

Tariffed 'Colonial' or 'Imperial' Medical Practitioners of Colonized India

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The Charter of 1600 AD equipped the English to trade with India and the socio-political situation in the land equipped the English to be an administrator. The journey from a trader to administrator encompasses many elements and one distinguishing element is medicine and the medicine man. The 'colonial' or 'imperial' medical practitioners in the form of Doctors appeared with the colonizers. They followed the army men and the missionary men to treat their sicknesses. The appearance of medical practitioners led to the establishment of hospitals and dispensaries, which, developed following the baseline of the colonizers metropolis system. These medical practitioners were not without salaries. The discussion is about the tariff of Medical Officers fees for attendance on natives.

Key words: Medicine, colonizers, doctors, tariff, chief.

Colonial and Imperial medicine:

The introduction of 'colonial' or 'imperial' medicine¹ begins with the British in India. As is known, the English started trade with India with the grant of the Charter in 1600 AD. The popular battles (1) the Battle of Plassey 1757, and (2) the Battle of Buxar 1764 made them undisputed power in Bengal and finally the master of India. We can allege the poor socio-political condition to be a reason behind the laying of administrative authority in India. With trade men, missionaries, and administrators came the medical practitioners. The period since 1860, was the age of modern biomedicine² and it was Anne Hardy's, lecturer in the history of medicine at the Wellcome Centre for the History of Medicine at University College London who put forward this³.

Disease and the debate on fees for attendance on the natives of colonial India:

"In India, ..., the period from the 1870s to the 1920s was an important watershed in the history of medicine and disease – in India's case, especially the years of the plague epidemic from 1896 onwards⁴." Ira Klein, in the celebrated work 'Death in India, 1871-1921', *Journal of Asian Studies*, 32:4, 1973, Kingsley Davis, *The Population of India and Pakistan*, Princeton, 1951 discussed in detail various diseases and the related cause of deaths, in millions, in the subcontinent constantly raised the demand of medical practitioners in India. Systematic representation of the institution 'medical' started to touch the sky year after year with the inroads of deadly diseases. Hence, more disease required more doctors in a populated country like India. Development in the research of medicine was exclusive hitherto, however, expenses incurred thereof is not discussed in this paper. Vaccination⁵ against small-pox was popularized in India for a meager amount. However, the matter still lies whether the amount was meager for the colonize subalterns? Whatever the cause is, it is true that the space for the demand of colonial or imperial medicine was created, numerous colonial documents stands as a testimony for the same. The numerous Indian bourgeoisie class or the 'Babus' started depending on these medicines and as the demands raised so are the prestige of the practitioners. And long with this their demand on tariff fee for attending patients hiked. The below given table depicts the picture of what actually happened.

Abstract of opinion on the outline of Tariff for Medical Officer's fees for attendance on ruling Chiefs, etc., in India⁶.

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Officers	For an ordinary visit within the limits of the town or city	For an ordinary visit in suburban areas.	For a consultation or conference or for a night visit	FOR SEEING A SECOND PATIENT IN THE SAME HOUSE OR FOR A SECOND VISIT THE SAME DAY	For a visit to the mufassal of over 24 hours' duration.	For a confinement.	For a minor operation.	For a major operation.	For assisting at a major operation.	For the administration of chloroform or other anaesthetic.
Lt.-Col. Harris (vide copy of his letter to Government).	Rs. 16	To vary with the distance travelled; ordinarily Rs. 32	Rs. 32	Rs. 16	For a distance of 50 miles, Rs. 500 per diem.	Rs. 200 to 500	Rs. 32 to 80	Rs. 150 to 1,000	30 per cent of the operator's fee	Rs. 32 to 100
Lt.-Col. Drury	Rs. 16	According to distance, Rs. 32, 48 or 64. For consultation, Rs. 16 in addition.	Rs. 32	Rs. 16	For a distance of 50 miles, Rs. 500 per diem.	Rs. 500	Rs. 100 to 250	Rs. 250 to 1,000	30 per cent of the operator's fee	Rs. 32
Lt.-Col. Green	Rs. 16	According to distance, Rs. 32, 48 or 64. For consultation, Rs. 16 in addition.	Day consultation and night visit, Rs. 32. For night consultation, Rs. 64.	Rs. 16	For a distance of 50 miles, Rs. 500 per diem.	Rs. 500	Rs. 100 to 250	Rs. 1,500	25 per cent of the operation's fee	Rs. 32
Lt.-Col. Maynard	Rs. 16	Not stated	Rs. 32	Not stated	For a distance of 50 miles, Rs. 500 per diem.	No opinion offered on these points.				

