

## DISEASE, DEATH AND CONTROL: MISSIONARY MEDICINE IN COLONIAL ODISHA (1900-1940).

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### ABSTRACT

*The History of medicine was emerged as a new social history in colonial India. British Rule witnessed the emergence of western medicine in Indian soil. Disease has been one of the fundamental problems faced by every human society. The primary aim of the study is to explore the traditional Medicine disease and practices in colonial Orissa especially during the period of 19<sup>th</sup> & 20<sup>th</sup> century. British India has experienced the emergence of epidemic diseases like malaria, smallpox, cholera, plague etc. They have been called the Indian epidemic based on the Indian climate, environment and its untidiness. But the research topic which I have selected to explore is on the various diseases like small pox, cholera and plague and its system of worship. The small-pox Goddess Sitala played crucial part in colonial state. The colonial health establishment was created a significant change in medicine. The introduction of sanitation, water supply, drainage of colonial government was the greater importance by them. The traditional system was reduced with the introduction of modern medicine. After colonial intervention in the state, it created awareness with the introduction of hospitals, dispensaries and gradually health condition has developed. The scope of current study extends to examine the traditional medicine and its use to prevent disease from cholera, small pox and kala azar. Another scope of present study focuses in the coastal districts of Odisha namely Cuttack, Puri and Balasore. The aim of the study to analyze tribal and non-tribal perception of diseases in Orissa. To explore the peoples responses and colonial health intervention in Cuttack, Puri and Balasore and establishment of dispensaries in colonial Odisha.*

**KEYWORDS:** Disease, Public health & Missionary Medicine etc

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### INTRODUCTION

The coming of the British with their science and culture was an epoch making event in modern Indian history. It introduced the fast developing modern medical system of the west. The result was the encounter between colonial medicine and indigenous medicine – a cultural encounter between Indian traditional society and the west. Mark Harrison in his book *Medicine and Orientalism* vividly described British attitude towards systems of Indian medicine which underwent a change after 1820.<sup>1</sup> They borrowed knowledge extensively from indigenous system of medicine. They were practiced extensively from indigenous medical knowledge, restricted medicinal plants and confer with medical text and practitioners of system of Indian medicine. But the dominance of European medicine started in the institutions of state with the abolition of native medical institutions in India in the year 1835. The medical institutions were established in India to teach both western as well indigenous system of medicine in

<sup>1</sup>Chittabrata Palit and Achinta Dutta, *History of Medicine in India- The Medical Encounter* Kalpaz Publications, New Delhi, pp.-13-16.

vernacular language.<sup>2</sup>In Early Indian society the medicine was purely magicoreligious. During the Buddhist period the influence of Indian medicine spread far and worldwide. In 1200 A.D., Public Health had come to develop well in India. With the arrival of the Portuguese, Dutch and the European sailors and their soldiers were frequently affected by different diseases and they went to local practitioners for relief from diseases. The English East India Company since its beginning provided surgeons to their merchant ships and a medical officer to look after each factory. By the seventeenth century the English East India Company established hospitals in different parts of the country to cater to the needs of British soldiers. With the advancement of medical science and technology which was handling medical problems alongside the changing nature of the ruling ideology in a society.<sup>3</sup>

### **Concept of Missionary Medicine**

Missionary medicine had four feathers firstly, it was curative, secondly it deals with the individual patient thirdly, it covered a strong moral and theological character in its practice; and lastly it was determined by a civilizing mission. The Mission worked against Odisha traditions, social structures and culture. There is a reallocate in the existing perspectives that it influence for decades when medicine was depicted as the conquest of disease. The harmony of disease, health and medicine has been studied from many angles. It elucidate different issues like imperial hegemony of medicine, marginalization of the traditional medical systems, women health related disease & medicine, the indigenous reaction to public health initiatives and medical politics etc.<sup>4</sup> The Missionaries had focused on specific epidemic diseases like small pox, cholera, plague, malaria, kala azar, dysentery & diarrhea leprosy etc. The argument was made about colonial medical historiography. The critical analysis of the Medicine that British medical policy in India was impregnated with British self-interest and not guided by the spirit of altruism. The primary focus of colonial rulers was how to provide the best hygienic, sanitary and medical facilities to the British military and civil population. It was mainly extend to urban areas to safeguard the Europeans in the mines, plantation, factories and administrative centres. It was called Whiteman's domination over their subjects.<sup>5</sup>

