



Review Paper

Western medicine and indigenous response in Colonial Coorg

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Abstract

The purpose of the present study is to describe, analyze, understand and draw conclusions on the nature of British domination in Coorg and highlight issues pertaining to the Western Medicine and Indigenous Response in Colonial Coorg. The paper attempts to study nature of the contest between indigenous and western medicines in Colonial Coorg. Western medicine was introduced initially for benefit of British in India and later extended to Indian population as a tool of empire. Gradually it marginalized indigenous medicine with help of state power and colonised indigenous bodies to get cultural domination.

Keywords: Indigenous medicines, western medicine, Malaria, Anophiline, Kodagas.

Introduction

Coorg is a tiny hill district in Karnataka both in terms of geographical area and population. It forms part of the Western Ghats captivating mountain landscapes and deep valleys have brought fame to this beautiful district. Though geographically limited in area, it is one of the famous districts of the country. It is the centre of natural beauty consisting of hill ranger, deep valleys and shining water falls; Coorg officially known as Kodagu. The word Kodagu is derived from 'Kodimandal' or 'Kudu' meaning 'steep' or 'hill'. Many eminent scholars who have visited Coorg have left behind excellent description of the land; Coorg is surrounded by lush greenery, the pleasant climate and the hilly terrain inspired the British, who occupied the area for over hundred years to call it has the "Scotland of India". Coorg having its own Identity, it was a hill country. In the Western Ghats Coorg is bounded on the North West by Dakshina Kannada on the north by Hassan and Mysore. Towards the South West and South Coorg in surrounded by Kerala. Coorg is the land of heavy rainfall. The main occupation of the people of Coorg is cultivation of food crops and plantation crops such as Paddy, Orange, Cardamom and Coffee in during the colonial period¹.

Coorg (Kodagu) up to about the beginning of the seventeenth century was not ruled by any one dynasty completely at any time. Different parts of Kodagu were being ruled by petty princes and chieftains who owned allegiance to bigger powers outside the district. After the fall of Vijayanagar Empire in 1565 A.D, a prince of the Ikkeri dynasty from Haleri established political strategy rather than military strength in Kodagu. The 200 years of Lingayat rule is important in the evolution of a distinct cultural identity. Under them administrative Kodagu brought under one rule for the first time. In 19th century Coorg

annexation was planed and later on formal assent of village chiefs was easily won by the British².

In 1834 Coorg was taken over by the British; since 1834 the state was kept as a separate unit of Madras Presidency (In those days centrally administered areas were called Non-Regulation districts and Coorg was one of them). They captured Coorg for its favourable weather, natural resources, and military advantages and lastly for the plantation enterprise Europeans settled in the state as coffee planters the European planters introduced western ideas³. The *Basel Mission* introduced Modern Education first time on this region. The Gazetteer of Coorg by G. Richter mentions that "*Coorg in British administration underwent major changes such as revenue, police, forest, medical and education on this region*". Coorg was divided into six Taluks by the British and was administered as a separate state until 1947. Coorg is the only part 'C' state which had the experience of a democratic institution since 1924; Coorg has always been a surplus area and it has a separate culture and individuality in 20th century expansion of the nationalism people realized the foreign domination in Coorg⁴.

Topography: Coorg is endowed with treasure of natural resources, lush vegetation, captivating steep mountains, silent and deep valleys, rivers and waterfalls. Coorg has mountainous topography of high ridges, with mount aims varying between 850 m and 1745 m. The capital town "Madikeri" is located about 3800 feet above the mean sea level. The main part of the Coorg's territory is composed of mighty ranges of Western Ghats; these ranges are more or less crescent shaped and some of them are the loftiest peaks. The largest and highest peaks are Brahmagiri and Pushpagiri and the average height of these ranges is 1371 meters above the mean sea level. Bhagamandala is another lofty peak, also known as Brahmagiri. Coorg is an

enchanting high land, which attracts thousands of tourists every year. It is a nature lover's paradise. Visitors from within India and abroad described Coorg as the "Switzerland of India", "Scotland of India" and "Southern Kashmir" for its mountain configuration with diversified physical features. The climate of the Coorg district is influenced largely by its geographical location and monsoon winds. The district has moist rainy monsoon climate since the district lies in the Western Ghat region. The air is highly humid, cool and equitably pleasant throughout the year. The temperature of the district is largely conducive and it generally varies between maximum 25°C and minimum 10°C⁵.

