

MEDICAL SUPERVISION OF THE HOSTELS IN DHAKA DURING COLONIAL PERIOD: A MEDICO- BUREAUCRATIC ANALYSIS

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Abstract

The dissemination of Western education in East Bengal commenced with the founding of Dhaka College in 1841. Over time, the number of these educational establishments grew. In the beginning, students hailing from areas outside Dhaka encountered difficulties in finding accommodation in Dhaka, so they resorted to creating messes. However, the government subsequently took the initiative to establish hostels for these educational institutions. Nevertheless, the messes managed to survive due to the limited space available in the hostels. The sanitary and medical conditions of these messes and hostels were precarious. While the government did not address the issue of the messes, it did take the proactive step of implementing medical supervision in the hostels. The paper aims to analyse the Medico-Bureaucratic process involved in the introduction of medical supervision of the hostels of Dacca College and its allied institutions in the years 1907 and 1908. In light of a conceptual framework crafted with medical discourse and the expansion of western medicine, the paper analyses quite a few official letters exchanged among the government officials of different departments that were found in a file preserved at the National Archives of Bangladesh. Drawing upon the analysis, it concludes that although the introduction of medical supervision was part of the government's educational policy, it can also be interpreted by Arnold's elements of medical discourse on the colonizing body which encompasses practises such as counting, disciplining and controlling. Again, though this was a goodwill gesture towards the people of East Bengal, it can also be interpreted from the point of view of the Civilization Mission.

Keywords: *Medico-Bureaucratic, Medical discourse, Western medicine, Dual city, Colonizing the body, Civilisation mission*

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Introduction

The establishment of Dacca College in 1841 was a continuation of the government's policy of promoting western education in Bengal. The government has taken several steps to improve the quality of education, infrastructure and other aspects of the college since its inception. In these efforts towards improvement, the reports of school and college inspectors played an important role. The reports contained, among other things, sanitary and medical condition of the college. For example, there was no provision of drinking water for the students in the college. During the summer, when it's too hot and sunny, thirsty students or native teachers had to walk to the far-off Buriganga River to get water. To eliminate this difficulty, Dr. Wise, then Principal of Dacca College, arranged to keep water in pitchers in the class room from 1845. For this, a high caste *Goala* was appointed whose job was to supply water to the college. In 1845, Edward Laws, then Inspector of School and College, submitted a very critical report to the government. Among other negative comments, he also mentioned in this report that the students consume *biri*, tobacco, *hookah* in class which is very disgusting and shameful. They constantly spit everywhere in the class especially on the wall. And their clothes are very pale and dirty which is spoiling the atmosphere of the college. He made various recommendations to improve this situation (Sharif 2002). The government's actions took health and sanitation concerns seriously. As a consequence, not only college buildings but also college hostels and later hostels of other government educational institutions were also brought under medical and sanitary supervision. Thus, western medical discourse as well as colonial bureaucracy gained relevance. The aim of this paper is to offer a medico-bureaucratic¹ analysis of the decision making process involved in the arrangements made for the medical supervision of the hostels attached to Dhaka College and its allied institutions that took place between 1907 and 1908.

Conceptual framework

In recent decades, a growing body of scholarship has sought to understand the role of the medical discourse in the process of colonization.

¹ I have coined the term "Medico-Bureaucratic" to capture bureaucracy involved in medical initiatives. The use of similar term is not unknown in the government documents. For example "Medico-Legal" is a commonly used term in the documents of the medical department which refers duties related to post-mortems. See Government of Eastern Bengal and Assam. Municipal Department. Medical A. December 1910. Nos. 111-150. Rules for the guidance of Medical Officers in Eastern Bengal and Assam in the conduct of medico-legal duties.

David Arnold, influenced by Michel Foucault's seminal work *Discipline and Punish, The Birth of the Clinic*, emphasized that "colonialism used or attempted to use the body as a site for the construction of its own authority, legitimacy, and control" (Arnold, 1993, p. 8). He reported that similar to what was happening at the time in Europe and America, bodies were being counted, categorised, punished, discussed, and dissected in India. However, taking a departure from Foucauldian idea of more dispersed and universal forms of knowledge and power, he focused on a state-centered system of scientific knowledge and power. In a further departure from the major body of Foucault's work, he attempted to consider resistance as a crucial component in the development and expression of a certain medical thinking and practise system. In a similar vein, Kumar (1997) traced that the western medical discourse operated in various ways: it was a tool for control that alternated between coercion and persuasion depending on the situation, and it served as a forum for dialogue and protest.