### **Local Notions of Health and Healing**

Tribal health and medicine was important in colonial Odisha. It examined tribal understanding of disease and medicine in the contest of colonialism. Diseases were characterized plural factors and these were dealt with through a plurality of healing practices. The perception of small pox diseases by the *kandha* depended on a number of causes i.e. the small pox goddess called *Joogah Penno*.<sup>6</sup> She showed small pox the way men sowed seeds in earth, the exploitation of the *paiks* (a martial caste) who were responsible for getting the tax on behalf of the colonial forces and causing small pox, the small pox Goddess called *Dharma Penu* worshiped at all agricultural festivals who is identified as an Odia Goddess. Small pox was dealt with in a number of ways i.e. resisting vaccination by the colonial officials, deserted village, offering human and other sacrifices, performing ceremonies with invocations in Odia, offering liquor and a ritualistic drink and deserting

<sup>2</sup> Ibid, op.cit.p-17.

<sup>3</sup>P. Bala, *Imperialism and Medicine in Bengal*, New Delhi. 1993. P.15.

<sup>4</sup> Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine, 1859–1914*, New Delhi: Cambridge University Press, 1994, p.48.

<sup>5</sup> Deepak Kumar, "Unequal Contenders and Uneven Ground: Medical Encounters in British India, 1820-1920 in *Western Medicine as Contested Knowledge*, ed. A. Cunningham and B. Andrews ( Manchester: Manchester University Press, 1997),pp. 172–190.

<sup>6</sup>Biswamoy Pati and Mark Harrison, *the Social History of Health and Medicine in Colonial India*, London Routledge, 2009, p.16.

*Dharma Penu* at the outskirts of the village. The most socially relevant disease is that are caused by the evil spirits. *Debtajor* was also fever/disease and *Maprujor* was also another disease. Smallpox, cholera, chicken pox, leprosy and epilepsy come under the senior category of illness. These illnesses are caused by ghost and evil spirits because of faulty rituals and pre-destination. These illnesses must be treated by high status healers and it engrosses rituals including human & other sacrifices dealing with the ceremonies.<sup>7</sup>

### Nature of Disease and Methods of Curative

Missionaries concentrated mostly on Small Pox, Smallpox known as in Odia "*BasantaRoga*" (Spring Disease) was major epidemic disease in Odisha. Like most other infectious diseases small pox exhibited seasonal incidence occurring mainly in the month of March, April and May.<sup>8</sup> The Nature of the disease is really horrific itself. It is an acute contagious viral infection. Small- pox (*variola major*) created an extreme burning fever followed by many eruptions which form a punch marked spots on the face and limbs. It spread nearly every inch of the body's surface. The first symptom of the disease occurs in the first two weeks of the month. After removing the disease, their faces transformed in to spot marked black landscapes. The sight of both eyes dimmed through ulceration of the cornea.<sup>9</sup> Small pox is the annual visitation in coastal area. 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 3.10. The profession of inoculation was practiced by hereditarily among the Brahmans and it spread all over Odisha. Their working hour of inoculation was from about the 1<sup>st</sup> November to the 1<sup>st</sup> 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 given. The smallpox recovered from an attack of *variola discrete* about 21 days of the disease. Male children were generally inoculated on the forearm and female children on the upper arm. The *panas* selected a spot on the forehead between the eyebrows as the seat of inoculation. In the year 1906, the death rate from small pox reached highest figure of 4.85 per mile.<sup>10</sup>

The problem faced by this intervention is also visible from tracts that were printed in Odia at the Cuttack Mission Press, to support the vaccination drive. One such tract laments how only the sahib supported it, whereas the *murkhas* (uneducated) and the *agyani* (ignorant) people did not like vaccination. It considered that it was the duty of all to first convince and explain to their domestic servants about the usefulness of vaccination. Moreover, when *tikadars* (vaccinators) went over, women hesitated to vaccinate children which resulted in the large scale death of children. The system of vaccination implied a dependence on the zamindars, since it was felt by the colonial authorities that if persons of influence supported vaccination it would make things easier.<sup>11</sup>

This picture contrasts sharply with that of the princely states where the vaccination programme made rapid strides. One can perhaps refer to the following table to illustrate this point.<sup>12</sup>

<sup>7</sup> Elwin, Verrier. *Tribal Myths of Orissa*, Oxford University press, Bombay, 1954, p.45.

