of the vaccinators (and local medical practitioners who reported outbreaks) with other diseases such as measles. This diverted the resources, as well raised misconceptions among the locals, who refused vaccination because they mistakenly believed it would cause an onslaught of disease.

VARIOUS SOCIO-SCIENTIFIC-GEOPOLITICAL EVENTS 1900 - 1947

The beginning of the twentieth century witnessed a few socio-scientific-geopolitical events, which had a lasting effect on vaccination efforts in the country.

These changes were:

- (i) *An outbreak of cholera and plague in India (1896-1907) and the services of an already limited number of vaccinators were diverted to epidemic control efforts,*
- (ii) *The First World War (1914-1918) started and with coinciding Influenza Pandemic (which reportedly killed around 17 million Indians) became a priority for the Government,*
- (iii) *New scientific understanding that two doses of smallpox vaccine would be needed for long-lasting protection. It was a challenge considering that it meant convincing people to get vaccinated twice with the perceived inconvenient and painful procedure.¹¹⁹*
- (iv) *The Government of India Act of 1919, which devolved several administrative powers from Centre to Provinces, by which the local self-*

¹¹⁹ Bhattacharya S, Harrison M, Worboys M. 6. *Fractured states: Smallpox, public health and vaccination policy in British India, 1800-1947*, Orient Longman; 2006.

governments were assigned the responsibilities of providing health services, including smallpox vaccination. (The health service delivery being a State subject in India has an origin in this Act).

This period provides an insight as to how the socio-political situation can adversely affect the health of the people. Especially, ‘The 1919 Act’ originated with good intentions but the local government had limited financial capacities to fund vaccinators and often led to the variable efforts and progress on smallpox vaccination. The vaccination efforts continued with variable progress until 1939 when World War II started. Vaccination efforts, though still a focus of local administration, became a casualty of the war.

> The important milestones related to vaccination in India are summarized in Table

Table: 3.20. Timeline of Vaccination Efforts In India (Ancient Time – Till 1977)

YEAR	INDIA
ANCIENT TIME	SMALLPOX KNOWN TO THE PEOPLE
3000 BC	Smallpox is believed to have originated from India or Egypt.
300 BC	Description of Smallpox in Sanskrit Literature.
1000 AD	Inoculation was reportedly practised in India also.
1545 AD	Major smallpox outbreak reported from Goa, India.
1600	Documented evidence of the practice of inoculation (variolation) from India.
1767	Dr Holwell described the practice of inoculation in India to College of Physician in London.
1802	First documented smallpox vaccination was done in India.

1804	The practise of inoculation was banned in some provinces of India.
1820	Vaccination continued to increase in India especially Bombay and Bengal Presidency.
1830 - 1850	Some initial research on smallpox vaccine conducted in India.
1850	Initial resistance to smallpox vaccination due to multiple reasons.
1890	First animal vaccine depot was set up in Shillong.
1892	Compulsory Vaccination Act passed by the Government of India.
1893	Cholera vaccine trial conducted in Agra, India.
1896	Epidemic Act was passed in the wake of the plague epidemic in India.
1897	First plague vaccine was developed by Dr Haffkine in Laboratory in Bombay (now Mumbai).
1899	Plague Laboratory was set up in Bombay (Later on in 1925, named as Haffkine Institute).
1902	A few deaths were reported after plague vaccination in Punjab Province of India, major set-back to plague vaccination and the reputation of Haffkine (years later, deaths were found due to programmatic errors).
1904-1908	Typhoid vaccine trial was done on British Army officials posted to India (and Egypt also).
1910-1930	Several vaccine institutes set up in different provinces of the country.

1948	BCG Laboratory in Gundy, Madras (now Chennai) set up. BCG vaccination was started at the pilot level.
1951	BCG mass campaigns were started in India.
1962	National Smallpox Eradication Programme launched. National Tuberculosis Control Programme started.
1975	The last case of smallpox was reported.
1977	India declared smallpox free.



Chapter 4
Financial Management
Of The Institutions



CHAPTER - 4

FINANCIAL MANAGEMENT OF THE INSTITUTIONS

The colonial government as part of the public health policy had developed many medical and educational institutions to deal with the epidemics and other various diseases. This chapter would delve into the formulation of the institutions by the colonial government and how the finances of these educational and medical institutions were managed in Awadh (1920 to 1947). The chapters also delve into the role of the individual donors and their contributions to the management of the institutions. The chapter focuses on the revenue generated by the institutions, grants furnished by the government and contributions of individual donors.

Following the medical policy, all medical institutions established were provided with financial grants. In 1938 the total income of Local Fund, State-Public and Private-aided hospitals and dispensaries during the year was Rs.44, 00,696 as against Rs.42, 84,154. The total expenditure aggregated to Rs.55, 58,502 against Rs.34, 79,857 in the previous year and the expenditure of Rs.35, 58,502 includes a deficit of Rs.1, 695 spent by the Ghazipur District Board. The closing balance including, deposits investments etc. In 1938 was therefore, Rs.8, 43,889 against Rs.8, 09,172 in 1938.

SUBSIDIZED SCHEME AND MEDICAL RELIEF IN RURAL AREAS

The government had formulated a scheme to provide subsidies to local boards for building and maintaining hospitals. The medical care in these hospitals and dispensaries was subsidized. They also provided funds to medical practitioners to set

up dispensaries and hospitals in rural areas. This proved to be an important landmark in the expansion of medical facilities in Awadh. This was a systematic attempt to expand modern scientific medicine to the large population of rural areas. It not only provided a system of medical treatment where none had been available before but also aroused local interest in matters about health and medical measures and promoted a new type of co-operative enterprise so vital to the public health and happiness of the village community. There were 76 subsidized dispensaries and 40 subsidized medical practitioners working in rural areas as against 70 and 36 in the preceding year and the total number of patients treated by subsidized medical practitioners settled in rural areas was 301,844 against 266,444 during 1938.

DUFFERIN FUND

The government established Dufferin Hospitals in areas such as Aligarh, Bareilly, Fyzabad, Gorakhpur and Meerut. They initiated a Dufferin Fund to establish and run the hospitals. The local branch committees of the Countess of Dufferin's Fund managed them. The local boards and societies affiliated to the United Provinces managed the work of the women's hospitals. Though the budget allocations were inadequate, the fund was satisfactory to manage the hospitals.

The Gursahaiganj unit, under the scheme for medical relief to women by women in rural areas and small towns, was closed down from 15th December 1938, and its grant has been transferred to Etawah, where it is hoped that there will be better co-operation between the Red Cross workers and the local women's hospital.

In Unnao, an ambulant dispensary as an experiment was initiated to provide medical relief to women at their doorstep. Though the Ambulant dispensary was started at Unnao, for the extension of medical relief to women by women in rural

areas, it proved too expensive for the value received and was consequently closed with effect from 15th January 1940.

The government-initiated steps to improve the between the midwifery services provided by the Red Cross Society and the Dufferin Fund. They also suggested modifications to the rules for the management of hospitals under the charge of the members of the Women's Medical School for India. These measures were suggested to increase their popularity among the masses.

The Women's, Medical School in Agra was converted to a Nurses Training School for Indian girls. The Dufferin Hospital, Cawnpore was transferred to a new building of modern design provided by the Improvement Trust, Cawnpore. Sir Henry Horsman and Mr Albert Horsman of Cawnpore very generously offered to contribute respectively up to two lakhs of rupees and half a lakh of rupees for the construction of a modern female hospital on the site of the present local Dufferin hospital, Cawnpore.

The government also formed a sub-committee to overhaul and recognize the finances of the Fund. It was appointed to investigate its financial position, to scrutinize every detail of receipts and expenditure, and to recommend measures to place the finances of the fund on a sound footing. The findings of sub-committee have been considered and adopted by the Provincial Committee at its meeting held on 20th December 1938. The sub-committee was appointed to consider all cases of loans advanced to Course of Wards estates to enable the Dufferin Fund to make good the loss sustained by it.

The number of State hospitals in these provinces in comparison to other provinces was less. They continued their work with limited funds to provide medical care to the people. They required extra staff, accommodation, medicines and

equipment, etc., to maintain them according to modern standards.

With insufficient funds, the local boards found it difficult to maintain standards in these institutions. The government allotted a sum of Rs.50,000 out of the Rural Development grant to assist those district boards which on account of financial stringency, were unable to provide adequate medicines and equipment for their rural allopathic dispensaries. Extra grants were sanctioned to a few district boards for improving the buildings where local bodies were unable to provide funds.

The government provided subsidies to the local boards to build and maintain dispensaries and to encourage qualified medical practitioners to settle in rural areas. There were 70 subsidised dispensaries and 36 subsidised private medical practitioners working in rural areas as against 68 and 28 in the preceding year under this scheme. The scheme gradually expanded to different areas and the total number of patients treated by subsidised medical practitioners settled in rural areas was 266,444 as against 219,357 during 1937.

To bring adequate medical relief within easy reach of every village the government-sanctioned initiated the "Rural Uplift Scheme". It opened sixteen travelling allopathic dispensaries, 48 fixed allopathic dispensaries and 192 indigenous dispensaries at suitable centres. Medical officers were appointed in allopathic dispensaries. A grant Rs. 37,500 was provided in the medical budget to open indigenous dispensaries and to subsidise qualified Hakims and Vaidis to settle in practice in rural areas on a small subsidy. The development of indigenous systems of medicines has been encouraged. Suitable grants, recurring and non-recurring were sanctioned to indigenous institutions.

The Medical Department depended entirely on grants by Government and by

local bodies, associations and charitably disposed persons. The hospitals and dispensaries worked under the Countess of Dufferin's Fund. The Revised Rural Area Scheme was initiated to improve co-operation between the Midwifery Services of the Red Cross Society and the Dufferin Fund. 12 centres worked under the scheme.

BALRAMPUR HOSPITAL

The Balrampur Hospital is the principal Government hospital in the district. It catered to the treatment of the high personages of Government and officers entitled to hospital treatment all over the State. The Superintendent who was also the Additional Civil Surgeon was in charge of the hospital. The foundation stone of the Balrampur Hospital was laid on 27th May 1869. The Maharaja of Balrampur created a Trust and donated a sum of Rs. 2, 47,700 in Government paper for the maintenance of this Hospital.¹

The Balrampur Hospital was managed by a Trust of which the Commissioner of Lucknow was the Chairman; the major part of the expenditure was met by Government grant. The Hospital has both indoor and outdoor departments. A separate block of rooms was reserved for Europeans and was called the European Ward under the direct control of the Civil Surgeon. In 1917 some improvements were made in the Hospital and it was taken over by the State from the Trust. The number of beds was increased from 104 to 250.² The old European Ward consisting of 11 rooms were converted into private wards available to all on payment of nominal charges. Six new wards were constructed, primarily for members of Legislature but were open to others, if available. The number of patients treated in the outdoor department of the Hospital in the year 1957 was 91,539 and the number of indoor patients 6,242.

¹ Oudh General Department No. 1986/III – 342 – B – 10, dated 29th June, 1892.

² Ibid

HAZRATGANJ CIVIL DISPENSARY

The Hazratganj Civil Dispensary is a Civil Dispensary situated in Hazratganj and is primarily intended to be an outdoor dispensary; later six beds have also been added to it. The hospital is in charge of a Medical Officer who works under the general supervision of the Civil Surgeon. This Hospital started as a dispensary but in 1887 its management was transferred to the Municipal Board. It became a State Hospital from May 1949.

THE KING'S ENGLISH HOSPITAL

King Nasir-Uddin Haidar of Awadh founded the Kings' English Hospital. It has two branches, 'The Unani Branch' and 'The English Branch'. The King had left promissory notes with the East India Company, the proceeds of which were to go for the maintenance of these hospitals. The management of the King's Hospital was vested in the "King's Hospital Fund".

LADY KINNAIRD HOSPITAL

Lady Kinnaird Hospital was a hospital for women. This Hospital had small beginnings when it was started in the compound of the Zahur Bakhsh Church near Lalbagh in 1876. The Hospital was shifted opposite to the King George's Medical College in 1891. The Hospital is managed by the Zenana Bible and Medical Mission and received grants from the State. It has provision for 100 beds.

CANTONMENT GENERAL HOSPITAL

The Cantonment Board with liberal grants from the Government of India maintained Cantonment General Hospital. The defence department has its own Military Hospitals

in the cantonment, meant for military personnel and members of their families. Similarly, there is a Police Hospital in the Reserve Police Lines for members of the Police force and another Police Hospitals for the P.A.C. the Railways have their hospitals for the treatment of their employees and their families.

THE NORTHERN RAILWAY HOSPITAL

The Northern Railway Hospital was started on 13th April 1937 and had provision for 72 beds for males and 18 for females. There is a separate Infectious Diseases block with 10 beds, also intended for railway employees. There are dispensaries in Saadatganj, Hasanganj and Ganeshganj, which were started in 1887, 1888 and 1889 respectively. The District Board maintained them till 1913 when they were transferred to the Municipal Board and are maintained by it.

SALARY-GRANTS AND TRAINING COLLEGES

The Committee formed by the government had unanimously recommended that salary-grants be given for both male and female teachers. It urged the formation of a Provident Fund for teachers, to secure for them reasonable prospects in life and permanency of tenure.

As Bengal had established a European Training College in Kurseong, it favoured the establishment of a Central Training College and recommended to select a Hill station, if possible, in preference to Allahabad.³

³ File No. 601 A of 1902 *Report of committee appointed under Government of India Resolution No. 237-247 of March 1st, 1902 to revise the code of Regulation for European Schools in Bengal, with a view to preparing a uniform code for India and Burma, 2nd Meeting-March 4th, 1902. P. 11.*

INSTRUCTION IN THE VERNACULAR IN SCHOOLS FOR EUROPEANS

To address the constant migration of parents, the difficulties which also existed in Madras and as many small primary schools are there in out-of-the-way places, The committee urged that teaching in vernacular was not made mandatory for the grants but it recommended that the local government should insist on vernacular education in the provinces where possible. The Committee realized the importance of vernacular education and opined that efficient teaching of it will be best secure by offering special rewards to teachers and pupils and that he latter should pass a practical test, consisting of dictation, conversation, written translation, and re-translation, at the close of the Primary, Middle, and High Stage respectively.⁴

RECOMMENDATION FOR TUITION FEES

The Banerjee commission observed that able student should have been excluded for his poverty from the advantage of the highest education. It stressed on the necessity when fixing a minimum rate of fee, of taking into account not only the local circumstances and the demand for higher education but also the ability of the students to pay adequate fees for the higher forms of instruction.⁵

At some of the unaided colleges, it was found that the Professors and teachers were inadequately paid, that the buildings and classrooms were unsuitable, that the educational appliances for general teaching were inadequate, and that the primitive

⁴ Ibid

⁵ File No. 394 A of 1903. *Government, United Provinces, Educational Department*, February 1903. P. 31.

description, and not even suited to the requirements of an ordinary board or primary school in England, or in Europe generally.

In the case of Government and aided schools, the avowed policy of Government is gradually to raise the fee until the student pays a reasonable proportion of the cost of and education, which has a high commercial value, due to the provision being made utilizing scholarships for the case of poor but clever students. The minimum scale of fees is fixed somewhat lower in aided than in Government institution to prevent the latter from competing unfairly with the former.⁶

The unaided colleges as such were not entitled to claim unqualified freedom of action in a matter of this kind. By granting them affiliation, and by admitting their students to examinations leading up to degrees, the Universities confer upon such colleges the most valuable of academic privileges and thus establish their right to impose such restrictions as may be necessary to prevent the competitive underselling of educational advantages. That such under-selling exists in a greater or less degree in several parts on India is beyond dispute, and it is hard to see how it can be prevented without placing some restriction on the undue lowering of fees. The Government of India or the Commission did not want to initiate a policy, which would tend to make education the monopoly of the rich. Not all education can be equally good: some colleges and schools will always be better than others will.

The committee recommended for a certain minimum standard of efficiency with which all institutions ought to conform. The maintenance of that standard involves expenditure, which cannot be reduced beyond a certain point, and which

⁶ File No. 394 A of 1903. *Government, United Province, Educational Department*, February 1903. P. 31.

entail the charging of fees which some of the would-be students may find difficulty in paying. The needs of this class may be met in two ways:

- (i) by the provision of scholarships for the more able boys;
- (ii) Using endowed schools and colleges which will cheapen education for all poor students irrespective of their ability.

SYSTEM OF GRANT-IN-AID AND EXPENDITURE

The Indian Education Commission (hereafter IIC) of 1882 made provision for education grants. Grant system varied for different schools, the government schools, aided schools and other schools received grants. Girl's schools were preferred to boy's schools for grants. Women's education was preferred for grants in aid. Grants were also provided for buildings etc. The IIC of 1882 suggested, that grants-in-aid should be provided indiscriminating liberality to all promoters of girls schools.⁷

Between 1871 and 1881, there was a reduction in girl's schools. Their abolition was mainly due to the financial position of the govt. in 1876, as later on more grants-in-aid were assigned to unaided schools.⁸ Though the preference was for girl's education and impetus was provided to girl's education, the United Province lacked in the matter of women education. The grant provided to for the support of the girls was comparably lower than other provinces.

The mission schools in relative had more funds. They received funds from the government, different societies as well as the elite of the united provinces. The table

⁷ File no. 3 of 1884, Report of the Indian Education Commission, Education Deptt.

⁸ File no. 3 of 1884, Report of the Indian Education Commission, Education Deptt.,

given below shows the expenditure made on secondary and primary schools for girls during the year of 1885-1886.⁹

Table: 4:1 Expenditure on Secondary and Primary schools for Girls in 1885-86

Provinces	From Provincial Revenues		
	In Schools under Public management	In Aided schools	From Municipal and local funds
	Rs	Rs	Rs
Madras	47015	121202	11401
Bombay	31652	40573	54941
Bengal	17205	127488	7264
N.W.P	-	38101	46218
Punjab	9351	52103	20632
C.P	7176	10601	8443
Assam	2995	775	7111
Berar	996	-	5155
Coorg	-	264	110
Burma	-	18132	20185
Total	116350	409239	181460
Total for 1884-85	105779	368792	174648

⁹ S. Bhattacharya, The Development of Women's Education in India: A Collection of Documents 1850-1920, p.166.

The table above gives us a glimpse of the expenditure of different schools. As the table depicts, the private management in all the provinces supported the girls' schools.

Table: 4:2 Similarly, the following table gives the expenditure report for the year 1913.¹⁰

Category	
Primary education	303000
Girls education	70000
Secondary education	95000

The table above shows the expenditure on primary education, girl's education and secondary education. During the year, 1912-1913, on girls' education seven lakh rupees were spent. One of the prime reasons for the lack of attendance in girls' schools was also due to the shortness of money.¹¹ In 1908, for the recurring grant of six lakhs for primary education, only one was the total estimated for women's education.¹²

Education in the second half of the 19th century was a partnership between the state and private management. Later on, for girls, more aided schools were opened. The colonial government made education a private enterprise. There was an increase in requests for grants from private individuals.

¹⁰ File no. 229 of 1912, Three years programme of requirements for Female Education, Govt. of United Provinces, June Proceeding no. 31 and 32, Edu. Deptt, UPSA.

¹¹ File no. 38 of 1912, Imperial grant for the extension and Improvement of Primary Education in the United Provinces, May Proceeding no. 70 to 74, Educ. Deptt., UPSA.

¹² File no. 120 of 1908, Recurring Grant of six lakhs for Primary Education, Proceeding no. 11 and 12, Govt. of U.P., Educ. Deptt., UPSA.

The colonial government in its education policies rooted for an increase in girl's education but they did not increase the grants for education resulting in the closure of many schools for girls' education in the provinces. The British were less efficient in promoting female education. The missionary society and other private enterprises took up the expansion of girls' education in Oudh and other provinces.

The colonial government also introduced the grant-in-aid system to bring the enterprises under the control of the state and to keep a check on the education imparted. They keep a check on the quality of education and bring uniformity in the educational processes. The public opinion too favoured an increase in the state's shares in private schools. Zenana Mission schools also received grants. The Christian missions also funded the Anglo-vernacular girl's schools.

J.S Cotton in his report on education in India for 1892-97, writes, "the total expenditure has risen but most of them from private funds. Less effort was made from govt. side. Crosthwaite Girls School situated at Lucknow, which is mainly an unaided Anglo-vernacular school for the higher education of native women of Lucknow enjoys the endowment of about two lakhs of rupees mainly from private enterprise. Anglo-vernacular schools doing great work as reported by Miss D' Abreu."¹³

The Isabella Thoburn College of Lucknow occupies an important place in the education of women. The income generated by the IT College is as follows¹⁴ :

Mission grant - 14000 Rs

Mission grant pay of five missionaries including Furlough allowances - 12350

Fees - 6200 Rs

¹³ S. Bhattacharya, *The Development of Women's Education in India: A Collection of Documents 1850-1920.*, pp. 283-284.

¹⁴ File no. 56 of 1921, Isabella Thobourn College Lucknow, UPSA.