Apart from being used as a means of establishing empires, western medicine also developed out of practical necessity. The military barracks and jails, two medical and sanitary enclaves, as Arnold (1993) described, were the initial resorts of western medicine. The British medical specialists used these as observatories and laboratories to apply their theories and methods of treatment, which eventually extended beyond these two strongholds. But sanitary reformers of the 1850s and 1860s realised that improving conditions in the barracks alone would not ensure the army's health. Quoting John Sutherland, a prominent physician, Arnold revealed the situation that the physical well-being of the local populace and the military personnel are closely linked in nearly every station. Due to their close proximity, either the removal of troops from civilian areas or the sanitary improvement of army stations as a component of the broader initiative to improve native towns, cities, and the nation as a whole, must be undertaken. The jails, as Arnold demonstrated, also depicted clear peaks of mortality in 1866 and 1876 due to the deadly combination of famine and cholera. The sanitary conditions in prisons were considerably worse than in army barracks, making it more difficult to keep the prison isolated from the disease and famines raging outside. As a result, the government had to take initiatives for the development of public health.

Another aspect of this necessity derived from the efforts to protect the health of European community lived in colonial city along with the native neighbourhoods. This is due to what Anthony King mentioned that

the traditional colonial metropolis was designed to maintain and perpetuate a split between its native and foreign people by segregation in housing, density, layout, and daily activities (King 2004 in Pande 2010). The colonial city Calcutta also possessed these features. According to Swati Chattopadhyay, the residences of colonial officers and the richer white populace encircled the viceroy's mansion, which served as the focal point of "European" Calcutta. This "city of palaces," which was situated next to the maidan, a sizable open area, was conceptually and physically separated from the "black town." The boundaries between the two sections of the dual city's traditional colonial structure were both remarkably permeable and sturdy (Chattopadhyay 2005 in Pande 2010). The Governor General, Lord Wellesley, detailed the appalling conditions of the drains, roads, markets, and buildings in a minute to the city council in 1803, along with the filth that emanated from the graveyards, bazaars, and slaughterhouses, and the disorganised street plan in the town's native sections. Thus, the dual city was unable to hold the discourse of progress that doctors and bureaucrats were spreading by the early nineteenth century, marking the "enclavism" of colonial medicine's crisis point. Furthermore, no one was immune to illness if the city's air was contaminated. A cholera attack in 1817 brutally exposed the ineffectiveness of the dual city, forcing the government to undertake a comprehensive sanitary initiative for the entire city (Pande 2010).

David Arnold presented another reason for the spread of western medicine outside the army barracks. Florence Nightingale, as quoted in Arnold (1993, p. 98), believed that India's "native" population was also part of Britain's larger effort to clean up and civilise India, in addition to its own soldiers. In a speech given in October 1863, she referred to India as "the focus of epidemics" and the country where cholera originated. It was a region of "domestic filth," where sickness and famine were "the normal state of things." The key issue was then "no less a one than this: How to create a public health department for India; how to bring a higher civilization into India." Arnold (1993) brought another perspective in this civilization mission by saying that the doctors and surgeons contributed to the formation of persistent perceptions of India as a land of dirt and disease, of lethargy and superstition, of backwardness and barbarity, and of being scientifically precise through their extensive studies of medicine and illness. They also contrasted this Orientalized India with the cool-headed reason and science, the determined dynamism, and the paternalistic

humanitarianism of the West. Bringing Vaughan's (1991) idea of "curing their ills" to the colonial setting in India, Pande (2010) argued that by pathologizing colonial subjects, this medical discourse contributed to the justification of colonialism.²

By the beginning of the twentieth century, an all-encompassing dominance of western medicine had been established over various aspects of Indian life. In the second half of the 19th century, the government turned its attention to the health of students staying in hostels of government educational institutions in Bengal. As a result, those living in these hostels were brought under medical supervision. In light of medical discourse, the paper seeks answers to the questions of how the decisions regarding medical supervision of the hostels attached to Dhaka College and its allied institutions were taken by the colonial government (bureaucracy on its behalf) in Eastern Bengal and Assam. The paper used quite a few official letters exchanged among the government officials of different departments that were found in a file preserved at the National Archives of Bangladesh.³ It employed document analysis method to make sense of the letters containing both numerical and non-numerical information. As the letters discussed many topics at once, the topics were grouped into different categories through coding to facilitate analysis.

