

# Colonial medical system: A prelude to making Bengaluru as a city of science

\*A. G. Manjesh

Research Scholar, Department of History, Bangalore University, Bangalore (India)

---

## ARTICLE DETAILS

### Article History

Published Online: 02 April 2018

### Keywords

Bangalore, Epidemics, Famine, Mysore, Public health

### Corresponding Author

Email: agmanjesh[at]gmail.com

---

## ABSTRACT

This paper primarily intends to trace the transition of the city of Bangalore from pre modern to modernity vis-a-vis the colonial ideological project. The setting up of cantonment in Bangalore, great famine and severe epidemics set the trend of modernization and therefore it is argued in the paper that the colonial polity shaped the urban nature of the city.

## 1. Introduction

Public health is a fundamental aspect of any civilization. In India the concept of public health is rooted in its antiquity. The drainage system in Indus civilization was remarkable a contribution to the ancient world. The classical texts related Ayurveda, Arthasastra, Charaka Samhitha, Susruta Samhita and other were talk about medicine and as well as reflect on the public health system of ancient India. However, The Romans made the initial contribution to the concept of public health. Indus civilization is credited with the advancement in the public drainage system; however looked at the total concept of public health it was the Romans who introduced fine roads, pure drinking water, bath houses, well drainage system, fine market places and strict laws governing the public health system contributed to the concept of public health. Renaissance and the subsequent industrial revolution ushered a new phase in the public health system. As pointed by many researchers England initiated the 'modern' public health system. The condition of laborers during the industrial revolution made England setting up a public health concept (Jaggi. pp.5-6). Indian being a colony of the British experienced the concept of public health during the colonial regime. This project of public health was a part of a larger issue of utilitarian ideology in India.

Bangalore has centuries of history. The numerous tanks, old temples, the ruined forts and many archaeological remains reveal that Bangalore was an inhabited place from long time. The present Bangalore was founded and geographically shaped by Kempe Gowda I around sixteenth century CE. During the later part of the eighteenth century Haider Ali and his son Tipu Sultan ruled Mysore for nearly forty years. They introduced the taste of modernity to Bangalore even before the advent of British into Mysore. They made Bangalore commercial hub, founded Lal Bagh, built forts and palace in Bangalore (Khan, 1993). Haider Ali and Tipu sultan had a good network with European countries particularly with France. There were several European physicians under the service of Haider Ali and Tipu Sultan. Jean Martin, A French physician served Haider Ali during the First Anglo Mysore war. Liloyd, an English surgeon who was formerly at Madras medical service treated Haider Ali in his last days (Crowford, pp.10). Tipu Sultan maintained a

good political alloy with Napoleon Bonaparte of France. He had several French physicians in his court (Sridharan, 1999). But, this service was limited to royal families and military officers. After the death of Tipu Sultan in 1799 the Mysore state came under the indirect rule of the British up to 1831. During this period Krishnaraja wodeyar III the king of this state. Krishnaraja wodeyar with the guidance of the British tried to introduce European medicine into Mysore state by the way of vaccination and hospital. Bangalore has strategic topography and weather are two major factors for its emergence as one of the major cities in south India. The modernity of Bangalore was the byproduct of the establishment of a cantonment here. Also the famine and epidemic situations contributed for its modernity's.

In 1911, the British structured a cantonment in Bangalore for the Mysore division of Madras army. The settlement of Europeans and Anglo-Indians in the cantonment made a contrast between cantonment and old Bangalore (Pete). Europeans created an European living style not only in their eating manners but also in terms of structures built here. They were provided with European medicine. On the other side the old Bangalore areas like Doddpete, Chikpete, Siddikatta, Taragupete, Arlepete and Nagarthpete were enveloped with heavy crowd, insanitary, mud houses, congested and impassable roads. The health care of the people of this area was dependent upon native medical methods like Ayurveda and Unani. The cantonment had no exchange terms with old Banagloeans cultural or other vise except obtaining the service of ayas, grooms, butlers and clerks (Nair, pp. 23). These European settlements in the cantonment introduced the Allopathic system of medicine to Bangalore. The introduction of this system was at first solely for the benefit of Europeans. But, eventually it was demanded by the people of the old Bangalore where its advantages had been learnt by experience (Sastri, pp. 88-91).