Major O'Kinealy	Rs. 16	According to distance, Rs. 38, 48 or 64. For consultation, Rs. 16 in addition.	Day consultation and night visit, Rs. 32. For night consultation, Rs. 64.	Rs. 16	Rs. 16	For a distance of 50 miles, Rs. 500 per diem, plus travelling allowance.	Rs. 500	Rs. 100 to 250	Rs. 1,500	25 per cent of the operator's fee	Rs. 32
Major C.R. Stevens	No definite scale has been suggested, as no workable scale is possible to be framed.										
Major Waters	For Calcutta, Rs. 16.	Rs. 32 to 100	Double the ordinary fee	Half	Full	Rs. 500 to 1,000 per diem.	Rs. 300 to 500	Rs. 48 to 128	Rs. 500 to 1,000	Rs. 250 to 500	Rs. 50 to 150
	For Mufassal, Rs. 16	Rs. 32 to 100	Double the ordinary fee	Half	Full	Rs. 300 per diem	Rs. 200 to 400	Rs. 32 to 100	Rs. 300 to 750	Rs. 150 to 375	Rs. 50 to 150
Lt.-Col. Nott	For Calcutta, Rs. 16, plus Rs. 50 per hour for	Rs. 32	Double the ordinary	Half	Full	Rs. 500					
	For Mufassal, Rs. 16, plus Rs. 32 per hour for detention.	Rs. 32	Double the ordinary	Half	Full	For over 24 hours' absence, Rs. 300. For 3 hours or more, Rs. 50. For 8 hours or more, Rs. 100.	For normal cases. Fees for ordinary visit and detention. In operation cases. Fees for ordinary visit and an operation fee.	Rs. 50 to 200	Rs. 250 to 2,000 or 1,500	For a senior officer, Rs. 200. For a junior, Rs. 100.	For a senior officer, Rs. 50 to 100. For a junior officer, Rs. 32 to 50.
Lt.-Col. Crawford	Rs. 16	From 3 to 8 miles, double the ordinary fee.	Double the ordinary	Half	Full	Not stated, but suggests a heading being inserted for less than 24 hours.	No opinion given on these points				

Lt.-Col. Brown	For a specialist, Rs. 32.	Within 5 miles – (1)Ordinary day visit ... Rs. 16 (2)Consultation or night visit ... Rs. 128 Between 5 to 10 miles – (1)Ordinary day visit... Rs. 100 (2)Consultation or night visit ... Rs. 200 Between 10 to 20 miles – (1)Ordinary day visit... Rs. 200 (2)Consultation or night visit...Rs.400 Beyond 20 miles – (1)Ordinary day visit ... 500 (2)Consultation or night visit... Rs.1,000	Rs. 64	Half	Full	Rs. 1,000	Rs. 500 to 1,000	Rs. 250	Rs. 500 to 1,000	Rs. 250	Rs. 100 to 250
Lt.-Col. Calvert	Rs. 16	Rs. 24 to 32	Double the ordinary fee	Half	Half or full according to circumstances.	Senior officer, Rs. 500 Junior officer Rs. 100	Professor of Midwifery, Rs. 500. Others, Rs. 200	Rs. 150	Rs. 150 to 1500	Rs. 50 to 150	Rs. 32 to 64
Major Oldham	Within 5 miles of head-quarters, Rs. 32.	Beyond 5 miles from head-quarters, Rs. 48 to 64.	Rs. 64	Half	Half	Rs. 200	Ordinary or uncomplicated, Rs. 200 to 300. Instrumental, Rs. 300 to 500.	Rs. 100	Rs. 200 to 500	Rs. 100	Rs. 32 to 100, depending on the length of operation, etc.