Government Grants - 6731 Rs

Total = 39281

The figures above show how different foreign missionary societies founded this college. Girls from other provinces also attended this college as this institution had had good infrastructure including buildings, staff and equipment.

SCHOLARSHIPS

Scholarships were provided to the wards of Europeans to pursue their education, they were provided not only to complete their studies in India but also to pursue their education in institutions of Europe. The committee recommended the following rules and the amount to be provided as scholarships.

a) That the following rates for scholarships be recommended:-

Primary	@R 8 for 3 Years, tenable in Middle classes.
Middle	@R 12 for 2 Years, tenable in High classes.
High	@R 20 for 2 Years, tenable in F. A. Classes.
Collegiate	@R 30 for 2 Years, tenable in B. A. Classes.
Final	@R 40 for 2 Years, tenable in M. A. Classes. ¹⁵

b) For the last three seats of scholarships, the candidates pursue the courses in recognized Arts, Medicals or Technical Colleges. In the case of the Arts Course, they are tenable for the periods fixed by the Universities for passing the F. A., B. A., and M. A. examinations respectively, and that in the case of other courses they are tenable for the time required for a student to take a diploma and quality.

¹⁵ File No. 601 A of 1902 *Report of committee appointed under Government of India Resolution No. 237-247 of March 1st, 1902 to revise the code of Regulation for European Schools in Bengal, with a view to preparing a uniform code for India and Burma, 2nd Meeting-March 4th, 1902. P. 9.*

- c) The Primary, Middle and High Scholarships were restricted to Europeans and Eurasians in recognized European schools and the higher scholarships to the same classes in recognized institutions.
- d) That a scholarship of 200 a year, tenable for three years, be granted in each province, to enable Europeans or Eurasians to undergo a further course of study in England.

Apart from the scholarships, a scheme of been devised for encouraging schoolmasters to teach their wives and female relations with a view to their engaging in teaching if girl's schools are opened close at hand. For this, a sum of Rs.500 was accorded during 1908-09. Scholarships of Rs.3 and Rs.4 per mensem tenable for two years were given to women who have passed an examination equivalent to the Lower Primary and the Vernacular Upper Primary Examinations to encourage them to read for the Upper Primary and Vernacular Final Examinations respectively. The committee also proposed to offer a prize of Rs.50 for passing the Vernacular Upper Primary Examination and Rs.100 for passing the Vernacular Final Examination and a prize of Rs.150 for passing by the standard of the High School Scholarship Examination and a prize of Rs.250 for passing the Matriculation Examination.

PROVISION OF GRANT- IN - AID RULES FOR GIRLS' SCHOOLS

The grant-in-aid code was the policy for disbursal of the grants. The recommendations of the Indian committee and the code brought some progress in the girls' education. The rules for grant-were provided in accordance with the rules prescribed in the code. The commission recommended the rules for the enhancement

of women's education. The recommendations provided in the code did not allow for any major changes in the schools, they provided grants for the following:

- a) The provision of special scholarships for girls.
- b) The establishment of the stipendiary pupil- teacher-ships,
- c) Formal recognition of grants for Zenana teaching as a proper charge on public funds¹⁶.

The report submitted by the Chairman has the details of the Basti district. It shows that no real applicable progress was made even after the rules were made and grants distributed. Eighty-Eight aided schools opened which taught up to the upper primary. As on 31 March 1897, there were 2,882 pupils on roll. However, out of these 88 schools, no girls attended them. The Chairman enquired as to why the proposal did not fructify. Following which some changes such as allowing girls below a certain age limit were allowed to attend.¹⁷ The system of education was systematized and all the aided schools followed them across the district board.

In 1915, the Government introduced a special grant for female education. of India. A recurring grant of Rs 1, 26,000 from the available fund of Rs 1, 40,000 was demarcated for female education¹⁸. In the year 1906-07, 1907-08, five lakhs rupees were allocated for primary education. In 1906-07 for Colleges Rs 1, 88,494 were allotted, in secondary school. Rs 3, 24,781 were granted and in primary schools Rs, 10,254 were granted. Again in the 1907-08 year on colleges, Rs 1,55,742 was allocated, on secondary school Rs 3,47,998 and on primary school, Rs 1,08,422 was

¹⁶ Ibid.

¹⁷ File no. 81, Grant-in-aid to Vernacular Primary Schools in NWP and Oudh, Education Deptt.

¹⁸ File no. 4/ 1915, Govt. of India's special grant for female education, Education Deptt.

allotted.¹⁹ For the development of women's education, funds were made available from different boards such as Provincial, Municipal and District boards.

RULES FOR TUITION GRANTS TO ENGLISH SCHOOLS FOR BOYS

The British government launched tuition grants for boys. These grants were provided only for English schools, which helped the students obtain an education. English was the medium of education for the grants. The annual grant included several grants such as ordinary and special.²⁰

In one academic year, the schools admitted for these grants received a monthly sum equal to one-twelfth of the annual grant fixed for the year. The local governments were responsible for the disbursement of the grants. The disbursement of the grants or the selection of the schools depended on the kind of education provided in the school i.e., on the class of the school; second on the tuition expenditure which the managers are prepared to maintain; and thirdly, the continuance of the grant was contingent on the favourable report of the Government inspectors.

The amount of the annual grant (ordinary and special grants included) shall not exceed in the case of any private sources; these are.

- a) The income of the school from tuition fees and private sources;
- b) One-half of the amount of the annual tuition expenditure;

¹⁹ File 119 of 1908, Five lakhs grant for University Education, Education Deptt.

²⁰ File No. 961 of 1898. *Government of the N. W. Provinces and Oudh in the Educational Department*, For the month of January to June, 1898. P. 17.

- c) The difference between the annual expenditure and the income of the school from fees and other sources than the grant-in-aid.²¹

The annual expenditure may include contributions to a reserve fund, provided each reserve is not raised beyond the following limits²² :-

	Rs.
For a high school -----	1,000
For a middle school -----	750
For a primary school -----	500.

Contribution from the school fund beyond the above limits was treated as part of the ordinary income of the school during the following year. In ascertaining the income from private sources, a grant made by a municipal board was excluded.

The tuition expenditure included salaries of teachers, gymnastic masters, and menial establishment, expenditure on stationery and books for teachers' use, prizes for secular knowledge, petty repairs, the audit of accounts, and miscellaneous petty contingencies. No charges because of manager's superintendence are admissible. These were mandatory for educational institution and students as well.

The following conditions had to be followed by the schools else, they would be denied the grants, the conditions laid out for the grants were²³ :

- a) *To any school, which does not conform to the conditions for recognition, laid down by the Government; or to any school or department of a school, which*

²¹ File No. 443 of 1904. *Rules for Tuition Grants to English Schools for Boys, Government, United Provinces. Educational Department, April, 1904. P. 3.*

²² File No. 961 of 1898. *Government of the N. W. Provinces and Oudh in the Educational Department, For the month of January to June, 1898. P. 17.*

²³ File No. 443 of 1904. *Rules for Tuition Grants to English Schools for Boys, Government, United Provinces, Educational Department, April, 1904. P. 4.*

the Government declares to be unnecessary or unsuited to the requirements of the locality?

- b) *To any school the income of which from all sources is sufficient, in the opinion of the Government, to maintain its inefficiency.*
- c) *To any school that is conducted for private profit or which is formed out by the managers to the teachers.²⁴*
- d) *If the inspector at his annual visit, reports the school or section to be inefficient in point of instruction or other respects. Specifically the grounds of such judgment, the department will give formal warning to the managers that the grant may be withheld at the next annual inspector at his next annual visit again report the school or section to be inefficient. On the grounds of such judgment, the grant may be withheld: if before the final order withdrawing the grant is issued the managers shall be allowed an opportunity of submitting such explanations as they think fit.*
- e) *If any of the conditions of annual grants are not fulfilled by a school included in the grant list. The department may, after considering all the circumstances and any representations, which the managers may desire to submit, pay the grant, or a portion of the grant, and give notice that the grant may be withheld next year.²⁵*
- f) *If a school has held during the twelve months preceding the annual inspection less than 400 full school meetings as defined in article 8, a proportional reduction will be made in the annual grant payable under these rules.*

²⁴ File No. 443 of 1904. *Rules for Tuition Grants to English Schools for Boys, Government, United Provinces, Educational Department, April, 1904. P. 4.*

²⁵ File No. 443 of 1904. *Rules for Tuition Grants to English Schools for Boys, Government, United Provinces, Educational Department, April, 1904. P. 5.*

- g) *By a full school meeting is meant at least two hours' secular instruction on the same day and in accordance with the time-table as approved by the department. In no case can more than two school meetings be counted in the same day. Two, but not more than two, periods of two hours each in any month devoted to athletic sports and gymnastic exercise may be counted as full school meetings.*
- h) *An attendance means the attendance of a scholar at one full school meeting.*
- i) *The average attendance for any period is found by dividing the total of attendances during that period by the number of full school meetings. For determining the "attendance grant" the period taken shall be that from the beginning of the school year to the date of inspection.*

GRANTS: ORDINARY GRANT AND SPECIAL GRANTS

In rule no 3, the following annual grants were provisioned for the aid of English schools. The grants were provided under the heads, Ordinary Grant; Special Grants. Grants were also provided under the head, Attendance and Merit Grants.

(A) THE ORDINARY GRANT

The Ordinary Grant included a) the fixed grant for each section maintained with the approval of the department and b) The attendance and merit grant.

FIXED GRANT

The annual fixed grant allowed is as follows: -

For the high section of a school --- --- ---- --- 750

For the upper-middle section of a school --- ---- -- 400

For the lower middle section of a school --- ---- --- 250

For the upper primary section of a school --- --- --- 150²⁶

- 1) *The fixed grant payable as above because of a section is liable to reduction to the extent of one-half if only one of the two classes included in the section is maintained.*
- 2) *The fixed grant to the high section is liable to reduction by one-half if at the annual public examination of the upper class of the section the number of scholars who pass is less than 25 per cent of the average attendance in that class during the school year preceding the examination.*
- 3) *The fixed grant to each of the other three sections is liable to reduction by one-half if at the annual inspection the section fails to earn one-fourth of the maximum rate of the merit grant admissible under article 14.*
- 4) *If funds available for the of school (not being scholarship endowments) are expended on scholarships, beyond what may be required to allow of the authorized percentage of free and half-free scholars, the amount so spent in any year shall be deducted from the amount of the grant-in-aid to the school for the following year.*

Provided that no deduction shall be made by the department under this article until the managers have been allowed an opportunity of showing because why the reduction should not be made.

THE ATTENDANCE AND MERIT GRANT

The attendance and merit grant were additionally allocated over the fixed grants. The Inspector of schools allowed these grants if the schools met the following conditions:

²⁶ File No. 443 of 1904. *Rules for Tuition Grants to English Schools for Boys, Government, United Provinces, Educational Department, April, 1904. P. 5.*

- a) For each scholar in average attendance in the high or middle section, a sum not exceeding Rs. 3.
- b) For each scholar in average attendance in the upper primary section, a sum not exceeding Rs. 2.
- c) For each scholar in average attendance in the lower primary section or the preparatory section, a sum not exceeding Rs. 1-8-0.²⁷

The inspector conducted the annual examinations. The examiner conducted these examinations for all the subjects to test both the character of the teaching and the proficiency of the scholars. The attendance and merit grants were provided to those where the maximum rate of attendance is maintained. Additionally, the merit grant was provided to those classes in which the teaching in all the subjects or branches examined as well as the discipline maintained is satisfactory, and he may refuse to allow a grant at all. All students whose names were there on the register had to be present at the inspection unless there is a reasonable cause for their absence.

In estimating the efficiency of the school, the inspector would take into regard, the moral training and conduct of the pupils, to the neatness and order of the school premises and furniture, and proper classification of the scholars, both for teaching and examination. To meet the requirement respecting discipline, the managers and teachers were expected to satisfy the inspector that all reasonable care is taken in the ordinary management of the school. The teachers were entrusted to ensure and inculcate in the students, the habits of punctuality, of good manners and language, of cleanliness and neatness, and to impress upon the children the need of cheerful

²⁷ File No. 443 of 1904. *Rules for Tuition Grants to English Schools for Boys, Government, United Province, Educational Department, April, 1904. P. 5.*

obedience to duty, of consideration and respect for others, and honour and truthfulness in word and act.

The managers were supplied with a form of annual return, which they are required to have ready by the day fixed for the inspector's annual visits when they must also produce for his inspection the registers, portfolios, visitors' book, and cashbook. If any errors are discovered, either in totalling the daily or monthly attendances of scholars or in transferring totals to the manager's return, it shall be in the power of the inspector to impose a fine of Rs. 5 for each such error. The accounts and statistics for this return were made up to the last day of the month preceding the inspector's annual visit.²⁸ On the receipt of the inspector's annual report on the school, the Director of public instruction will determine the ordinary annual grant for the school and notify the same to the managers.

The inspector's examination was conducted in English and from the prescribed curriculum. The tests were conducted from this curriculum. Based on the result of the examination, the Inspector determined the grant, which was allowed to each class. The conditions and the nature of the tests conducted by the Inspector were as follows:

- a) Fluency in reading aloud from the class reader and readiness in explaining it in the vernacular.
- b) Pronunciation and analysis.
- c) Oral translation from the vernacular into English.

²⁸ File No. 443 of 1904. *Rules for Tuition Grants to English Schools for Boys, Government, United Province, Educational Department, April, 1904. P. 7.*

- d) Ability to converse and to answer in English question in the subject matter of the class readers and especially in the object lessons.
- e) Recitation of poetry.
- f) Spelling and penmanship as tested by dictation.
- g) The neatness of the written English translation exercises and the copybooks.

The vernacular, the students were tested in fluency and accuracy of reading from the prescribed textbook, and in their ability to answer the question in its subject matter. Their spelling and penmanship were tested by dictation.

In classical language, the students were examined in their knowledge of the prescribed textbook, in grammar, and translation from the vernacular into the classical language.

In arithmetic, the examination included both mental arithmetic and working on history and sanitation. The examination was restricted to ascertaining whether the scholars are obtaining an intelligent knowledge of the textbook.

(B) SPECIAL GRANTS

Special grants were the grants which were allowed by the government in place of or in addition to the ordinary grants. The government laid down specific conditions for the disbursal of special grants. The special grants were allocated on the following circumstances²⁹:

- a) *A preliminary grant provided in aid of the maintenance of a new school during the first year after its establishment. Such a preliminary grant will not,*

²⁹ File No. 443 of 1904. *Rules for Tuition Grants to English Schools for Boys, Government, United Province, Educational Department, April, 1904. P. 6.*

as a rule, exceed one-half the sum, which is required as a supplement to the fee income to meet the tuition charges during the year.

- b) In addition to, or in place of, the ordinary grant, a special grant allowed to a high school now on the grant list in which the department considers that a headmaster and instructive staff of special qualifications are required to maintain the institution on the footing of a Zilla school of the first class. A special grant under this class was sanctioned for a period not exceeding five years, but it will be withdrawn at any time if the headmaster and staff of the above qualifications cease to be entertained.*
- c) A special additional grant allowed to any school in a poor or backward locality in which the local contributions are not sufficient, with the fees and ordinary grant, to meet the necessary tuition expenditure on the school. A grant under this clause is provided for one year only but may be renewed annually.*
- d) A special additional grant allowed to any aided school in which a teacher in science or drawing is appointed and is exclusively employed in teaching such subject: such grant not to exceed half the additional cost incurred.*
- e) A special additional grant allowed to any aided school in which satisfactory provision has been made, as certified by an inspector of schools, for the teaching of typewriting or shorthand or both; such grant not to exceed half the additional cost incurred.*
- f) A grant-in-aid for purchasing typewriting machines provided to the aided school in which satisfactory arrangements have been made for teaching typewriting if the grant shall not exceed the amount contributed for the purpose by the school.*

g) *Applications for grants-in-aid for teaching typewriting and shorthand must contain a statement showing the provision made for the instruction of the classes and a satisfactory assurance that the classes will be maintained on the proposed footing for at least five years.*

Fixed grants were not allowed to the section of the school, which did not have the mandatory average attendance. This was mandatory for the schools placed in the grant list after 17th July 1888. The schools were supposed to maintain the average attendance, which should not fall below the following numbers, eight (8) in the high section, twelve (12) in the upper middle section, and fourteen (14) in the lower middle or the upper primary section: provided that no reduction should not be made.³⁰

GRANTS FOR SCHOOLS AND COLLEGES

The government had provided grants for the development of educational institutions. Special emphasis was given on the upliftment of women's education. The grants disbursed were according to the needs of the institutions. They were provided under different heads and depending on the requirements. Though the grants distributed were not in accordance with the need but efforts were taken for the education of girl child. It received the required impetus. Mostly the local government carried out the disbursal of the grants. The grants for the institutions varied according to their needs. The grants provided to different institutions follow:

³⁰ File No. 443 of 1904. *Rules for Tuition Grants to English Schools for Boys, Government, United Province, Educational Department, April, 1904. P.7.*

JUBILEE HIGH SCHOOL, LUCKNOW

The application for grants was forwarded by the Commissioner, Lucknow division, which was received from the Board of management of the Jubilee High school for aid in improving the school.³¹ The school was situated in the capital of Oudh and the government recognized the need to provide substantial aid to this school. The school received Rs. 6,552 from the Government and Rs. 6,000 from the municipal board, i.e. the net cost to public funds is Rs. 12,552.

The Board had asked for an urgent disbursement of Rs 15000 for infrastructure development. Additionally, the board asked for a building grant of Rs 7,500 to construct new classrooms. The requisition also had raised the urgency to construct quarters for the headmaster and a boarding house. The application also asked the government to increase its maintenance grant to improve the staff, library and science apparatus. The additional amount asked for is Rs. 7,888 a year. The present Government grant was Rs. 6,552.

Local elite, Pandit Pragnarain Bhargava, promised a sum of Rs. 8,000 and asked the government to contribute an equal sum. The government promised the school Rs. 10,000 from the balance of the patwari fund, which was earlier returned to the Government. As the Board requested Rs 15,500, the government promised an immediate release of Rs 10,000 and the Director of Public instruction might have Rs. 5,000 in savings later.³² The government also allocated Rs. 12,000 as a grant for classrooms out of the patwari fund balance; which was to be disbursed when they receive official order.³³

³¹ File No. 151/1908, Department of Education Page no. 36 state archive Uttar Pradesh.

³² Ibid

³³ Ibid

The income of the school is made up as follows:-

	Rs.	Rs.
Fee income	6,015	}
Interest on endowments	787	
Ret of a hops	150	6,952 (income from private sources)
Municipal grant	6,000	}
Consolidated Government grant	6,552		12,552 (from public funds)
Total	<hr/> 19,504 <hr/>	

The managers of the school had also risen that the school be turned into a government high school so more fund could be transferred. The Director did not contend with it and rose that it is supported with public funds. He argued that it would be cheaper to convert it into a first-grade district high school that make the additional grant asked for.

He makes the following recommendations:-

- a) To comply with paragraph 13 (a), chapter XII, Educational Code, he would require the managers to raise the income from private sources to Rs. 12,994, and if they did this, make as an extra tuition grant of Rs.6,392.
- b) Or convert it into a first-grade district high school. As regards the grant for a library, he would not give more than Rs.600 a year. The queen's collegiate school, Benares, gets an allowance for contingencies of Rs. 948 only.

The school has recently been paid a building grant of Rs. 12,000 from the balance of the patwari fund.

The education department opposed the grant and wanted to convert the school into an ordinary Government high school. The commissioner argued that the school was managed by a strong committee and it was doing excellent work. He raised that the advantage the school enjoys would be lost if it is turned into a government high school. He said, “If the school becomes a Government institution, there is much to lose and nothing to gain if the proposal is sanctioned.”³⁴ He pointed out that though the grant requested was large and there are other claims but requested to provide grants for the school.

THE QUEEN VICTORIA MEMORIAL FUND, CAWNPORE

The local government of United Provinces of Agra and Oudh by the members of the Committee had made requests for the Queen Victoria Memorial Fund, Cawnpore, for women’s education. They requested that the funds earmarked under the “The Queen Victoria Memorial Fund, Cawnpore,” be transferred to the Treasurer of Charitable Endowments for the territories subject to the said Local Government. They wanted the grants to be provided in a trust upon the terms that the interest accruing thereon be expended in providing medals and prizes for the encouragement of female education being the persons acting in the administration of the trust specified in.³⁵

They laid down the conditions in the district of Cawnpore namely³⁶-

- a) *That not less than five medals shall be awarded every year ;*

³⁴ Ibid page no.37

³⁵ File No. 261/1911, Department of Education Page no.45 state archive Uttar Pradesh.