## 2. Commissioners' period

The Mysore state came to under the direct rule of the British from 1831 to 1881. During these fifty years the British Commissioners laid foundation for model administration on European lines. They played a vital role in the development of

public health of Mysore state, particularly in Bangalore. In 1835, Mark Cubbon, the chief Commissioner of Mysore state, made Bangalore as capital of Mysore state. This changed the role and position of Bangalore. Dr. Irving Smith was a surgeon in Mysore under Mark Cubbon. He remained a surgeon as long as Mark Cubbon administrated the Mysore state. The credit for the public health and medical organization in the Mysore state including Bangalore during the period of Mark Cubbon goes to Dr Irvin Smith. In 1935, a first public dispensary was opened in old Bangalore. It was a small shop where European medicines were distributed for common illnesses. Until then the European medicines were available only at cantonment. These medicines were obtained from Madras and London. In 1839, a small hospital on European model was established in old Bangalore. This hospital became useful and by 1846 it was capable to accommodate seventy in- patients. Though the vaccination against small fox had been introduced during Krishnaraja Wodeyar's time, it was organized under an assistant surgeon and made it popular and successful during Mark Cubbon Period (Sastri, pp.88-91).

In 1862, Lewin Bentham Bowring became the Commissioner of Mysore state. He was a little more anglicized as an administrator. In 1864, he established a new hospital at Black palli (current Shivajinagar). It was formally opened in 1866 and named as The Bowring Civil Hospital. It was a first large public hospital in Bangalore as well as Mysore state at that time. Till 1890, this hospital was under the administration of Civil and Military Station. In 1900, it was taken over by the Government of British India and a new ward was constructed for women and children. This new ward was inaugurated by Lady Curzon and was named as Lady Curzon hospital for women and children (Establishment,1901). This hospital is now serving as an important medical institution and hospital with many new facilities.

During the Commissioners period much attention was paid towards the public health system of Bangalore. Though the great famine of 1876-78 proved that the attention was unable to reach strain situation. During the famine time peasants and poor labour classes of Bangalore were greatly affected. Most of the Labuors fell into starvation. Dead and dying on road and streets were common in Bangalore. The average numbers of dead bodies picked in the streets of Bangalore were 20-85 per day. The dead bodies lying exposed and partly devoured by dogs and jackals. The dead bodies were supposed to be collected by police early in the morning, but some time they were allowed to remain uncared for till late in the day, particularly at market places. Lord Lytton, the Viceroy of British India, visited Bangalore during famine period. After his visit the relief measures were geared up. Several hospital assistants, apothecaries, engineers were appointed. Bangalore-Mysore railway was sanctioned as famine relief work. The New Famine Code was introduced. Special treatment was provided to classes of people including children. By 1881, there were three general hospitals, seventeen dispensaries, two maternity hospitals, ten railway hospitals and two asylums had been established in the Mysore state. These medical facilities available then were calculated for normal times and ordinary condition. But, these facilities were not enough to meet extraordinary stress and severe famine (Digby, pp.396-484).

### 3. Dewans' Period

In 1881, the Mysore Wodeyar family was restored with its political power. The post of commissioner was abolished. A British Resident was appointed at Mysore. Dewan post was created for helping the Maharaja to take care of administration of the state (Transfer of Mysore, 1880). Under the eminent Dewans like Sheshader Iyer, Vishveshwarayya and Mirza Ismail Mysore state emerged as an important state in terms of political importance and a potential economy. There was a great transformation in development of public health in Bangalore during this period. During the post Rendition period there was a shift in the priorities towards public health, which is particularly is evident in the medical service by missionaries in Bangalore. In 1866, The Sister of Good Shepherd established St. Martha's hospital in the old Bangalore. They initiated medical care for poor labourers, who were still suffering in the post famine days. In the beginning these women missionaries struggled to maintain this hospital. The orthodox natives of Bangalore were demanding for separate wards and even some time for separate kitchen for their castes. These women missionaries through their sustained efforts ultimately gained twenty one acres of land and monthly grants for the hospital from Mysore Durbar and also from Bangalore Municipal Council.