From the above table can be seen that 12 (twelve) medical practitioners were asked to give their suggestion in related to the tariff fees of consultancy of native bourgeoisie. Various heads are treated differently by the colonial doctors. Under the head ‘For an ordinary visit within the limits of the town or city’ it ranged from Rs. 16 to Rs. 100. Here Lt.-Col. Brown suggested in more detail for under this head. For a consultation or conference or for a night visit Major Oldham, Lt.-Col. Brown, Major O’Kinealy, and Lt.-Col. Green suggested from Rs. 32 to Rs. 64. For seeing a second patient in the same house Lt.-Col. Harris, Lt.-Col. Drury, Lt.-Col. Green, and Major O’Kinealy opined for Rs. 16 whereas others opted half of the amount. Second visit the same day in the same house the structure suggested was Rs. 16 by Lt.-Col. Green, Lt.-Col. Drury, Lt.-Col. Harris, and Major O’Kinealy whereas Major Waters, Lt.-Col. Nott, Lt.-Col. Crawford, Lt.-Col. Brown, and Major Oldham wanted it to be full. And Lt.-Col. Calvert wanted it half or full according to circumstances. For a visit to the mufassal of over 24 hours’ duration it was suggested Rs. 500 for 50 miles by the following officers Lt.-Col. Harris, Lt.-Col. Drury, Lt.-Col. Green, Lt.-Col. Maynard, and Major O’Kinealy. Lt.-Col. Nott suggested for over 24 hours’ absence, Rs. 300, for 3 hours or more, Rs. 50, for 8 hours or more, Rs. 100 and Major Oldham suggested Rs. 200. Lt.-Col. Calvert mentioned for the first time about senior officer to be offered Rs. 500 against a Junior officer, with Rs. 100. For a confinement several views put forward. Generally under this Rs. 200 to Rs. 500 was found viable with an exception of Lt.-Col. Brown, who wished Rs. 500 to Rs.1000 under this head. As far as minor operation was concerned there was a mixed view. As low as Rs. 32 to Rs. 250 was found appropriate in such kind of operations. In

case of major operations Lt.-Col. Harris, Lt.-Col. Drury wanted the fee to be up to Rs. 1000 whereas Lt.-Col. Green wanted it to be Rs. 1500. For assisting at a major operation an amount of Rs. 50 to Rs. 250 was found appropriate. Some even wanted this to be on the basis of percentage. For the administration of chloroform or other anesthetic Rs. 32 to Rs. 250 was found appropriate. Again under this head Lt.-Col. Nott raised the question of senior and junior doctors, and opined that seniors should get more than juniors. This is what Lt.-Col. Nott noted “For a senior officer, Rs. 200. For a junior, Rs. 100”. The interesting thing is that the medical practitioners were addressed as officers and not as doctors.

Commercialization of the colonial medical service:

In reality looking after the sickness was on the way to become commercial. As they were trades men they put up their habit and did not undone with medicine and sickness. The above table defines the motives of the colonizers to earn with the knowledge they have acquired and that too greatly from the native ruling chiefs and their families. Indian administrative system was removed gradually and British system prevailed, draining the wealth of India. The same situation was witnessed in the medical scenario. The officers or medical practitioners made tariff to loot the existing small money class. As disease cannot be undermined, it was a big tool to the colonizers to extract wealth as much as possible from the natives of India. If the price index of that period is seen it would amply prove that the demand of the medical practitioners was huge.

As far as the regulation of the fees to be received by Medical Officers for attendance on Ruling Chiefs and their families and dependents, and on Indian gentlemen of high position in Native States or in British India is concerned in any particular case, he is entitled to accept a fee in excess of the recognized scale, he would be required to report the case to the Administrative Medical Officer to whom he is subordinate, and the latter, after consultation with the Local Government (who in their turn would be at liberty to obtain the opinion of the Director-General, Indian Medical Service, or to refer any particular case for the orders of the Government of India), would communicate the orders of the Local Government to the Medical Officer concerned⁷. Earlier as concerning the attendance rendered by medical officers in Native States, His Honour is of⁸ opinion that rules such as those now suggested may reasonably be enforced. The conditions of British India are, however, entirely different from those of native territory, and Sir Edward Baker is in entire agreement with the view expressed in Mr. Oldham’s letter No.1751 Med., dated the 12th September 1908, that there is no sufficient reason for interference at the present time with Civil Surgeons in this province in respect of the fees demanded by them from their patients. It was also that the Lieutenant-Governor does not consider it practicable to prescribe more than two such scales, the one to be adopted in Calcutta and the other outside the Presidency town, while, with reference to the suggestion of the Government of India that officers of established reputation and special qualifications should be permitted to charge for their attendance at higher rates than ordinary Civil Surgeons, His Honour is of opinion that it is impossible to differentiate in this manner between individual officers⁹. Finally after consideration of the various opinions offered, the following scale of charges is suggested¹⁰: -