³⁶ Ibid

- b) *That the committee of management of the fund shall have sole discretion as to the manner of awarding medals and prizes, framing such rules as may be needed for the same: provided that no persons other than female students and teachers studying or teaching in schools in the district of Cawnpore shall be held to be eligible for either the medals or prizes;*
- c) *That the medals shall bear on the obverse an impression of the head of the late Queen-Empress Victoria with the figures “1837 -1901” and on the reverse some such words as “Girls’ schools, Cawnpore” and “Queen Victoria Memorial”;*
- d) *That with each medal shall be presented a parchment certificate stating among other things the name of the recipient and the object for which the medal is awarded;*
- e) *That the balance of the money left over after defraying the cost of the medals shall be utilized in the provision of prizes for deserving students and teachers;*
- f) *That the income accruing from the fund shall as far as possible be utilized every year and not allowed to accumulate and be carried forward to the credit of the fund except as far as may be necessary for the due administration of the fund;*

The Lieutenant Governor under section 4, sub-section (1), of the Charitable Endowments Act, 1890 (VI of 1890) ordered that the securities hereinbefore specified be and they hereby are vested in the said Treasurer of Charitable Endowments.³⁷

³⁷ Ibid page no. 46

ST. JOSEPH ORPHANAGE GIRLS' SCHOOL, AGRA

The authorities of the St. Joseph Orphanage Girls' School, Agra, applied for a recurring grant towards the maintenance of the hostel attached to the school with effect from the financial year 1927-28. The number of boarders was 95 on March 31, 1926, and all of them were free residents.³⁸

The approved total expenditure of the school was Rs.1,487/- and the school was eligible for an additional grant of Rs. 743/-. The additional grants were according to para. 394 of the educational Code. The Chief Inspectors recommended an additional grant of only Rs. 522/- as that would sufficient along with the private funds to make account balance. The chief Inspectors recommended that the school was doing a good job and it did not a separate source of income from which it can maintain its hostel.

The government agreed with withy the inspectors and allocated additional grants of Rs 522/- from the financial year 1927-28. This was provided as maintenance grant to the hostel and it was included in the grant-in-aid budget for 1927-28.³⁹

ST. JOHN'S COLLEGE, AGRA

St John's College was the Central Institution of the educational work of the C.M.S. in North India, and was founded in 1850, "to create a higher moral and spiritual tone amongst the better classes of Indian Youths."⁴⁰ The administration had asked grants from the Friends and supporters of the Church Missionary Society in India, England, and Ireland to provide boarding facilities to the students. The students

³⁸ File No. 898/1916, Department of Education Page No. 1, state archive Uttar Pradesh

³⁹ Ibid

⁴⁰ File no. 443-A, serial no. 36, Department of Education page no. 3 State archive Uttar Pradesh

were in dire need of boarding facilities and the dearth of accommodation facilities were creating impediments to the growth of the college. The college was supported with a strong staff of European and Indian Professors affiliated in Arts, Science, and Law, to the M.A., B.Sc., and L.L. B. The college was in standards of the Allahabad University and was well equipped with the necessary appliances for imparting a sound University, or Business Education.

The Director of Public Instruction, United Provinces had written to the Secretary of the Education Department, United Provinces to recommend a grant of Rs. 500/- per mensem to the Principal. The Principal had agreed to abide by the conditions applied to the 'aided colleges'. The Principal of St. John's College, Agra, had applied for the funds and were sanctioned by the director out of them out of the annual grant of Rs. 40,000/- available for colleges

The college was also sanctioned a building grant of Rs. 15,000/- for a hostel on the usual conditions of the grant-in-aid rules. It was sanctioned wide a government order nos. 190/XV-443A and 381/XV-443A, dated first March and 25th April 1906 respectively. The college had fulfilled all the conditioned required for the grant.

ST. JOSEPH COLLEGIATE SCHOOL, ALLAHABAD.

The administration of the St. Joseph's Collegiate School, Allahabad had received a grant of Rs 8500/- to purchase of a bungalow adjoining the school.⁴¹ The government released the grant and the building was purchased. After the bungalow was purchased, it was struck by lightning and needed demolition. The Bishop of Allahabad proposed to construct a new building for teachers' quarters which was estimated to cost Rs. 39,986/-. He requested the government to grant Rs. 19,493/- towards the cost of the

⁴¹ File No. 54/1920 Department of Education Page No. 23, state archive Uttar Pradesh.

proposed building. The Director of Public Instruction supported the application but it was rejected as the college received Rs. 53,000/- for constructing new dormitories. As new grants could not be provided in the same financial year, 1921, the application was rejected.⁴² The Secretary of Education, United Provinces had denied the requisition for the grants. He opined that the requisition for building grant could not be justified.⁴³

The Director of Public Instruction in his letter provided details of the infrastructure and buildings available in the college and the funds allocated by the government. He states “Apart from the bungalow, in which the Christian brothers live, the school has only two buildings. The main building and the bungalow, which has been rebuilt.⁴⁴

The main building, which was formerly a single-storied building and Rs. 60,000/- would be a fair estimate of the original cost of it. A second storey was added at a cost of Rs. 73,422, towards which government gave a grant of Rs. 53,000. The bungalow, which has been rebuilt originally, cost Rs. 17,000 towards which Government contributed Rs. 8500.⁴⁵ Thus the buildings which are used for school purposes cost:-

(1) The lower storey of the main block	Rs. 60,000
(2) Upper storey of main block	Rs.73,422
(3) Bungalow	Rs.17,000
<hr/>	
Total	= Rs. 1,50,422
<hr/>	

⁴² Ibid Page no. 45

⁴³ Ibid Copy of G.O. No. 282/XV-54-1920, dated the 23rd January 22, from kunwar Jagdish Prasad, O.B.E., Secretary to Government, U.P. Educational Department, to the Director of P.I., U.P

⁴⁴ File No. 54/1920 Department of Education Page No. 66, state archive Uttar Pradesh.

⁴⁵ Ibid Page no.67

Towards this amount Government contributed Rs. 53,000/- + Rs. 8,500/- = Rs.61,500.

He had also supported his letter with a revised note from the Finance Committee, which had provided all the details of the building grants provided to the St. Joseph's Collegiate School, Allahabad. The details of the note by the financial committee were as follows⁴⁶:

- a) *In 1920 the Government gave a grant of Rs. 8,500 to St. Joseph's Collegiate School towards the cost (Rs. 17,000) of a bungalow which the school urgently required for extending its boarding accommodation. Soon after the bungalow was purchased it was struck by lightning and was so much damaged that it had to be dismantled and rebuilt. The total cost of rebuilding the bungalow has been Rs. 38,986. The school authorities have asked for a building grant of half the amount, viz. Rs. 19,493.*
- b) *The Director of Public Instruction estimates that the school has in the past spent on buildings approximately Rs. 1,50,000 towards which Government have contributed only Rs. 61,500. The government has not contributed towards the cost of the school site or of the buildings in which the staff reside.*
- c) *As the school has borne more than half of the cost of buildings in the past and was compelled to rebuild the bungalow which was struck by lightning to provide essential accommodation, Government recommend towards the cost of this bungalow a grant of half the cost, Rs. 19,493, for which the school is eligible under the code.*

⁴⁶ Ibid Page no. 68

d) *The approval of the Finance Committee is accordingly solicited to the inclusion of a sum of Rs. 19,493, non-recurring, in the schedule of new demands for 1924-25 as a building grant for St. Joseph's Collegiate School, Allahabad.*

ISABELLA THOBURN COLLEGE AND SCHOOL, LUCKNOW

The American Methodist Episcopal Mission ran Isabella Thoburn College. The Director of Public Instruction, North-Western Provinces and Oudh requested a grant of Rs. 100 per mensem to the Women's College, Lucknow, from 1st April 1896. He requested the funds as the resources available with the college were not sufficient. The present sources of income of the college are from fees Rs. 30, and Rs. 550 from the Missionary Society, while the expenditure on the tuitional staff is Rs. 300 per mensem. The Director considered that the institution, which takes in European and native female students, deserved encouragement and requested for the sanction of funds.⁴⁷

The Director of Public Instruction North-Western Provinces and Oudh submitted the statement showing the income and expenditure of the college. The income amounts to Rs. 482 and the expenditure to Rs. 586, of which Rs. 375, the salaries of the first three mistresses, are paid by the Missionary Society the pay of the Principal is not included, but financial equilibrium has been maintained by the philanthropy of the teachers, who make up any deficits by refunding portions of their salaries.⁴⁸ As the college required the grants, the Director of Public Instruction recommended that a grant-in-aid of Rs. 100 per mensem be sanctioned from the 1st April 1896

⁴⁷ File No. 56/1921 Department of Education Page No.1, state archive Uttar Pradesh.

⁴⁸ Ibid

The secretary of education had denied the request of the college and stated that he opposed the diversion of public funds from elementary education for university degrees. He particularly opposed the diversion to missionary institutions, because the effect is to set free funds, which can be applied to the other and more special objects of the mission. The missionaries and its supporters had considerable fortunes they could provide the funds. He believed that the women's college attached to the mission would be able to generate funds and it would function without issues. He did not want to deprive the government an important part of its revenue.⁴⁹

The Director of Public Instruction had stated that a similar recommendation was made in 1895 and was rejected on the ground that there were more pressing needs than a college for women. Since then the college has continued to do good work and has been affiliated to the University up to the B.A. degree, which has been taken by two out of three candidates for it from the college. Seventeen students have passed the intermediate examination for the next examinations the college hopes to send up three students for the B.A. examination, five for the intermediate and eight for the entrance examination. It is the only institution of its kind in these provinces and supplies a want. It properly educated female candidates for medical or other professional training is to be found, some institution like the Women's College is necessary. Moreover, the college is not restricted to the education of Indian women but European students are also admitted. Four of the students who have passed the intermediate examination are now employed as teachers in European schools. He requested the moderate amount requested was sanctioned.

The Secretary had replied that the government did not have all the details. The Director of Public Instruction did not mention the number of the staff nor provided the

⁴⁹ Ibid

details of the income of the institution. He stated that the numbers of the scholars associated with the institution were limited and did not warrant such high grants. The Director of Public Instruction proposed to meet the grant from savings in the grant-in-aid budget for Anglo-vernacular schools. The secretary maintained that many of these schools are starved for funds and it was not prudent to allocate funds to a woman's college founded by a wealthy missionary society. He stated that the financial conditions of the province were in no better condition than in 1895, and refused the grant. He asked for additional details of the college about the number of scholars; the number of teachers; Sources and amount of income and other particulars.⁵⁰

The authorities of the Isabella Thoburn College, Lucknow continued their request for funds from the government for new buildings and infrastructure. The authorities wished to reorganize the college that may take its place as the Woman's College of the Lucknow University. The authorities had acquired a site in the university area and proposed to construct buildings to accommodate Intermediate and Degree classes and a training class for teachers. The present buildings available were to be handed to the middle school classes, as the accommodation was inadequate.⁵¹

The authorities of the college proposed to erect classrooms, a teacher's block, four hostels, hospital, gymnasium, music rooms and the necessary outhouses. They estimated the cost of all the buildings amounts to Rs.18, 13,996. The programme will be carried out piecemeal as per the availability of funds. They stated that the college has already received subscriptions from America amounting to Rs. 1,00,000 and expected to receive a further contribution of Rs. 5,00,000 by the end of January 1923. It requested from the Government a grant of Rs. 2,00,000 in 1923-24, a further grant

⁵⁰ Ibid page no. 2

⁵¹ Ibid Page no. 69

of Rs. 2,00,000 in 1924-25 and a grant of Rs.1,20,000 in 1925-26, i.e., a total of Rs. 5,20,000. The government had paid Rs. 80,000 to the college in previous years, will make a total equal to the amount contributed from private sources. The expenditure to which the college is committed in 1923-24 amounts to Rs. 7,65,118 as follows:-

For buildings	Rs. 6,92,562
For furniture	Rs. 79,556
	Total= 7,65,118

They further added that the college would have in hand Rs. 6,80,000 being Rs. 6,00,000 contributed from private sources and RS. 80,000 the Government grants paid in previous years but not yet spent. The Director of Public Instruction in consultation with the college authorities has worked out the recurring expenditure to the Intermediate and University College. In 1923-24 the expenditure will contribute Rs. 35,000. thus a grant of Rs. 19,487 was requested by the government. The present grant from Government to the college amounts to Rs. 10,380. thus an additional grant of Rs. 9,107 was requested. The estimated cost of the training class in 1923-24 is Rs. 12,500 Towards this amount the college will contribute Rs. 8,630, leaving a deficit of Rs. 3,870 to be met by the Government. The present grant to the training class is Rs. 2,100. thus an extra grant of Rs. 1,770 is required. The authorities requested assistance in 1923-24 and stated that these grants will not commit Government to any further grants, recurring or non. Recurring.⁵²

Non-recurring	Rs. 85,118
Bearing (a) for the college	RS. 9,107
(b) For the training class	Rs. 1,770

⁵² Ibid

The finance department allocated a sum of Rs. 42559/- as an assistant to the Isabella Thoburn College, Lucknow was for 1924-25.⁵³

ST. JOSEPH'S SEMINARY, NAINI TAL

The Principal of St. Joseph's Seminary appealed for grants from the government. He stated that the allocated grants to the college were not sufficient and required more funds. There were a series of letters exchanged between the principal and the Director of Public Instruction. The exchange of letters was regarding the usage of funds allocated for other purposes.

The Director of Public Instruction had maintained that the Principal did not clearly explain the income and spending of allocated funds. He stated that the account showed a balance at the credit of Rs. 2,580, whereas the total grant for the year was only Rs. 2,539. There was also an expenditure item of Rs. 2,000 under the heading 'contribution to the maintenance of staff'. The Director of Public Instruction contended that the saving amounted to more than the grant received, while the expense of the religious society was nil, the seminary did not need of any maintenance grant for the current year.⁵⁴

The principal replied to the letter claiming that the whole grant earned was Rs.3,460. The balance was shown as in the previous year he had been told that it was unnecessary to show any estimate moderate or otherwise of the expenditure incurred upon the brothers as that would be done in the department. Item Rs. 2,000 was not for the cost of the maintenance of the brothers, but the cost of training them in England and bringing them out. He pointed out that that had their actual expenses been

⁵³ Ibid Page no. 76

⁵⁴ File no. 897/1926. Department of Education Page No.1, state archive Uttar Pradesh.

included there would have been no balance shown at all, as the cost of maintaining five trained teachers would have amounted to at least Rs. 43 per mensem, the actual cost he estimated at Rs. 180 to Rs. 200. The Director of Public Instruction allowed Rs.1,550 out of the total grant of Rs. 3,460 earned.⁵⁵

The principal pointed out that fair salary of the five brothers would be Rs. 500 per mensem or Rs. 6,000 per annum. and the school was entitled to the full grant earned of Rs. 3,450.

The Director had written back stating that the reference of Article 38 is made to estimating the market value of the services of unpaid teachers does not apply. He pointed out that, Article 40 states, “if the income of any school from all sources is large enough, in the opinion of the Department, to render the full grant claimable unnecessary for the efficient maintenance of the school a reduction shall be made in its amounts.”⁵⁶

The school authorities had raised that a college cannot be maintained efficiently without efficient teachers, and for the supply of these, we might reasonably add Rs. 6,000 for five brothers to the expenditure side the account would stand:-

	Receipts Rs.		Expenditure Rs.
Private	6,171		4,130 paid
Government grant	3,460		6,000 Estimated
	_____		_____
Total=	9,631	Total =	10,130
	_____		_____

⁵⁵ Ibid

⁵⁶ Ibid

The Director of Public Instruction had replied how he arrived at the grant of Rs. 1,559, which he allowed out of the total grant of Rs. 3,460 earned. He stated, “The first accounts submitted by the Principal contained the item of Rs. 2,000, as a contribution to the Superior towards maintenance for the staff”. The Director of Public Instruction had learnt that this was a contribution towards the maintenance of the training establishment in Ireland and he demurred at the sum as not a legitimate charge debatable to the school. He, therefore, asked for corrected accounts showing the sum spent on the maintenance of the brothers apart from the contribution to the establishment in Ireland. The Director of Public Instruction fixed for maintenance of each brother per mensem. He determined Rs. 60 as on consulting Managers of other schools he found that Rs. 30 as an ample allowance for food. This sum he doubled to allow for clothes and extras.

The accounts, therefore, stand as follows:-

Expenditure	Rs.	A.	P.
Salaries of teachers	767	8	0
Cost of five brothers at Rs 60 permensem	3,600	0	0
Books	554	0	0
Furniture and repairs	72	10	0
Rent	1,200	0	0
Rates and taxes	116	0	0
Servants’ wages	444	0	0
Piano	333	6	0
Annual sports	68	9	0
Peons	125	0	0
Repairs to playground	155	0	0

Passage to bath-room	294	0	0
	<hr/>		
Total =	7,730	1	0
	6,171	+	0
	<hr/>		
Difference	1,558	13	0

The Secretary on the exchange of the letters lamented that the Director was giving unnecessary trouble. If he had called the Principal of the School to the office and talked the matter over with him the business would have been settled in half an hour. The original accounts were manifestly imperfect, but it was clear that there was no intention to mislead. We have no concern with the arrangement made with the Parent House, and the inclusion of contributions made to that house should not be taken into consideration, but we must take into consideration a fair allowance for the unpaid teachers. He agreed with the Director that Rs. 60 a month was a fair allowance for the cost of maintenance, but it was not possible to get a trained teacher for Rs 60 per month, the grant of Rs 100.that was fair and ordered the release of the whole grant.⁵⁷

BUILDING GRANT TO THE ST. JOSEPH'S COLLEGE, NAINI TAL,

The authorities of St Joseph College, Nainital had stated that accommodation at the St. Joseph's College, Naini Tal, has been proving inadequate for some time past and requested for building grant. The junior classes – infants, I, II and III –at present held in an old detached bungalow does not provide sufficient accommodation for all

⁵⁷ Ibid page no. 3

these classes: the rooms are ill-ventilated and are thus unsuitable for classroom purposes. It is therefore to demolish and re-build the existing dining hall, which is a temporary structure, and also the physics laboratory which is only an extension of the dining hall.⁵⁸

The Inspector of European Schools forwarded the plans and estimates approved by the public works department for the construction of a double-storied building for Rs. 90,642. The project provides for a new dining hall and science room on the ground floor and a series of classrooms on the upper storey, which will make it possible to bring the junior classes from the old detached bungalow to the main building. The old bungalow will then be used as a residence for the ladies of the domestic staff of the college, for whom at present there is no suitable accommodation.

The Director of Public Instruction considered the proposal urgent and recommended a building grant of Rs. 50,000 to be paid in two equal instalments – Rs. 25,000 in 1927-28 and the balance in 1928-29. The grant recommended although a little more than half the total estimated cost was admitted under paragraph 50 (2) of the Code of Regulations for European Schools as the management has erected other buildings at a considerable cost without aid from Government. So the government agreed with the Director of Public Instruction and the finance committee approved the inclusion of a sum of Rs. 25,000 in the schedule of new demands for 1927-28 as a building grant to the College.⁵⁹

⁵⁸ Ibid page no. 76

⁵⁹ Ibid

MAINTENANCE GRANT TO THE CHRIST CHURCH COLLEGE, CAWNPORE

The Allahabad University and the Intermediate Education Acts of 1921 were passed and Christ Church College, Cawnpore, reduced the college to the Intermediate standard.⁶⁰ The necessary sanction was obtained from the Executive Council of the Allahabad University and the governing body of the college restored the B. A. College classes. Intermediate classes were separated from the school and have been amalgamated with the College classes as before.

The college authorities have applied for assistance from the Government to maintain their Degree College and high school. The budget estimates of the college shows an income of Rs.27, 300 from fees and private sources in 1927-28, while the expenditure for that year was Rs. 48,407 leading to a deficit of Rs. 21,107. The college authorities ask for a grant-in-aid of this amount. The Director of Public Instruction and the government under the rules of the Educational Code recommended the sanction of the grant. The Government was ultimately liable to pay a grant of Rs. 34,601 to the Intermediate College (classes III to XII) and a maintenance grant of Rs. 24,999. It was sanctioned for the current year.⁶¹ The budget estimates of the school (classes III to X) show that it has earned a grant of Rs. 9,940 during 1927-28. The net extra cost to Government of the Degree classes in 1927-28 therefore was Rs. {(21,107 plus 9,940) minus 24,999} = Rs. 6,048.

The Principal of Christ College, Cawnpore also requested for a non-recurring grant of Rs. 5,000/- towards the installation of a gas plant water and gas fittings and working benches for the chemical laboratory of the College at an estimated cost of

⁶⁰ File No. 918/1926, Department of Education Page No.1, state archive Uttar Pradesh.

