

HISTORIOGRAPHY OF GENDER AND HEALTH DEVELOPMENT IN COLONIAL PUNJAB (1849 -1947)

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ABSTRACT

This study intends to analyse the health culture of the Colonial society of Punjab through the gender lens from 1849 - 1947. Focusing on the relation between gender and the colonial subjects during the emergence of western medicine. This work based on the secondary sources hitherto traces almost since the middle of the nineteenth century which paved the pivot towards the establishment of hospital medical facilities in Punjab. This created a public space for western health-care system for female patients___ albeit a narrow one. The Western Medicine health services in Colonial Punjab initially were predominantly in approach of the British troops, mainly the Europeans, Eurasians, Government employs, members of Indian Medical Service and the indigenous elite. Subsequently, the rich class also benefited by the Western medicine services on handsome spending of money. Before the emergence of Western medicine hospital culture in contrast unlike to colonial medical practice, female patients were predominantly treated by the female indigenous practitioners or therapists known as v aids, hakims or dais. This study also analyses the growth and advancement in medical education especially for females in the colonial Punjab and the colonial administrative role in its process. This study also probes the gender discrimination after probing the official records and documents, determinants such as sexual health, mortality rates, reproductive health services, famines and racial discrimination against the role of female administration in the Western medicine system determined, moreover, health services and practices in the colonial administrative health care setup in Punjab analyzed. It also discusses the social history about the discrimination and brutality against women in western health care practices such as European styled hospitals, dispensaries and colonial lock-hospitals.

Keywords: Historiography, Gender, Health, Indigenous Treatment System, Western Medicine, European Hospitals and Dispensaries, Colonial Administration of Health System.

INTRODUCTION

From last three decades the historiography of health is being researched through the lens of gender. The contemporary perspective of Gender and Health is being analyzed the linkages with feminism in the discourse of colonial historiographical research of Western medicine. A primary and secondary data is analyzed to access the utilization of colonial health-

care facilities for gender which includes women, men and children in the Punjab from 1849 to 1947 using the lens of gender and health. Today, the most populace Province of Pakistan is the Punjab;¹ therefore, it is important to explore, how British Government governed the previously united Province of Punjab, which was nearly double in area

as today, in the field of healthcare and making health policies achieving colonial political and economic goals.

The Western medicine as early as entered in the Sub-continent with the advent of first English physician with the British East India Company in seventeenth century. A vessel's surgeon arrived in India with the BEIC in 1600 A.D.² This study analyses the domination, substitution and transformation of Western Medicine system in the Colonial Punjab with the Indigenous health system such as Ayurveda and Unani system which was predominantly very popular in the Punjab Province.

Gender is considered one of the vital determinants of the social determinants of health research. Furthermore, the other traits of gender such as race, ethnicity, and socio-economic position in the society, sex and age could not be apart from other social determinants of health.³ To understand the Gender Health, it is important to know the distinction between Sex and Gender as described:

Sex defines the biological traits such as chromosomes, genital organs, reproductive function, hormones, etc., which separates the species on the basis of sexual orientation into males and females including human beings.

Gender indicates to the socially constructed attributes which constructs the social identities of individuals from each other. Gender concept describes the social and cultural construction processes for femaleness and maleness identities, such as masculinity and femininity, the procedure for social bonding among the sexes. The British imperial powers tried to legitimate their colonialization and presence in India, therefore, they pretended themselves as the reformists, and especially they were refuting in the soft face of women's emancipation. Hence, concerning with the body and health of the indigenous population of women was a crucial burden of colonial policies of their civilizing mission. When the significant reports of sickness cases of women reached the Western world and soon they were informed that the South Asian women rejected to consult the male doctors, the discourse of entering

the more Western and native Indian females into medical education strengthened⁴.

Research Methodology

Qualitative research methodology was used for this study. Using 'gender lens' to probe the gaps and obstacles in the way of both genders facing to reach to the benefits of the health system in Colonial Punjab. Most the primary data such as Reports on Health, Government Official and Quasi Official Letters, Gazettes and Gazetteers, Documents in Government, Public and private Archives and the secondary data, articles, historiography and books are used to collect data. The extracted data is further analyzed using the feminist and gender lens to know the gender differences in the approach to the health facilities between the inhabitants of Colonial Punjab.