Colonialism: Coorg was taken over by the British in 1834 C.E. Scholars assign different reasons for its occupation by the British. Coorg is a small hill district situated on the summits of Western Ghats. Its climate is salubrious and congenial for the growth of plantation. It was also strategically very important for the rulers of 18th and 19th century. Therefore both the sultans of Mysore Hyder Ali – Tippu, as well as British tried to establish their domination on Coorg.

Commissioners' rule in Coorg is an important era in the history of modern Kodagu. After the takeover Coorg was placed under superintendents' rule and later on Commissioners' were appointed who functioned under the supervision of Chief-Commissioners' of Mysore. Commissioners' introduced a number of reforms in Coorg and these reforms related to reorganization of administrative, judicial, Revenue, Public work, Forest, medicine, Education and other branches of administration. The establishment of Western kind of administration in place of the old native system immensely contributed to bring about radical changes in local socio-economic fabric. One major factor that led to changes in Coorg

was the introduction of Capitalist Plantation industry. In the same way western education higher at levels of educational system contributed to socio-economic changes in Coorg.

The Census Reports of Coorg from 1911-1922⁶

The Commissioners' rule introduced changes at the political level also in the form of local self government. The establishment of Coorg Legislative Council, Land tenure system especially Jamma also underwent radical changes. The commissioners' rule from 1834 to 1947 converted Coorg into a modern state and the same time it became a plantation district and one of the most sought after by the British planters and Capitalists. The British Commissioners' with perception of a few showed great interests bringing about reforms in a small hill district; While they showed interest in changing the Political and Socio-economic scenario, they also showed great concern in preventing the cultural and ancient practices and system that Coorg had inherited. In this way British rule in Coorg represents a contradiction⁷.

Western Medicine in Colonial Coorg

While writing on the history of the Western medicine in Madras Presidency in which Coorg was a Province, David Arnold notes that the Indian Medical Service began to function there in the early years of the 19th century and it got matured by the middle of the 19th century as an archetypal colonial service, wedded to the military and administrative needs of the colonial state and staffed almost exclusively by Europeans specially recruited for the purpose. This was a model that paralleled (and so facilitated communication with) the structure of the India Civil Service (ICS) and the other scientific and technical services that emerged in the second half of the century⁸.

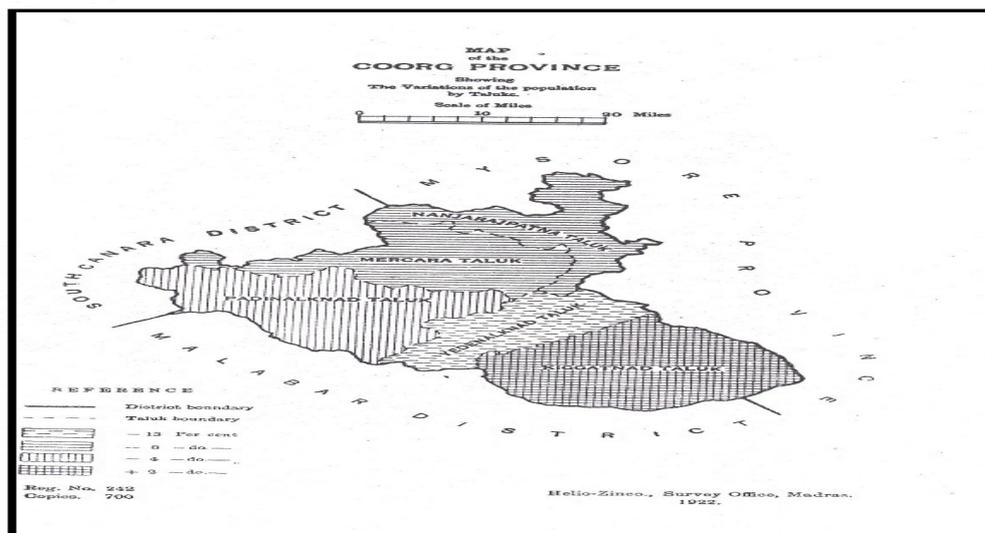


Figure-1:

The inhabitants of the Coorg are very distinct in their character, dress and their feature. Kodaga is dominating caste having fair skin, pleasant feature and being frank in manner and progressive and adaptable in disposition. Holeyas and Yerawas also can be seen in Coorg and they have the usual characteristics of the Dravidian and untouchable races of southern India. The Coorg captured by the British from a rebellious ruler of Coorg in 1834. Since then economic development and progress of the Coorg has been determined by the coffee industry, which has its own effects on Coorg Malariology. The coffee cultivation in Coorg was started by the Moplas who brought the shrub with them from Arabia and first coffee estate was opened in 1853. By 1864, 70,000 acres of land covered by coffee estate and by 1878 coffee had reached the crest of its first wave of success. But coffee industry received set back in 1883 when the prices began to fall, soon it was recovered 1892. Owing to the extraordinary activity in the coffee industry throughout the Coorg a continuous rise in the standard of living can be seen up to world war-I decade. The years from 1893 to 1928 was one of economic disaster and hardship which had its effect on Coorg public health, the prevalence of Malaria⁹.

It is nothing new that economic development leads to increase in population. The population of Coorg saw some fluctuations during the years from 1871 to 1921. In this period the percentage variation of the population of Coorg was 8.1%. The immigrant labours from south Canara, Malabar and Mysore to the coffee estates is the distributing factor in the census figures. Their work starts from August till the end of March. When the coffee was blooming number of immigrant labours was large and in the lean years their number was smaller. The population of Kodagas went on increasing from 26,389 in 1871 to 44,476 in 1921. The census reports of aboriginal castes 'Holeya' and 'Yarawas' shows decrease. The population of Holeyas were 24,081 and Yarawas were 14,209 in 1891 which declined to 18,350 and 14,068 in 1921 respectively. The population of jungle people increased in the colonial period; the census population of 1921 records their disastrous effect of the influenza epidemic of 1918-19. During the years from 1918-20 the recorded deaths due to influenza epidemic were 21,673. It had adverse effect on the public health, the period from 1911-21 saw the increase in malaria in Coorg¹⁰.

In order to investigate the alleged spread of Malaria and decrease in population in Mercara and Virajpet, a committee was appointed in Coorg in 1926. The committee gave its report that decrease in the number of petty traders and their followers owing to gradual reduction in the volume of trade as a result of the slump in the coffee industry and Malaria was not in the cause for the decrease in population. The population showed by 16% increase during the decennium 1881-91 marked reaction to the prosperity in the first half of the 70 years of the coffee growing and during the lean years regular natural increase was recorded.

Coorg undoubtedly hyper epidemic area, in 1870, Rev G. Richter in his Gazetteer of Coorg refers to dreaded Coorg fever which appears in worst form especially among the Europeans in the vicinity of Alur in south east Coorg and Sampage in the western boundary. The Malaria committee of 1926 commented on the prevalence of Malaria in Sampage. Lieut Col Hasel Wright described several cases of Black water fever in Coorg which he noticed. He gave a definite evidence of a case of 1901 in which he quoted a village headman suffered from high fever with dark coloured urine which was known to be incurable and characterized as devils stroke¹¹.