⁶¹ Ibid

Rs.10,000/-in the year 1927.⁶² The principal stated that the installation of a gas plant and provision of gas and water fittings are necessary for the efficient teaching of science at the college. The need for a properly equipped chemical laboratory has been felt since the College started teaching Science in the Intermediate classes in 1922. However, as funds were limited, the College had to carry on the work in the laboratory attached to the High School, which is too poorly equipped for the teaching of Science in the Intermediate classes. The grant of Rs. 5,000/- was made on the account in the schedule of new demands for 1928-29.⁶³

The Principal, Christ Church College, Cawnpore, has also represented that the present staff was inadequate for the requirements of the institution as it has been raised to the degree standard. He had submitted proposals for appointing five additional teachers; a) Professor of Mathematics on Rs.350-50-850, b) Professor of History on Rs. 350-50-850 c) Assistant Lecturer in Economics and History on Rs. 150-10-250 d) Lecturers in Urdu and Hindi on Rs. 150-10-250. He further asked for raising the scale of two existing Professor and Assistant Professor from Rs. 150-10-250 to 200-20-400, and for appointing a Physical Training Instructor on Rs. 25 per month, at a total extra cost of Rs. 12,020 in 1928-29.⁶⁴

Towards meeting the extra expenditure involved, the college anticipated an extra income of Rs. 8,068 from fees and the society's contribution, leaving a deficit of Rs. 3,952, which the college requested, from the Government as an additional recurring grant to the college with effect from 1928-29. The Director of Public Instruction has examined the proposal and accepted that additional staff is necessary

⁶² Ibid page no. 5

⁶³ Ibid Page No. 9

⁶⁴ Ibid Page No. 10

for efficient teaching in the college and recommends the payment of an additional recurring grant of Rs. 3,952 from 1928-29.⁶⁵

The Finance Committee solicited to the inclusion of the additional expenditure in the budget of the college, as approved tuitional expenditure for grant-in-aid. It was subject to the condition that the total maintenance grant in any year should not exceed one-half of the total approved expenditure and to the inclusion in the schedule of new demands for 1928-29 of a sum of Rs. 3,952 as an increase in the grant-in-aid to the Christ Church College, Cawnpore. With an increase of Rs. 3,952, the total tuitional expenditure of the college in 1928-29 was Rs. 66,392 and the total maintenance grant Rs. 31,138 was less than half the approved expenditure.⁶⁶

On the condition that Government grant in any year shall not exceed one-half of the approved tuitional expenditure of the college, the request of the Christ Church College, Cawnpore was granted for recognition in Mathematics up to the M.A. standard. The college authorities proposed to appoint a part-time lecturer in Mathematics on Rs. 100/- p.m. with effect from July 1929. Cost in 1929-30 will be Rs. 800/- only.⁶⁷ As Rs. 400/- which is equal to one half of the expenditure involved in 1929-30 and the management agreed to meet the other half of the expenditure, the grant was allotted.

D.A.V COLLEGE, CAWNPORE

The Principal, D.A.V. College, Cawnpore, requested an additional maintenance grant.⁶⁸ The college authorities asked grants for Appointment of an additional lecturer

⁶⁵ Ibid Page No. 10

⁶⁶ Ibid page no. 10

⁶⁷ Ibid page no. 16

⁶⁸ File No. 1931/1928, Department of Education page no.1, state archive Uttar Pradesh.

for English on Rs 150-10-250. As the strength of the students increased and the Intermediate sections now consisted of 60 students instead of 45, the appointment of additional lecturer became necessary for the efficient teaching of the subject in the college. As the additional lecturer was urgently required the college authorities in anticipation of Government grant appointed one from July 1928 on a starting salary of Rs 180/-. The government underscored the teaching experience of the person selected and approved his appointment on Rs. 180/- p.m. The cost of this particular appointment in 1920-30 was Rs. 2,240/-.

It also requested for the appointment of an additional lecturer for commerce on Rs. 100-10-200 as the college was now teaching commerce up to the B.Com standard, and the increase in the number of students makes it difficult for the present staff to cope with the work. Another teacher of commerce was appointed from July 1928. The cost of this appointment in 1929- 30 was Rs 1,280/-.⁶⁹ Additionally, the principal asked for a sum of Rs 600/- for Physical training.

On the usual condition that the government grant in any year shall not exceed one-half of the approved tuition expenditure of the college, the government approved an increase in the tuitional expenditure of the D.A.V. College, Cawnpore. As per the approved proposal, a provision of Rs. 1,910/-which is equal to one-half of the extra expenditure was included in the schedule of new demands for 1929-30.⁷⁰

The Director of Public Instruction examined the proposals, considered that the appointment of two additional lecturers was necessary for the efficient working of the college, as the number of students has increased and recommended.

⁶⁹ Ibid

⁷⁰ Ibid page no. 3

The cost of the proposal in 1929-30:

- a) Additional lecturer for English on Rs. 150-10-250 per mensem Rs. 2,240
- b) Additional lecturer for Commerce on Rs. 100-10-200 per mensem Rs. 1,280
- c) Physical training; for Commerce on Rs. 100-10-200 per mensem Rs. 300

Total = Rs. 3,820

M.E. MISSION BOYS SCHOOL, MUTTRA

The authorities of the M.E. Mission Boys' School Muttra, have applied for a recurring grant towards the maintenance of the hostel attached to the school with effect from 1928-29. The hostel provided accommodation for 63 boarders. The approved total expenditure in 1928-29 was Rs. 1,392/- against an income of Rs. 720 from fees. The hostel was eligible for grant of Rs. 1392-720 = 336/- under para 376 of the Educational Code. The Inspector recommended that a grant of Rs. 336/- sanctioned during the financial year. The expenditure was deemed necessary and the grant was sanctioned but as grant can be given in 1928-29, it was allocated for the grant – in – aid budget for 1929-30⁷¹

ST GEORGE COLLEGE, MUSSORIE

The Correspondent St. George's College, Mussorie, has applied for a recurring grant of Rs. 600/- p.a. towards the cost of consumable articles for the Science Laboratory. The Inspector of European School reported that 165 students on rolls have taken Science and that the expenditure on the upkeep of Science during 1928 was Rs. 1,823/-. He recommended that a recurring grant of Rs. 600/- p.a. to the college under

⁷¹ File No. 933/1928, Department of Education page no.1, state archive Uttar Pradesh.

art.47 (e) of the Code. Necessary provision on this account was made following Finance Department's instructions and with precedents in the budget of 1930-31⁷²

ALL SAINTS COLLEGE

At the All Saints College in March 1926, Miss Fitzgerald was appointed to teach the Higher Certificate classes. Her salary was paid from the special grant, which the Government gave to the College for its classes. She was a graduate of the University of Wales, where she specialized in Latin and Economics. She was not a trained teacher. She resigned in December 1928 intending to go to England but was prevented from going. She accepted the post of Latin teacher at the Philander Smith College. Her salary at Philander Smith College is Rs. 220-10-250. The Principal appointed her under the impression that she was entitled to a salary grant from Government under paragraph 40 of the Code of Regulations for European Schools. She was not entitled

Miss Fitzgerald was reported to be a successful teacher of Latin and her services should be retained at the Philander Smith College where the Principal is more than satisfied with her work. The Inspector for European Schools recommended that a grant of Rs 100/ per month be given to the school under paragraph 47 (e) of the Code for the teaching of Latin for so long as Miss Fitzgerald continues in her present post. He recommended that the cost during the current year can be met from savings and grant would be provided for in next year's budget.⁷³

⁷² File No. 916/1929, Department of Education page no.1, state archive Uttar Pradesh.

⁷³ File No. 921/1929, Department of Education page no.1, state archive Uttar Pradesh.

ST. FRANCIS CONVENT SCHOOL, JHANSI

Miss Daphene Heberd was an assistant mistress in St Francis Convent School, Jhansi. Miss Daphne Heberd was paid all her Provident fund money on her leaving the Convent High School, Allahabad, in 1926. The Inspector of European Schools recommended that Para 12 of appendix 11 to the code of Regulations for European Schools may be relaxed in the case of Miss Daphne Heberd. He recommended that it be relaxed so that she can be allowed to draw the entire amount of Rs. 537/2/6 Including interest and Government contribution now standing at her credit in the Provident Fund Account of the school.⁷⁴

She was not entitled to Government contribution not having completed two years' service as required under para 12 of the revised rules. As she is not keeping good health at present and intends taking up teaching work again, after taking rest for six months, in south India, where the climate is more congenial to her, there is no prospect of her completing two years, service in the United Provinces at & subsequent date. In consideration of over eight years' good service rendered by her at schools in the UP, the inspector made the recommendation. The government accepted the recommendation and provided her with the relaxation.

The Correspondent, St. Francis Convent School, Jhansi, had also applied for an annual recurring grant of Rs. 300/- in lieu of the Municipal grant which used to be given to the school by the Municipal Board and which has been discontinued effect from April 1, 1929. The Inspector of European Schools recommended that a recurring grant of Rs.300/- p.a. in lieu of municipal grant be sanctioned to the school. As several other European Schools receive such grants, the grant of Rs.300/- p.a. was

⁷⁴File No. 845/1930, Department of Education page no.1, state archive Uttar Pradesh.

sanctioned to the school with effect from the current financial year. The charge incurred during the current financial year was to be met from savings in the grant-in-aid budget of European Schools and accordance with precedents and Finance Departments concurrence the sum of Rs. 300/- was entered in the budget of 1931-32.⁷⁵

HENRY ALLEN MEMORIAL SCHOOL, MUSSORIE

The correspondent, Henry Allen Memorial School, Mussoorie, h applied for a recurring grant of Rs. 250/-p.a. for the renewal of apparatus and purchase of materials, etc. for Science classes. The Inspector of European Schools recommended a recurring grant of Rs. 200/-p.a. to the school with effect from the current financial year. The Inspector contended that from the sanctioned grant of Rs. 800/- per annum for technical classes for the Wynberg School, Mussoorie, a sum of Rs. 200/- p.a. may be utilized in giving a technical class grant to the Henry Allen Memorial School, Mussorie. The grant for Wynberg School, Mussorie, was reduced to Rs. 600/- p.a. as the expenditure incurred under this head during the last four or five years has not exceeded this amount.

The government accepted the recommendation and sanctioned the reduction of the technical grant from Wynberg School, Mussoorie, from Rs. 800/- to Rs. 600/- p.a. and allocated that Rs. 200/- to the Henry Allen Memorial School, Mussorie, as a grant for technical classes. This did not involve any additional costs to the government.⁷⁶

⁷⁵ File No. 839/1930, Department of Education page no.1, state archive Uttar Pradesh.

⁷⁶ File No. 899/1932, Department of Education page no.1, state archive Uttar Pradesh.

OPENING OF VARIOUS SCHOOLS AND INSTITUTES AT GORAKHPUR

To meet the growing demand of more trained mistresses in the eastern districts of the province, Government while sanctioning the provincialization of the Theosophical Girls' High School, Gorakhpur, also sanctioned the opening of Vernacular Teachers' Certificate class with effect from July 1939 to be attached to that school. There is also a Government Vernacular School for girls at Gorakhpur, which was situated at a distance of about two miles from the Theosophical Girls' High School. It was contemplated to shift the vernacular School to a rented house, which was available near the theosophical Girls' High school, to serve as a practicing school for the vernacular Teachers' Certificate class. The house near the theosophical Girls' High School, which was proposed to be rented, was after closer examination found to be too small to accommodate the practicing school and the Vernacular Teachers' Certificate class.⁷⁷

The Government Vernacular Girls' School was not shifted and the pupil teachers of the Vernacular Teachers' Certificate class have to do the practice of teaching in the high school. The practical experiences have shown that the vernacular knowing pupil teachers find it difficult to do their practice of teaching in high school.

The Director of Public Instruction recommended that the Vernacular Teachers' Certificate class may be separated from the high school and attached to the Government Vernacular Girls' School and be provided with duly qualified staff making a separate normal school of the status of other girls' normal schools. There

⁷⁷ File No. 660/1941, Department of Education page no.21, state archive Uttar Pradesh.

was a need for a good training school for girls in the eastern districts of the province. The Government agreed with the proposal.⁷⁸

The total cost for the opening of a fully-fledged normal school with effect from July 1942 would amount to Rs. 18,399 recurring and Rs. 500 non-recurring in the first year, 1942-43, Rs. 27,943 in the second year, 1943-44 and Rs. 30,802 ultimately. The non-recurring expenditure in 1942-43 was required for the purchase of books and maps. These figures represent gross cost, i.e. no deduction is made because of the existing provisions for the Government Vernacular Girls, School and the Vernacular Teachers, Certificate class.

Table: 4.3 The provision for Government Vernacular Girls' School and the Vernacular Teachers' Certificate class exists under different heads, their cost in the first year, second year and ultimate are shown below:

Head	1942- 43	1943- 44	Ultimate
Government Vernacular School for Girls.	Rs.	Rs.	Rs.
37- Education-c-Primary, Education-(a) Government-(2) Girls.	5,072	7,657	7,784
Vernacular Teachers' Certificate Class.			
37- Education-B-Secondary Education-(a) Government Intermediate Colleges and High Schools- (2) Girls' education	8,361	12,677	13,732
Total =	13433	20,334	21,496

⁷⁸ Ibid

When the proposal was approved the amounts were to be submitted from the budget and thus the net cost to Government for the opening of the girl's normal school at Gorakhpur will be Rs. 4,966 recurring and Rs. 500 non-recurring in the first year (1942-43), Rs. 7,609 in the second year (1943-44) and Rs.9,309 ultimate.⁷⁹

A statement showing the details of the cost of the proposed Girls' Normal School at Gorakhpur and of the reduction on account of the cost of the Government Vernacular School for girls and of the Vernacular Teachers' Certificate class is as follows.⁸⁰

Table: 4:4 Government vernacular School for Girls

1.	Pay of establishment	No.	Rs.
	Teachers (Rs. 15-120)	10	3176
	Servants (Rs.10-14)	2	224
2.	Allowances and Honoraria-		
	Travelling allowance	-	-
	Other allowance	-	16
3.	Contingencies-		
	Contract-		
	Pay of menials	-	288
	Non-contract	-	-
	Rent	-	360
	Conveyance charges	-	1,008
	Total =		5,072

⁷⁹ Ibid

⁸⁰ Ibid page no. 22

Vernacular Teachers' Certificate class			
1.	Pay of establishment		
	Teachers (Rs.50-200)	4	3,305
	Servants (Rs. 10-8)	2	168
	Stipends	-	4,040
2	Allowances and Honoraria		
	Travelling allowance	-	300
	Other allowance	-	176
3.	Contingencies-		
	Contract-		
	Pay of menials	-	368
	Non-contract		
	Clothing to peons	-	4
	Total =		8,361
	Total =		13,433
Propose Girls' Normal School			
1.	Payment of establishment		
	Teachers (Rs.30-250)	14	8,761
	Matron (Rs.50-75)	1	400
	Clerk (Rs.25-35)	1	200
	Servants (Rs. 10-14)	5	472
	Stipends	-	4,040
	Total =		13,873
2	Allowances and Honoraria	-	-
	Travelling allowance	-	300

	Other allowances	-	360
	Total =		660
3	Contingencies		
	Contract-	-	400
	Pay of menials	-	704
	Non-contract-	-	-
	Purchase of books	-	100(Non-recurring Rs.500)
	Rent	-	1600
	Clothing to peons	-	4
	Prizes	-	50
	Conveyance charges	-	1,008
	Total =		18,399 Rs. 500

The details of the grants and provisions detailed above were steps taken towards the development of education in India. This was carried out for better future and establishment for British rule in this region. These grants helped students to get a better education without any financial burden on their shoulders.



Chapter 5
Conclusion



CHAPTER -5

CONCLUSION

This research sought 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, 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 aimed at studying the role of Christian missions in enabling the process of education of the masses in the United Provinces. The study also delved 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 were also an aspect of this research. How far did they succeeded in taking western medicinal practices among the Indian masses and the response of public to western medicine? Finally this research studied how the medical efforts of the missionaries laid the foundations for the growth of medicine and health care in post-independent India.

In the nineteenth century, colonialism spread in the parts of Asia and Africa alongside its Christian missions. Because of this reason, colonialism was perceived by many Africans and Asians as a political as well as a religious practice. Some of the people even described the missions as the practice of 'hunting dog of western imperialism'. However, a whole range of tensed and complex differences existed between this entangled relationship between religious missions and colonialism. It should also be noted that the modes of their interactions differed from country to country and from community to community. The encounters between them turned

into conflicts and sometimes into agreement, but the degree of this agreement or the conflict depended largely on a specific task done in a specific situation. Therefore, one cannot look from a general point of view at the relation of a mission with a particular colonial government.

The most important point to bear in the mind about the British education experiment in India is that it was conducted on people who had already gone through a developed educational experience for almost 2000 years. At the time when the art of writing was still in its infancy and the writing methods were not developed, memory and mnemonic devices were the only ways available for the transmission and propagation of knowledge. The Vedic masters developed the concept of teacher who was known to form the ideal relationship with the pupil. This system was created to train the pupils who used to come to the teachers home out of self-interest.

In the beginning of the nineteenth century, the Christian missionaries in India gave a powerful push to the wheel of social and educational change in the country. As a result, by the turn of the century the Indian society had taken a long stride ahead. The Christian missions in India were not only a new religion but also a new life. Their method of propagation through social work in the fields of education, medicine, and charity were pragmatic and it could be observed throughout the country. By the time Christian missionaries were active on the ground through their several activities; many people belonging to elite backgrounds were easily getting attracted to this new trend of faith. Moreover, the new religion was regarded as emancipatory by the lower castes as they found it as a new ray of hope. These two segments favorably inclined to Christianity and this signalled danger to the Hindu middle class who later joined together to start reformative and revivalist movements.

Missionary education in the United Province did not exist vaguely. It was based on morality and religion. The states own decision to subsidize the missionary schools was taken seriously by the Hindu religious organizations. There are few examples of missionary societies involved in the subsidized education like Church Missionary Society (C M S), London Missionary Society (L M S) and Society For The Propagation of Gospel (S P G); the former two were more evangelical in orientation, whilst the S P G was the representative of the high Church tradition in Anglicanism, hence, it had more in common with the catholic church. These societies had varied stances on doctrines specially the rituals in Christian mass. Despite these differences, they had similar attitudes to deal with Indian students and their religious traditions. Missionaries from different societies were actually recruited for the posts of teachers at other societies' schools. The number of missionary teachers and head masters' started declining because of their homogeneous attitude towards the people belonging to a heterogeneous society.

After 1860, British limited their expansion in South Asia, but they were somehow occupied with their colonial subjects. They began to improve communication system by building railways and establishing telegraph lines. Later, their involvement expanded with the help of their own created municipalities which raised the revenues and excises for the colonial government. Money was allotted for the establishment of modern infrastructure on western lines, also for the agricultural work, beautification of towns and cities, construction of dispensaries, schools and colleges. By the end of the nineteenth century, the British claimed that they had civilized India to an extent and Indians would desire for the further reform. Medical scientist Sir Ronald Ross, opined that the British rule was essential for India's

development. He also thought that colonizers were superior to Indian population in terms of natural ability, integrity and science.

Christian medical Institutions in Awadh mainly focused on establishing new medical institutions to tackle smallpox. What were the localities in which attempts were made to cure this disease and what was the colonial government's effort in tackling this disease? Who were the doctors initially, what were their equipment's and what were the ways of treating this disease? The medical records of medical institutions and public health organizations will be important sources for this study. The demographic data of the death rate in Awadh and causes of death, regional patterns of smallpox mortality, vaccine availability and manufacturing in India, the impact of vaccination on smallpox mortality in Oudh region have been studied.

The indigenous population played a significant role in shaping the colonial health policy in India. This chapter will delve into the formulation of the colonial health policy. It would look into the different diseases and how the colonial health policy has dealt with them, it would focus as to what policies the colonial government initiated and how it has dealt with the cure and eradication of various diseases. It would also discuss the problems faced vis-à-vis the local population by the colonial government and their interventions.

The response of the local population and its hostility to state interventions such as inoculation and sanitary during the 19th century have been documented by historians. The native population was not initially pleased or supported the measures such as inoculation and evacuation of disease-affected rural areas, which were initially not popular. The growing financial constraints of provincial governments and sanitary administrations made the financial and material assistance provided by

leading members of the communities, such as caste-specific hospitals and dispensaries indispensable for effective disease control. The indigenous healers such as *hakims* and *vaidis*, (doctors) who were actively displaced by the state's introduction of European medicine, had to be co-opted in the 19th century to extend public health measures into rural areas. As early as 1857, *hakims* were used as vaccinators and during the next decade, *hakims* in the NWP were also being trained in vaccination techniques and were found to be extremely effective agents for promoting this new public health measures in general people. At the end of the century, *hakims* and *vaidis* (doctors) were provided with free access to government-built pilgrim camps to encourage people to report cases and admit the sick into medical institutions.

While the response and significance of elites (national and local), the local public, and even indigenous healers, to public health measures have been the subject of considerable historical inquiry, the role of the subordinate staff responsible for implementing measures on the ground remains largely under-studied. The historians who have researched Indian public health have focussed on the policymaking and the response of the upper echelons of administration. The staff were the executive officials had to deal with vast tracts of the country and were generally obliged to communicate with the general people needs to be studied in detail.

There were 665 hospitals and dispensaries open on 1 January 1923, which reduced to 632 on 31 December 1923, a decrease of 33. In 1922, 4 temporary dispensaries were closed whereas, in 1923, one was closed. The total number of patients treated at the state public, local fund and private aided dispensaries was 5,455,610 against 5,525,298 in 1922, decreased by 69,688. This decrease is common to all classes of dispensaries, except standing dispensaries.