An Insight on the Ancient Healing Traditions

The history of ancient medicine and healing system have roots since the advent of oral and written historiography in the sub-continent. Being the part of India, the millions of indigenous people of the Punjab were and still being benefited from the hundreds of year's old, living traditional healing system such as Ayurveda and Unani system which based on the experience of natural remedies. These traditional medicine systems also represent the unique model of Indian subjectivity.⁵

In many ways, in fact the Indigenous Traditional Healing System is not only a medicine procedure rather a vital belief of existence which helps the individual to live a healthy life in the society by performing his/her dynamically and efficiently social and individual duties leading to the fruit of liberation.⁶

The ancient historiography of the South-Asia about the development of ancient traditional medicine reveals that the Ayurveda Healers and Unani Hakims were very professional and skillful in their fields of medicine and surgery. The historical literature of medicine describes that the healers were belonged to different casts and creed, and they used diverse medical techniques to treat their patients. Moreover, instead of belonging to diverse strata of society the traditional physicians were very much respected by people of all the classes of the ancient society. There

was appreciation and regard for them by the state governments of that eras. The healers observed the strict moral ethics and norms of the society of their time.⁷

Once Chetan Shah, an Assistant Surgeon appointed at City Dispensary, Peshawar wrote in his annual Medical Report to the Colonial Government that Hakims are not so ignorant as Doctors believe them to be. He argued, the so-called Unani Hikmat or the old Greco-Roman system of medicine, which was being practiced in Punjab, was not overall as preposterous as those ignorant with it, still though it looks irrational and much imperfect. Moreover, the superiority of the western medical science could not be denied over the old rudiments, nor could the old teachings which were scientifically proved false be implemented, but it would be quite prejudice to under-value and mispresent the rudimentary experiences of the previous generation. According to him, hakims were much ignorant about the human anatomy⁸.

Analyzing the historical literature, it reveals that in the Punjab, before the advent of European Medicine and Western Hospital health system there existed a strong system of indigenous Medicine which was benefitting a large population in the Province. Ayurveda and Unani (Greek) healing system of medicine was smoothly run by the Vadis and Hakims which was mostly based on the natural medicinal plants and herbs, supported by the transfer of experience through centuries.⁹

Therefore, people of Punjab believed in the local traditional medicine and healing therapies.

Transformation of Health Culture in Colonial Punjab

Punjab, one of the large provinces of India, located in the north-west, covering a vast territory of South-Asian Sub-continent. Mostly invaded by the Egyptians, Greeks, Turks, Mongols, Afghans and Western raiders such as Britishers. Lord Dalhousie ordered the annexation of Punjab on 14th of March, 1849. Therefore, Punjab was annexed to the British India on 29th March, 1849 after the proclamation by the British East India Company in a Darbar held by the Foreign Secretary Sir Henry Elliot at the

Provincial Capital, Lahore¹⁰. The primary motives of Imperial colonial power were the political and financial as the vast lands of Punjab were very fertile to grow the cotton crop and there were great opportunities of new employment for the Europeans in the military, government, public and private sectors. Moreover, cities like Multan and Peshawar were the trade hubs and advanced depots for English to trade with the Central Asia through Afghanistan¹¹.

Advent of Medical Education in Punjab

Soon after the annexation of Punjab, the British Imperialists gave attention to the administrative issues of the Province. For the administrative purpose they set up a Provincial Board of Administration under the President-ship of Sir Henry Lawrence, his brother Mr. John Lawrence as head of Revenue and Finance, and Mr. Charles Mansell as the head of Judicial Departments respectively¹². The Board of Administration of Punjab proposed establishment of the new partially college style schools on the advice of Government of India in 1850, rather in Lahore or Amritsar, but latterly Government decided in favor of Lahore¹³. Meanwhile, in 1852 the Church Missionary Society established a high school at Amritsar, and in 1855 the same Society erected a high school in Peshawar¹⁴. Within a very short working period of four fiscal years, the Board of Administration of Punjab did a great job in the field of education. In 1853, the Board of Administration was dissolved, and the province came under the administration of Mr. John Lawrence for approximately six years. He was not even a good administrator rather a great planner. He divided the province into the seven divisions and further fragmented the divisions into administrative small districts and tehsils and sub-tehsils. This appropriate administrative division of the Punjab province, made the administration easy for the new Colonial regime. In 1859 Sir Robert Montgomery followed him as the Lieutenant Governor of Punjab till 1865¹⁵.

The European Medicine or Western Medicine system was typically and mostly still known as 'Allopathic' system of medicine in Punjab. The European medicine had grown much popularity as the symbol of the higher scientific civilization in India

since 1835¹⁶. The British Resident at Lahore during Sikh rule requested the Government of India for permission to establish an Allopathic Medical School in Lahore to meet the medical needs of the people of urban as well as rural areas of Punjab. In 1847, the Government of India gave sanction for the establishment of an Allopathic Medical School but later on for some unknown reason it was abrogated¹⁷. After the conquest of Punjab, the Colonial Government was in scarcity of train medical personnel, therefore, they tried to open an Anatomical School at Mian Mir in Lahore Cantonment to train the local medical assistants, but unfortunately the attempt was unsuccessful. This was needed by the Colonial Government of Punjab to substitute Panjabi native doctors with the Bengali physicians graduated from the allopathic Medical School and College of Calcutta, established in 1835. The indigenous patients were reluctant to be treated by the Bengalis physicians due to their cultural and language difference. And on the other hand, the Bengali doctors were also feeling discomfort due to their appointment so far away from their homes in different environment of Punjab. On the proposal of G. M. Smith, the Civil Surgeon of Lahore, in 1857, the Punjab Government upgrade the Anatomical School to Medical School. The teaching languages of instruction of the Lahore Medical School, Lahore were English and the local Hindustani. The basic desire of the Lahore Medical School was to rise the number of indigenous physicians, trained in Western Medical system, so the fulfilment of staff at subordinate posts to assist the English at fixed dispensaries and hospitals in Punjab¹⁸.