Establishment of messes and hostels for the educational institutions in Dhaka

The establishment of hostels attached to the educational institutions of Dhaka has a historical background that started from the foundation of Dacca Government School, the first government English school in Dhaka. According to Ahmed (2002), the school was established in 1835 by renting an old two-storied trading house of the East India Company near Sadarghat. In 1841, the school was converted into a college and named Dacca Central College or Dacca College. Initially, students were mainly admitted from Dhaka city and surrounding areas. But later, the

² This reminds us about Rudyard Kipling's poem, *The White Man's Burden* that was used as justification for American imperialism in the Philippines. See Miller, Stuart Creighton (1982). *Benevolent Assimilation: The American Conquest of the Philippines, 1899–1903*. Yale University Press.

³ Government of Eastern Bengal & Assam. Education Department. Education A. June 1908. Nos. 78-87. All the letters used in the paper were found in this file. Hence, the details of the file are not mentioned with the letters in the references.

aspiration to get high government posts through higher English education in college and the introduction of the scholarship system changed this situation. Gradually, students far away from Dhaka city started coming to study at Dacca Government School or Dacca College. As a result, a new problem and experience started with their stay in Dhaka. Students coming from outside somehow sought refuge with the city dwellers. Many found shelter with relatives or family acquaintances. Others tried to deal with the housing problem by renting a house or a few rooms of a house in small groups to form messes.

Ahmed (2002) stated that in 1874, a hostel was established for Dhaka Government School and Dhaka College on the initiative of Brahmo leaders. The government agreed to give an annual grant of 500 rupees (Rs. hereafter) for the hostel and a monthly stipend of 8 annas (1 anna equals to 1/16 of a rupee) per student. The name of this hostel was Dacca Hindu Chhatra Hostel. But due to infighting among the members of the management committee, mismanagement and weakness in management, and regionalism and nepotism in student admissions, the hostel closed down within a short period of time. Finally, in 1880, the first hostel for Dacca College was established in Sridas Lane, Banglabazar named Rajachandra Hindu Hostel. The hostel was established when Pratap Chandra Das, a wealthy zamindar and banker of Dhaka, promised to bear Rs. 600 per annum and other necessary expenses in addition to the previous government subsidy to establish the hostel in his father's name. Already more new educational institutions were established in Dhaka. Ahmed (2003) mentioned about few of these institutions while designating Dhaka as a centre of education. For example, the Government of Bengal established a madrasa in Dhaka in 1874 with money from the Mohsin Fund. A new vernacular medical school attached to the Mitford Hospital was established in June 1875. The Government built new hostels for the accommodation of the students of these educational institutions. The number of messes in Dhaka also increased to meet the growing housing demand. As a result, in the first decade of the 20th century, the number of messes in the city stood at 100 in addition to 8 hostels of Dhaka College and other government educational institutions.

Sanitary condition of the messes and hostels

Ahmed's (2002) description about the messes of Dhaka reveals their unhygienic condition. By the early 20th century, the number of messes

in Dhaka increased so much that various authorities became concerned about their location and the future of the students living in them. In 1900, the unsanitary condition of houses used as student messes and the total absence of moral control in Calcutta and other places were brought to the attention of the Lieutenant Governor of Bengal. In September 1901, the government issued an order called “Rules for the Regulations of Private Hostels, Students’ Messes etc” to improve this situation. But still the situation did not improve. Quoting the acting principal of Dhaka College Dr. P. K. Roy, Ahmed (2002) informed that several students of Dhaka College were living in dirty, unhygienic and undesirable mess without caretakers and guardians in 1903. The fact that the sanitary conditions of the hostels were not good can be found in the recollections of Dhaka Collegiate School student and later famous historian RC Majumdar. Reminiscing about Rajachandra Hindu Hostel, he stated that it is a two-storied house in a *Ginji Goli* (congested street). A large portion of its ground floor was closed, with no passage of light or air.

Introduction of medical supervision for the hostels

The establishment of hostels could have changed much of this unsanitary condition but the health problems of the students seemed to have remained. So the government took initiatives to protect the health of students living in hostels.⁴ A government order of 1881 evidenced the arrangement of such medical supervision in educational institutions of Dhaka. H. Sharp, then Director of Public Instruction (hereafter DPI) mentioned this order in a letter to Mr. Nathan, the Chief Secretary⁵ of Eastern Bengal and Assam while providing him with a historical background for the medical supervision of hostels in Dhaka along with the allowances to be given to the Medical Officer overseeing them. In this order the Government allowed the current Medical officers to keep current allowances until they resign from their positions (Government of Bengal June 1901 in Sharp, March 31, 1908). In the same letter the DPI informed the Chief Secretary that the Government of India granted Assistant Surgeon of Dhaka in charge of medical supervision of madrasa

⁴ In 1910, a report submitted by the head master of Dhaka Collegiate School, Vidhubhushan Majumdar, revealed that till then there was no provision for health care or treatment of students in the messes (Ahmed 2002).