This period provided an insight as to how the socio-political situation can adversely affect the health of the people. Especially, 'The 1919 Act' originated with good intentions but the local government had limited financial capacities to fund vaccinators and often led to the variable efforts and progress on smallpox vaccination. The vaccination efforts continued with variable progress until 1939 when World War II started. Vaccination efforts, though still a focus of local administration, became a casualty of the war.

The colonial government as part of the public health policy had developed many medical and educational institutions to deal with the epidemics and other various diseases. This chapter would delve into the formulation of the institutions by the colonial government and how the finances of these educational and medical institutions were managed in Awadh (1920 to 1947). The chapters also delve into the role of the individual donors and their contributions to the management of the institutions. The chapter focuses on the revenue generated by the institutions, grants furnished by the government and contributions of individual donors.

The government had formulated a scheme to provide subsidies to local boards for building and maintaining hospitals. The medical care in these hospitals and dispensaries was subsidized. They also provided funds to medical practitioners to set up dispensaries and hospitals in rural areas. This proved to be an important landmark in the expansion of medical facilities in Awadh. This was a systematic attempt to expand modern scientific medicine to the large population of rural areas. It not only provided a system of medical treatment where none had been available before but also aroused local interest in matters about health and medical measures and promoted a new type of co-operative enterprise so vital to the public health and happiness of the village community. There were 76 subsidized dispensaries and 40 subsidized medical

practitioners working in rural areas as against 70 and 36 in the preceding year and the total number of patients treated by subsidized medical practitioners settled in rural areas was 301,844 against 266,444 during 1938.

At some of the unaided colleges, it was found that the Professors and teachers were inadequately paid, that the buildings and classrooms were unsuitable, that the educational appliances for general teaching were inadequate, and that the primitive description, and not even suited to the requirements of an ordinary board or primary school in England, or in Europe generally.

In the case of Government and aided schools, the avowed policy of Government is gradually to raise the fee until the student pays a reasonable proportion of the cost of and education, which has a high commercial value, due to the provision being made utilizing scholarships for the case of poor but clever students. The minimum scale of fees is fixed somewhat lower in aided than in Government institution to prevent the latter from competing unfairly with the former.

The unaided colleges as such were not entitled to claim unqualified freedom of action in a matter of this kind. By granting them affiliation, and by admitting their students to examinations leading up to degrees, the Universities confer upon such colleges the most valuable of academic privileges and thus establish their right to impose such restrictions as may be necessary to prevent the competitive underselling of educational advantages. That such under-selling exists in a greater or less degree in several parts on India is beyond dispute, and it is hard to see how it can be prevented without placing some restriction on the undue lowering of fees. The Government of India or the Commission did not want to initiate a policy, which would tend to make

education the monopoly of the rich. Not all education can be equally good and some colleges and schools would always be better than others.

The Indian Education Commission (hereafter IIC) of 1882 made provision for education grants. Grant system varied for different schools, the government schools, aided schools and other schools received grants. Girl's schools were preferred to boy's schools for grants. Women's education was preferred for grants in aid. Grants were also provided for buildings etc. The IIC of 1882 suggested, that grants-in-aid should be provided indiscriminating liberality to all promoters of girls schools. The mission schools in relative had more funds. They received funds from the government, different societies as well as the elite of the united provinces. The table given below shows the expenditure made on secondary and primary schools for girls during the year of 1885-1886.

The colonial government also introduced the grant-in-aid system, introduced various scholarships and funds in order to bring the enterprises under the control of the state and to keep a check on the education imparted. They kept a check on the quality of education and bring uniformity in the educational processes too. The public opinion too favoured an increase in the state's shares in private schools. Zenana Mission schools also received grants. The Christian missions also funded the Anglo-vernacular girl's schools.

The details of the grants and provisions detailed above were steps taken towards the development of education in India. This was carried out for better future and establishment for British rule in this region. These grants helped students to get a better education without any financial burden on their shoulders.

Thus it is clear from the study that the colonial government followed various policies both for education and health as well. As a consequence of implementation of these policies, various schools, colleges, and universities and medical institutions came into existence. It was usually thought that Christian institutions always engaged in converting people in their institutions. But our research revealed that Christian institutions did get a lot of grant in aids to run their institutions. However, they were also supported by other charitable societies both in India and abroad. They did not involve in conversion process directly and an element of humanity could be seen in running their educational and medical institutions in United Provinces.



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25. File no. 1030/1937, box no. 254, Grant for the District boards for vernacular education.
26. File no. 1035/1937, box no. 254, Grant for the municipal boards for education for 1937-38
27. File no. 1129/1937, box no. 255, Grants to District Boards towards vernacular middle school libraries out of 20,000 in 1937-38
28. File no. 1293/1937, box no. 257, Establishment of District depressed class education committee.
29. File no. 1388/1937, box no. 257, Grant to municipal boards towards the award of stipends to depressed class student in vernacular middle school.
30. File no. 1491/1937, box no. 257, Scholarships and stipends for girls belonging to the depressed class in U.P.
31. File no. 1965/1938, box no. 265, Grants to Municipal boards for primary education for 1938-1939.
32. File no. 2043/1938, box no. 265, Grant to District boards Bareilly, Basti and Hardoi towards enter tenement of supervisor of Islamia Maktabes.
33. File no. 1035/1939, box no. 280, Budget provision for grants to district board for primary and secondary education.

34. File no. 1176/1939, box no. 282, Grants to municipal boards for primary education for 1939-40
35. File no. 1242/1939, box no. 283, Grant for District board for 7 A. V School for girls raised to High schools started under miss, Gandhi's scheme.
36. File no. 1342/1939, box no. 283, Budget estimates for grant in aid to non-Government primary and local bodies for depressed class education.
37. File no. 1365/1939, box no. 284, Budget provision for primary education in municipalities.
38. File no. 1366/1939, box no. 284, Payment of grant to municipal board for compulsory primary education for girls in 1939-40
39. File no. 1546/1939, box no. 285, Payment of receiving grant to District board on A/c of the salary of trained woman teachers appointment to teach infant classes of boys primary schools.
40. File no. 1560/1939, box no. 285, Payment of education grant to district boards in (1939-40)
41. File no. 2063/1939, box no. 287, Stipends for depressed class students in vernacular schools sanctioned for district boards.
42. File no. 2064/1939, box no. 287, Grants to district boards for free supply of text books to depressed class children regarding in primary and middle schools.
43. File no. 2067/1939, box no. 287, Primary school stipends of depressed class students and District boards.
44. File no. 3270/1939, box no. 288, Recommendation of the finance subject committee regarding education in the Grant for European education.

45. File no. 837/1940, box no. 296, Grant to marris college of Hindustani music Lucknow.
46. File no. 738/1941, box no. 305, Govt. Fund for provide special education for backward and Muslim residing in rural areas.
47. File no. 748/1941, box no. 305, endowments Thomson civil engineering college Rurkee .
48. File no. 31/1942, box no. 308, Grant Lucknow University replacement of the existing gas plant.
49. File no. 263/1943, box no. 314, Grant of dearness allowance to teachers in aided educational institutions.
50. File no. 89/1945, box no. 323, Grant add to Anglo vernacular institutions for reorganisation of secondary education.
51. File no. 120/1945, box no. 324, Grant govt normal school for girls Allahabad to on gage one man with bullocks for providing. Watering. Faculties.
52. File no. 296/1945, box no. 325, Grant nasiria library lucknow.
53. File no. 544/1946, box no. 341, Grant to lucknow university in (1947-48)
54. File no. 575(7)/1946, box no. 342, Grant in aid budged for 1947-48 Department of education.
55. File no. 70/1947, box no. 349, Dead of hypothecation in respect of the n.r. building Grant of Rs. 12,000/- paid to central Hindu girls school Banares.
56. File no. 71/1947, box no. 349, Dead of hypothecation in respect of the n.r. building Grant of Rs. 2000/- paid to hahila vidyalaya Lucknow.
57. File no. 72/1947, box no. 349, Dead of hypothecation in respect of the n.r. building Grant of Rs.10,000/- paid to Jubilee Girls High school Lucknow.

58. File no. 511(2)/1947, box no. 358, Dead of hypothecation in respect of the n.r. building Grant of Rs.55,000/- paid to D.A.V. High school Banares.
59. File no. 529/1947, box no. 359, Foreign scholarship issue of visas to the scholars proceeding to the U.S.A.
60. File no. 558/1947, box no. 359, Dead of hypothecation in respect of the n.r. building Grant of Rs.5,000/- paid to the A.I. Inter college Lucknow.
61. File no. 3157/1947, box no. 373, Grant ordinary to European anglo Indian school mussoorie in connection with the admission of students from Pakistan.

List no. 21 B

1. File no. 660, box no. 27, Proposal to separate V.T.C. class from theosophical girls High school Gorakhpur and grant of Rs. 7343/- recurring and Rs. 5000/- none recurring to meet the additional cost for the same.
2. File no. 339, box no. 30, Additional grant for the award stipends to depressed class students during 1942-43.
3. File no. 373, box no. 30, Resolution of the provincial scheduled casts education committee, Allahabad 1942 the payment of Hostel fees.
4. File no. 612, box no. 40, Distribution of the provision of Rs. 10,600/- for the education of Indian Christian children from rural areas under different heads of the budget from 1943-44.
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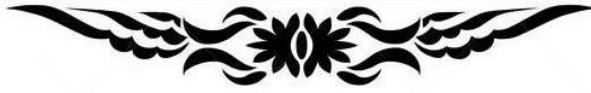
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Appendices



Appendix No. 1

File No. 162/1920, page no. 183

Letter No. 2467/XXI-73, dated Benares, the 21st April, 1920

**From- the Honeybee Mr, R. Burn, C.S.I., Commissioner, division,
To Secretary to Government, United Provinces.**

Sir,- with reference to paragraph III of notification no. 335/XV-719-A, dated the 5th July, 1905, Printed at page 441 of the United Provinces Gazate, dated the 8th July, 1905, about the D.T. Roberts' Memorial Scholarship Trust, dated the 5th July, 1905, I have the honour to forward, for the orders of Government, a copy of a letter no. 602, dated the 23rd March, 1920, from the Chairman, District Board, Ballia, and to request that sanction be accorded to the vesting of the securities in the Treasurer of Charitable Endowments.

2. A draft vesting order is enclosed herewith.

No. 101 (a)

Whereas application has been made by the Chairman administering the Government securities.

No. 010335 5 ½% 1928 for Rs. 100 D.T. Roberts' Memorial Endowment Trust,

No. 308675 3 ½ % 1865 for Rs. 100 Ballia, for vesting in the Treasurer of Charitable Endowments the Government securities as detailed on the margin, purchased out of the savings of the D.T. Roberts' Memorial Scholarship Trust, it is hereby ordered that they are vested in the said Treasurer of Charitable Endowments.

No. 602, dated the 23rd March, 1920.

From- ANURUDH LAL MAHENDRA, Esq, Chairman, District board, Ballia,

To- Commissioner, Benares division

Sir, with reference to your letter no. 2467/XXI- 73, dated the 21st April, 1920, requesting sanction to the vesting of certain securities belonging to the D.T. Roberts' Memorial Scholarship Trust in the treasurer of Charitable Endowments; I am directed to ask you to specify whether the securities in question are promissory bonds, etc.

Page no. 184

No. 1498/XV-162

Notification

Miscellaneous.

The 1st July, 1920.

IN THE MATTER OF THE D.T. ROBERTS' MEMORIAL SCHOLARSHIP
ENDOWMENT TRUST

In continuation of this department notification no. 48/XV-340, dated the 12th January, 1916, and on the application and with the concurrence of the Chairman, District Board, Ballia, being the person acting in the administration of the Trust specified in the heading that the fund consisting of the securities detailed in the margin amounting to Rs. 200, which have been purchased out of Government Securities

War bond No. 0103355 ½% 1928 for Rs. 100 the savings from the D.T. Roberts' Memorial

Promissory note no. No. 308675 3 ½ % 1865 for Rs. 100 Scholarship Trust fund, be vested under the total of 200.

Designation "the D.T. Roberts' Memorial Scholarship Endowment Trust" in the Treasurer of Charitable Endowments for the United Provinces of Agra and Oudh, to be applied in trust upon the terms that interest accruing thereon is added to and form part of the funds already vested uh the said Treasurer of Charitable Endowments.

It is hereby ordered under section 4, sub-section (1) of the Charitable Endowments Act, 1890 (VI of 1890), that the securities hereinbefore specified be, and they hereby are, vested in the said Treasurer of Charitable Endowments upon the terms aforesaid.

By order,

MAHARAJ SINGH

Secy. To Govt. United Provinces.

No.1499/XV -162.

Copy forwarded for information to (1) Treasurer of Charitable Endowments (2) Director of Public Instructions, United Provinces, (3) Commissioner Benares division, and Chairman District Board, Ballia, in continuation of this department endorsements Nos, (1)49/XV- 340, dated the 12th January, 1916, (2) 50/XV- 340,

dated the 12th January 1916, (3) with reference to his letter no. 2467/XXI- 73, dated the 21st April, 1920, and (4) with reference to his letter no. 602, dated the 23rd March, 1920, to the address of the Commissioner, Benares division.

By order,

A.B. REID,

Under Secy. to Govt., United Provinces.

From – the Hon'BLE Mr. R. BURN, C.S.I., Commissioner, Benares Division,

To- Secretary to Government United Provinces

Sib,- I have the honour to submit for the approval of the Government a copy of a letter no. 501, dated the 2nd June, 1920, and of its enclosure, from the Inspector of Schools, Benares division, regarding the proposal to vest in the Treasurer of Charitable Endowments Government promissory noted for Rs. 2,000 belonging to the Edward kahattriya Scholarship Endowment Trust, Benares.

No. 501, dated the 2nd June, 1920.

From- Inspector of Schools, Benares division,

To- Commissioner, Benares division,

Sir, I have the honour to forward herewith a copy of Accountant- General's no, G.P.N./170- Ch.480, dated the 26th May, 1920, and to request you kindly to move the Government to vest the promissory notes for Rs. 2,000 now purchased in the name of the Treasurer of Charitable Endowments, United Provinces, Allahabad. The interest accruing thereon will be expended on the payment of the Edward Kahattriya Scholarships and the terms and conditions are to be same as those notified in G.O. nos. 365/XV-344, dated the 17th March, 1911, and G.O. no. 1814/XV-344, dated the 11th November, 1915.

Further, I have the honour to inform you that the balance of Rs. 50-14-3 left after the investment of Rs. 1,949-1-9 in purchase of promissory notes of the nominal value of Rs. 3,300 has been deposited in the Treasury for incorporation in the Provincial Section of the General Accounts.

NO.G.P.N./170-Ch.480,dated Allahabad,the 26th may ,1920.

From – Accountant – General , United Province,

To- Inspector of schools, Benares division.

Sir ,-In continuation of this office letter no.G.P.N./56-Ch.480 ,dated the 24th of April ,1920,I have the honour to inform you that Government promissory notes of the

nominal value of Rs.3,300 (three thousand and three hundred only), as detailed below , have been purchased by the currency , Calcutta ,for Rs. 1,949-1-9 out of the sum of Rs. 2,000 remitted by you. An account of the purchase is given below. The investment leaves a balance of Rs. 50-14-3 for which a payment order no. 6969, dated the 25th of may ,1920 ,is herewith enclosed.

2. Steps may kindly be taken to have the notes vested in me as the Treasurer of Charitable Endowments, United Provinces:-

						Rs.
309899	-3 ½ percent. Loan of 1865	...	...	....	....	1,000
309900	ditto	...	...	...	...	1,000
309901	ditto	...	...	...	...	1,000
300494	ditto	...	...	...	...	300
Total =						3,300

Accounts of the purchase of Government promissory notes.

Particulars.	Add. Rs. a.p.	Deduct. Rs. a. p.
3½ per cent loan of 1865 amount	3,300	....
Discount at Rs. 41 per cent.	....	1,353
Interest from 1 st April to 7 th May, 1920 inclusive	2 3 11	...
Income- taz at 12 per rupee	....	0 2 2
Total =	3,302 3 11	1,353 2 2
Net cash of the investment	1,949 1 9	.....

Page no.
14

NOTIFICATION.

Dated Naini Tal, the 1st July, 1920.

MISCELLANEOUS

**In the matter of the Edward Kshattriya Scholarships Endowment Trust,
Benares.**

In continuation of notification no. 826/XV- 344, dated the 19th May 1916, and on the application and with the concurrence of the Commissioner of the Benares division, being one of the persons acting in the administration of the trust specified in the heading, that the funds consisting of the securities for money detailed in the margin, amounting to Rs. 3,300, belonging to the said trust be vested under the designation of “The Edward Kshattriya Scholarships Endowment Trust, Benares,

Government promissory notes of the 3 ½ percent loans of 1865:-

Nos.					Rs.
309899 for	...	...	....	....	1,000
309900 ”	...	...	...	...	1,000
309901 ”	...	...	...	...	1,000
300494 ”	...	...	...	...	300
Total =					3,300

In the Treasurer of Charitable Endowments for the territories subject to the said Local Government to be applied in trust upon the terms that the interest accruing thereon be expended in giving effect to the purposes of the trust in accordance with the conditions laid down in notification no. 365/XV-344, dated the 11th November, 1915.

It is hereby orderd under section 4, sub-section (1) of the Charitable Endowments Act, 1890 (VI of 1890), that the securities hereinbefore specified be, and they hereby are, vested in the said Treasurer of Charitable Endowments upon the terms aforesaid.

MAHARAJ SINGH

Secretary

Grant-in-aid to St. Joseph's Seminary, Naini Tal

Secretary-

The Principal of St. Joseph's Seminary appeals against the amount of the grant allowed him by the Director of Public Instruction. He has written at great length, but has nowhere clearly explained the facts of the case which can only be conjecturally gathered from the correspondence. It appears that he submitted the table of accounts given on page 29 to the Director of Public Instruction for the grant of the school for the year 1897 to be determined. It will be seen that these accounts showed a balance at credit of Rs. 2,580, whereas the total grant for the year was only Rs. 2,539, and there was also an expenditure item of Rs. 2,000 "contribution for maintenance of staff," the Director of Public Instruction therefore replied (see page 11) that as the saving amounted to more than the grant received, while the expense of the religious society was nil, the seminary did not in the opinion of His Honour stand in need of any maintenance grant for the current year. There is no correspondence on this subject in the office. The principal then wrote back claiming the whole grant earned (Rs.3,460) and pointing out that the reason why a balance was shown was that in the previous year he had been told that it was unnecessary to show any estimate moderate or otherwise of the expenditure incurred upon the brothers as that would be done in the department and that the item Rs. 2,000 was not for the cost of the maintenance of the brothers, but the cost of training them in England and bringing them out. He pointed out most reasonably that had their actual expenses been included there would have been no balance shown at all, as the cost of maintaining five trained teachers would have amounted to at least Rs. 43 per mensem, the actual cost he estimated at Rs. 180 to Rs. 200. After some more writing the Director of Public Instruction allowed Rs.1,550 out of the total grant of Rs. 3,460 earned.

This is apparently not a question of Article 38 as the grant does not exceed the income but of Article 40. Taking His honour's estimate given on page 24, notes of linked file, a fair salary of the five brothers would be Rs. 500 per mensem or Rs. 6,000 per annum. Exclude the last two items shown in the table of page 29, + and add

in their place Rs. 6,000 and the school will appear entitled to the full grant earned of Rs. 3,450.

H. R. C. H.

His Honour-

Article 38 in which reference is made to estimating the market value of the services of unpaid teachers does not apply, as Under Secretary points out, to this case.

Article 40 runs "if the income of any school from all sources is large enough, in the opinion of the Department, to render the full grant claimable unnecessary for the efficient maintenance of the school a reduction shall be made in its amounts."

For 1896 they show-

Receipts	(Excluding Government grant)	(Excluding cost of unpaid teachers)
Rs. 6,171	Rs. 4,130	

The school cannot be maintained efficiently without efficient teachers, and for the supply of these, we might reasonably add Rs. 6,000 for five brothers to the expenditure side the account would then stand:-

	Receipts Rs.		Expenditure Rs.
Private	6,171		4,130 paid
Government grant	3,460		6,000 Estimated
Total=	9,631	Total =	10,130

Page no. 2

The full grant would seem to be permissible. I would say this to Director of Public Instruction, ask him for a report on the memorial and an explanation as to why he informed the Principal that "in the opinion of His Honour the Lieutenant- Governor the seminary did not stand in need or any maintenance grant for the current year."

W.H. L. I.

Yes Mr. Lewis came to me some time ago about this matter: he was not very clear about it: but gave me to understand that the brothers were making a profit in the school. Of course if that were so, they were not entitled to a grant. But Mr, Lewis failed to allow them for the staff which is not paid. Obviously he had no right to speak in my name except after receiving orders on a full presentation of the case, (Mr. Lewis is becoming tiresome in these matters)

A.P.M.