The British East India Company was nationalized by the Queen Victoria due to the mishandlings of the 'Sepoy Mutiny' or 'War of Independence' in the Colonial India. Therefore, on November 1st, 1858 the direct rule of Britain started, and India became the 'Jewel of Crown'. The Queen proclaimed herself as the Queen of Indian territories and the Viceroy of India notified it in the Gazette Notification¹⁹. Afterwards, the health administration systems were mostly reciprocally being tried in India, therefore, the health system and Western Medicine Education

system and their infrastructure development growth started escalation to some extent.

The Ayurveda and Unani indigenous system of treatment in Colonial Punjab, was not much compatible with the European scientific medical system. Therefore, in 1860 Government of Punjab sanctioned the establishment of the Lahore Medical College, Lahore, which was the appropriate solution to make the native doctors trained in Western medicine. This was the period when the people of Punjab were much conscious of the importance of the European system of medicine, therefore, a large number of indigenous people entered into the Western medical education to become a doctor or a surgeon²⁰. On 8th December, 1869 the Colonial Government of India sanctioned the establishment of Lahore University College, Lahore by a Notification # 472. During early period the main function of the Punjab University College, Lahore was to conduct the examinations of the affiliated colleges and its departments²¹. But latter on the Senate members of the University requested the Lieutenant Governor of Punjab to substitute the name of Lahore University College to Punjab University College, Lahore. The request was approved by the Lieutenant Governor by a Gazette Notification #335²². The Senate of Panjab University College, Lahore, which was established by the executive orders of Lieutenant Governor, at its first meeting held on 11th January, 1870, appointed an Executive Committee afterwards known as Syndicate and in the same meeting the Senate also affiliated the 'Lahore Medical College, and established the rules for the conduct of its examinations²³. For the first time in the history of the Punjab University College, Lahore, examination for the diploma in Medicine held in October 1871²⁴. Through the various donations made to the PUC, the Senate offered scholarships of Rs. 100 per month to the Jalandhar Medical Fellowship in the year 1871-72²⁵. There were total 12 First Medical Candidates appeared, and all passed in examination and 8 number Final Medical Candidate appeared and 4 passed. Another ten years total progress of PUC, number of Medical Candidates shows total 186 whom 145 Candidates

passed the examination. Although the PUC was examining and administrative body, the Lahore Medical College, Lahore, maintained separately by the Colonial Government of Punjab. The oriental College Lahore, working under the PUC administration, was aiming to train its students as the native Hakims and Baidis trained in indigenous system of medicine, were being prepared for Western system of Medicine²⁶. On 5th October, 1882, the Punjab University College was raised to the full status of a University under the ACT XIX of 1882 and it became the Panjab University at Lahore²⁷.

The training of medical practitioners in their profession by University of Punjab had been provided directly by the Government, from the early stage of its establishment. Since the beginning, University had been providing the simple apparatus of examination to the Lahore Medical College through the Faculty of Medicine and further, conferring diplomas and degrees to the successful students. University had never taken part in the administration and direct control of the Lahore Medical College, Lahore. The University was empowered merely to grant the diploma of Licentiate in Medicine (L.M) to the passed candidates coached through Western methods and trained by vernacular and partly in accordance to native systems of medicine. The vernacular training with the addition of the Unani system which led to the titles of 'Hakim-i-Haziq, Umdat-ul-Hukema, and Zubdat-ul Hukema. The vernacular training with combination of Vaidik system led to the titles of Vaidia, Bhishak, and Maha-Bhishak. In the year 1886, the University Senate passed the series of Regulations for the examination of the degrees of Bachelor and Doctor of Medicine, prepared by the Faculty of Medicine. Later in the same year, the Colonial Government of India empowered the University of Punjab to grant the degrees of M.B.B.S²⁸. In the year 1891, for the first time the degree of Bachelor of Medicine was conferred and in the same the diploma was converted to the certificate of Licentiate in Medicine and Surgery²⁹. The popularity of the Lahore Medical College could be revealed with the growth of candidates with in seventeen years. There were 12 candidates presented themselves for the titles in Indigenous Medicine out of the total 48 number of

candidates for all examinations in 1887 and in the year 1904, there were 596 students enrolled in Medical College, all of them merely got admission in the European System of Medicine³⁰. In the year 1887, the classes in the Unani and in May 1888 Vaidia systems of indigenous medicine transferred along with their teaching staff to the Medical School, Lahore³¹. The Medical College from that time made exclusive for the trained student in Western Medicine system, because of the lesser value of diploma than degree in Medicine, the number of students was not satisfactory, and there were 28 in the Unani and 8 in the Vaidia class. The students continued their training in the Medical School until it abolished. In the year 1898, the students of Unani discipline were transferred to Islamia College, Lahore and students of Vaidia were shifted to (D.V.M.) Dayanand Anglo-Vedic College, Lahore³².

