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THE PUBLIC HEALTH SERVICES IN BRITISH INDIA: AN OVERVIEW

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ABSTRACT

As for a layman Public health services seem to be same as medical services but in true sense both are conceptually distinct from medical services. Their focal motive is to lower the rate of the exposure of the people to disease – for instance to assure sustenance security; to monitor discarding of the left over; to improve health dynamics of the individuals, provide health education; shape consciousness and awareness for proper and healthy public service outcome. The communal wellbeing facilities also involve diverse activities like improving hygiene and security in slaughter-house and cattle-breeding activities, sanitizing canals to dampen route breeding adhering to communal healthiness protocols.

“Public Goods” resulting of civic health services which provides multitudinous benefit for smoothing financial hike and lessen the poverty circle. In this paper we are going to discuss about the public health condition of British India. The entire study is based on the secondary data such as different books, journals, magazines, internet and different research papers.

INTRODUCTION

As for a layman Public health services seem to be same as medical services but in true sense both are conceptually distinct from medical services. Their focal motive is how the rate of the exposure of the people to infection can be lowered– for instance to assure sustenance security; to monitor discarding of the left over; to improve health dynamics of the individuals, provide health education; shape consciousness and awareness for proper and healthy public service outcome. The communal wellbeing facilities also involve diverse activities like improving hygiene and security in slaughter-house and cattle-breeding activities, sanitizing canals to dampen route breeding adhering to communal healthiness protocols. C.E.A. Winslow, Yale University Professor (1915–45), a pioneering scientist and philosopher described the services as the discipline of dodging diseases, promoting health also well-being over structured public determination for a proper hygienic environment, to control contagious infections, provide proper medical services for initial detecting as well as inhibition of ailment.

Public health involved professional works by different disciplines such as diagnosing of diseases by physicians; construction of proper water and sewerage systems by sanitary engineers; tracing the roots of the disease outbreaks and their means of transmission by the epidemiologists; a detailed quantitative measures of births and deaths rates provided by statisticians; compliances enforced with public health ordinances by sanitary inspectors and administrators tried to codify the sanitary regulations.

The impact of poor public health condition includes the failure in attracting investors and tourists or visitors in the respective territory; increase the expenditures rate in combating diseases and the labour productivity decreases as a result the depreciable condition of the economy become unavoidable. In this pathetic condition the poor had to incur more charge in frailty, leading to concentrated grossing bulk and increase in expiry rates. In comparison to the poor, although the rich grieve diminutive death from infectious illnesses, still they still agonize recurring chapters of morbidity.

Thus, the most effective approach to improve the health scenario of the population in an economy is to prevent the disease rather than treating the disease. Besides being bounded with thorns from all sides, it is seen in most countries that the public health services gather justification only for minor section of the entire budget allocated for the health sector. So, it becomes an alternative platform for the communal health facilities to be publicly sponsored, in order to withstand the limited incentives provided to them. This approach is applied US also whereas an opposite is seen in India as community strategies and agendas focuses on the delivery of healing attention rather than eradicating the roots of the disease.

METHODOLOGY

The research method is very important in any research activity. The selection of research method to be used is of utmost importance in research process. The proposed study is conducted under the source method. The entire study is based on the secondary data such as different books, journals, magazines, internet and different research papers.

OBJECTIVES

The objectives of this paper are-

1. To explore the public health conditions of India in colonial period.
2. To know the measures taken by British Government to improve the public health.
3. To know about the policy taken by government to reduce diseases and epidemics.
4. To find out about the institutions involved in providing training on public health.

THE PUBLIC HEALTH SERVICES IN BRITISH INDIA

In the colonial era, a number of socio-economic changes were initiated by the rulers to expand and consolidate their hold and deep root their strengths.

The economy was in chronic poverty and the underprivileged people were subjected to enormous fatal diseases due to the problem of water scarcity, overcrowding and filth. As per the opinion of a number of physicians, during the period of British reign India became the home of fatal epidemics. The factors like environment, climatic conditions and British economic policies have affected the health of the population.

The public health measures during the colonial period mainly emphasized on protecting British civilians and army cantonments. These health measures also confirmed that the British civilians were inhabiting in separated zones in proper hygiene and in sterile environment. The municipal areas were in advantageous position as these areas were well equipped with modern and scientific machineries which assured proper hygienic sanitary conditions and proper management of solid and liquid leftover. Thus, the communal medical services focused on initial recognition and on controlling explosions of transmissible viruses like epidemics.

Thus, with restricted purposes, the British administration undertook striking measures for delivering community wellbeing amenities:

- The best world-ranked organizations for health training and research, especially the All-India School of Public Health and Hygiene and the Calcutta School of Tropical Medicine led researches like the transmission of malaria; how vaccines got invented along with the provision of providing practical headship and care by way of providing training to the people related health services.
- The civilian health services were taken care under the Sanitary Departments at national and provincial levels, whereas soldierly cleanliness was under military medical officers. Since all were bound by responsibilities so they were accountable straight to the administration.
- To report the major threats, various policies were made and planned systematically. Annual Reports circulated by the Sanitary Departments dealt with allied information such as the different patterns of disease and its related aspects. These information were evaluated and deduced that potentialities for outbursts of the epidemics for which advance planning is also essential. Hence, certain Periodic Sanitary Conferences were summoned to discuss and polish inclusive strategies and harmonize rules and execution amid provinces.