Secretary-

Mr. Lewis has replied at length to Serial No.2 I note on the most important point, viz.; how he arrived at the grant of Rs. 1,559 which he allowed out of the total grant of Rs. 3,460 earned. The first accounts submitted by the Principal contained the item of Rs. 2,000, “contribution to the Superior towards maintenance for the staff” when the Director of Public Instruction learnt that this was a contribution towards the maintenance of the training establishment in Ireland he demurred at the sum as not a legitimate charge debatable to the school. He therefore asked for corrected accounts showing the sum spent on the maintenance of the brothers apart from the contribution to the establishment in Ireland. The Principal apparently refused to supply these figures and the Director of Public Instruction was therefore compelled to decide himself on the proper rate which should be fixed for maintenance of each brother per mensem. He determined Rs. 60 for the following reasons:-

1. On consulting Managers of other schools he found that Rs. 30 as an ample allowance for food. This sum he doubled to allow for clothes and extras.
2. In conversation with him His Honour had mentioned this amount as a reasonable estimate.
3. On referring to back papers he found that in 1895, Brother Fabian had fixed of his own motion Rs. 60 as the sum which would cover food, clothing, &c., of each brother. The accounts therefore stand as follows:-

Expenditure	Rs.	A. P.
Salaries of teachers	767	8 0
Cost of five brothers at Rs 60 per mensem	3,600	0 0
Books	554	0 0
Furniture and repairs	72	10 0

Rent	1,200	0	0
Rates and taxes	116	0	0
Servants' wages	444	0	0
Piano	333	6	0
Annual sports	68	9	0
Peons	125	0	0
Repairs to playground	155	0	0
Passage to bath-room	294	0	0
		<hr/>	
	Total =	7,730	1 0
		6,171	+ 0
		<hr/>	
	Difference	1,558	13 0

The Director of Public Instruction at the same time points out that some of these items are open to objection, e.g., the rent is paid to the society and should therefore rather appear on the income side, or be excluded from both sides of the account. The item of Rs.294 passage to bath-room seems more properly a charge debitable to the Boarding School.

Page no. 3

The question for decision seems to be whether the cost of a brother per mensem should be fixed at Rs. 60 or Rs. 100: if the former the Director of Public Instruction's calculations of amount to be given are correct, if the latter the whole grant should be allowed. The Director of Public Instruction also asks for orders as to the admissibility of the contribution towards the training establishment and also that if the charge is considered admissible the amount may be regulated as there are other institutions making similar remittances and the amount remitted by St. Joseph's Seminary increased by Rs. 200 this year. It will probably be sufficient if this was taken into consideration in fixing the monthly allowance for each brother.

H.R.C.H.

His Honor-

The Director of public Instruction allows Rs.60 per mensem for maintenance, viz.: board and clothing of the brothers. This no doubt is reasonable, but it seems to me for reasons given on page 1 that we should not include maintenance, only. (There

is no rule on the subject.) we should include cost of provision of teachers: this as a necessary expenditure.

I would not allow directly any contribution to a parent body to be taken into account. If the seminary has to pay such a contribution, it does not get its teachers for nothing. Rupees 100 per mensem would be a fair allowance for providing a qualified teacher: this would cover, though Government is not concerned with the details, board, clothing and any contribution to a parent society, cost of passage out, &c.

Taking this view, I would allow the whole grant.

I do not think Director of Public Instruction's explanation, as to why he informed the Principal that His Honor thought no grant necessary for this particular school satisfactory. He says he merely applied to the case a general principle approved by His Honour.

W.H.L.I.

Mr. Lewis is giving me a good deal of unnecessary trouble. If he had called the Principal of the School to the office and talked the matter over with him the business would have been settled in half an hour. The original accounts were manifestly imperfect; but it was clear that there was no intention to mislead. We have no concern with the arrangement made with the Parent House, and the inclusion of contributions made to that house should not be taken into consideration, but we must take into consideration a fair allowance for the unpaid teachers.

Mr. Lewis says that, I consider Rs. 60 a month a fair allowance for the cost of maintenance. I have no remembrance of having said so: but the latter seems to me fair for person of this class living in a community. They live very frugally. But I agree with Secretary that we ought to allow something more for a trained teacher. You will not get a trained European teacher in the market for Rs.60. Rs. 100, seems to me fair.

I would allow the whole grant.

A.P.M.

The managers of the St. Joseph's Seminary, Naini Tal, have added a wing to the school house at a cost of Rs. 36,192 and have applied for a building grant. Additional accommodation was urgently required; consequently the managers began the erection of the new building before applying for a building grant. The school

Is doing excellent work and deserves the assistance they ask for. The Director of Public Instruction has a saving of Rs. 10,000 in his budget allotment for building grant, and proposes giving the school a grant of Rs 5,000, from this sanction?

C.H.M.

Building grant to St. Joseph's College, Naini Tal,

The accommodation at the St. Joseph's College, Naini Tal, has been proving inadequate for some time past. The junior classes – infants, I, II and III – are at present held in an old detached bungalow which does not provide sufficient accommodation for all these classes: the rooms are ill-ventilated rooms and are thus unsuitable for class room purposes. It is therefore to demolish and re-build the existing dining hall which is a temporary structure and also the physics laboratory which is only an extension of the dining hall. Plans and estimates duly approved by the public Works department have been forwarded by the Inspector of European Schools for the construction of a double storeyed building at a cost of Rs. 90,642. The project provides for a new dining hall and science room on the ground floor and a series of class rooms on the upper storey, which will make it possible to bring the junior classes from the old detached bungalow to the main building. The old bungalow will then be used as a residence for the ladies of the domestic staff of the college, for who at present there is no suitable accommodation.

The Director of Public Instruction, who has gone into the matter on the spot, considers the proposal urgent and recommends a building grant of Rs. 50,000 to be paid in two equal instalments – Rs. 25,000 in 1927-28 and the balance in 1928-29. The grant recommended, although a little more than half the total estimated cost is admissible under paragraph 50 (2) of the Code of Regulations for European Schools as the management have erected other buildings at a considerable cost without an aid from Government, Government agree with the Director of Public Instruction.

The approval of the Finance Committee is accordingly solicited to the inclusion of a sum of Rs. 25,000 in the schedule of new demands for 1927-28 as a building grant to the Stj. Joseph's College, Naini Tal.

September 29, 1926,

A.H. MACKENZIE.

The authorities of the St. Joseph Orphanage Girls' School, Agra, have applied for a recurring grant towards the maintenance of the hostel attached to the school with effect from the financial year 1927-28.

The number of boarders was 95 on March 31,1926, and they are all free residents. The approved total expenditure is Rs.1,487/- and the school is eligible for a grant of Rs. 743/- under para. 394 of the educational Code, but the Chief Inspectors recommends a grant of Rs. 522/- which is sufficient with private funds to make accounts balance. The school is doing good work and has no separate source of income from which it can maintain its hostel. I agree with the Chief Inspectress and would recommend that the school be given a grant of Rs. 522/- from the financial year 1927-28.

A provision of Rs.522/- on account of the maintenance grant to this hostel is being provisionally included in the grant-in-aid budget for 1927-28, subject to the approval of Government.

Maintenance grant to the Christ Church College, Cawnpore.

When the Allahabad University and the Intermediate Education Acts of 1921 were passed the authorities of the Christ Church College, Cawnpore, reduced the college to the Intermediate standard.

After obtaining necessary sanction from the Executive Council of the Allahabad University the governing body of the college have now restored the B. A. College classes. Intermediate classes have been separated from the school and have been amalgamated with the College classes as before.

The college authorities have applied for assistance from Government to maintain their Degree College and high school. The budget estimates of the college show an income of Rs.27,300 from fees and private sources in 1927-28, while the expenditure for that year will be Rs. 48,407. Thus there will be deficit of Rs. 21,107. The college authorities ask for a grant-in-aid of this amount. The grant is admissible under the rules of the Educational Code and the Director of Public Instruction, with whom Government agree, recommends that the grant may be sanctioned. Government were ultimately liable to pay a grant of Rs. 34,601 to the Intermediate College (classes III to XII) and a maintenance grant of Rs. 24,999 has been sanctioned for it in the current year. The budget estimates of the school (classes III to X) show that it has earned a grant of Rs. 9,940 during 1927-28. The net extra cost to Government of the Degree classes in 1927-28 will therefore be Rs. $\{(21,107 \text{ plus } 9,940) \text{ minus } 24,999\} = \text{Rs. } 6,048$.

The approval of the Finance Committee is solicited to the inclusion of a sum of Rs.21,107 in the schedules of new demands for 1927-28 as a grant-in-aid to the Christ Church College, Cawnpore. The ultimate grant to which Government will be committed on the present approved expenditure of the college is Rs. 31,764.

September 28,1926,

A.H. MACKENZIE.

Page No. 2

Secretary,

Please see letter No. 388, dated August 8, 1927 from the Principal, Christ Church College, Cawnpore asking for a non-recurring grant of Rs. 5,000/- towards the installation of a gas plant etc., at an estimated cost of Rs.10,000/-.

The installation of a gas plant and provision of gas and water fittings are necessary for the efficient teaching of science at the college. I, therefore, recommend that a provision of Rs. 5,000/- may be made on this account in the schedule of new demands for 1928-29. No funds are available from which a grant can be given during the current financial year.

A note for the Finance Committee is put up.

Page No. 9

Non-recurring grant to the Christ Church College, Cawnpore, towards the installation of a gas plant etc.

The Principal, Christ Church College Cawnpore has applied for a non-recurring grant of Rs. 5,000 towards the cost of installation of a gas plant, water and gas fittings and working benches for the chemical laboratory of the College.

The need for a properly equipped chemical laboratory has been felt since the College started teaching Science in the Intermediate classes in 1922. But, as funds were limited, the College had to carry on the work in the laboratory attached to the High School which is too poorly equipped for the teaching of Science in the Intermediate classes. It is, therefore, proposed to provide for the college a gas plant, water and gas supply fittings and working benches at a total estimated cost of Rs. 10000/-

The Director of Public Instruction considers the proposal necessary for the efficient teaching of Science at the College and recommends a grant of Rs. 5,000/- i.e., half of the cost. Government agree.

The approval of the Finance Committee is accordingly solicited to the inclusion of a sum of Rs. 5,000 (non-recurring) on this account in the schedule of new demands for 1928-29.

August 29, 1927.

A.H. MACKENZIE.

Page No. 10

Additional recurring grant to the Christ Church College, Cawnpore

The Principal, Christ Church College, Cawnpore, has represented that the present staff is inadequate for the requirements of the institution now that it has been raised to the degree standard and has submitted proposals for (i) appointing five additional teachers (1) Professor of Mathematics on Rs.350-50-850, (2) Professor of History on Rs. 350-50-850, (3) Assistant Lecturer in Economics and History on Rs. 150-10-250 (4) and (5) Lecturers in Urdu and Hindi on Rs. 150-10-250, (ii) for raising the scale of two existing Professor and Assistant Professor from Rs. 150-10-250 to 200-20-400, and (iii) for appointing a Physical Training Instructor on Rs. 25 per month, at a total extra cost of Rs. 12,020 in 1928-29. Towards meeting the extra expenditure involved the college anticipates an extra income of Rs. 8,068 from fees and the society's contribution, leaving a deficit of Rs. 3,952 which the college asks from Government as an additional recurring grant to the college with effect from 1928-29. The Director of Public Instruction has examined the proposal carefully and thinks that the additional staff is necessary for efficient teaching in the college and recommends the payment of an additional recurring grant of Rs. 3,952 from 1928-29. Government agree.

The sanction of the Finance Committee is accordingly solicited to the inclusion of the above additional expenditure in the budget of the college, as approved tuitional expenditure for the purpose of grant-in-aid (subject to the condition that the total maintenance grant in any year shall not exceed one-half of the total approved expenditure) and to the inclusion in the schedule of new demands for 1928-29 of a sum of Rs. 3,952 as an increase in the grant-in-aid to the Christ Church College, Cawnpore. With the increase of Rs. 3,952 mentioned above, the total tuitional expenditure of the college in 1928-29 will be Rs. 66,392 and the total maintenance grant Rs. 31,138 which is less than half the approved expenditure.

September 18, 1927.

A.H.

MACKENZIE,

Page No. 16

The Christ Church College, Cawnpore has been granted recognition in Mathematics up to the M.A. standard on condition that the teaching staff in the subject is supplemented by a part time teacher. The college authorities therefore propose to appoint a part time lecturer in Mathematics on Rs. 100/- p.m. with effect from July 1929. Cost in 1929-30 will be Rs. 800/- only.

I recommend that Government may approve of an increase in the tutorial expenditure of the Christ Church college, Cawnpore, to provide for the post, subject to the usual condition that the Government grant in any year shall not exceed one-half of the approved tuitional expenditure of the college. If the above proposal is approved a provision of Rs. 400/- which is equal to one half of the expenditure involved in 1929-30 The other half of the expenditure will be met by the management.

A note for the Finance Committee is put up.

Page No. 20

A building grant of Rs. 5,000/- was sanctioned to the, Christ Church College, Cawnpore, in 1928-29 towards the installation of a gas-plant and necessary equipment of a new laboratory. It was then contemplated that one of the lecture rooms in the college with some alterations would be converted into a chemical laboratory. But new classes having been opened the room could not be spared and the college authorities has to build a new laboratory which was completed in August 1928 at a cost of Rs. 6,039/- an application for a government grant for the same was received last year but it could not be considered as it was received too late for the current year's schedules. The application has been renewed this year.

I have considered the application and am satisfied that the new chemical laboratory was an urgent need of the college and accordingly recommend that a provision of Rs. 3,000/- may be made on this account in the schedule of new demands for 1930-31.

A note for the Finance committee is put up.

Secretary.

In January 1927 the Principal, Thomason College, Roorkee, submitted proposals (vide this letter below) for the revision of the pay of the clerical staff of the Thomason College, Roorkee on the following grounds:-

- (a) That the present scales of pay do not compare favourably with the scales of pay of the clerical staff of the Forest Research Institute and college, Dehra Dun or with the scales of pay at the Bengal Engineering College, Sibpur.
- (b) That the present scales are not suitable, considering the responsibilities of individual clerks and the present prices of commodities.

2. I have examined the Principal's proposals carefully. The grounds put forward by the principal for an all round increase in the pay of clerks do not seem to be sufficiently strong for the following reasons:-

(a) The Forest Research Institute and College, Dehra Dun is under the Government of India and we cannot in fairness to other employees under the Local Government fix the scales of pay of clerks in the Thomason College, Roorkee in reference to those allowed by the Government of India to their employees, The scales of pay of the clerical staff of the Bengal Engineering College, Sibpur, are somewhat higher than those sanctioned for the clerical establishment of the Roorkee College. But Calcutta is much more expensive place than Roorkee and the Principal overlooks the fact that the numerical strength of his clerical staff is double that of the Sibpur College, vide the statement below:-

Designation of posts.	Thomason college , Roorkee		Bengal Engineering college, Sibpur.	
	No.	Scale of pay.	No.	Scale of pay.
Personal Assistant	1	250-20-750	1	250-10-350
Office Superintendent	1	200-10-250	1	-
Head Clerk	1	125-4-145	1	150-10-250
Assistant Clerks	1	90-2-100	1	100-5-125
Do	1	75-3-90	2	40-40-45-5/2-100
Do	2	65-2-75	1	40-5/2-70
Do	3	45-4-65	-	-
Do	2	40-1-45	-	-
Do	1	40-2-70	-	-
Apprentice	1	20-	-	-
Assistant	1	100-5-125	1	
Clerk (Cashier)	1	70-4-90	2	
Special pa to Cashier		15/-		
Cashier	1	65/-	1	75-5-100
Storekeeper	1	70/-		
Assistant	1	90/-		
Curator Book Depot	1	100-5-125		
Total =	20		11	

(B) Since the revision of pay in 1920 under the Silberrad Scheme there has been no general revision of pay of the clerical staff in the Education Department. The rise in prices equally affects all Government servants and there are no adequate grounds for according preferential treatment to the office establishment of the Roorkee College.

3. I could not put up the case to Government for orders earlier as I wished to consider the Principal's Proposals in connexion with the general question of revision

of pay of clerical staff in the Education Department about which I had to consult the chief Inspector of offices. The Chief Inspector is not in favour of a time scale and Government have for the present postponed the consideration of the General question.

4. In this connexion it may be noted that the question of the revision of pay of the College ministerial staff was carefully considered by the advisory council in June 1923 x vide proceedings.

Secretary,

Placed below is a deed of hypothecation and site plan in duplicate in respect of the building grants of Rs. 7,00-1,375/- sanctioned to the St. Peter's college and orphanage, Agra, vide serials ½ and ¾ .

Will secretary kindly sign the deed and the two copies of the site plan filling in the date of signature in the first two lines of the deed? Two witnesses are required to secretary's signature to the deed. Secretary's initials are required at places marked with a cross in wren please

For director of Public Instruction
United Provinces

File No. 660/1941, Deptt. of Education, Page No. 21

Opening of a Girls' Normal School at Gorakhpur by amalgamating the Vernacular Teachers' Certificate class attached to the Theosophical Government Girls' High School and the Government Vernacular Girls' School at Gorakhpur.

To meet the growing demand of more trained mistresses in the eastern districts of the province, Government while sanctioning the provincialization of the Theosophical Girls' High School, Gorakhpur, also sanctioned the opening of Vernacular Teachers' Certificate class with effect from July 1939 to be attached to that school. There is also a Government Vernacular School for girls at Gorakhpur which is situated at a distance of about two miles from the Theosophical Girls' High School. It was contemplated to shift the vernacular School to a rented house, which was available near the theosophical Girls' High school, to serve as a practising school for the vernacular Teachers' Certificate class. The intention was to vest the control of the Government Girls' School and the Vernacular Teachers' Certificate class in the lady Principal of the high school. The house near the theosophical Girls' High School, which was proposed to be rented was after closer examination found to be too small to accommodate the practising school and the Vernacular Teachers' Certificate class. The result has been that the Government Vernacular Girls' School has not been shifted and the pupil teachers of the Vernacular Teachers' Certificate class have to do the practice of teaching in the high school. But practical experience has shown that the vernacular knowing pupil teachers find it difficult to do their practice of teaching in the high school. Hence the Director of Public Instruction now recommends that the Vernacular Teachers' Certificate class may be separated from the high school and attached to the Government Vernacular Girls' School and be provided with duly qualified staff making a separate normal school of the status of other girls' normal schools. There is no good training school for girls in the eastern districts of the province and the need for a training school in that part is already established. To meet the difficulty of the pupil teachers, which is real, there is no alternative but to open a self-contained normal school. Government therefore agree with the proposal of the Director of public Instruction.

The total cost for the opening of a fully fledged normal school with effect from July 1942 will amount to Rs. 18,399 recurring and Rs. 500 non-recurring in the first year (1942-43), Rs. 27,943 in the second year (1943-44) and Rs. 30,802 ultimate. The non-recurring expenditure in 1942-43 will be required for the purchase of books and maps. These figures represent gross cost, i.e. no deduction is made on account of the existing provisions for the Government Vernacular Girls, School and the Vernacular Teachers, Certificate class. The provision for Government Vernacular Girls' School and the Vernacular Teachers' Certificate class exists under different heads, their cost in the first year, second year and ultimate are shown below:

Head	1942-43	1943-44	Ultimate
Government Vernacular School for Girls.	Rs.	Rs.	Rs.
37- Education-c-Primary, Education-(a) Government-(2) Girls.	5,072	7,657	7,784
Vernacular Teachers' Certificate Class.			
37- Education-B-Secondary Education-(a) Government Intermediate Colleges and High Schools- (2) Girls' education	8,361	12,677	13,732
Total =	13433	20,334	21,496

When the proposal is approved the amounts shown above will be submitted from the budget and thus the net cost to Government for the opening of the girl's normal school at Gorakhpur will be Rs. 4,966 recurring and Rs. 500 non-recurring in the first year (1942-43), Rs. 7,609 in the second year (1943-44) and Rs.9,309 ultimate. A statement showing the details of the cost of the proposed Girls' Normal School at Gorakhpur and of the reduction on account of the cost of the Government Vernacular School for girls and of the Vernacular Teachers' Certificate class is attached the allocation to various sub-heads of the reduction of Rs. 13,433 On account of the cost of the Government Vernacular School for girls and the

Vernacular Teachers Certificate class and of the amount of Rs. 18,399 to be provided for the proposed Girls' Normal School is also shown below:

Government vernacular School for Girls

2.	Pay of establishment	No.	Rs.
	Teachers (Rs. 15-120)	10	3176
	Servants (Rs.10-14)	2	224
3.	Allowances and Honoraria-		
	Travelling allowance	-	-
	Other allowance	-	16
4.	Contingencies-		
	Contract-		
	Pay of menials	-	288
	Non-contract	-	-
	Rent	-	360
	Conveyance charges	-	1,008
	Total =		5,072
Vernacular Teachers' Certificate class			
2.	Pay of establishment		
	Teachers (Rs.50-200)	4	3,305
	Servants (Rs. 10-8)	2	168
	Stipends	-	4,040
3	Allowances and Honoraria		
	Travelling allowance	-	300
	Other allowance	-	176
4.	Contingencies-		
	Contract-		
	Pay of menials	-	368
	Non-contract		
	Clothing to peons	-	4

	Total =		8,361
	Grand total =		13,433
Propose Girls' Normal School			
2.	Payment of establishment		
	Teachers (Rs.30-250)	14	8,761
	Matron (Rs.50-75)	1	400
	Clerk (Rs.25-35)	1	200
	Servants (Rs. 10-14)	5	472
	Stipends	-	4,040
	Total =		13,873
3	Allowances and Honoraria	-	-
	Travelling allowance	-	300
	Other allowances	-	360
	Total =		660
4	Contingencies		
	Contract-	-	400
	Pay of menials	-	704
	Non-contract-	-	-
	Purchase of books	-	100(Non-recurring Rs.500)
	Rent	-	1600
	Clothing to peons	-	4
	Prizes	-	50
	Conveyance charges	-	1,008
	Total =		18,399 Rs. 500

Approval is accordingly solicited to the inclusion of a sum of Rs. 18,399 recurring and Rs. 500 non-recurring in the budget through the schedule of new demands for the year 1942-43 under the head "37-Education- D-Special Education- (a) Government Schools – (2) Training Schools (Girls)".