One of the List of Institutions affiliated to the University of Punjab in 1933, revealed the following Medical Institutions were existing in the Province of Punjab during Colonial period:

King Edward Medical College, Lahore, Lady Hardinge Medical College, New Delhi, Dayanand Anglo-Vedic (D.A.V.) College, Lahore, Dayanand Anglo-Vedic (D.A.V.) College, Jullundur City, Dayanand Anglo-Vedic (D.A.V.) College, Rawalpindi, Vedic Bhratri College, Dera Ismail Khan³³.

Later on, the Lahore Medical College at Lahore, named 'King Edward Medical College' after the commencement of its new modern building in 1915, near Anarkali Bazar at Lahore, with the support of King Edward Funds. The Medical College proved its great improvement after 1886, initially the University had been conferring the diploma of Licentiate in Medicine (L.M.), and this was changed to Licentiate in Medicine and Surgery (L.M.S.). After the enforcement of Indian Universities Act of 1904, the University of Punjab noticeably revised the regulations of Lahore Medical College, therefore, the inferior diploma of L.M.S. was abolished and the famous degrees of Bachelor and Doctor of Medicine and Bachelor of Surgery were inducted. After the new improvements were taken in the professional teaching faculty and raising the admission standers

the Medical College, later instituted the higher degree of Master of Surgery.

Females' Participation in Western Medicine

From the first establishment of Anatomical School in 1853, then School of Medicine in 1857 and later the Lahore Medical College in 1860, it was year 1886 after the affiliation of Medical College to the University of Punjab, female students were allowed to get admission in Licentiate of Medicine and Surgery classes³⁴. The first and only one female candidate passed the diploma in Licentiate of Medicine in 1889 against the 10 number of male candidates. In the year 1890, one female against 8 of males, in 1897, 2 females against 8 male candidates, and in the year 1903 one female against the 19 males passed the examination. In the year 1904 the diplomas in L.M. S. was abolished and M.B.B.S. degree was started; later Lahore Medical College transferred to Amritsar in 1920 as the King Edward Medical College at Lahore had started working in 1915³⁵.

According to the Prospectus of the formerly Lahore Medical College and Lahore Medical School (1912), the teaching staff was only consisted on male members and there was not a female faculty member. Furthermore, there was no implicit restriction on female students in getting admission in the Medical College and there was no explicit sanction for female students to get admission in M.B.B.S. class³⁶. In 1928 the Colonial Government enquired the Local Government of Punjab about the admission of females in the K. E. Medical College, the Provincial Minister, Mr. Feroz Khan Noon replied that there was no provision of law written in College prospectus to debar the female students to get admission in the King Edward Medical College. In 1929, the Punjab Government allowed only 10 female students of different communities of Punjab to get admission in Medical College, but it denied the right of hostel accommodation for the female students³⁷. Many years later in 1934 three female candidates passed the degree of Doctor of Medicine and Bachelor of Surgery (M.B.B.S.) against the 46 male candidates, in 1935 there were 2 females against the total of 64 out of whom 62 were males, in 1936 females were 5 against 50 males, 1937 the number females who passed was 3 against 62 males who passed the degree, in 1938,

five females against 68 males passed, in 1939 female number was 9 and male number was 64, in the year 1940 indicates 3 females against 89 males, 1941 shows 8 females in contrast to 88 males who passed the examination. Moreover, in the year 1942 the total number of candidates was 112 out of whom 9 were females and 103 were males, it was the year 1943 when female number increased to 15 against 110 males who passed. The next year in 1944 there was the highest 22 number of females against the 152 males. In 1946 there were 9 females against 70 males and in the year 1947, only 6 females who passed against 44 males³⁸. The very nominal number of female candidates appeared in the examination in different years in the field of Western Medicine as compared to the huge number of male candidates who passed. This difference in number of candidates and 'Gender Injustice' might be due to the socio-cultural, socio-economic or cultural-religious factors affecting, rather possibly all the factors depressing the female participation in this profession and impeding the women's development in the field of European system of Medicine. On the one hand there was co-education in the Medical College and on the other hand from the very first day of its establishment till the Independence Day, in 14th August, 1947, there were all the male Principals appointed and not a single female Principal headed the King Edward Medical College, Lahore³⁹. After an initiative by the Government, an amendment was passed which authorized the male and female students of 'de Montmorency' College of Dentistry, Lahore to take the examination of Medical Licentiates in Dentistry. Therefore, they were allowed to study for the Licentiate in Dental Surgery, in 1936 after another amendment, the candidates for the examination of Medical Licentiates in Dentistry onwards had to appear before the Punjab State Medical Faculty⁴⁰.