⁵ The letters I consulted did not mention the name of the Chief Secretary. But from a different source it is known that Mr. Nathan was then Chief Secretary (Ahmed 2007). The sequence of the letters also support this designation of Mr. Nathan.

hostel Rs. 20 per month as it was an additional duty to his own duties (Government of India July 1902 in Sharp, March 31, 1908).

To bring the whole matter under a uniform policy, the Government of Bengal (May 20, 1901) Municipal Department proposed allowances for the medical officers in charge of the government hostels and boarding schools in 1901. The proposal contained that when a Civil Assistant Surgeon or an official of equivalent rank is in charge of medical care for 50 boarders or more, the allowance will be Rs. 50 per month. For 25 to 50 boarders Rs. 30 per month, and for less than 25 boarders Rs. 25 per month. The scale should be half, when a Civil Hospital Assistant is in charge of medical care. All hostels and boarding schools within a station should, if at all feasible, be under the medical supervision of a single officer, with the permissible allowance being determined by the total number of boarders. In cases where this isn't feasible, like in Calcutta, suggestions for the officer who should be in charge of each hostel will be requested from the Inspector General of Civil Hospitals. If a full-time official currently oversees the medical care of a government hostel or boarding school, the current setup should be maintained. The Civil Engineering College in Sibpur is the only known instance of this type of case, thus the current setup there shouldn't be changed. The Government of India (July 25, 1902) Home Department approved the proposals put forth by the Government of Bengal, but they also recommended that the Rs. 20 monthly conveyance allowance, which the Assistant Surgeon in Dhaka received in order to attend the Madrassa hostel, might not be discontinued since that institution has been given a distinct allocation.

Appointment of a Resident Assistant Surgeon

In 1907, several letters were exchanged between the DPI and the Government of East Bengal and Assam in regard to the medical supervision of the hostels affiliated with Dacca College and the School of Engineering.⁶ The Government of Bengal Medical Department made a suggestion that it would be better to appoint a Resident Assistant Surgeon of the 3rd grade at a salary of Rs. 100 per month, rather than a visiting Assistant Surgeon on a similar allowance, and he should be allowed to practise privately because if he isn't, a special allowance will need to be given. The government accepted these suggestions and gave the necessary direction to this end.

⁶ Correspondence beginning with Director of Public Instruction's letter No. 17 dated the 16th January 1907 and ending Government letter No. 7562C., dated the 25th June 1907

However, the visiting medical officer was given Rs. 50 a month to visit the Dacca School of Engineering (since the Arts College has not yet moved into the new buildings) while waiting for the appointment of a Resident Assistant Surgeon and the construction of a hospital. Finally, with effect from July 31, 1907, an Assistant Surgeon salaried Rs. 100 per month was appointed to oversee the two hostels (Sharp, March 31, 1908).

Scope of work of the Resident Assistant Surgeon

The appointment of a full-time Resident Assistant Surgeon prompted a discussion about the extent of his duties. In a letter to the Chief Secretary of Eastern Bengal and Assam, the DPI proposed that the Dufferin Moslem Hostel should be under the supervision of the full-time Assistant Surgeon on Rs. 100 (3rd grade), who was appointed to oversee the College and Engineering School Hostels (Sharp, September 6-13, 1907). Later he proposed to bring two more hostels - High School Hostel and Madrassa Hostel - under the supervision of the newly appointed Resident Assistant Surgeon (Sharp, February 20, 1908). It is also known from the letter of the Chief Secretary to the DPI, five more hostels⁷ are being brought under the supervision of the Resident Assistant Surgeon (Nathan, April 6, 1908).

Currently, two hostels (The Muhammadan Hall, and Arminitolla High School Hindu and Muhammadan boarding houses) of these newly added five hostels are not in existence. Eventually, those will need to be taken into account. In the letter written to DPI, the Chief Secretary also mentioned that if he agrees that the Assistant Surgeon is to be responsible for the care of the inmates at each of the aforementioned institutions, then the number of prospective boarders in the said hostels should be informed to the medical department. After giving this information to the medical department, the questions can be asked (i) Will the Assistant Surgeon be able to do the entire task? (ii) In light of these increased responsibilities, should he still be permitted to practise privately, (iii) What will be the amount of salary and allowances? (Nathan, April 6, 1908). In a different letter, DPI immediately informed

⁷ The additional 5 hostels are: (1) The Muhammadan Hall. (Not yet built), (2) Muhammadan hostel for Training school students. (Ground floor of the Collegiate High school building), (3) Collegiate High School hostel for Hindus (Raj Chandra Hostel, Farashganj), (4) Arminitolla High School Hindu and Muhammadan boarding houses. (Not yet built), (5) The old Madrassa hostel.

the Chief Secretary the probable numbers of inmates⁸ of each of the hostels (Sharp, April 6, 1908).