(a) For an ordinary visit within the town	Rs. 16
(b) For an ordinary visit in suburban areas	Rs. 32 rising by increments of Rs. 16 up to Rs. 64 according to distance of the journey involved.
(c) For a consultation, conference or night visit	Double the ordinary fee
(d) For seeing a second patient in the same house	The full ordinary fee
(e) For a second visit the same day	The full ordinary fee
(f) For a visit to the <i>mufassal</i> of over 24 hours duration	Rs.500

(g) For a confinement	Rs.200 to Rs.500
(h) For a minor operation	Rs.32 to Rs.250
(i) For a major operation	Rs.250 to Rs.1,000
(j) For assisting at a major operation	25 per cent of the operation's fee
(k) For the administration of anaesthetics	Rs.32 to Rs.100
MUFASSAL	
(a) For an ordinary visit within the town in which the officer resides	Rs.16

With this prescribed structure it is understood from the letter from H. Wheeler, Secretary to the Government of Bengal ESQ., I.C.S., to The Secretary to the Government of India, Home Department, it was also felt that some of the officers of the Indian Medical Service employed in the interior of the province are not the equals in professional ability of some of those who hold appointments at headquarters¹¹. Hence, the demand of same fee would not justify. However, if the same practitioner would have been working in Calcutta the demand of fee would have been higher than mufassal.

It is proverbial that the service of the medical practitioners of colonial India was gradually turned into professional-commercial in terms of fees for attendance on Ruling Chiefs and their families and dependents, and on Indian gentlemen of high position in Native States or in British India. In years to come it has provided undoubtedly a new dimension on the line of giving a shape to the element of medical and medicine on the line of commercialization.

End Notes:

1. David Arnold, *Colonial Medicine in Transition: Medical Research in India, 1910-47*, South Asia Research, Vol. 14, No. 1, Spring 1994, pp.10-11 also see David Arnold (ed.), *Imperial Medicine and Indigenous Societies*, Manchester, 1988; Roy MacLeod and Milton Lewis (eds), *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion*, London, 1988; Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness*, Oxford, 1991; David Arnold, 'Medicine and Colonialism', in W.F. Bynum and Roy Porter (eds), *Companion Encyclopedia of the History of Medicine*, II, London 1993, pp. 1393-1416.
2. Nadja Durbach, *The Social History of British Medicine: An Essay Review*, *Journal of the History of Medicine*, Project Muse, Volume 57, Oxford University Press, 2002, p.485.
3. *Ibid.*, pp.484-485.
4. David Arnold, *Op. Cit.*, p.12.
5. Municipal Department, Municipal, 1898-99, State Archives of West Bengal, Kolkata.
6. Finance Department, Medical, October 1919, State Archives of West Bengal, Kolkata.
7. Proceedings No. 16, File No. F – 6 (14), Letter No. 819T. – Medical, dated 22nd September 1909, Municipal Department, Medical, State Archives of West Bengal, Kolkata.
8. Notification No. 507, dated the 1st July 1907. Mr. Fergusson's letter No. 988, dated the 16th September 1907, Municipal Department, Medical, State Archives of West Bengal, Kolkata.
9. Proceedings No. 16, File No. F – 6 (14), *Op. Cit.*
10. Proceedings No. 16, File No. F – 6 (14), *Op. Cit.*
11. Letter No. 819T. – Medical, dated 22nd September 1909, Municipal Department, Medical, State Archives of West Bengal, Kolkata.