In the year of 1916, Lady Harding Medical College, was inaugurated in Delhi. This was exclusive for the female medical practitioners training in Western Medicine system⁴¹. This Medical College offered M.B.B.S. degree for women after completing five years, moreover, there was eight members of female teaching staff for female medical students. The number of residence students increased to 129 until

the year 1930-31, those belonged to different communities⁴². The Lady Chelmsford All India League for Maternity and Child-Welfare was founded in 1919. They open the Punjab Health School, Lahore in 1920 for the training of girls in Western Medicine, later on the School was confiscated by the Government in 1927⁴³. In 1892, Miss Dame Edith Brown under the Missionary establishment, founded the North India Medical School for Christian Women in the Ludhiana City, later in 1894 it was elevated to the Women's Christian Medical College, Ludhiana⁴⁴. Furthermore, in the year 1914, the North India School of Medicine for Women was taken under the Government umbrella and recognized as the Provincial Medical School for women, moreover, it was being supported by an annual grant from Punjab Government⁴⁵. In a triennial report of years 1911, 1912 & 1913, the Punjab Government proclaimed that due to the contributions of Government of Punjab towards medical institutions, therefore, annually a number of medical institutions was gradually increasing. Moreover, a greater number of women would be attracted to female medical institutions, and soon there would be no difficulty in procuring the ever-increasing demand for trained female medical practitioners, nurses and compounders in the Punjab.⁴⁶ Meanwhile, the male Indian students were going to European Cities for example, London, for higher education in medicine. Therefore, the Secretary to the High Commissioner for India directed the Punjab Government to facilitate the male doctors who were willing to get admission to the London School of Hygiene and Tropical Medicine⁴⁷. On 12th March, 1918, the Punjab Medical Council framed byelaws with some additions, in exercise of the powers vested in it under section 24 (2) of the Punjab Medical Registration Act, 1916, approved by the Lieutenant-Governor⁴⁸. The Colonial Government neglected the female Indian doctors to grab the opportunity of higher education; indeed, they were focusing on the cultural, social, economic and religious obstacles, women were facing during Colonial period in Punjab.

Advent of Dais, Mid-Wifery, Nursing and Female Sub Assistant Surgeon Courses and Training in Punjab

In Punjab, the upper-class Muslim and non-Muslim women were not allowed to be attended by a male western or native doctor. Due to the traditional practice of purdah, no one was permitted to enter in zenana. Many female patients suffered and passed away unchecked in their houses, they had no choice to consult the ill and unhygienic health-care system of native dais. The untrained, ignorant, illiterate and careless women often maltreated their patients under the filthy environment of small rooms filled with smoke in absolute absence of fresh air ventilation. Usually the bandages were used with filthy hands which led to the prevalence of further infections, puerperal fever, sepsis and tetanus of female patients⁴⁹. Therefore, the main focus of colonial discourse was amid the women's health-care system and the initially availability was the native dais, so the Government and the missionaries working in province started to train the dais or mid-wives. For the purpose, many institutions were founded in the Punjab. In 1866, Church of England Zenana Missionary Society, India, under the supervision of Dr. Aitchison who opened the pioneer training school for native dais at Amritsar. Later, in 1917 Miss Hewlett started the class for training the female sub-assistant surgeon with the collaboration of Punjab Government and the institution was named as 'Dai School' at Amritsar⁵⁰. Early in the twentieth century the prevailing traditional Indian mid-wifery was criticized by the antenatal movements that started awareness in many countries worldwide. In the year 1902, the introductory Midwives Act was passed in United K

ingdom and the next year in 1903, a Victoria Memorial Fund was founded by Lady Curzon in India. This Fund granted aids for the training of indigenous dais as midwives in accordance with the modern European methods of medicine and hygiene in Punjab and different parts of India⁵¹. The native medical schools and colleges in Punjab were educating and giving professional training to the assistant apothecaries and hospital assistants. Therefore, a number of native apothecaries, assistant

apothecaries, passed apprentices, hospital apprentices, hospital stewards, sub-assistant surgeons and assistant surgeons was produced in the province during 1868⁵². In 1912, in Lahore Medical College and School, there were three departments of the college opened for female students as certificate class female students named, Educating for University Degrees, Educating for College Certificate of qualification and Educating for Diploma of Female Sub-Assistant Surgeon. The successful female candidates were conferred the certificate of the College qualifying them to practice Medicine, Surgery and Mid-wifery. For the Sub-Assistant Surgeon Class, female students had to be subject to the same rules in every respect as male students of the Civil Class⁵³.