The Chief Secretary then asked the opinion of the Medical Department through the Judicial Department (Nathan, April 9, 1908). J. E. Webster⁹, the Secretary of the Judicial Department sent it to the Inspector General of Civil Hospitals (Webster, April 25, 1908). D. Wilkie¹⁰, the Inspector General of Civil Hospitals, informed that the Assistant Surgeon should be able to complete the entire task if he furnishes himself with a mode of transportation (such as a pony, bicycle, or gharry) and if richness is not unusually high in any of the hostels. If nothing else, we should let him give it a try without implying that he might find it too much. He also stated that for the time being, private practice should be permitted and unhindered. It can be discontinued later if it is determined that it is incompatible with carrying out his official duties completely. Referring 381 (a) and (b) of the Bengal Appointments and Allowances Manual, D. Wilkie informed that the Assistant Surgeon is entitled to Rs. 50, no more, no less. For attending twice as many men, he will receive half as much again, but he is also permitted to practise privately (Wilkie, April 30, 1908). Agreeing with the note given by the Inspector General of Civil Hospitals, the Judicial Secretary sent it to the Education Department unofficially (Webster, May 2, 1908). The Chief Secretary wanted to know whether the opinion of the Medical Department is acceptable to the Education Department (Nathan, May 5, 1908). After the Director of Public Instruction Sharp (May 8, 1908) gave a positive opinion in this regard, the Chief Secretary issued the final order regarding the scope of work of the Resident Assistant Surgeon. It is currently considered to be preferable to

⁸ The probable numbers in the various hostels mentioned in this letter were:- College hostel 150-200, Engineering hostel 106, Muhammadan Hall 50, Muhammadan Training Students' hostel (old Collegiate) school 30, Hindu Training Students' hostel (Narandia) 50, Collegiate High School hostel for Hindus (Farashganj) 60, Armiitolla Hindus and Mohammadans 30, Dufferin Memorial hostel 80, Old Madrassa hostel 33

⁹ It is assumed from the sequence of the letters that Mr. J. E. Webster was the Judicial Secretary at the time of the correspondence.

¹⁰ David Wilkie was appointed P. M. O. and Sanitary Commissioner for Assam in 1904. In October 1905, with the creation of a new province encompassing Eastern Bengal and Assam, he was appointed Inspector General of Civil Hospitals. The news of Colonel David Wilkie's retirement in October 1908 was met with widespread regret throughout Eastern Bengal and Assam, where all of the province's civil surgeons greatly admired and appreciated him for his kind heart and appreciation of a job well done. See *The Indian Medical Gazette*. November 1908. P.438

assign the Assistant Surgeon to oversee all of the government-run hostels in Dacca, with the exception of the old Madrassa Hostel and Eden Female School Hostel.¹¹ Here is a list of the hostels that the assistant surgeon will eventually have to deal with.

- (1) The Arts College Hostel.
- (2) The School of Engineering Hostel.
- (3) The Muhammadan Hall (not yet built).
- (4) Muhammadan Hostel for Training School students (ground floor of the Collegiate school building).
- (5) Hindu Hostel for Training School students (Narandia Hostel).
- (6) Collegiate School Hostel for Hindus (Raj Chandra Hostel, Farashganj).
- (7) Armenitolla High School, Hindu and Muhamadan Boarding Houses (not yet built).
- (8) The Dufferin Memorial Hostel.

The Nos. 3 and 7 had not yet been opened. Once constructed and occupied, they would eventually be placed under the Assistant Surgeon's supervision (May 29, 1908).

The salary and the allowances of the Resident Assistant Surgeon

After the appointment of the Resident Assistant Surgeon, the discussion about his salary and allowances began along with the discussion of his scope of work. Since he was of the 3rd grade, there was no dispute about his basic pay. At that time the basic pay of a 3rd grade employee was Rs.100. So, his basic salary was fixed at Rs. 100 and other allowances were discussed. Discussions continued through correspondence at various levels of the government to decide on his extra allowance, carriage allowance, house allowance etc. Below are the discussions and decisions in these matters.