The Mysore Government wanted to open a general hospital for the people old Bangalore under its administration. It was mainly because of the refusal of the orthodox natives to take medication in the missionary hospital. On the other hand the Bowring civil hospital had concentrated to cantonment people. Therefore, as an affordable alternative, in 1893, the Government of Mysore established a hospital for the people of old Bangalore(Opening, 1893). In 1900, the same hospital was shifted to the new building which was constructed by the Mysore Maharani in 1897. This hospital was inaugurated by Lord Curzon, the Viceroy of British India and was named as Victoria Hospital in the name of late Empress Queen Victoria of England (Establishment,1900).

At the end of nineteenth century and beginning of twentieth century the epidemics like plague in 1898-99 and influenza in 1918-19 terrified the entire people of the Bangalore. The outbreak of plague changed the demographic shape of Bangalore in many ways. The Civil and Military station lost 10 per cent of its population and the old Bangalore lost 13.5 per cent of its population. This epidemic first appeared at the Bangalore railway station and neighboring goods shed area. Later, it spread to crowded areas like Aralapete, Akkipate, Balapete, Chikpete and Nagarathpete. Before the outbreak of plague a hospital was opened for epidemic diseases. it was situated at safe distance from railway station to treat infectious residents of the city and others arriving by trains. It was difficult to control the spread of epidemic disease and resultant heavy death toll. In 1897, Epidemic Disease Regulation was introduced. Under this regulation the Public Health Department of Mysore state tried to take certain necessary measures to deal with plague (Rao, pp.445) A chief officer was appointed. In the affected areas the people were asked to vacate their houses and live in segregation camps outside the city (Segregation, 1898). Railway passengers were detained at all railways stations of Bangalore(Removal, 1898-99). The contagious

diseases hospital in the Magadi road was converted as the Government Plague Hospital(Kamath, pp.90)

The old Bangalore was very congested and in the insanitary state. The low level of sanitary awareness was the main cause for this devastation. Taragpete, Black palli and other areas had poor quality of mud houses. Nearly more than eighteen hundred houses were demolished. The new layouts such as Chamarajapete, Sheshadripura, Malleshpura and Banashankari were formed in 1890s. In fact these layouts were planned early in 1892 but executed only after 1898 due to certain expediency due to health calamities. This epidemic situation in a way helped Bangalore to modernize itself by securing certain modern amenities. Special measures for the sanitary improvement was being carried out. In most of the areas of the city channels were converted into masonry drains. A complete and efficient system of underground sewage was introduced in Bangalore. Vaccination was made compulsory(Compulsory, 1902). Piped water supply was introduced, which until then was supplied from Dharmabudi tank through trough and basins. (Janaki, pp. 50-51)

There were small toll of attacks and deaths were recorded even after the plague years. General hospitals like The Bowring and Lady Curzon Hospital, St. Martha's Hospital, The Victoria Hospital and special hospitals like Lunatic and Leper asylums, the epidemic diseases hospital and ophthalmic hospital carried on with good service. Over a hundred thousands of patients were treated in these hospitals during the years from 1900 to 1910. In 1911, Public Health Institute was established. This institution included vaccine institute. The kurnul system of vaccination was working satisfactorily since it was introduced in 1906. A School of Hygiene for training sanitary and assistant sanitary inspectors required for service was established.

In 1918-19 another epidemic influenza appeared in Bangalore. This epidemic was responsible for deaths of nearly five million in the country. In the Mysore state death toll reached to 1,66,391. According to statistical sources available for 1918 there were about ten thousand people suffering from this epidemic in Bangalore. The general hospitals, native vaidyas and hakims altogether worked for controlling this epidemic. In the hospitals of Bangalore in-patients were overflowing and many of them were sent back due to lack of accommodation. The Bangalore Municipality opened an additional special influenza hospital by extending the existing epidemic disease hospital. Dispensaries were ordered to be kept open for a long time to provide medicines (Sekher, 2007). On the other hand several organizations participated in this relief work voluntarily. Convent of Mary, Wesleyan and London missionaries, the national high school, the central college, students of vokkaligara sangha and veerasaiva hostels and the students from Bangalore medical school were actively involved in this relief work. The well organized administration and existing health infrastructure ultimately made possible to control this epidemic. The Bangalore Municipality had organized the relief operations in a systemic manner. Bangalore administration received a good financial support from the Mysore Durbar.