In 1913, the Punjab Government expressed the satisfaction on the increasing demand and suitable training of native dais and female compounders provided by Missionary lady doctors at Mission School, Ludhiana, therefore, a grant was sanctioned for the school⁵⁴. The village mid-wives of some districts of Punjab were being trained at the headquarters hospital in 1914, which was one of the great measures which were taken towards the reduction in infantile mortality and pediatric diseases in general⁵⁵. After the establishment of Medical School for Women at Ludhiana, the Government took the initiative by sanctioning the Punjab Central Midwives Board which framed the rules and regulation on 1st April 1917 under the supervision of Colonel Hendley⁵⁶. In the same year, the Central Training School and classes for Dais and Midwives were established at Amritsar and the same training scheme for females started work in Lahore and other parts of Punjab⁵⁷. There were three grades of certificates as (i) Diploma in Midwifery (D.M.) in English. The candidate had to be able to read and write in English easily, and she should be between the ages of 20 to 40. (ii) Certificate of Dais (C.D.) in Vernacular. The candidate might be illiterate, she should not be less than 20 and not more than 40 years of age and she had to produce a character certificate. (iii) Certificate of Indigenous Dais (I.D.C.) in Vernacular. The candidate had to be

approximately in between 20 and 40 years of age and she had to produce a domicile certificate to prove herself an indigenous Dai working in her locality⁵⁸.

In 1929, Dr. Shakuntla Budhwar, M.B.B.S., started the classes of Certificate of Nurse Dai (N.D.C.) with the assistance of two other lady doctors in Dayanand Arya Charitable Hospital, Rawalpindi, and later on started a class of Diploma in Midwifery (D.M.)⁵⁹. On 21st October, 1935, it was decided that the examinations for General Nursing and Obstetrical and Gynecological Nursing should be held by the Punjab Nurses Registration Council which previously conducted by the Punjab State Medical Faculty. Moreover, according to tradition of purdah in Punjab, it was suggested that the said examination should be conducted by ladies only to encourage the girls of Punjab to get training as Nurses⁶⁰.

Gender and Evolution of Culture of Hospitals and Dispensaries in Colonial Punjab

The Colonial Medicine system already intruded in the Punjab long before its annexation in 1849. Maharaja Ranjit Singh, Emperor of Sovereign State of Punjab was attended by English doctor Murray in 1826 on various occasions. Maharaja got first paralysis stroke in 1934 and attended by Doctor M'Gregor. In 1838, he got the second paralysis seizure during the campaign against Afghan King Dost Muhammad Barakzai, the Lord Auckland, Governor-General stationed at Ferozpur with the English Army came to visit Lahore, and he sent an English doctor for Ranjit Singh⁶¹. As previously mentioned that in 1845, the English Resident at Lahore requested the Government of India for the sanction of a medical school at Lahore and the sanction was granted, but later on, the medical school could not be established due to unknown reasons⁶². Some famous medical practitioners of early nineteenth century of Punjab were Muhammad Qasim of Gujrat, Bahadur Chand of Haranpur, Shaikh Ahmad of Bholu Kochhar, Darvesh Hakim of Kalaske, Bhagat Bishan Chand of Miani and Lala Hakim of Lahore. Until 1845, the famous physicians Faqir brothers looked after the government owned Dar-ul-Shifa (hospital) where the medicines were

distributed free of cost and after words, Honigberger, the Austrian physician, took over its charge⁶³. The European medicine was the basic trait of the sanitary and public health policy of colonial government. Initially the colonial government focused on the health patronage of their troops and native Europeans population. In the early years of colonialization, the native hakims and vaides were trained in Western medicine to fill the recruitment gap in army and civil⁶⁴. In the Punjab the government soon after annexation, established the hospitals exclusive for their military and civil Europeans as the philanthropic institution. Whereas, the missionaries founded their dispensaries and hospitals principally for the indigenous population. In the year 1849, the colonial government erected the civil hospitals at the district headquarters of Multan, Jalandhar, Sialkot and Amritsar. Moreover, until 1850, many dispensaries were established in many cities of the province as Amritsar, Rawalpindi, Bannu, Peshawar, Hazara, Dera Ghazi Khan, Sialkot and Dera Ismail Khan⁶⁵.