¹¹ The old Madrassa Hostel and Eden Female School Hostel were under different arrangements. Another Assistant Surgeon Rai Gopal Chandra Chattarji, Bahadur had been getting an allowance of Rs. 50 for the medical charge of the old Madrassa Hostel since 1899. See the letter from Colin H. Browning, Esq., M. A., Principal, Dacca College to the Director of Public Instruction, Eastern Bengal and Assam. No. 1196, dated Dhaka, the 15th February 1908. Arrangement regarding Eden Female School Hostel is not known.

Extra Allowance In the course of conversations among the government officials, the question of granting extra allowance to the Resident Assistant Surgeon came with other issues. According to the Inspector General of Civil Hospitals, claims for an extra allowance came with the number of students to be attended. He informed the Under-Secretary, Judicial that for hospital assistants, the standard regulation is that they get an allowance of Rs. 10 for 50 or more inmates in the dormitory, and Rs. 5 for less than 50. An Assistant Surgeon may then receive Rs. 20 or Rs. 10, and in this instance, the Assistant Surgeon ought to receive Rs. 20 (Wilkie, November 2, 1907). Having informed about the general rule for extra allowance from the Inspector General of Civil Hospitals, Under-Secretary Judicial¹² wrote to the Judicial Secretary that he doesn't think it's necessary to grant the extra allowance that the Inspector General of Civil Hospital suggested. Since the Assistant Surgeon is a full-time officer tasked with overseeing these hostels, he doesn't believe anything more is actually needed than the carriage allowance (Milne, November 6, 1907). But the Judicial Secretary Webster (November 1907) seemed to be somewhat sympathetic to this case. He wrote to the Chief Secretary that since the Assistant Surgeon was granted permission to practice privately and this was used as justification for not suggesting a special allowance, he believes the Assistant Surgeon should be paid Rs. 20 per month for the additional labor.¹³

The Education Department was also involved in the correspondence regarding the extra allowance. The Principal of Dacca College Mr. Browning wanted Rs. 50 as extra allowance for the Assistant Surgeon. But the Director of Public Instruction did not recommend Browning's proposal since the Assistant Surgeon in this case is performing his regular duty not ordinary duty and hostel duty in addition. However, he only advised Rs. 20 as an extra allowance. He informed the Chief Secretary that the Inspector General of Civil Hospitals also found his suggestion sensible and he brought this matter before the Inspector General of Civil Hospitals once more, and he concurs that the suggestion is reasonable (Sharp, February 1, 1908). After learning about the recommendation of Rs. 20 extra allowance by the Director of Public Instruction, the Principal

¹² The name of the Under-Secretary, Judicial was not mentioned in the letter. But the sequence of letters suggests that Mr. G. Milne was the Under-Secretary, judicial during the time of this study.

¹³ No date is mentioned but analyzing the dates of relevant letters it can be assumed that the letter was exchanged in the second week of November 1907

of Dacca College requested him to reconsider the matter. He informed that the Assistant Surgeon referring to the Government of India's regulation had requested Rs. 50 for visiting Dufferin Memorial Hostel instead of Rs. 20 recommended by the Director of Public Instruction. In addition, the Principal mentioned that the government had approved Assistant Surgeon Gopal Chandra Chatterjea, the current Medical Officer's predecessor, to be paid Rs. 50 while he was in charge of the Raj Chandra Hindu Hostel. He thinks the suggested allowance of Rs. 50 is appropriate, and so does the Committee of the Madrassa. After furnishing the Director of Public Instruction with the information, the Principal requested him to reconsider the matter (Browning January 22, 1908).

However, DIP and the Inspector General of Civil Hospitals agreed that the plans may be slightly altered in light of the Assistant Surgeon's protest of Browning's letter, the Civil Surgeon's viewpoint, and the Madrassa Committee's opinion. Inspector General of Civil Hospitals recommended Rs. 20 as extra allowance, together with Rs. 35 for carriage. But the Director of Public Instruction thinks it will be difficult to request the carriage allowance, so he proposes Rs. 50 as an extra allowance in addition to the Rs.100 salary and Rs. 30 house allowance. The Director of Public Instruction also informed the Chief Secretary that Rs. 50 can be given without consulting the Government of India but as the Assistant Surgeon is the only person in charge of the hostels, he is not sure about the appropriateness of this course of action (Sharp, February 1, 1908). Finally, the Chief Secretary informed the decision of the government. In a letter to the Director of Public Instruction he stated that the Lieutenant Governor approved the Assistant Surgeon's monthly allowance of Rs. 50 in recognition of the extra responsibility placed on him. This order would be effective from the day he assumes management of all the current hostels and the Accountant General, Eastern Bengal and Assam, should be notified directly of this date. The allowance is approved with the condition that the Assistant Surgeon or his successor in the position will attend the current hostels in Dacca as well as any future ones that may be established, for which he will not be eligible for any further allowance. The allowance he has been granted is sanctioned, but it does not prevent him from engaging in the private practice permitted by Government Order No. 7562C, dated June 25, 1907. Should it be discovered that his private practice is interfering with his official duties; the Government will issue the necessary orders to cease it (Nathan, May 29, 1908).

