



SITUATING VARIOUS TRENDS OF INTERPRETING MEDICAL LITERATURE IN THE CONTEXT OF COLONIAL BENGAL: A CRITICAL APPROACH TO DECONSTRUCT SOCIAL HISTORY

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ABSTRACT

The essential theme of this paper is to locate the vivid interpretations of medical literature in colonial Bengal to trace the discourses on public health based on the health reforms and the native responses. The research method which has been chosen for this paper is specific to qualitative approaches highlighting literature review or deciphering the primary sources. In the domain of public health history of colonial times we experience certain established norms as posed by the social scientists. These prototypes are needed to be analyzed again to get more intensive perspectives. Therefore, whether the British tried to 'colonize the body' or they launched the 'tools of empire' to make us civilized – are the serious academic concerns to be restructured. This paper harps on the politics of language which is important to understand the complexities of public health situation in the said period. The dichotomy has to be addressed between army and public health to locate the priority of the colonial masters which might set a new trend to revisit the history of diseases and epidemics. This attempt is aimed not only to break the prototypes of the existing public health domain, also to resituate the contemporary society for experiencing better the reactions of the native population. The author wants to critically assess/deconstructs the social history of the colonial times through the lenses of medical literature.

Keywords. *public health, epidemics, medical literature, colonial government, native responses, vernacular health journals, new approaches*

1. INTRODUCTION

It is difficult to define the scope of literature as it is as vast as an ocean. The term medical literature does not limit our understanding with regard of medical terminologies. Rather if a literature states something relevant in terms of health and medicine can be considered as medical literature. I have chosen some of the prominent vernacular health journals of the colonial period and the other writings for this lecture or to initiate a specific discourse. There are certain questions in my mind to validate my arguments or the hypothesis. These are such



as- how can we reconstruct or deconstruct the social history of colonial Bengal in terms of vernacular health journals? Secondly, what should be the ways or approaches to revisit those days?

2. LOCATING THE DISCOURSE FROM THE THEORETICAL PERSPECTIVES: REVISITING THE WRITINGS ON HEALTH

Here the research method which I have followed is based on certain theories related to the philosophy of history and I dealt with the facts which are not the mere narrations of the past as this area is widely explored or exhausted. If I would like to begin with my knowledge of the medical history then I will definitely quote Collingwood, who once stated, social customs are important for the historians as these help to develop their own ideas based on the established norms and morality so that the historians can experience the past according to their own understanding [1].

In the history of science and medicine, specifically in the sphere of public health, we find various opinions leading to different discourses and debates emphasizing the intricacies of human minds. How a diseased nation can transform the mind-set of the people is very much pertinent if we think of the present Covid-19 situation. Similarly, the health journals of the colonial times in Bengal signified the mental and physical agony of the natives and the colonial apathy of introducing necessary reforms which indicate towards a state of despair embedded in negativity. It was a situation which did not reflect any hope and the future was also uncertain. The writings were full of substantial thoughts as sufferings of the natives were eternal. For example, in her article on Malaria in Bengal Prabhavati Devi Saraswati depicted how then poor people never got escaped from the clutches of the above-mentioned ailment [2].

In Mitraprakash (circulated from Dhaka), an article was published in 1872 on the book review of Kabita Manjari, a collection of poems by Srimati Basantakumari. She was the wife of a landlord and had already earned fame as a poet. During her prolonged illness she wrote many soulful poems which were later compiled in Kabita Manjari [3]. From this piece of literature, it is evident that in colonial Bengal, the health services were unsatisfactory irrespective of the social status of the people. It was a time, when not so famous poet Laxmimani in her poem on Burdwan fever murmured the unsung stories of those who lost their near and dear ones in Burdwan fever and this poem is soulful as it was based on experiencing the grey shades of life sunk in the reality [4].

Nowadays most of the research have an interdisciplinary nature and from that perspective it can be said that history of medicine or public health is also an integral component of the investigations on social sciences. Here one can mention about the theory of positivism by Auguste Comte. As we know Comte emphasized on real life experience and facts. On the other, through the '*Law of three stages*' [5], he stated that, to describe the development of social progress the positive stage utmost matters [6]. Here if we would like to justify the



theme of the lecture in the light of Comte's argument, then it is evident that, the presence of perceptible public opinion represents a subjective discourse based on human emotions, on the contrary, history also seeks objectivity or information. The above-mentioned literary examples reflect harsh realities and contribute towards the formation of the discourse on public health with an insight of embracing humanist historiography.