K.B. BHATIA

November 20, 1941. Deputy Secretary to Government

Education (B) Department file no. 660/1941.

Statement showing the details of the cost of the proposed Government Girls' Normal School, Gorakhpur and the cost of Government Vernacular Girls' School, Gorakhpur, and Vernacular Teachers' Certificate class attached to Government Girls' High School, Gorakhpur which will be omitted from the budget if the proposal is finally passed.

Head of Items	Cost of Government Vernacular Girls School, Gorakhpur.		Cost of V.T.C. class attached to Government Girls' High School, Gorakhpur.		Cost proposed Government Girls' Normal School, Gorakhpur.			
	Sanctioned strength	1942-43 for 8 months	Sanctioned strength	1942-43 for 8 months	Proposed strength	1942-43 for 8 months	1943-44	Ultimate
Pay of establishment:-		Rs.		Rs.		Rs.	Rs.	Rs.
Head Mistress on 200-10-250	-	-	-	-	1	1,600	2,480	3,000
Assistant Mistress on Rs.- 150-10-200	-	-	-	..	..	..	....	...
Rs.	..	..	1	1,320	1	1,320	2,080	2,400
100-10-150	..	..	1	920	1	920	1,480	1,800
80-5-120	1	960	..	..	1	960	1,440	1,440
75-5-100	..	..	1	665	3	1,865	2,925	3,600

35-2-55	1	440	..	..	1	440	660	660
35-2-45	1	336	..	..	4	1,176	1,832	2,160
25-1-35	1	240	..	..	..	..	..	..
20-1-30	3(2 at Rs.30, 1 at Rs.	696	..	..	..	..	..	..
30-2-40	27)	..	..	..	2	480	752	960
18-1-25	..	200	..	..	..	..	..	..
15-1-20	1	304	..	..	..	..	..	..
Matron on Rs. 50-5-75	2 (1 at Rs. 20, 1 at Rs.	..	1	400	1	400	640	900
Clerk on Rs. 25-2-35	18)	..	..	..	1	200	316	420
Peon on Rs. 10-1/2/2-14	..	..	1 at Rs. 10-8	84	1 on Rs. 10-1/2/2-14	84	130	168
Daftri on Rs. 10-1/2/2-14	..	..	..	..	1	80	120	168
Chawkidars on Rs. 10-1/2/2-14	..	224	1 at Rs. 10-8	84	3 on Rs. 10-1/2/2-14	308	466	504
Stipends	2 at Rs. 14 per mensem each,	..	25 at Rs. 15 per mensem	3,000	25 at Rs.15	3,000	4,500	4,500
	..	..	10 at Rs. 8 per mensem	640	10 at Rs8	640	960	96
	..	..	10 at Rs. 5 per mensem	400	10 at Rs.5	400	600	600
Allowances and Honoraria-								
Allowance to lady doctor and medicine.		..	10 at Rs. 5 per mensem	..				
		..						

Honorarium for teaching		16		..	240 per annum	160	240	240
Ambulance Certificate course.	..		..	80	Rs.120 per annum	80	120	120
City Compensatory allowance	2		Rs.120 per annum	16	5	40	60	60
			2					
Allowance for teaching	..	..	RS. 120 per annum	80	Rs. 120 per annum	80	201	120
Drawing and clay modelling.								
Travelling allowance	..	..	Rs. 300 per annum	300	Rs 300 per annum	300	300	300
Contract Contingencies-								
Other Contingencies	..	..	..	..	Rs.600 per annum	400	600	600
Pay of menials								
Maid Servants	4 at Rs. 8 per mensem each	256	..	..	4 at Rs.8 per mensem each	256	384	384
Sweepers	1 at Rs. 4 per mensem	32	2 at Rs. 4 per mensem each	64	2 (1at Rs.5,1 at Rs.7)	96	144	144
Cook	..	..	2 at Rs.10 per mensem each	160	2 at Rs. 12 per mensem each	192	288	288
Kahars	..	..	2 at Rs.9 per	144	2 at Rs. 10 per	160	240	240

			mensem each		mensem each			
Non-Contract contingencies-	..	..	..	..	Rs. 100 per annum	100	100	100
Purchase of Books	Rs. 540 per annum	360	..	..	Rs. 2,400 per annum	1,600	2,400	2,400
Rent	..	..	Rs.4 per annum	4	Rs. 4 per annum	4	4	4
Clothing to peons	..	..	..	..	Rs. 50 per annum	50	50	50
Prizes	Rs. 1,512 per annum	1,008	..	..	Rs.1,512 per annum	1,008	1,512	1,512
Conveyance Charges								
Total =		5,072		8,361		18,399	27,943	30,802
			13,433					

British Patronage educational institutions: A cash study of Lucknow city, 1920 to 1947

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ABSTRACT

British system of salary-grants to educational and training colleges was one of the systematic way of managing the institutes. But secular and social funding was landed our systematically by formalizing the system of funding. There was significant growth in the system of British funding in our country since 1920 to 1947. The most important point to bear in the mind about the British Financial experiment in India is that it was conducted on people which had already been developed to financial experience for two hundred years. In this paper it is argued that the British and their management of funds was governed by colonial interests. Hence, the present the paper investigates into the questions of: how much was funded? why they funded and whether it increased or decreased? What was the relation between educational institutions and could impact society? And how did indigenous peoples respond to the introduction of western educational institutions?

Key Words : Grants, British management, Institutions

INTRODUCTION

As we know that a base is most valuable and essential part of any work or project. British government had proposed an educational system with the help of missionary schools and its ideology. Whatever we have today, it is developed form of that system. Historically it is clear that India was dependent on the British as a colony and educational system was developed for the interest of the regime. Despite of this issue we cannot deny British government contribution in Indian education. This education was broadly based on principles of humanity and civilization and hence without any discrimination. Syllabus and other related issues of the education were based on scientific temper that is only basic thing to spread knowledge.

The history of education is therefore concerned, not merely with institutions such as schools, colleges and

universities, but with the social forces which have affected the quality of life, and with the ideas which have been put forward by theorists and practitioners of education in the past. Education is thus an adjunct to the historical process besides being one of the chief factors conditioning peoples, outlooks and aspirations. Briefly, therefore, the study of the history of education is best considered as a part of the wider study of the history of society-social history broadly interpreted through the politics, the economics and the religion of the concerned¹.

Modern education had been unknown to India and the education system in India was the creation of the East India Company and the British Crown. This is far from correct. "there is no country," so wrote F.W. Thomas in his *The History and prospect of British Education in India in 1891*, "where the love of learning had so early an origin or has exercised so lasting and powerful an influence. From the simple poets of the Vedic age to

1. S.C. Ghosh *the history of Education in Modern India 1757-2012, fourth Edition page no.03(Orient Black Swan)*

the Bengali philosopher of the present day there has been an uninterrupted succession of teachers and scholars”².

Education is key for development. The major development of education in India was taken by Britishers. The British presence in south centered around Madras. This settlement began originally as Fort St. George. Madras grew into a city of 250,000 by 1800. It was a centre of trade and commerce controlled almost totally by Englishmen. European economic dominance did not slow this expansion and the city reached 400,000 by 1881. Yet its composition was somewhat different from either Calcutta or Bombay. Few outsiders were attracted to it and nearly three quarters of its inhabitants were born within the city, overwhelmingly Tamil-Hindus. Madras had only 12% Muslims and 10% Christians. Its culture was that of Tamil country with the overlay of Anglicization that grew from the introduction of English Education. A new era in Christian endeavor began in the wake of the Evangelical Revival which was sweeping the west during the closing years of the 18th century. Under the impulse of this religious awakening, new societies sprang up in Britain and America, some of which were anxious to carry their message to the distant parts of Asia.

Provision for salary-grants and training colleges:

The Committee is unanimous in recommending that salary-grants to be given for both male and female teachers. In this connection, they would draw attention to the rules for Anglo-Vernacular Education in force in Burma, which they consider admirably adapted for the purpose. That the committee are unanimous in strongly urging the formation of a Provident Fund for teachers, to secure for them reasonable prospects in life and permanency of tenure, the need for which for which is pointed out by the Government.

That the committee is in favor of a Central Training College being established; but recommend that a Hill station be selected, if possible, in preference to Allahabad. They noted that Bengal has already established a European Training College at Kurseong³.

Motives of funding:

In February 1882 Ripon appointed the first Indian Education Commission with William Hunter, a member of his Executive Council, as its Chairman. Among its 20 member, Indians were represented By Anand Mohan Bose, Bhudev Mukherjee, Syed Mahmud and K.T. Telung, and the missionaries by Rev. Dr. Miller of Madras. B.L. Rice, the Mysore Director of Public Instruction, was appointed its secretary. The Commission was asked “to enquire particularly into the manner in which effect had been given to the principles of the Despatch of 1854 and to suggest such measures as it might think desirable with a view to the further carrying out of the policy therein laid down.” The Commission was also asked to keep the enquiry into the primary education in the forefront, partly because of an agitation alleging its neglect in India, and partly because a national system of compulsory elementary education was built up in England two years ago with the passing of the Elementary Education Act in 1880. The Commission was further asked to enquire into the position of the government institutions in a national system of education, the position of the missionary institutions in it and the attitude of the government towards private enterprise. The Commission was also asked to offer suggestions on secondary education European, and university education being excluded from the purview of the Commission.

The Commission which emphasized the need for establishing normal Schools for the training of teacher and school/colleges at least education should be “the first charge on provincial funds.” And Grants –in-aid for Collegiate Education also “the rate of aid to each college be determined by the strength of the staff, the expenditure on its maintenance, the efficiency of the institution and the wants of the locality”⁴.

Grants Jubilee high school, Lucknow:

The Commissioner, Lucknow division, forwarded an application from the Board of management of the Jubilee High school for aid in improving the school. The school is urgently in need of more class rooms which are

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2. S.C. Ghosh *the history of Education in Modern India 1757-2012, fourth Edition page no.06(Orient Black Swan)*
 3. File No. 601 A of 1902 *Report of committee appointed under Government of India Resolution No. 237-247 of March 1st, 1902 to revise the code of Regulation for European Schools in Bengal, with a view to preparing a uniform code for India and Burma, 2ndMeeting-March 4th, 1902. P. 11.*
 4. S.C. Ghosh *the history of Education in Modern India 1757-2012, fourth Edition page no.93,95(Orient Black Swan)*

estimated to cost Rs. 15,000. Government is asked for Rs. 7,500 as a building grant for this. Quarters for the head master and a boarding house are also urgently required. The cost of providing these is not stated, but it is said that a sum of Rs. 8,000 has been promised by Pandit Pragnarain Bhargava, and Government is asked to contribute an equal sum.

Government is further asked to increase its maintenance grant so as to improve the staff, library and science apparatus. The additional amount asked for is Rs. 7,888 a year. The present Government grant is Rs. 6,552. His Honour wishes to give the school Rs. 10,000 from the balance of the patwari fund which the Government of India have decided to return to this Government. If the provincial contract is revised, larger grants for secondary education will probably be made by Government. For the present a copy of the letter might be sent to the Director for an expression of his opinion?

We are going to give Rs. 10,000 in any case and they want about Rs. 15,500 non-recurring, apparently. Director of public instruction might have Rs. 5,000 in savings later. I have noted Rs. 12,000 as a grant for class rooms out of the patwari fund balance, this will be given as soon as we can get official orders. As to the recurring charges, Director should advise. Government recognizes that substantial aid should be given to this school, which takes the place of a Government high school in the capital of Oudh. I wrote to Mr. Butler, as His Honour directed, asking him what annual grant from the district board was needed to put the Jubilee high school at Lucknow on a proper footing, saying that it should not be more than the municipal grant, Rs. 6,000. He now asks for Rs. 8,000. This appears to be excessive.

The school already receives Rs. 6,552 from the Government and Rs. 6,000 from the municipal board, i.e. its net cost to public funds is Rs. 12,552. With this may be compared the net cost to public funds of other large English schools as in the routine note put up by the office. I am unable to find any statement of the comparative numbers, and of the schools and I think it would probably be best to state the case officially to Director of public instruction and ask what he advises. Rs. 8,000 seems to me to be more than is justifiable.

Lucknow has been treated very scantily in the past as regards education and medical grants, The Director communicates his opinion on the application for a larger grant-in-aid for the Jubilee high school. The income of the school is made up as follows:

	Rs.	Rs.
Fee income	6,015	
Interest on endowments	787	
Ret of a hops	150	6,952 (income from private sources)
Municipal grant	6,000	
Consolidated Government grant	6,552	12,552 (from public funds)
Total	19,504	

As regards the argument urged by the managers of the school that it takes the place of a Government high school, the Director points out that it is already supported from public funds and that it would be cheaper to convert it into a first grade district high school that make the additional grant asked for.

He makes the following recommendations:

(1) To comply with paragraph 13 (a), chapter XII, Educational Code, he would require the managers to raise the income from private sources to Rs. 12,994, and if they did this, make an extra tuitional grant of Rs. 6,392.

(2) Or convert it into a first grade district high school. As regards the grant for a library, he would not give more than Rs. 600 a year. The queen's Collegiate school, Benares, gets an allowance for contingencies of Rs. 948 only.

The school has recently been paid a building grant of Rs. 12,000 from the balance of the patwari fund.

In May last I submitted to Government an application from the committee of the Jubilee high school for (1) a non-recurring grant for buildings, and (2) a recurring grant of Rs. 7,888 a year for improving the pay and position of the staff, &C. It is about the latter of these two requests that I now venture to trouble you.

Butler tells me that the Educational department is either opposed to this grant or anxious to convert the school into an ordinary Government high school. Of course neither the committee nor I can object to the department expressing its views on the subject; but I question whether Lewis or de la Fosse knows much of Lucknow or of its needs, or is aware what excellent work the School is doing and how important it is that it is that its usefulness should be expended and that its present status should be maintained.

To convert the school into an ordinary Government High school would, in my opinion, be a serious mistake. At present the school is managed by a strong committee

who take a deep interest in the school. This advantage will be entirely lost if the school becomes a Government institution. In fact there is much to lose and nothing to gain if the proposal is sanctioned.

The total annual Government grant is at present Rs. 6,552/- the extra grant asked for is large, and I know you have many claims to meet. But I hope the question will be settled in your time. I do not know what view your successor may take of education expenditure.⁵

Isabella Thoburn college and school, Lucknow:

The Director of Public Instruction North-Western Provinces and Oudh, submits a statement showing the income and expenditure of the college. It shows that the income amounts to Rs. 482 and the expenditure to Rs. 586, of which Rs. 375, the salaries of the first three mistresses, are paid by the Missionary Society the pay of the Principal is not included, but financial equilibrium has been maintained by the philanthropy of the teachers, who make up any deficits by refunding portions of their salaries. A list of the tuitional staff and their educational attainments is given.

Owing to the opening of B.A. classes an additional graduated teacher will be appointed from July of next year, so that the expenditure will still further increase. Under these circumstances Director of Public Instruction recommends that a grant-in-aid of Rs. 100 per mensem be sanctioned from the 1st April 1896 I confess that in the present state of primary and industrial education I am opposed to the diversion of public funds to eleemosynary education for university degrees. I am particularly opposed to such diversion in the case of missionary institutions, because the effect is to set free funds which can be applied to the other and more special objects of the mission. The American missionaries in these provinces notoriously include some wealthy men who have acquired considerable fortunes in the course of their residence here. It has also large resources in America and in financially a most prosperous enterprise. I am perfectly sure that the women's college attached to the mission will be carried on all the same whether⁶ the Rs. 1,200 now proposed is or is not allotted to it from public funds.

The American Methodist Episcopal Mission:

This was an organization which recently did its best to deprive Government of an important part of its revenue, is the last of its sort which ought to seek to throw any fresh burden on that revenue. The American Bishop, whose name is reproduced in the Principal of this college, proposed to meet the deficit of opium revenue by curtailing expenditure coming under such heads as that now proposed.

The Director of Public Instruction, North-Western Provinces and Oudh, recommends the Women's college at Lucknow for a monthly grant-in-aid of Rs. 150. A similar recommendation was made in 1895 and was rejected on the ground that there were more pressing needs than a college for women.

Since then the college has continued to do good work and has been affiliated to the University up to the B.A. degree, which has been taken by two out of three candidates for it from the college. Seventeen students have passed the intermediate examination for the next examinations the college hopes to send up three students for the B.A. examination, five for the intermediate and eight for the entrance examination. It is the only institution of its kind in these provinces and supplies a want. It properly educated female candidates for medical or other professional training are to be found, some institution like the Women's College is necessary. Moreover, the college is not restricted to the education of Indian women but European students are also admitted. Four of the students who have passed the intermediate examination are now employed as teachers in European schools.

With a view to encourage the higher education of women the Government has recently doubled the value of a limited number of the government scholarships awarded to female candidates at the public examinations. We know nothing about this college and are told nothing, The Director of Public Instruction neither mentions the number of the staff nor gives us any details as to the income of the institution. The numbers of the scholars appear very limited, and from this point of view the grant asked for is high. The Director of Public Instruction proposes to meet the grant from savings in the grant-in-aid budget for Anglo-vernacular schools, but many of these schools are admittedly starved and this does not appear a good source from which to supply funds to a

5. File No. 151/1908 page no. 36, 37 Department of education.

6. File No. 56/1921 page no. 1, Department of education state archive Lucknow

woman's college founded by a wealthy missionary society. The funds of the province are in no better condition than in 1895, and the same reason for refusing the grant would hold good now as then, but if the subject of the grant is to be considered at all we might ask for-

- (1) The number of scholars,
- (2) The number of teachers,
- (3) Sources and amount of income,
- (4) Other particulars,

Throwing light on the position of the college⁷

In reply to serial no.41 of file no. 141/1914, the Government of India have not passed final orders on the memorials which were forwarded with serial no.41. The Advocate-General, Bengal, is of opinion that the acquisition by the Local Government in the case of Isabella Thoburn College is not within the meaning of section 6 of the Land Acquisition Act and that it would be open to attack in a court of law as being merely a colourable acquisition by Government and as being contrary to the letter and spirit of the Act. The Government of India therefore suggest for the consideration of this Government that it might be advisable to make an attempt to settle the matter by means of an agreement with the parties. Should this be found impossible it is suggested that the present acquisition proceedings may be cancelled and use may be made of the recent amendment of the Act under which it would be open to the college to avail itself of the provisions of Part VII of Act I of 1894 after registration as a company under Act XXI of 1860.

It is not likely that an agreement will be reached with the parties concerned and it will eventually be necessary to adopt the second course suggested by the Government of India. The Commissioner, Lucknow division, may be consulted in the matter before any action is taken. Tell the Commissioner that before passing orders on the memorial the Government of India have suggested that an attempt should be made to settle the matter by an agreement with the parties concerned and ask him to take steps to this end and report the result to Government? If an agreement is found impossible action can then be taken as in the rest of India's letter?

The Commissioner has recently written to me about

that. Put up a demi official letter to him giving the substance of the Government of India's letter to us, and in particular both the suggestions made in paragraph 3 of their letter.

2. After issue of the above, the Legal Remembrancer should see the advocate-General's ruling and the Government of India's letter⁸.

In a letter wrote by Mr. Maharaja Singh, he said that, 'Though final orders have not been passed on the memorials, the Government of India suggest that to meet the difficulty it might be advisable to make an attempt to settle the matter by agreement with the parties concerned. I and desired accordingly to suggest that such as attempt should be made, if it is at all likely to be successful. If it should be found impossible to bring about such an agreement, then a possible course according to the Government of India would be to cancel the present acquisition proceedings and made use of the recent amendment of the Land Acquisition Act (Act XVII of 1919, under which it would be open to the college to avail itself of the provisions of Part VII of Act I of 1894 after registration as a company under Act XXI of 1860. Another alternative that suggests itself is the acquisition of some other suitable site.'

Possible with a view to obtaining provision in the budget for 1921-22. The application should be confined to the Arts College establishment and should show present actual income and expenditure in detail as will as proposed estimates for 1921-22 and future years", "The college was not included in the scheme for men's colleges, as it is differently organized and there is no complete separation between college, school and training classes. The latest returns available show the expenditure of the college to have been Rs. 15,388 and the grant-in-aid Rs. 6,600⁹."