Carriage Allowance The Resident Assistant Surgeon was appointed for the medical supervision of Dhaka College and Engineering School Hostels, but gradually when the proposals to increase his scope of work came, the issue of allocation of carriage allowance for him came to the fore. The Principal of Dacca College wanted carriage allowance of Rs. 35 (Sharp, February 1, 1908). Inspector General of Civil Hospitals informed the Under-Secretary Judicial that the Civil Surgeon of Dhaka who was aware of the distance among the hostels also recommended a travel allowance (Wilkie, November 2, 1907). If no additional allowance is given to the Assistant Surgeon then the Civil Surgeon of Dacca also recommends that the Assistant Surgeon be given a carriage allowance of Rs. 50 (Sharp, February 20, 1908). The Under-Secretary, Judicial passed this recommendation to the Judicial Secretary saying that the Assistant Surgeon should be given Rs. 20 as carriage allowance (Milne, November 6, 1907). But in a letter to the Chief Secretary, the Judicial Secretary stated that he does not see any reason for carriage allowance as the Assistant Surgeon was allowed private practice (Webster, November 2007).

The Education Department of East Bengal and Assam also checked the justification of carriage allowance to the Assistant Surgeon. In a letter to the DPI, the Principal of Dacca College Mr. Colin H. Browning reiterated his earlier suggestion about carriage allowance. He suggested that the Resident Assistant Surgeon be granted a home allowance of Rs. 40 per month and a carriage allowance of Rs. 35. He understood that the Director of Public Instruction had suggested a house allowance of Rs. 30, however, there was no carriage allowance. Since the Assistant Surgeon must cover several miles every morning, he believes the latter is, at least for the time being, a need. To that reason, the Civil Surgeon strongly suggested doing the same (Browning, January 22, 1908). As the Director of Public Instruction referred, Mr. Browning now discovered that the transportation fee for visiting all of these hostels—a process that typically takes 4.5 hours each day—would be Rs. 1-8, or Rs. 45 per month. In addition, Rs. 5 was added to the initial Rs. 35 total to account for unexpected calls. In light of this, Mr. Browning stated that Rs. 50 carriage allowance would seem reasonable (Sharp, February 20, 1908).

The Director of Public Instruction informed the Chief Secretary that the Assistant Surgeon would stay within the premises of the newly constructed College and Engineering School, a considerable distance from the Collegiate School and Madrassa hostels. The granting of a carriage

allowance is supported only by this factor. However, the government has appointed him and paid him for the sole purpose of supervising hostels. (This office is unaware of whether his appointment was based only on the work of the College and Engineering School.) In order to carry out his substantive responsibilities, he must supply the means by which they can be satisfactorily fulfilled. The benefit of private practise has also been granted to him. Regarding this matter, reference is made to paragraph 3 of Mr. LeMesurier's¹⁴ note dated April 4, 1907, in which it was decided that the carriage allowance was not justified. According to this ruling, a professional man who receives salary and allowances should maintain a conveyance for the purposes of his work. If the government decides to offer a carriage allowance, Article 1075 of the Civil Service Regulations and exemption (a) of Article 277 of the Civil Account Code require the approval of the Indian government. However, it could be challenging to get it approved given their July 1902 orders; they would, however, be made aware of our situation about the Resident Assistant Surgeon we have. After providing the Chief Secretary with all the above mentioned suggestions and information, the DPI expressed his inability to recommend carriage allowance (Sharp, February 20, 1908). Finally, the decision of the Chief Secretary came as regards the grant of a carriage allowance to the Assistant Surgeon Maulvi Fazlur Rahman Khan that the government regrets that the request cannot be considered as it is the responsibility of a medical professional getting salary and allowances to maintain a conveyance for the purposes of his profession (Nathan, May 29, 1908).