In January 1854, the Chief Commissioner, Punjab, advised the Commissioner and Superintendent, Multan Division, to comply according to the style of buildings for dispensaries as Dr. T. Farquhar suggested who stressed upon the construction of new dispensaries where the female in-door patients and their attendants could have privacy⁶⁶. The Lieutenant-Governor of Punjab established the rules for the erection of new buildings of government dispensaries on November 26th 1868 and suggested the future buildings should have privacy for the female patients and their attendants⁶⁷. In Punjab, the government dispensaries and hospitals were categorized on their financial income resources during the first three decades. In 1879, the provincial government categorized health establishments according to the number of beds. The medical institutions with 40 or more beds were classified as civil hospitals. Those dispensaries with 24 to 40 beds designated as first class dispensaries, those had less than 24 beds were declared as second-class dispensaries and the branch dispensaries had no bed in them⁶⁸. On the 11th May 1886, the Punjab Government made the rules and regulations, so they

categorized the hospital and dispensaries of the province as the 'government' and 'aided' medical institutions. Thereafter, the 'Hospital' was declared as a medical institution having not less than 40 beds and not less than 20 in-door patients in average, daily. The Military, Police and Jail Hospitals and Dispensaries were excluded and exempted of these rules. Further, the Government medical institutions were of two categories as the provincial hospitals, which were administered and financed by the provincial government of Punjab and the other were the local hospitals, those were administered and financed by through the local municipal committees of the district boards. The government dispensaries were of three grades, the schedule 'A' dispensaries must had less than 40 and not less than 20 beds with average of not less than 10 in-door patients daily, schedule 'B' dispensaries were having less than 20 and not less than 10 beds with the average not less than three in-door patients daily and, all other dispensaries laid in schedule 'C', which were smaller than the schedule 'B' scale. All the 'Aided' hospitals and dispensaries were categorized as aided, which were being managed and administered by the private philanthropy and charity establishments receiving the public funds and those medical institutions must had to be opened to all visitors of government to inspect them⁶⁹.

In 1855, Church Missionary Society began its functioning in Multan, Muzaffargarh, Shujabad and Bahawalpur. In the year 1900, the Mission established a female hospital near the Cantonment Bazar Multan⁷⁰. There were two main hospitals working in Multan City, one was the Civil Hospital established in 19th Century and the other was Victoria Jubilee Hospital established in 1887. First one was for males situated outside the city wall and second had two branches one in the city for both males and females where the average daily attendance had been 200 to 300 patients and the main hospital situated outside of wall near Bohar Gate, was for female in-door and out-door patients⁷¹. In 1923, there was a general hospital in cantonments funded by Cantonment board. The Zenana Hospital attached to the Missionary Society was doing valuable philanthropy. Many hospitals and were working outside Multan at different tehsil-headquarters

maintained by District Board or local body, e.g. dispensaries at Jalalpur-Pirwala, Shujabad, Kehror Pakka, Mailsi, Tulamba, Serai Sidhu, Luddan, Vehari and Mian Channun. Moreover, there were three canal dispensaries working at Rashida, Mian-Channun and Jahanian. Furthermore, in 1921, a dispensary was opened at Pirwala to treat the criminal tribes' settlement⁷².

In the year 1884, the Egerton hospital was established in the Peshawar City. In November 1885, the Dufferin Hospital was inaugurated at the site outside the Lahori Gate in Delhi City. Furthermore, in the same year the Punjab Government proposed to establish a separate Hospital for women attached to the Dufferin Hospital. Moreover, Dr. Fairweather informed the Lieutenant-Governor of Punjab that the medical treatment and training of women was much advance in the Province⁷³. Till 1886, there had been hospitals and dispensaries in all the 10 divisions 32 districts and 164 tehsils of the colonial Punjab⁷⁴. In 1887, an obstetrical facility and an exclusive maternity care institution for the pregnant mothers, Lady Aitchison Hospital was established at Lahore, it was named after the wife of Lord Aitchison, the Viceroy of India⁷⁵. In October 1910, rules for the establishment of Ripon Hospital, Simla were laydown in which different out-door and in-door departments were marked the different wards for male Indian and female Indian patients, the female ward was called the Dufferin Ward. The colonial government discriminated the western health system by establishing the wards as European Maternity Nursing Home and the Collen Ward which was exclusive for European and Eurasian patients⁷⁶. In 1871, Earl of Mayo, Governor-General and Viceroy of India, inaugurated Mayo Hospital attached to K. E. Medical College at Lahore⁷⁷. In March 1914, the King Edward medical College and Mayo Hospital were funded by the government for the new building extensions⁷⁸. In 1921, Sir Ganga Ram, a philanthropist, established the Sir Ganga Ram Hospital at Lahore. It also had a Women's Wing, a girls' hostel and a modern dispensary⁷⁹. In 1930, a maternity hospital started working with fifty-six beds

and later in 1933, Lady Willingdon Hospital at Lahore, one of the largest gynecology institutions in the Punjab was established with efforts of the Countess of Willingdon, Viceroy of India. The foundation stone was laid by the Col. S. N. Hyees retired, later appointed the first Superintendent of this facility. It is also a teaching hospital of K.E. Medical University⁸⁰.

