Introduction

The British domination over Odisha began in 1803 and it brought changes in the political, economic and social environment of the region. The British began to face health problem as the climate of Odisha was different from other parts of British India. At the initial stages the British tried their best to save from various epidemic diseases. During late 19th century the British took measures to prevent different kinds of diseases like Smallpox, Cholera, Malaria, Diarrhoea, and Kalazar. Smallpox had endangered the lives of the native people as well as the Europeans. Many among the Europeans either died or left the state because of the epidemic diseases. However, the British settled down in very nook and corner of the state and began to look after the sick people. They were also given detailed information about flora and fauna and cultural practices of the new territory. They gradually began to redefine the things which they saw in terms of their own territory and perception. Their work encompassed not only the understanding and possible conquest of new disease but also extension of western cultural values to the rest of the world.¹

The English East India Company set up its first trading post in India in 1608. The early sailors and soldiers settled at Fort William. The Europeans suffered from virulent diseases like Scurvy, Dysentery, and Fever. The East India Company provided necessary medical aid to the company’s servants. From the year 1612, when the company started its factories in India each factory was provided with a medical officer to look after the staff. There were three grades of medical men according to the importance of the ship or the factory. The highest type, the trained Surgeon was available only at certain important localities. At the smaller factories, an apothecary was deemed a sufficient provision. Thirdly, there were ordinary types of men available on small ships and at small factories, the ‘surgeon mates’ in whose hands were left the health of the sailors and factory officials.²

During Pre-Colonial period these epidemic diseases were there but their treatment was very much localised. The people were lacking communication as well as modern medical facilities. Generally people were using the traditional medicine. Besides there were native medical practitioners Kaviraj or Vaidyas who preferred to practise medicine according to the rules laid down in the Hindu religious books (Shastras).³ It also appears that in the most part of the tribal Odisha the people used plants, herbs, different parts (of body) of birds and animals as medicine for disease cure. Hornbill is said to have
a casting effects in a pregnant woman for safe delivery. Bile of cow or any animal was a cure for many ailments. The drugs in the pharmacopeia of the Kabiraj or native Medical Practitioner, are derived alike from vegetable, mineral and animal kingdoms. Vegetable Medicines were procured from the bark, root, leaves, flower, fruit, seeds, juices, gum and wood of plants. Some of evidence are available that medicines were derived from the animal kingdom. They were prepared from skin, hair, nails, blood, flesh, bones, fat, marrow, bile, milk and defecions such as urine and dung. Medicines prepared from bones, skins, hair and nails were used as fumigation. Urine is always used as a laxative and tonic in spleen and liver diseases, Leprosy, Jaundice and Anasacra. Fat and Marrow are used as ointment and also given internally in cases of weakness. We also find many magical treatment for various diseases in tribal Odisha. In almost every tribal village there is a person who is believed to have the magical power of curing sickness and disease. Such a person heals the disease by drawing art some stuff such as mess of hair, juice, chewed leaves, pebbles etc.4

Another interesting aspect was that there has been an age old belief among the tribes that some sickness, disease, wounds and accidents are caused by the evil spirit of the jungle and to get cure from it, the malevolent spirit has to be propitiated. Following this belief the people offers some meat, rice beer, fowl or bird etc.to the spirit and this is said to cure the person. Such a belief in malevolent spirit is common not only among the tribal people of the world but also most of the rural areas of the world. However as a result of introduction of Christianity many of the superstition beliefs have weakened and some have disappeared among the educated one. But at the same time the belief in the evil spirit and ghost continues side by side.5

It is also a fact that introduction of modern medicine and implementation of vaccination policy in Odisha by Europeans was a challenge for them. The Odishan People were ready to accept it as they were preoccupied with their traditional superstitious beliefs. Although from the late 19th century we see a change in the attitude of the colonial policy regarding prevention measures for epidemic diseases. It was in this period Pasteur Koch and other made advances in bacteriology and installed confidence among British medical men in India that epidemic disease could be prevented by western scientific knowledge. It was during this period Kalazar first appeared in the Kutia tribes in 1869. Odisha had already become a hunting ground for deadly epidemic diseases like Cholera, Smallpox and Malaria fever.

Smallpox was a devastating misfortune. It was a highly contagious viral disease. It killed severely large numbers and seriously maimed survivors through sever scarring of the skin with pockmarks, blindness and infertility.

During 19th century Smallpox was one of the main epidemic diseases in Odisha. Mortality rate with this disease was very high and it mainly affected the poor section of society. Smallpox was the annual visitation in coastal Odisha. The death rate per mile for the year 1918 and 1927 was 96. In 1926, there was serious epidemic in Cuttack and death rate crossed 310. The profession of inoculation was practised hereditarily among the Brahmans and it spread all over Orissa. Their working hour of inoculation was from about the 1st November to the 1st March every year. Fees were paid according to the circumstances of the parents those children are inoculated. The minimum charges 2 annas for female and 4 annas for a male child to larger sum, in addition to which parent’s cloth, rice etc are
Male children were generally inoculated on the forearm and female children on the upper arm.

Another dreaded epidemic disease was defined as “malaria”. It was essentially an economic disease sapping the vigour and physique of the community. It lowers one’s vitality thereby preparing the ground for other disease like Tuberculosis etc. It is pointed out that Malaria fever and to a greater extent Cholera became a highly political disease which threatened the slender basis of the critical point of intervention between colonial state and indigenous society. Throughout the colonial rule, Cholera leaked across all the preventive hurdles and caused epidemic havoc all over Odisha. As the British were unable to control the diseases they frequently resorted to blame the natural obstacles and opium eating habit of the native for the spread of the disease. 

Although the western medical discourse answer to Malaria was quinine. This method was applied in Odisha and quinine was sold through the agency of post offices. However, this was totally inadequate to curb the menace of Malaria. It had little impact on the indigenous system of Malaria treatment. In the indigenous treatment for the fever, capsicum, borak, mace and papal ground mixed together with lime juice and of which one rate weight (about two gram) was given three times a day with juice of green ginger. A similar preparation, but mixed with goat urine was also prescribed in cases of fever.

In the case of Kala-zar, since its etymology was unknown prior to 1903, the western medical science had failed to prevent the disease. The indigenous practices had hegemonic challenge to deal with the western medicine in Odisha. In some cases, the Kalazar disease was successfully treated by traditional doctors. Through the process of colonization of Odisha, modern medicine compelled the indigenous practitioners to rethink about their own system. Institutionally the process was revived by the western scholars. However, the greatest obstacle for the survival and spread of indigenous medicine was strong dislike on their knowledge to the Kaviraj and Vaidya’s to pass on their knowledge to the upcoming generations.

Conclusion:

It is clear since the beginning of the British rule that the colonial medicine derived its authority from the state and not from the consent of the people. But the British desperately needed the peoples consent for legitimating and longer survival of its newly founded empire. For this purpose, the colonial authority gets help and support from the English educated elites of Odisha.

References:-

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