<sup>8</sup> A. Kumar., *Medicine and the Raj; British Medical Policy in India, 1835-1911*, New Delhi, 1998, p.162.

<sup>9</sup> D. Arnold., *Colonizing the Body; State Medicine and Epidemic Disease in India*, Delhi, 1993, p. 116

<sup>10</sup> L.S.S.O, Malley. *Bihar and Orissa District Gazetteers*, Cuttack, 1933, p.70.

<sup>11</sup> L.E.B. Codbden Ramsay, *Bengal Gazetteers: Feudatory States of Orissa, Calcutta*, 1910, Calcutta, 1982, p. 70.

<sup>12</sup> Based on S.N. Tiwari, *Annual Statistical Returns and Short Notes in Vaccination in Bihar and Orissa for the year 1918-19*, Patna, 1919, p. 3.

Table 1

Year	Number of vaccinations	Number of Re-vaccinations
1906-07	165,96	743,498
1912-13	387,190	215,438
1917-18	526,410	330,938

Besides marking the triumph of colonial power/knowledge which emerged as a saviour (as in the case of the Kandhas) the 'success' of the vaccination drive was also a result of the terror and coercion that frequently accompanied it.

### Cholera

Cholera, the epidemic disease had affected mostly early 20<sup>th</sup> century. It is popularly known as “*Haiza*”. Cholera was also a dangerous epidemic which affected all section of people not only individually but also collectively. The identification of cholera in the nineteenth century illustrates that it was indigenous not foreign imports. It makes threat to European as well as Indian population.<sup>13</sup> As per statistics available, it is estimated that between 1865 and 1947 at least 13 million people died of this disease in British India alone. This disease was first discussed in European and American history and then received by Indian historian. Cholera is called by the Europeans transmitted disease. Moreau D Jones calculated that cholera affected 1/10 of population of British India and killed 1/16 of its population. Bengal was certainly badly affected during the last Quarter of 19<sup>th</sup> century. It is estimated that 1.75 per cent of people died out of 1000 population in the British India. The rural poor of British India affected in the 1920s were 2.2 million, and 1.7 million in 1930s. Calcutta, record of cholera epidemic zone was suffered 2,500 and 7000 death in every year of 1841 to 1865. Due to irrigation, piped water and ineffective sanitation, cholera occurred in that place.<sup>14</sup>

Odisha has had the evil reputation in cholera particularly Puri, Cuttack and Balasore and a centre from which the disease were spreads to other areas of India. According to W. W. Hunter, about 30years ago the Puri city “*is a hot bed of the disease*”. The principal centre of the epidemic was concentrated in the urban areas. It became spread into the district especially to the villages along with Grand Trunk Road. During the annual Ratha Jatra, pilgrims were more affected from this disease. During the rainy season the road sides were converted into huge sewage drains by the pilgrims who encamped in swarms under the trees. Where ever the pilgrims could find anything like a dry piece of land where they were taking sleep, cooked food, ate, drank, and attended to the calls of nature openly. The unwholesome, uncooked and indigestible articles of food are predisposed to disease. When a government official travelling on the coastal areas of Odisha during the Rath Jatra festival, they saw the number of corpse of pilgrims were laying in the sides of canal who had reported that they had died from cholera. It was also reported that there were large number dead bodies floating in the canals with their friends and relatives.<sup>15</sup>

With the improvement of drainage system and well organized sanitation system in the town, it has been found that the mortality rate diminished by cause of cholera. But epidemics still found every year in the particular month. In India, the perception of cholera believed deities usually god and goddesses. According to Hindu social belief, disease is the result of his personal sins and violation of personal religious taboos. The source of the disease spread cholera vibrio (comma shaped bacillus) enters the body through the oral induction and by water (sometimes food) contaminated by pass on a

<sup>13</sup> D. Arnold., *Colonizing the Body; State Medicine and Epidemic Disease in India*, Delhi, 1993, p. 117

<sup>14</sup> L.S.S.O, Malley.*Bihar and Orissa District Gazetteers*, Cuttack, 1933, p.71.