3. THE COLONIAL CULTURE OF SUBJUGATION – DECODING SAIDIAN PERSPECTIVE

In my opinion, it is important to expose how the colonial culture propagated a subtle notion of subjugation of the native minds through the tools of knowledge or wisdom. As for example, Edward Said while discussing the discourse on colonialism, gave emphasis on the imperial interests of the colonisers, where culture played the role of a metaphor. He stated, "*I think one of the main flaws in the enormous literature in economics and political science and history about imperialism is that very little attention has been paid to the role of culture in keeping an empire maintained [7].*"

Now the question is, what is the definition of 'culture' as mentioned by Edward Said? According to Badaruddin Omar, the ruler or the imperialist often makes his own culture as a weapon of domination and concentrates for the betterment of that specific culture. This creates cultural backwardness of the colonized [8]. It can be presumed that, "*for the progressive and political movements, cultural backwardness of the people and the lack of critical thinking creates obstacles, and the ruling class wants to retain this retardation [9].*" This cultural dominance, of the rulers was described by Gramsci as 'hegemony' [10].

4. HEALTH AND NATIONALISM: THE BHADRALOK CLASS AND THE COLONIAL MASTERS

We all know that during the colonial times, many journals were published in vernacular and some of them dealt with health-related issues. We have seen what kind of articles these health journals used to publish. Now the question is who were the readers of the articles on health? If the educated middle class tended to read them then we can't say these literary efforts were trying to create a massive awareness on public health. In these articles, we have noticed how the authors protested against the government which were filled with the jerk of nationalism, but very few wrote on mass education which is the essence of keeping good health.

Secondly, perhaps the authors did not highlight the necessity to impose firm legal obligations on people to prevent the epidemics in colonial Bengal. Rather the appeal to the government was moderate or the writers spent time on self-criticisms. It seems like that most of the articles were an example of exhibiting the scholarly attributions, far away to prove its worth from the colonial standpoint. Very few attempts were noticed to address the commoners and these literary pieces could never be considered as serious endeavours to grab the attention of the government for initiating preventions.



The journals like Tattvabodhini Patrika also published articles on health. But those writings did not reflect any plea for imposing public health acts. In the above-mentioned journal mostly, we have seen the writings on Āyurveda or some translations from the English works. As for instance in 1833 AD Tattvabodhini Patrika published an article on ‘*The dental treatment of the elephants*’ by Atasi Devi [11]. Another article was published describing the goodness of having fruits. It was printed in the year 1834 AD [12].

5. HISTORICIZING THE WRITINGS ON PUBLIC HEALTH- A CASE STUDY BASED ON THE JOURNAL ‘SWASTHYA SAMACHAR’

Now I would like to mention the excerpts of three selected articles from the health journal, *Swasthya Samachar* and will assess their significance. I begin with an article namely, ‘*Banglar Swasthya Sambad*’ by an anonymous author, who stated- “*We don’t have any system of our own for registering birth and death rates. Therefore, whatever the information we got from the government we had to rely on it. These information were collected from the rural illiterate policemen or the chowkidars. It is fruitless to argue about the authenticity of these facts*[13].”

In another article published in the same health journal, Dr. M.A Ansari stated, “*We spend 60% of the total revenue for military expenditures. But it would be futile to invest money for protecting the country when the health of the nation is in a nuisance condition ...The best remedy to save the country is to solve the health problems of the population* [14].”

The third article was written by Sri Shrish Chandra Goswami. The title of the article is ‘*ghanta bandhibe ke? {who will bell (the cat)?}*’ Here he opined that, “*The spread of the English education has created a distinction between the literate and illiterate, that has to be eradicated...kindness can reduce the feeling of hatred, villages are the most peaceful places for dwelling where people get the mental peace or the food for thoughts* [15].”

The first article which I have chosen, criticized the government but did not suggest any solution. The second piece of literature though mentioned about the health problems of the nation, but how to eradicate those anomalies were not pointed out. In the third article, the author opposed western education, but he had no answers for how to build a cordial relationship between the literate and illiterate and how the villages could offer food for thoughts.

6. RESTRUCTURING THOUGHTS: WELCOMING THE NEW INSIGHTS

From the above-mentioned discussions one can identify two streams of perceptions. Firstly, to highlight the indifference, inefficiency and the callousness of the British government in the light of the vernacular writings and the governmental documents/reports as mentioned in those pieces of writings. Secondly, the failure of the efforts of the government due to the opposition and unawareness of the indigenous people. It is rare to find out the writings on the government and the people, especially the communication regarding public health between



the colonizers and the colonized and the probable outcomes if there were any. Now the question is, what was the reaction of the government after seeing the articles published in the health journals like *Chikitsak*, *Swasthya Samachar*, *Chikitsok o Samalochak* and others? The answer is perhaps not known. Secondly, it is needed to have more researches on the writings of Raja Digambar Mitter, Chunilal Bose and Acharya Prafulla Chandra Ray, and the other stalwarts of public health in colonial Bengal.

We need to find out the contributions of the Indian officials of the public health department like Atul Chandra Chatterjee, Baman Das Mukherjee to comprehend the health situation on the eve of independence. Not only that, what were the ideals of the government on sanitation? Why the reports of the sanitary commissioners were important? How far sanitation and epidemics are related - we are supposed to reconsider all of these facts. For this purpose, it is obvious to deconstruct the existing theories on the history of public health in colonial Bengal to welcome fresh insights.