House allowance The appointment of a new Resident Assistant Surgeon led to discussions on how to arrange his accommodation. According to Government rules, an Assistant Surgeon was entitled to free quarters or a rented house (Education Department, June 25, 1907 in Sharp, March 31, 1908). Commissioner of the Dacca Division stated that he was aware that the Assistant Surgeon should be given quarters. A house has to be rented till the quarters are built (Sharp, September 6-13, 1907). The Principal of Dhaka College Mr. Browning proposed a house allowance of Rs. 40 (Sharp, February 1, 1908). As the construction of his quarters has not yet begun, the DPI suggested a house-allowance of Rs. 30 per month from July 31, 1907, till the quarters are built (Sharp, September 23, 1907). In a letter to the Chief Secretary, he mentioned that the Local Government may give free quarters as long as the Assistant Surgeon's monthly salary

¹⁴ He was appointed as the Commissioner of Dhaka Division in 1906.

and allowances do not surpass Rs. 250. Free quarters for the Assistant Surgeon may be approved, without delving into the issue of the future incumbents' salaries. The Director of Public Instruction will handle the construction details and coordinate with the Public Works and Municipal departments. After this is acknowledged, the Assistant Surgeon is qualified for a housing allowance while housing is being built. Without consulting India, the Local Government may approve the Rs. 30 grant that the Director of Public Instruction has suggested (Sharp, February 20, 1908). As the Assistant Surgeon M. Fazlur Rahman Khan, a Supernumerary in Dhaka, has been appointed by the Inspector General of Civil Hospitals, Eastern Bengal and Assam, to oversee the hostels at a salary of Rs. 100 per mensem, effective July 31, 1907, the Director of Public Instruction proposed that the current year's budget's grant for buildings, Government Colleges, and Grants-in-aid would be transferred to cover the cost of Rs. 422 (Sharp, September 23, 1907). Considering all the letters exchanged among the respective officials, the Chief Secretary in his letter to the Director of Public Instruction gave the final Decision. According to the decision, the Assistant Surgeon must have free accommodations, which should be constructed close to the Arts College. Until then, the Government needs to approve giving him Rs. 30 a month as house rent, retroactive to July 31, 1907, as the Director of Public Instruction has suggested. The Chief Secretary also requested the Director of Public Instruction to submit the required plans to the Municipal Department of Government for the building of this officer's quarters (Nathan, May 29, 1908).

The above mentioned decisions constituted the total salary and allowances to be given to the Resident Assistant Surgeon. The total pay and allowances stand at Rs. 180 – Basic pay Rs. 100, house allowance Rs. 30 and extra allowance Rs. 50. As a new third-grade officer, the basic pay of the Resident Assistant Surgeon was fixed at Rs. 100 by Government regulations. So there was no need for any discussion on this matter. His house allowance was also not much debated. It has been decided to give him Rs. 30 as house allowance until he is provided with free quarters. However, a long debate took place over his carriage allowance and extra allowance, and extensive correspondence was exchanged between various government departments to reach a decision regarding these issues. Finally, considering the number of students he was allotted an extra allowance of Rs. 50 but the proposal for granting him a carriage allowance was not entertained by the government. He was advised to keep some money

aside from his salary and allowances for the purpose of conveyance. He, however, was allowed to practice privately. But there was still one more step to be completed, and that was determining the source of money. The final instruction in this regard came from the Chief Secretary. According to this direction, the additional expense incurred in the current fiscal year should be covered by the grant found in the education budget for the 1908–1909 year under the heading “Allowance to Assistant Surgeons–Government Colleges–General” (Nathan, May 29, 1908).

Conclusion

Introduction of medical supervision for the hostels of Dacca College and its allied institutions can be considered a goodwill gesture of the government or part of its civilizing mission to some extent. But counting the number of students and bringing them under medical supervision can also be interpreted as counting, disciplining and controlling bodies as Arnold (1993) has seen it. There was, however, no mention of force in the entire correspondence, not even any negotiation with and resistance from the natives. Although, the Resident Assistant Surgeon Maulvi Fazlur Rahman Khan appealed for increasing his allowances, it cannot be called negotiation with the natives. The voice of students of the Dacca College and local representatives was totally absent in the conversations between the government officials. However, it is not uncommon that native voices are frequently left out of official discourse. Despite knowing this may have happened, it can be said that in the beginning, the natives looked at western medicine with suspicion and sometime resisted its expansion (e.g., protest against vaccination drives), but gradually this situation changed. By the time of this study, western medicine grew in popularity among the educated middle class. To coordinate the entire process, the General Department of the Government has made excellent coordination between the two departments concerned in this regard - Education Department and Medical Department. No disharmony was seen between the departments rather excellent cooperative spirit was observed among them. As a result, the process of appointing an Assistant Resident Surgeon and fixing his salary was completed within a very short period of time. In this case, there is no bureaucratic delay as it generally assumed about the colonial bureaucracy.

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