<sup>15</sup> W .Hunter, *A Statistical Account of Puri*, Concept Building Limited, New Delhi, 1976,p-78.

disease to human faces. The cholera disease was transmitted through the sullage tanks and stagnated water bodies and irrigational problems. Not only Haridwar and Allahabad but also the temple of Jagannath at Puri in Odisha has been identified as a centre of disease in 1870's. It was the centre of diseases which Cholera also periodically spread. It was reported that between 1817 and 1821, around twenty thousand pilgrims died due to cholera disease in Odisha.

Missionaries had concentrated their attack on Puri and they believed that it was the chief seat of Hindus. It was the place where all the pilgrims came to lord Jagannath during the annual festival of Rathyatra. According to the David Smith,<sup>16</sup> his antagonism to Puri, the proscription of festivals and pilgrimage to be impractical and undesirable. His opinion was that India would be devastated by cholera through religion persecution. J.M Cunningham (1868-1884), the Government of India's long serving Sanitary Commissioner told that quarantines and sanitary cordons were unsuited to India.<sup>17</sup>

A report of 1817-21 says cholera had occurred due to the environmental causes, atmospherically vicissitude, heavy rain, poisonous emissions, rotting vegetation's and overcrowded habitations.<sup>18</sup> During the 1920s and 30s, the colonial administration had underwent substantial change. In spite of economic depression, authorities strongly started mass inoculation against cholera. After 1920, the responsibility of medical expenditure has been transferred to Indian ministers. Indian politician were given focus on public health during the inter war period. Voluntary inoculation programme against cholera became a standard precautionary measure had taken during fairs and festivals in the 1930s. The number of cholera inoculation rose from 1.5 million in 1932 to 7 million in year 1935. The number of inoculation was increased 10.8 million in 1938. The number of fatal Cholera cases had declined from 337,000 in year 1930 to 97,566 in the year 1935.<sup>19</sup>

Cholera accounts for 2.4 per cent death per mile. It occurred during the *Snanjatra* and *Rathjatra* festivals at Puri which falls in June and July, most favorable to the spread of disease, the privation which many pilgrims faced during their journey, overcrowding, lack of adequate sanitation, tainted food and water supplies. All these things combined to produce epidemic in the state. The controls of disease appear in the system of inoculation. A report of Director of Public health in 1928 stated that the frequent outbreak of cholera in the state was due to large number of pilgrims during the mela. In 1927, much effort was taken to control the disease. Centres were opened at the Railway station at Balasore, Cuttack, and Puri. In 1927, a total of 12,618 inoculations finished in three towns of Odisha. Puri had the reputation of cholera incidence.<sup>20</sup>

### Diarrhea and Dysentery in Odisha

After enquiry it had found that the death rate of this disease reported higher than other states. The greatest incidence occurred during the month of February and March. Dysentery was fairly common but did not cause so many deaths as like diarrhea. Generally speaking, the causes of these diseases were the bad water supply, the eating of new rice. Vaccination was not widely circulated in Odisha, where the people were mostly conservative. The people of Odisha were less enlightened and more wedded to superstitious beliefs than other parts of India. Inoculation has been practiced on the borders of Cuttack and the tributary states. In 1906-07, a total number of persons successfully vaccinated were 38,662

<sup>16</sup> David B. Smith *Report on Pilgrimage to Juggernaut, In 1868 with a narrative of a tour through Orissa, Part- 1, Calcutta, 1868.*p-118.

<sup>17</sup> *The Report of the Committee on the Indigenous Systems of Medicine, 2/ 248.*

<sup>18</sup> *L.S.S.O, Malley. Bihar and Orissa District Gazetteers, Cuttack, 1933, p.70.*

<sup>19</sup> *Ibid.op.cit.p-73.*

<sup>20</sup> *Utkal Dipika, Odia Newspaper, 1927, pp-45-67.*

representing 39.94 per mile of the population. The next 5 years the vaccination was 39,941 or 41.26 per mile.<sup>21</sup>

### Sanitation

Large number of pilgrims visited Puri during car festival from all parts of India. To manage immense crowd gathered together was a challenge to colonial authorities. It had always been the aim of government and the local authorities to improve the sanitation as far as possible. The condition of the pilgrims and to prevent the outbreak of disease, due care had been taken without affecting the religious prejudices of the people. The Colonial governments had taken sanitary improvements in Puri. The sanitary inspection report written by Dr. D. Smith, Sanitary Commissioner of Bengal in the year 1868 that some improvements had made by him. A marked and most gratifying improvement had taken in the condition of the houses in the state. This work was one of the most important sanitary developments during colonial regime. The construction of cesspool was another important improvement by the government to flow water into Main Street. A complete surface drainage scheme was also made for the removal of both of rain and sullage water throughout the town.<sup>22</sup>