In the year 1912, there were 307 dispensaries in the Province, the average one dispensary was for 43,000 inhabitants in Punjab. The percentage of out-patients of male Muslims was 44 and Hindus was 53. It was astonishing that Muslim female's percentage was more than males which means that Muslims were trusting more than Hindus on the Western medical system as they were sending their women and children to undergo treatment than themselves⁸¹. Later years in 1917, the total number of dispensaries increased to 480, and one dispensary was for the 41,000 of the population, and the number of dispensaries was still increasing. The progress of female medical education and training was more advance in the Punjab⁸².

In April 1927 the cadre of the District Medical Officers of Health in the Punjab was provincialized, now the appointment, transfer, leave, promotion, suspension, punishment or dismissal of those officers had to be referred to Ministry of Local-Self Government, Punjab for orders. The female medical offices were going to suffer most after the provincialization⁸³. In the year 1930, the government also changed the pay scales of dais and female sweepers appointed at the district headquarters hospitals and tahsil hospitals in the Punjab⁸⁴. On the 4th April 1930, the Josephine Female Hospital at Hazro, was being administered by the Attock Health Society. Hereafter, the Deputy Commissioner was appointed as President and the Civil Surgeon as Vice-President of the administrative board of the hospital by the government⁸⁵.

Lunatic Asylum and Mental Hospital in Punjab

In April 1936, the Punjab Government levied the cost of maintenance in the Punjab Mental Hospital,

Lahore, treating criminal and non-criminal mental patients of outside Province, Administrations and States under section 89-B of the Indian Lunacy Act, 1912⁸⁶. Early in 1912, the Punjab Lunatic Asylum, Lahore, was already treating 119 male and 36 female patients and Lieutenant-Colonel Ewens, Franciscan Sisters and their staff work was acknowledged by the Punjab Government.⁸⁷

Lock Hospitals in the Punjab

Prostitution profession was franchised by the British to facilitate the Colonial military men, the government used the tools to control the women by their registration, inspection and supervision⁸⁸. In this regard, the lock hospitals were start working on experimental basis and then in the year 1885 those hospitals had been closed to re-establish them. In the 1886 and 1887 the lock hospitals were working in sixteen districts of Punjab. In those hospitals the soldiers and the prostitute women were forcedly detained till cured. Rules were made for the women indulged in prostitution profession to visit the hospital on regular basis for their medical check-up, if they were found infected with venereal diseases, they were detained in the hospital till their cure or death. The process of treatment was very painful and inhumane, failing the mandatory periodic check-up the women had to pay the penalty in cash⁸⁹.

Vaccination during Epidemic of Diseases and Quarantine

The first smallpox vaccine was reached as a lymph from a cowpox matter in 1802 at Bombay, Indian, and a three years old boy was the one who first vaccinated on 14 June, 1802⁹⁰. After the colonialization of Punjab, the vaccination practice reached there to control the epidemics, therefore, for prophylactic purpose vaccines for Smallpox, T. A. B., Influenza and Plague were being used on large scale in the province⁹¹. On 12th November 1930, Model Vaccination Rules were framed under section 19-A of the Vaccination Act, 1880, as amended by the Punjab Vaccination Law Amendment Acts, 1925 and 1929. Moreover, it was made mandatory for vaccinators to prepare monthly report clearly mentioned the number of boys and number of girls vaccinated during the month⁹². In Punjab, the policy of

quarantine was also being practiced during the time of epidemics or pandemics, in 1912 sanction had been given for twenty new quarantine cells with conglomerate floors in the province to face the cholera epidemic⁹³.

Conclusion

The British colonial era was a rapid transformation period of different cultural aspects of Indian society, therefore, it had also a great impact on the speed of transformation of health culture of indigenous society of Punjab from the Ayurveda and Unani to Western health system. The western health culture had an impact on all genders but it had intense effect on the female health culture rather colonial administration had more focused on the reproductive health of the indigenous women. They might had explicitly or implicitly agenda of propagation of women's liberation and modernizing of the local society to show their softer face. To understand the health culture of colonial Punjab one should have an insight of the health culture of pre-colonial period which leads to have a contrast of the health culture of the colonial and post-colonial era. The expansion of colonialism under the banner of imperialism was confronted by the flare-up of diseases and it was experienced in the colonies. Understanding of illnesses through gender lens in the Punjab Province developed both in reactions to the changing aspects of expansionism as well as to moving ideal models of sickness causation in Europe. Advancing ideas on the body of the border subject frequently progressively fortified racial and social contrasts between the colonizer and the colonized. Governmental medication as it arose by the end of many years of the 20th century frequently made a social emergency as it reinforced the activity of state control over colonized bodies. This study of gender and health culture investigated the shift from miasmatic to microorganism theory, and hypothesis of illness, idea of disease and pathogens tracked the historical backdrop of a bunch of pandemics in the Colonial Punjab and dialog about the development of the idea of general well-being and public health.

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