It is also important to relate medical literature with spirituality to understand the psycho-social responses to public health. For example, in ‘*Swasthya*’ (3rd Volume, 11th Edition, Chaitra, 1306 BS, pp-351-354) an article was published with the title of ‘*Plague o Samkirtan.*’ In this article, the author described the virulence of plague in 19th century Bengal and also highlighted how the chanting of the name of Lord Hari or Krishna would eradicate the fear of the mind regarding the epidemic or the ‘*mahamari*’.

It was stated by the author-

“Since the last three years Plague has entered in Calcutta. When it gets lethal, we are compelled to address God. Last year when Plague became deadly, people started to perform samkirtan (worshipping God through songs accompanied by dance, an act by the disciples of a particular religious sect, here the Vaishnavs) in a great extent. Samkirtan usually ends with the remission of Plague. This year Plague has taken a terminal shape and again the mass are getting attracted towards samkirtan. Every day the mob from the different localities are coming out on the streets and performing samkirtan. Hundreds of people in groups are getting assembled at the various places and by chanting harinam (the name of Lord Hari, Krishna) creating an aura of splendor for both the audience and the listeners. The Muslims in a large number are also participating in these naam kirtan (chanting the name of God through devotional songs) [16].”

From this above-mentioned passage it is evident that, how people irrespective of their ethnic identities, engrossed in spirituality during the time of plague where we find an inclusive approach to the cultural plurality. Here ‘*Hari*’ was not an emblem of a particular sect, rather his presence was omnipotence. This universal manifestation of ‘*Hari*’ through music or samkirtan got a holy appreciativeness amongst the devotees. The adherents used to believe that, through the chanting of the names of God they would be saved from the grasps of the



ailment plague as their strength of mind could help them to overcome their physical and mental sufferings [17].

The above-mentioned article was an important piece on how the natives tried to calm their mind during the epidemics. It talked on the mental health issues where spirituality acted like an allegory. This article was on spirituality indeed, but it did not preach any religion. From this particular perspective it seeks appreciation. We expect this kind of writings even now as they are inspiring [18].

The medical literature also mentioned the intense social issues like infertility and the approach was in most cases scientific. The indigenous literature of the colonial period indicates that the position of barren women in the society was low as they always suffered from the mental agony of being childless. They wanted to compensate the loss by showing their love and affection to other's children. But the general authors remained silent on the social humiliations faced by the barren women. The authors of the books or journals on medical science or were more vocal on this issue. They argued that male infertility was very common during that period and it would be a fallacy to blame only women for childlessness. Here also one can find different opinions, but the majority of them believed in the occurrence of infertility both in males and females. The question of gender neutrality somehow finds a room here as physicians acknowledged the fact of male infertility in the shape of the 'Bondhyo purush' [19].

The official documents or report can provide us an ample opportunity to explore the scope of medical literature with a qualitative approach. For example, the first report of the Sanitary Commissioner of Bengal was written in 1868 and was published in 1869 by William Jones [20]. This report was authored by Dr. David. B. Smith, Sanitary Commissioner for Bengal. It was clearly mentioned by him-

"...-The report is of great length; yet I venture to state that nothing is now submitted to the Government which is not of real practical importance in its bearings on the welfare of the people of this country.

It is impossible within narrow limits truly to represent the physical condition of thirty millions of human beings whose sanitary interests involve questions of very wide scientific range.

...A mass of authentic and sound scientific evidence has been collected on subjects of medical topography, prevailing causes of sickness and death, climatology, local causes of malaria, conservancy, water-supply, pilgrimage and epidemics which is well worthy of permanent record.

I am aware that this evidence is not so precise or in some respects so satisfactory as could be wished; yet it is undoubtedly of much value, as showing what exists at present, and what is wanted in the future [21]."



The above –mentioned passage clearly indicates that how the official reports could be extremely useful to sense the necessities of better public health conditions during the British period and this kind of medical literature also helps us to understand the mentality of the colonial masters. It may be quoted from the same report that-

“As a result of the recommendations of the Royal Commission appointed to enquire into the sanitary state of the Army in India, in May 1859, the Sanitary Commission of Bengal was instituted in 1864[22].”

This statement exposed the truth that the concern for sanitary reforms originated from the interests to safeguard the British Army in India. There was no genuine empathy to protect the natives from the clutches of various ailments, rather the health-related matters were more ‘official’ than ‘public’ and it would be more historical if we can initially use the term ‘Army health’ instead of ‘public health’ to establish our arguments on the history of maladies and epidemics in colonial India.

7. CONCLUSION

Finally, we need to theorize or conceptualize the motives behind each of the literary pieces and to trace hidden desires of winning over the situation where the power of expression or language played a pivotal role. Here we can apply hermeneutic approach to unearth the secrets of explaining human emotions in a right way. Like Derrida, we need to deconstruct the literary texts to indulge criticalities and problematic to discover new avenues in the social history of colonial Bengal from the lenses of medical literature as words are highly ‘political’ and the cascade of words is not always anecdotal. The politics of words can decode the social behavior which is the essence of any kind of historical understanding.

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