Missionaries had done another remarkable work that of the construction of large number of lodging houses in the centre of the town which pilgrims found shelter. These accommodations were helpful to pious Hindus and conducive for health. During the festivals, public latrine was another step of the missionaries. The most important sanitary needs of the town were a good drainage system and improved water supply. At that point in time drinking water was supplied mainly from wells and tanks. Before the inferior quality of the water was obtained from faulty reconstruction well become a grave sanitary evil. There were a large number of tanks in the town of which four were given more importance. These were only tanks used by the pilgrims for the purposes of religious purification. These are the tanks called *Shwet Ganga*, *Narendra*, *Markanda* and *Indradyumna*. The *Shwet Ganga* Tank was of special sanitary importance for pilgrims. It is located in the centre of town, it is surrounded by houses, and its water level is about 40 feet below the surface. This tank is said to have been used by pilgrims for ablution and purification for 700 years and till now the tanks was never dewatered. The chemical examiner examined the Swet Ganga water tank and reported that it was useful for the pilgrims. In 1904 a scheme has been implemented which it is cleaned daily by means of a pulls meter pump. The water pumped out is used to flush the drains by the side of the Bada Danda road.<sup>23</sup> The occurrence of fever appears in town because of physical conformation of the different circles. Puri town surrounded by plain area and affected and devastated by flood water during the rainy season. The mortality of death from fever was more when the flood water begins in the month of October, November and December.<sup>24</sup>

### Malaria fever

Malaria fever is a common disease in all parts of Odisha. Chilika Lake, a largest lake in Odisha where the people had suffered the typical abdomens, yellow conjunctives and unhealthy appearances. Female Mosquitoes was the source of attacking fever malaria. The visitors suffered from mosquito bite. The number of cases varies from year to year.<sup>25</sup> Major E.

<sup>21</sup>W. Hunter, *A Statistical Account of Puri*, Concept Building Limited, New Delhi, 1876.p-123.

<sup>22</sup>Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine 1859–1914*. Cambridge: Cambridge University Press, 1994.p-68.

<sup>23</sup>L. S. S. Malley. *Bengal and Bihar District Gazetteer*, p-74.

<sup>24</sup>B. Smith, *David Report on Pilgrimage to Juggernaut, In 1868 with a Narrative of a Tour Through Orissa, Part- 1, Calcutta, 1868.p.57.*

<sup>25</sup>*Appointment of the Health Officer and Asst. Health Officer of the puri District Board as Health Officer of Bhubaneswar and satyabadi*, pp-25-26.

E. Waters M.D I.C.S late Civil Surgeon of Puri has been prepared the death report from malaria. There are two sources which we got information regarding prevalence of different diseases. The death returns was provided by the police officials and the attendance by the dispensaries. The diagnosis of the cause of death was made by the village chaukidars and his medical training officials. Pneumonia, pulmonary, phthisis, and inflammatory conditions are all included under the indistinct heading of fever. The second method of estimating the fever rate was by examining the attendance of out-patients at the dispensaries. It is estimated that the total number of patients in 1905 was 93,370 and number of cases of malaria fever was only 9,610.<sup>26</sup>

According to Major Water, the fever Trypanosomiasis had existed in Chilika lake area. It was also probable that cases may be brought in by pilgrims. Filarial is an extremely common disease in Puri as well as Odisha generally. Numerous cases occurred in all areas but it was particularly common to the northern and eastern parts of Odisha. The disease caused by the filarial *sanguinis hominis*, which is inoculated with the bite of a culex mosquito. Filarial disease sufferers are attacked with fever (*bat-jar*) at cyclical intervals supposed to be influenced by moon. The fever is usually accompanied by an inflammation or irritation of the affected part. The dependent parts of body, scrotum, lower limbs, and legs are mostly affected. The disease is not fatal, but causes much discomfort and some debility. Typhoid or enteric fever probable exists in Puri as in other towns. Chicken pox found in all jails in Odisha. Pneumonia was also seen amongst pilgrims.<sup>27</sup>