The main responsibilities of the Sanitary Departments were to look into the local sanitary conditions and try to improve them; monitor the trends of the diseases; provide procedural guidance on disease regulator and carry out vaccination plans and so on. They were anticipated to perceive the epidemic outbreaks primarily, dash them to their cause and quench them swiftly. Municipal administrations employed medical doctors and “a small army” of superintendents and sanitary inspectors to administer sanitary principles.

The colonial approach to strengthen the services related to health is echoed in its triumphs and catastrophes. The beginning of the twentieth century was marked by the reduction in the mortality arose due to the epidemics. By the end of the colonial era mortality from diseases such as cholera and the plague had fallen sharply, but diseases such as malaria and gastro-enteric infections continued to take heavy tolls.

Sanitary Work:

The Royal Commission Report, 1859 marked the beginning of sanitary work in colonial India.

On 1863, the Commission reported that the mortality rate among British troops was 69 per 1000. Thus, the establishment of a Commission of Public Health in each presidency was recommended by Commission and also stretched on the necessity to expand cleanliness and dissuasion of epidemics in civil society.

The Military Cantonments Act, 1864, had delegated the military medical officers the responsibility of improving military hygiene and also sanitary conditions in all the respective provinces. In 1870, a central sanitary department was formed and, in each province, sanitary departments were established.

The Sanitary Commissioner of India and the provincial sanitary commissioners carried out the inspection of sanitation, the supervision of vaccinations, the maintenance of vital statistics, and the collection of meteorological data. In districts, the maintenance of proper hygiene and sanitation were under the civil surgeons. The policies of Lord Ripon related to self-governance strengthened the efforts to improve sanitation by increasing the availability of funds at the local level.

In 1885, the Local Self-Government Act was empowered the local bodies to take the responsibility of maintaining proper sanitation at the local level.

Vaccination and Vital Statistics:

The chapters of vaccinations were started in-scripting from 1802 when a Superintendent General of Vaccination was appointed in India after the discovery of the small pox vaccine. In 1870, the activities of vaccination were shifted to the jurisdiction of the Sanitary Commissioners and their staff. The district public vaccination staff were supervised by the Civil Surgeon except in Bombay where it was under the control of the Deputy Sanitary Commissioners.

The 1880 Act had provision for compulsory vaccination of children in municipalities and cantonments. Although major concern was for vaccinating the people suffered from small pox still vaccinations were also carried out for plague and other diseases.

In 1864 and 1865, 556 people were vaccinated in Bengal, the United Provinces, and Punjab while more than 5 million people were vaccinated in the same provinces in 1902 and 1903. In 1880 and 1881 the vaccination rate

was 2.7% in British India and this number increased to 3.5% in 1902 and 1903. Successful vaccinations at birth were 19.9% in 1880 and 1881 which raised to 39.1% in 1902 and 1903.

The Birth and Death Registration Act, 1873 had provision for maintenance of vital statistics i.e., the registration of births and deaths by the sanitary staff.

Medico-legal Work and Drugs:

During the British period, there was a strong relation between medicine and law or importance was laid on forensic medicines. The Civil Surgeons carried out the medico-legal work at district headquarters. The Surgeon General Medico-legal discharged their responsibilities at the provincial level. Systematic and well-furnished laboratories were created at provincial headquarters under the control of the Chief Chemical Examiner in order to carry out forensic chemical examination and drug testing.

Prevention and Control of Disease:

India is a gigantic country which submerges within itself their own peculiar diseases, that is epidemic diseases like plague, leprosy, cholera, and malaria which had devastating effects were tough to thwart with the restricted resources of the IMS. Thus, the colonial power during their reign in India encountered with a new set of diseases that were rampant in the region. Hence, the British government tried hard to prevent the epidemics but due to scarce medical officers and inadequate funds it could not be fulfilled. The major target of the Government was to lessen the misery and render curative services. It was realized only during the later period of the 19th century that many deaths could be prevented and health amenities can be strengthened through strong policies and proper implementation.

The British Imperial government tried to replace the indigenous Indian and Arabic medicine systems by setting up a systematic medical service and strengthening it in an organized way in Colonial. During the early years due to the indifference and ignorance of the people and lack of fund and medical experts there was a slow progress on the part of the government but these dispositions have gradually reformed where the natives became active during the British system and have decided to serve in Indian civil and military services by participating in government affairs. An enormous changes and improvements in medical and sanitary conditions could be observed during the British reign. Indian Medical Services could effectively deal with the epidemics like the plague and cholera and ailments like small pox, leprosy, and malaria were controlled magnificently. Officers and scholars of Indian Medical Services devoted heap of contribution to the study and tried to prevent the epidemics. Although the typical colonial design of medical services, the Eurocentric policies and the neglect of the indigenous population abortive to release the scrape of the needy for years but still the work completed during that period of time formed the base and a strong platform of what the today's nation have achieved in respect to the health sector.

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