Assistant to the Isabella Thoburn College, Lucknow:

The authorities of the Isabella Thoburn College, Lucknow, wish to reorganize the college that may take its place as the Woman's College of the Lucknow University.

2. A site has been acquired in the University area.

7. File No. 56/1921 page no. 2, Department of education state archive Lucknow

8. File No. 56/1921 page no. 48, Department of education state archive Lucknow

9. File No. 56/1921 page no. 52, Department of education state archive Lucknow

Here the college authorities propose to erect buildings to accommodate Intermediate and Degree classes and also a training class for teachers. The present buildings will be made over to the middle school classes for which the present accommodation is inadequate.

3. On its new site the authorities of the college propose to erect class-rooms a teachers block, four hostels, hospital, gymnasium, music rooms and the necessary outhouses. Detailed plans and estimates have been prepared by Mr. C.O. Bloomfield F.S.I.

4. The estimated cost of all the buildings amounts to Rs.18,13,996. The programme will be carried out piecemeal as funds are available.

5. The college has already received subscriptions from America amounting to Rs. 1,00,000 and expects to receive a further contribution of Rs. 5,00,000 by the end of January, 1923. It asks from Government a grant of Rs. 2,00,000 in 1923-24, a further grant of Rs. 2,00,000 in 1924-25 and a grant of Rs. 1,20,000 in 1925-26, i.e., a total of Rs. 5,20,000 which together with grants aggregating Rs. 80,000 which Government has already paid to the college in previous years, will make a total equal to the amount contributed from private sources.

6. The expenditure to which the college is committed in 1923-24 amounts to Rs. 7,65,118 as follows:

For buildings	Rs. 6,92,562
For furniture	Rs. 79,556
Total	Rs. 7,65,118

Towards this amount the college will have in hand Rs. 6,80,000 being Rs. 6,00,000 contributed from private sources and Rs. 80,000 the Government grants paid in previous years but not yet spent. Government desire to give the college the balance, Rs. 85,118, required to enable it to carry through its building programme in 1923-24.

7. The recurring expenditure to the Intermediate and University College has been carefully worked out by the Director of Public Instruction in consultation with the college authorities. In 1923-24 the expenditure will contribute Rs. 35,000. Thus a grant of Rs. 19,487 is required from Government. The present grant from Government to the college amounts to Rs. 10,380. Thus the additional grant required is Rs. 9,107.

8. The estimated cost of the training class in 1923-24 is Rs. 12,500 Towards this amount the college will

contribute Rs. 8,630, leaving a deficit of Rs. 3,870 to be met by Government. The present grant to the training class is Rs. 2,100. Thus an extra grant of Rs. 1,770 is required.

9. To sum up the assistance required in 1923-24 and now recommended by Government is-

Non-recurring	Rs. 85,118
Bearing (a) for the college	RS. 9,107
(b) For the training class	Rs. 1,770

These grants will not commit Government to any further grants, recurring or non-recurring.

10. The approval of the Finance Committee is solicited to the inclusion of the amounts specified in paragraph 9 above in the schedule of new demands for 1923-24¹⁰.

Finance (B) Department:

A sum of Rs. 42559/- as an assistance to the Isabella Thoburn College, Lucknow was Schedule of new demands for 1924-25. It is presumed that the amount has been passed in the budget. A draft is put up sanctioning the payment of the grant. As it is desirable to issue early orders will you kindly say if the grant has been passed? If so, will you kindly approve the draft at the end of case no copy of the wiser the e.g. appears necessary¹¹.

A grant of Rs. 85,118/- has been sanctioned for payment to the Isabella Thoburn College, Lucknow, as a nonrecurring grant for building and furniture. Towards the buildings estimated to cost Rs. 6,92,562/- the college has received a grant of Rs. 1,28,840/- and towards furniture to the value of Rs. 72,556/-, a grant of Rs. 36,278/- vide portion marked blue on page 3 of sl. No. 5. The buildings to be erected at the cost of Rs. 6,92,562/- are shown on page 8 of the enclosures to sl. No. 5. In addition to the buildings shown therein the college authorities have erected a second hostel and a hospital. The second hostel cost Rs. 1, 58,162/- and the hospital cost Rs. 30,000/-. Further the college authorities have built covered ways and put in a septic tank. In place of a total estimate of Rs. 7,65,118/- including furniture, the college authorities have actually spent Rs. 12,41,845/- or Rs. 4,76,727/- more than was originally anticipated when the grants were sanctioned. Letter no. E/290, dated the 30th of July 1924, from the Principal of the Isabella

10. File No. 56/1921 page no. 69, Department of education state archive Lucknow

11. File No. 56/1921 page no. 76, Department of education state archive Lucknow

Thoburn College may be read.

The enrolment of the college is 150, 35 of whom are Hindus or Muhammadans. The college authorities have undoubtedly erected magnificent buildings and furnished them well, and have rendered great service to the cause of Female Education in these Provinces. The total grants so far given by Government towards these buildings and furniture of a total value of Rs.

12,41,845/- is Rs. 1,65,118/- only the college principal asks for a grant of 3 lakhs. I am not prepared¹² to recommend so large a grant in view of the fact that the college authorities were warned not to enter into any liabilities beyond what they could meet from their own funds actually in hand with them or definitely guaranteed. To them. By the mission, and in view of the many urgent demands on provincial funds. But I consider that some additional non-recurring assistance may be given to help the college authorities in their difficulties. I therefore recommend that a grant of Rs. 1 lakh may be included in the schedule of new demands for 1925-26 for the purpose of giving an additional building grant to the college towards helping them to pay of the debts incurred.

D.D.P. I's note from bottom of p. 76 may be seen. The Principal of the Isabella Thoburn college, Lucknow, has asked for a non-recurring grant of three lakhs towards the cost of buildings and furniture. The total grant so far given towards the buildings and furniture of the¹³

Further assistance to the Isabella Thoburn College, Lucknow, towards building project:

The Isabella Thoburn College, Lucknow, has up to date received non-recurring grants amounting to Rs. 1,28,840 towards its building project estimated to cost Rs. 6,92,562. In addition to the buildings towards which the above sanctioned non-recurring grant was made, the college authorities have erected several other buildings, for instance hospital, second hostel and a septic tank, and have thus incurred a further expenditure of Rs. 4,76,727 which they have not been able to meet.

The college authorities ask for a further grant of Rs. 3 lakhs, the Director of public Instruction does not recommend so large a grant, but he does consider that

some additional no-recurring assistance should be given to assist the college authorities in their difficulties: and he therefore recommends an additional no-recurring grant of Rs. 75,000 to help them to pay off the debts incurred. The Isabella Thoburn College is open to all communities and has in the past done excellent work for the advancement of female education in the United Provinces, the authorities of the college have made great sacrifices in order that the college may fulfil its functions as Women's Department of the Lucknow University. It deserves liberal support from provincial funds. Government agree with the Director of Public Instruction. The approval of the Finance Committee is accordingly solicited to the inclusion in the schedule of new demands for 1925-26 of a sum of Rs. 75,000 as an additional building grant to the Isabella Thoburn Colledge, Lucknow¹⁴.

Recommendation for tuition fees:

The Banerjee commission had proposed in 71 and 75 paragraph of its report that the Government of India are disposed to think that there had been some misapprehension as to the views. It seems to have been some imagined that one of the objects of their proposals was to exclude poor students as such from the benefits of higher education.

But in paragraph 71 of report the commission observed that no poor but really able student should have been excluded by reason of his poverty from the advantage of the highest education. And in another paragraph 73 report stressed on the necessity, when fixing a minimum rate of fee, of taking into account not only the local circumstances and the demand for higher education, but also the ability of the students to pay adequate fees for the higher forms of instruction.¹⁵

The question is not free from difficulty and will require careful consideration. In the opinion of the Governor-General in council the main argument in favor of fixing a minimum scale of fees is to be sought in the facts set forth in paragraph 73 of the report.

At some of the unaided colleges it was found that the Professors and teachers were inadequately paid, that

12. File No. 56/1921 page no. 77, Department of education state archive Lucknow

13. File No. 56/1921 page no. 78, Department of education state archive Lucknow

14. File No. 56/1921 page no. 85, Department of education state archive Lucknow

15. File No. 394 A of 1903. Government, United Provinces, Educational Department, February, 1903. P. 31.

the buildings and class-rooms were unsuitable, that the educational appliances for general teaching were inadequate, and that the primitive description, and not even suited to the requirements of an ordinary board or primary school in England, or in Europe generally.

In the case of Government and aided schools, the avowed policy of Government is gradually to raise the fee until the student pays a reasonable proportion of the cost of and education which has a high commercial value, due to provision being made by means of scholarships for the case of poor but clever students. The minimum scale of fees is fixed somewhat lower in aided than in Government institution so as to prevent the latter from competing unfairly with the former.¹⁶

Now it will not be contended that aided colleges (a very substantial proportion of the expenditure on which is borne by Government) have in all cases reached an extravagant standard of efficiency; and if this be so, it follows that in colleges which are unaided and endowed, which enjoy no Government grant, and which have a lower scale of fees, the efficiency must be still lower.

Nor can it be admitted for a moment that unaided colleges as such are entitled to claim unqualified freedom of action in a matter of this kind. By granting them affiliation, and by admitting their students to examinations leading up to degrees, the Universities confer upon such colleges the most valuable of academic privileges and thus establish their right to impose such restrictions as may be necessary to prevent the competitive underselling of educational advantages. That such under-selling exists in a greater or less degree in several parts on India is beyond dispute, and it is hard to see how it can be prevented without placing some restriction on the undue lowering of fees.

It may indeed be argued that efficiency can be insisted on by the threat of disaffiliation. But efficiency is difficult to measure, its estimation is open to dispute, and the principle that with a fee-scale below a certain limit efficiency in a college without considerable endowments or subscriptions is impossible, and may, therefore, be presumed not to be attained, is one for which there is much to be said. In inviting the opinion of his Honour the Lieutenant-Governor, I am to repeat that nothing can be further from the intentions of the

Government of India or of the Commission than to initiate a policy which would tend to make education the monopoly of the rich. It is obvious that all education cannot be equally good: some colleges and schools will always be better than others.

But there is a certain minimum standard of efficiency with which all institutions ought to conform. The maintenance of that standard involves expenditure which cannot be reduced beyond a certain point and which entail the charging of fees which some of the would-be students may find difficulty in paying. The needs of this class may be met in two ways:

(i) by the provision of scholarships for the more able boys;

(ii) By means of endowed schools and colleges which will cheapen education for all poor students irrespective of their ability.

Of the latter form of aid there are numerous examples in Europe, and the Governor-General in Council trusts that one result of the Commission will be to promote the foundation of similar beneficent institutions in this country.

India as a country is not rich, but there are many rich men in India, and they can devote their wealth to no more excellent purpose than the provision of some measure of higher education for the poorer students who from whatever cause are left behind in the race for scholarships.

Conclusion:

From the above discussion, it can safely be concluded that the provision of grants was a step to develop education in India for better future and better establishment for British rule in this region. These grants helped students to get better education without any financial burden on their shoulders. It is well known fact that all British missionaries were here not only for religious purpose but they wanted to make some differences in society too. Nineteenth century these Christian missionaries of various denominations wanted to spread their religious activities through awareness and education. They opened schools and colleges as part of their white man's burden towards Asian societies.

16. File No. 394 A of 1903. *Government, United Province, Educational Department*, February, 1903. P. 31.

Establishment of Medical Institutions in United Provinces (1920-1947)

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Key Words : Medical Institutions, Rural health training center, Population

INTRODUCTION

In 1679 the Madras General Hospital was the first hospital in India and the Hospital of Calcutta was established in 1796 and in 1800 to 1820 four hospitals was established in Madras to fulfillment of needs of medical and the Calcutta medical college was established in 1835. Medical College Hospital, Calcutta was formed in 1852. Lahore Medical School (later named King Edward Medical College) started in Lahore in 1860, Punjab, Afterwards; a network of hospitals was set up throughout India. In 1854, the government of India agreed to supply medicines and medical instruments to the growing network of minor hospitals and dispensaries. Government Store Depots were established in Calcutta, Madras, Bombay, Main Mir, and In 1918 Rangoon. Lady Reading Health School in Delhi was established and the public health department was established in Calcutta in 1939. In 1930, the All-India Institute of Hygiene was established.

The first Rural Health Training Center was established in Singur near Calcutta to provide better doctors. The total number of public hospitals and dispensaries under the control of the colonial India was about 1200 in 1880 and in 1902, the figure raised to approximately 2500. The income of public health facilities was day per day increase 3.6 million rupees in 1880. In 1880 7.4 million patients was increased about 22 million in 1902. India, death rates from smallpox in epidemic years fell from over 2,000 per million Population to less than 500 per million between 1870 and 1930, as more and more Indians were vaccinated by these disease. Over a hundred thousand Indians were reported as having died of the viral diseases in each of eleven years between 1902 and 1945. In 1930, a non-epidemic year for the country as a whole (only 215,260 cases and 48,860 deaths were reported nationwide), all of the major maritime cities of India suffered from epidemic diseases. By the early 19th century, these old establishments had given way to more permanent institutions located in the big towns. The turn of the century also saw the establishment of hospitals for Indians, following the example set by Calcutta in the 1790s. The typical hospital of the early 19th century was an institution for the Indian poor peoples, funded partly by government and partly by private subscriptions as the century progressed, larger hospitals and also smaller hospitals began to develop around the medical colleges established in the presidency and other large towns.

This expansion occurred alongside a rapid growth in the number of hospital and dispensaries providing out-patient care, which generally proved more popular than treatment with in the hospital

and dispensaries. In 1910, however, the Government of India frankly admitted that most of the Indian population still did not have access to any Western medical institution, especially in rural districts. In that year, the government gave up all pretence of providing comprehensive medical relief, declaring that it would never have the means to provide the necessary medical coverage. Instead, it was decided to rely on training more private practitioners and nurturing the development of what was referred to as the independent? medical profession.

In early 20th century, at least four vaccines (cholera, smallpox, plague, and Typhoid) were available in the country. However, the major challenge was the shift of two dose schedule of smallpox vaccination. This had an important implication in the form of additional vaccine requirement especially in rural areas. Considering this, the Government of India decided to set up some new vaccine institutes. The initial vaccine research unit was Haffkine Institute for plague vaccine and the smallpox vaccine lymph was being produced in Shillong and a few other places since 1890 in the next few years, then Government set up an institute for smallpox vaccine lymph production in each of the then provinces in the India. These institutes emerged as centre for vaccine and serum production and were also involved in quality research. The research conducted in these institutes was focused on improving the good quality of vaccines and also on the preservative to ensure long term stability of the vaccine material.

Emergence of Medical Institutions :

The law in time epidemics diseases and vaccination in the North-Western Provinces and Awadh has been in use during the entire period. Indeed, the most severe epidemic period of the whole series was included in the two years 1883-84, at the end of 13 years? vaccination work for public health. The disease must in fact be dealt with as other Indian epidemics disease must be met, namely, by through sanitary improvement of the localities and dwellings occupied the people.

In 1885 there were registered 14,593 small-pox deaths, or .33 per 1,000 of the population, against a previous five years? average of 1.78 per 1,000, which, however, included a two years? epidemic, that of the preceding year, 1884, having occasioned the Deaths of 202,541 people h who were death by infectious disease. The 49 districts, with a population of 41,338,271, returned 13,735 epidemic deaths in 1885 or 3.3 per 1,000, and the town population of 2,769,598 returned 858 deaths or the same rate as the districts this kind of problem in all district in colonial era. All the districts except Meerut returned deaths, but 49 towns out of 103 escaped the disease. Of the total epidemic disease specially small-pox deaths 3,712 were in children under one year of age, and under 12 the deaths were 6,282. Out of 1,150 circles of registration 431 returned deaths; but as these were scattered over the whole 49 districts, the attacks were local, and this character of the disease is further shown by the fact that all the deaths were yielded by 7,133 village out of a total number of 105,421 people. This was a very different experience from that supplied by the epidemic of 1884, which covered 943 circles of registration, and took its victims from 42,663 villages, while we may safely assume the amount of protection from vaccination to have been the same in both years and the exceptional 119 case of Meerut district, which escaped the disease, is attributed to vaccination. This like all other exceptions it was a great importance of public health, and it may be suggested for consideration whether it would not be advisable to institute a thorough examination into the facts. Just like case of Meerut district, which escaped the disease, is attributed to vaccination. This like all other exceptions in public health questions is of great importance and it be suggested for consideration whether it would not be advisable to institute a thorough examine into the facts.¹

1. Report of Sanitation Department, Northern- Western Provinces and Oudh. Allahabad, 1891

Table 1 : The annual mortality from small-pox in ratios per 1,000 per annum of the Population for the last 16 years

Years	Ratio per 1,000	Years	Ratio per 1,000
1800	0.8	1878	3.9
1871	1.2	1879	1.7
1872	1.1	1880	0.1
1873	2.8	1881	0.3
1874	2.5	1882	0.6
1875	0.7	1883	3.1
1876	0.9	1884	4.5
1877	0.8	1885	0.3

Source: Report of Sanitation Department, Northern- Western Provinces and Oudh Allahabad, 1891.

During the period 1901-10 average numbers of deaths from infectious disease and small-pox was 55, while in the years 1901, 1904, 1905, and 1909 the number of deaths was 2, 4, 8, and 2, respectively. So it was then thought that the disease would soon become a thing of the past, but the following two reported an increasing incidence. The average yearly mortality for the decades 1911-20 and 1921-30 was 188 and 200 respectively achievement and almost the same average obtained in subsequent decades. Infectious diseases and Small-pox has never been absent from the district. From the number of deaths it will be seen that the severity of the disease has not lessened much so far. The last violent outbreaks of the disease occurred in 1945, 1950 and 1955, when 523, 828, and 582 persons died from this disease. During the year ending 31st March, 1957, 57, 178 persons were vaccinated in the municipal area. May and June are the most fertile months for this disease, while November is the least responsive of the diseases.

Hospitals and Dispensaries :

The principal Government hospital in the district is the Balrampur Hospital and this hospital is not a district hospital in the usual sense of the word but it is more or less of State importance as it caters for the treatment of the high personages of Government and officers entitled to hospital treatment everyone from all over the State. This hospital is in the charge of an every Superintendent who is also the Additional Civil Surgeon. On 27th May, 1869 Balrampur hospital was established, it was built on the land of the Residency and where probably the Residency Hospital at the time of the siege of Lucknow in 1857-58 stood. The maharaja Balrampur was created a trust and donates of Rs.2, 47,700 for the maintenance of Balrampur hospital on government paper.² That why the reason called the Balrampur Hospital. It was managed by a Trust of which the Commissioner of Lucknow. The Hospital has both indoor and outdoor patients room and a separate block of rooms was reserved for Europeans and was called the European Ward under the direct control of the Civil Surgeon. Some improvements were made in the Hospital was taken over by the State from the Trust. As against increase of 104 beds for indoor patients in against in 250 beds. The old European Ward consisting of 11 rooms (for Indians) has been converted into private wards available to all on payment of nominal charges.

For Legislature members six new wards have been constructed only in previous year. In the year of 1957 number of out-door patients was 91,539 of the Hospital and the number of indoor patients 6,242 these great figures are mentioned only the idea of medical relief. The other Government hospitals in heart of the city in Hazratganj Civil Dispensary and the King's English Hospital. The Civil hospital is situated in Hazratganj and is primarily intended to be an outdoor dispensary has

been six beds. The civil hospital is in charge of a Medical Officer who works under the general supervision of the Civil Surgeon. In 1887 this hospital started as a dispensary but its management was transferred to the Municipal Board and it became a State Hospital from May, 1949. The King's English Hospital was founded by Muslim king Nasir-ud-din Haidar of Awadh. It has two branches, (1) The Unani Branch and (2) The English Branch' The King had left promissory notes with the East India Company, the proceeds of which were to go for the maintenance of these hospitals. Both these hospital got fund by king but it was taken by state and maintain by Indian Government In the city of Lucknow two hospitals for women one is the Dufferin Hospital and the second one was in the University. The Dufferin Hospital was maintained by the 'Dufferin Fund' supported by the District and Municipal Boards.

In 1876 a Lady Kinnaird women hospital was established Zahur Bakhsh Church near Lal Bagh. But in present the building was shifted in King Georges Medical College in 1891. The Hospital is maintained by the Zenana Bible and Medical Mission and receives grants from the British State. This hospital has 100 beds. State and central government both departments have own hospital and dispensaries for our employ and his family. This department takes normal charges for our employ.

Conclusion :

Thus it is clear from the above study, the British and their management of health and Medical Institutions were thus closely related to each other worldview. Hence, this paper has examined the relation between medical theories, causation, classification, preventive care and the remedies, the role of practitioners and institutions, and the impact of the medicines relationship to the social, cultural, Technological environments in which it is constructed and practices. Perhaps this paper will be the appropriate one of this kind to fill this long felt need.