In addition to general hospitals, dispensaries and a good administrative network which was evident during the famine and

epidemic years, the Mysore government paid attention to establish certain special hospitals particularly to cater to the medical needs of women. Dr. Irving Smith, the surgeon in the Mysore Commission noticed some abnormal behavior in the soldiers of cantonment garrison hospital. He started a Lunatic asylum in 1847 and in 1850, a separate treatment provision was introduced in the lunatic asylum for treat the patients. It was upgraded and renamed as The Government Mental Hospital in 1937 during the administration of Mirza Ismail as the Dewan of Mysore under Krishnaraja IV. Further, it was developed as research institute and played an important role in the growth of psychiatry in India (Jain, 2003). Later in 1974 it was renamed as The National Institute of Mental Health and Neuro Sciences (NIMHANS). During the same time leper patients were also treated in a separate hospital. In 1896, a small dispensary was opened in Chikpete to treat eye diseases. In 1913, this dispensary was shifted to new building at Chamarajapete and was named as Minto Ophthalmic hospital. Another serious issue was the maternity related. The Bangalore municipality wanted to provide facilities and trained personnel to take care of women particularly during child birth. In 1880, a maternity hospital was established in Bangalore. In the same way Zenana Hospital at Cantonment(1893), Gosha Hospital at Shivajinagar(1925) and Vanivilas hospital at Krishna Raja Market(1935) were opened (Kamath, pp.796-800). These women hospitals meant for women expressed their concern for the health of women in Bangalore.

#### 4. Medical Education

There was a great demand for well trained medical assistants, nurses and midwives to provide better medical care in Bangalore. Though Bangalore was the capital of the Mysore state since 1835 and ruled by commissioners for fifty years, there was no medical school or any training institute in the Bangalore. In 1881, a medical school was opened in Bangalore under D. A. Choksi from Grant Medical College of Bombay (Mysore, 1878). Until then the students of the state aspiring to study medicine were sent to Madras Medical school and Bombay Medical College. There were fourteen students in the first batch of this medical school. This medical school had a short span of life and was closed in 1886. According to D .A. Choski the students of this institute had no ability to understand the technicalities and nuances of medical education. The Government of Mysore provided scholarships to students going to Madras and Bombay Medical Colleges (Scholarships, 1890).

Until 1917, some of the midwives who were working in Bangalore were certified by the Madras Medical School. Some of the midwives were trained in Bangalore maternity hospital, which was established in 1880. Later, The Lady Curzon women and children hospital and the Victoria hospital began to provide specialized training for midwives not only from Bangalore and Mysore state but also from other parts of India (Ramusack, 2007). In 1916, M Vishveshvarayya, the Dewan of Mysore state, appreciated the service of midwives in the state. The Government of Madras expressed difficulties for accommodating medical students from Mysore. As a result in 1917, The Mysore Government showed keen interest and established a medical school in Bangalore for the students of Mysore state. The first batch consisting of sixteen students studied here. Later in 1924, apart from this Medical school a

new medical college was opened in Bangalore and affiliated to University of Mysore. By 1927 there were 115 students in this institution. In 1930, this medical college was shifted to Mysore city. But, the Bangalore Medical school remained in Bangalore and made remarkable service till its abolition in 1952 (Deve Gowda, pp. 471-475).

## 5. Conclusion

William Wilson Hunter, the civil servant of Bengal province, states that "With reference to India, no country in the world more urgently demands the aids of the sanitary science; and I would add, where so much has been written upon sanitary improvements and so little done". This statement is his observation of sanitary condition of the Puri city of Orissa

around 1870s (Macnamara, pp.277). Ironically the sanitary condition of the Bangalore was not at all different from above observation. Bangalore was essentially a product of colonial polity, economy and their defense strategy. Accidental and oriental life styles were into experimentation here. The political exigencies have shaped Bangalore, which are manifested in the colonial structures. The wave of western modernization centered Mysore state via Bangalore, which necessitated Bangalore to become a place of cultural conflict and convergence. Medical history of Bangalore unfolds the long transition that Bangalore was subjected to. The fast pace of development that Bangalore experienced and what has been how are rooted in the colonial ideology and history.