### Management of Disposal of dead

The disposal of dead bodies is also a ceremonial performance in colonial Odisha. It was affected at a properly constructed burning *ghat*. According to Sanitary Commissioner, the corpses are thrown away on the river bed. The jackal, vulture and other beast imperfectly consumed and whitened skull and crumbling bones. These places called as *Golgothas* by the European resident in Odisha. In Golgotha place it has found that there were 60 skull within the radius of 24 feet and 24 skulls within the radius of 4 feet. The traveler counted 40 to 50 corpse and many skeletons which had been consumed by vultures. In several instances there were thousands of poor deserted naked women bodies found in the narrow streets of the town. On the other hand, we have the evidence that Mr. Fergusson, who visited Puri in 1838, he found nothing to justify the highly wrought picture of "hundreds of dead and laying pilgrims that strew the road and of their bones that whiten the plains."<sup>28</sup>

### Establishment of Medical Institution in Colonial Odisha

Thirty years ago there were only two charitable medical hospitals in the district. The Puri pilgrim hospital was established in 1836, and the Khurda dispensary was established in 1864. There are now no less than ten general hospitals or dispensaries. In the town of Puri apart from Pilgrim hospital, a cholera Hospital established at the Lion Gate. The interior areas of town there are number of charitable dispensary established at Banpur, Bhubaneswar, Gop, Khurda, Pipili, Satpara and Satyabadi. The Puri Pilgrim Hospital has accommodation for 10 male in-patients and 20 female in-patients. The cholera Hospital for 20 males and 20 females the lion gate dispensary affords out-door relief only. Of the other dispensaries those at Banpur, Bhubaneswar, Gop, and Khurda have equally 6 beds each that of Pipili has 14 beds and at Satpara and satyabadi have equally 8 beds each. The Cuttack dispensary was an institution connected with or rather forming a part a

<sup>26</sup> Ibid, op.cit.p-26.

<sup>27</sup> L.S.S.O' Malley, *Bengal District Gazetteers*, Calcutta, 1908. P-125.

<sup>28</sup> L.S.S.O, Malley. *Bihar and Orissa District Gazetteers*, Puri, 1933, p.167.

general scheme for giving charitable aid to pilgrims and other poor people and for supporting a number of pandas or Hindu priest who keep up various temples and shrines in the neighborhood of Cuttack. The *annachhatra* fund appears to have had its origin in assignment by the successive Hindus, Muhammadan and Maratha governments for religious and charitable purposes. The female ward was generally filled with starving pilgrims or diseased prostitutes from the town, and the general ward was likewise full of pilgrims some of whom were half-famished, while others were brought in the last stages of diarrhea, dysentery and other wasting diseases. European medicines and methods are coming into fever and religious prejudices have so far given away that in places such as Bhubaneswar and Satyabadi. The average daily attendance is as much as 50 to 60 patients including even high class Hindu women.<sup>29</sup>

Apart from Cuttack General Hospital, and certain hospitals for particular class such as canal and railway employees, medical relief is now provided at no less than 26 dispensaries. Of these, three namely the Cuttack branch dispensary, and the dispensaries of Jajpur and Kendrapara are municipal institution, one is maintained by government at Banki government estate. The District Board maintains 19 dispensaries at various places in the interior, namely Dharmasala, Rai Sungra, Jagatsinghpur, Pattamundai, Raghunathpur, Sukinda, Manijanga, Balikuda, Asureswar, Kalapathar, Korai, Mangalpur, Tyandakura, Haripur hat, Patkura, Niali, Aul, Marshaghai and Binjharpur and there are other private institution at Bharchhan, Anantapur, Rajkanika and Raj Nagar maintained by the zamindars of those places. Omitting these last, for which figures are not available, the dispensaries in 1930 maintained 75 beds and treated altogether 173,577 out-door and 804 in-door patients. In addition the Cuttack general hospital maintained 160 beds for men and 46 for women and treated 14,868 out-patients and 2,448 in-patients.<sup>30</sup>

### **Odisha Medical School**

Another remarkable work of the missionary was the establishment of Orissa Medical School. The Orissa Medical School was established in 1875 with the object of providing Odisha with a supply of qualified Indian doctors. Originally housed in the upper story of the General Hospital, a separate building was provided for it in 1904, and since then it had steadily developed. A new administrative block and examination hall was completed and there were hostels for males and females students. The instruction had a four year course and some 40 licentiates and an equal number compounders passed out each year from the Medical School.<sup>31</sup>

### **In the context of Leper Asylum**

Leprosy was one area which saw serious missionary activity. Defined as work that was 'partly evangelical' and which 'desired to make converts', it implied setting up leprosy centres at Puri, Sambalpur, Deogarh (which ran on subscriptions) and the princely state of Mayurbhanj (managed by the Rajah and the Australian Mission) in the early years of the twentieth century. The colonial health administration was completely confused about the causes of the disease. It speculated about leprosy being communicated by the bacillus which went into the body through the stomach, and even located the consumption of badly 'cured' fish as a source.<sup>32</sup>The Cuttack leper's Asylum, covering an area of 30 acres on the bank of the Mahanadi, 5 miles east of Cuttack, was opened in 1919, and had initial accommodation of 240 patients. The building included a laboratory, dispensary, operating theatre, and a hospital with 20 beds weaving shed meeting hall and the

<sup>29</sup>L.S.S. O'Malley, *Census of India*, 1911, Vol. V, Bengal, Bihar and Orissa and Sikkim, Calcutta, 1913, p.414.

<sup>30</sup> Ibid. op.cit.p-74.

<sup>31</sup> L.S.S. O'Malley, *Census of India*, 1911, Vol. V, Bengal, Bihar and Orissa and Sikkim, Calcutta, 1913, p.415.

<sup>32</sup>*Census of India*, 1911, p. 409; these figures are for coastal Orissa (viz. Cuttack, Puri and Balasore.)

necessary quarters. The institution was managed by the Mission working through the local Baptist mission which provides an honorary superintendent. The greater part of the funds is provided by government and the mission to lepers, but contributions were also received from local bodies and certain feudatory states. The basis of treatment was hydnocarpus oil, and satisfactory results had been achieved. In 1930-31, 35 cases were discharged symptom free and none have reported a recurrence of the disease. Leprosy clinics had also been opened at the dispensaries of Pattamundai, Manijanga and Jagatsinghpur. There was also a leper asylum in Puri town at which lepers are fed on Mahaprasad given free by different mathas in the town. Three charitable Hindu zamindars of Balasore had also endowed certain property in the Purusottampur estate in this district for the purpose of providing food for lepers. The endowments being known as the Raj Das Endowment, a donation of Rs. 2,000 had been made by Kumar Rameswar Malia for the construction of a hospital for the leper colony.<sup>33</sup>The following table indicates the marginal people affected by leprosy in colonial Odisha during this period. In Odisha, the district of Ganjam and Parlakhemundi had taken various curative measures to challenge the diseases. The first Doctor Isaak Santara made the first treatment at Parlakhemundi in Ganjam district. According to him the disease was gradually increasing day by day.

District	1921s	1931s
Cuttack	78	117
Balasore	63	119
Angul	26	37
Puri	95	165
Khandapada	---	121
Ranpur	---	290
Hindol	----	176
Nayagarh	----	143
Baramba	----	171
Singhbhum	----	153

**Source:** *The Asha, Odia Newspaper*, 1936, 26/12, 1936, p-135.

## CONCLUDING REMARKS

Missionary medicine became more admirable in the context of colonial changes in medical culture in colonial Odisha. The early twentieth century Christian communities supervised by the Baptist mission and the local elite gained increasing autonomy in their congregations over issues of sickness, health and therapy. The colonial state gradually brought control and direction over national health care into its own administrative sphere concentrating the Missions. The concentration of rural health sector during 1940s and 1950s are a pioneering work of Missionaries. The policy of establishment Rural Health Centers in the rural areas reflected a holistic vision of Christian community. So how can we define both nature and place of Missionary medicine? In simplest form “Missionary Medicine” was the medicine which provided by Missionary societies in full phase. However, Missionary Medicine was not separate from colonial medicine, but a branch of it. Missionary medicine before 1945 was fragmented, small-scale, lacking in resources and overstretched. Its services could not compete with the quality of state capitals but it succeeded in the local context and stretched into rural society. If there was a missionary hospital, there was an option for the local people to construct western-biomedicine as a choice for healing.

<sup>33</sup>W. Hunter, *A Statistical Account of Puri*, Concept Building Limited, New Delhi, 1976.p-125.

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