## References

1. Compulsory vaccination in the Bangalore city (1902-03) General and Revenue Secretariat (medical, No.316). Bangalore: Karnataka State Archives.
2. Crawford, D.G. (1914). *A history of the Indian medical service (1600-1915)* (Vol.1). London: W. Thacker & Co. Retrieved from <http://archives.org>
3. Deve Gowda, A.C., & Parameshwaran, T.R. (1985) *History of education in Mysore* (Vol.1). Bangalore: Government of Karnataka.
4. Digby, W. (1878). *The famine campaign in southern India* (Vol.1). London: Longmans, Green, & Co. Retrieved from <http://archive.org>
5. Establishment of the Bowring civil hospital and of the Lady Curzon hospital for women and children in the civil and military station of Bangalore (1901). Foreign department (internal-A, No.1-2). New Delhi: National Archives of India.
6. Establishment of Victoria hospital (1900). General and Revenue Secretariat (medical, No.35-36). Bangalore: Karnataka State Archives.
7. Jaggi, O.P. (1979). *Public health and its administration*. Delhi: Atma Ram and Co.
8. Jain, S. (2003). Psychiatry and confinement in India. In Roy Porter & David Wright (Eds.) *The confinement of the insane international perspective, 1800-1965* (pp. 273-298). New York: Cambridge University Press.
9. Kamath, S.U. (1990). *Karnataka state gazetteer, Bangalore district*. Bangalore: Government of Karnataka.
10. Khan, M. H.(1993). Tipu Sultan: Resistance and Modernization. In Ali, B. S. (Eds) *Tipu Sultan A Great Martyr* (pp.139-143).Bangalore: Bangalore University Press.
11. Macnamara, C. (1876). *A history of Asiatic Cholera*. London: Macmillan & Co. Retrieved from <http://archive.org>
12. Medical and sanitary reports of Mysore (1899-90). Proceeding of the Government of Mysore (general, No.4659) New Delhi: National Archives of India.
13. Mysore medical school (1878). Home department (medical, No. 33). New Delhi: National Archives of India.
14. Nair, J. (2006). *The premise of the metropolis Bangalore's twentieth century*. New Delhi: Oxford University Press.
15. Opening of a government general hospital in Bangalore (1893). General and Revenue Secretariat (medical, No.9). Bangalore: Karnataka State Archives.
16. Ramusack, B.N. (2007). Women's hospitals and midwives, 1890-1920: princely or colonial medicine. In Ernst, W., & Pati, B. (Ed) *India's princely states. People, princes and colonization* (pp.173-193). New York: Rout ledge.
17. Rao, H. (1921) *Mysore gazetteer* (Vol.4). Bangalore: Government of Karnataka.
18. Removal of plague cases from the city railway premises of the Magadi road camp (1898-99). General and Revenue Secretariat (sanitary, No.10). Bangalore: Karnataka State Archives.
19. Sastri, V.K.N. (1932). *The administration of Mysore under Sir Mark Cubbon (1834-1861)*. London: George Allan & Unwin Ltd.
20. Scholarships to pupils studying for midwifery(1890). General and Revenue Secretariat (medical, No.5). Bangalore: Karnataka State Archives.
21. Segregation of plague patients in the city of Bangalore in their own houses (1898). Foreign department (sanitary). New Delhi: National Archives of India.
22. Sekher. T.N. (2007). Public health administration in princely Mysore: tackling the influenza pandemic of 1918. In Ernst, W., & Pati, B. (Ed) *India's princely states. People, princes and colonization* (pp.194-211). New York: Rout ledge.
23. Sridharam,M.P.(1999). Tipu Drives towards modernization: French Evidence from the 1780s. in Habib Irfan(Eds.), *Confronting Colonialism: Resistance and Modernization under Haider Ali and Tipu Sultan* (pp.145-146). New Delhi: Tulika books
24. Transfer of Mysore to maharaja (1880). Simla Records (political-A, No. 117-118). New Delhi: National Archives of India.