The Coorg Malaria committee of 1926 stated that the hospital statistics clearly prove the extent of Malaria in a progressive scale. In 1918 out of a total of 1,06,794 patients treated in the hospitals and dispensaries, Malaria alone accounted for 31,865 or 30%. In 1923, 0 out of total of 1,52,696 cases treated Malaria alone accounted for 64,269 or 42%, which is 12% more than that of 1918. In 1924, there were 90,598 Malaria cases out of a total of 1,87,347 treated, which is about 48% of the total no of treated in the medical institutions in Coorg. The economic factor has played no appreciable part in the increasing or diminishing the prevalence of malaria in Coorg. The supply of *Quinine* to the local hospitals and dispensaries in Mercara increased in order to meet the increasing need for it. Their increase in Malaria did not contain any grave and immediate menace to health of the province. Mercara, the administrative capital of Coorg situated at an elevation of nearly 4,000 feet above the sea level. It is the rural town of 5,600 inhabitants in the colonial period. It has good amount of rainfall, equable temperature and high humidity at all the times. In 1919 survey of *anophiline* fauna of Mercara on the 30th May 1927, the skies were over caste and there was heavy rainfall. Their energies were immediately directed toward a hunt for larvae in order to obtain samples of the *anophiline* larvae contained in the deferent classes of potential breeding grounds in Mercara. The disappearance of the *anopheles* larvae on the burst of the monsoon explains the drop in the Malaria attendance at the dispensary some weeks after the onset of the monsoon and throws some light on the seasonal incidence of Coorg malaria. In Mercara the incidence of Malaria is in the spring months. Cut banana tree stumps, tree holes, house wells, the rice fields yielded no *anophelines*. The prolific vegetation was the resting place for the *anophelines*. *Anophiline* larvae was founded in marshy land of the swamos and seepage area of the valleys. The drainage swamps were the breeding grounds of *anophiline* larvae. The report of Hasell Wright deals with spleen measurement and blood examinations, some evidence is available which suggests that an increase of active infection with a rather low degree of immunity is the state of affairs in Mercara.

In Mercara *Anophilis Muculipalpis*, *Anophilis Listonis*, *Anophilis Maculipalpis*, *Anophilis Minimus*, *Anophilis Maculatus*, *Anophilis Culicifacies*, *Anophilis Vagus*, *Anophilis Hyrcanus*, *Anophilis Nigerrimus*, *Anophilis Karwari* *Anophilis*

Jeyporiensis, *Anophelis Phillipinens* is identified. Out of a total of children, 98 had enlarged spleens which accounted for 55.45%. Virajpet is a rural town of municipal rank in the south Coorg. The hill streams, valleys, rice fields and heavy vegetation are the physical features of the town. This area is highly malitious with the scenic index of 82.8% and two *Anophelis*, *A. Listoni* and *A. Culicifacies* were identified. The hill streams, springs and seepage areas of Virajpet were the chief sources of Malaria carrying insect. Gonikoppal is a village in south Coorg, where a weekly bazaar was held during colonial period. The Splenic index here was 79.5% in children and 28% in the adults. Somavarpet is a village situated in a high ridge, on one side it had drinking water and washing tanks and at lower levels it had a few muddy pools and seepage patches. In this area, *Anophelis* such as *A. Phillipinensis*, *A. Vagus*, *A. Listoni*, *A. Minimes*, *A. Tessalatus*, *A. Aitkeni* were identified. The splenic index here was 49.5%. Out of 103 children and out of 30 adults examined in the bazaar 14 had enlarged spleens. Fraserpet (Kushal Nagar) lies in the Cauvery valley at an elevation of about 2,800 feet and has less rainfall when compared to Mercara. An examination of its Malaria season was in the autumn and not in the spring as it in the upland of Coorg. Here Adult mosquitoes found and also *A. Stephensi*, *A. Vegus*, *A. Maculipalpis* identified. Here the splenic index among the children was 64.6% and an adult was 48.2%.

In Coorg the working season in the coffee estates was from about August to the end of the March. The labourers came from Mysore, South Canara and Malabar. Men, women and children all work and paid by day. In case of sickness, no wages earned. There was no labour act and no government supervision of the coffee estates labour. The water supply is commonly derived from wells, streams and springs nearby. Latrines were not in use. In those days, medical treatment of the labour force was in the hands of the estate writer. A doctor of one of the coffee estate dispensary informs that during April and May half of his cases are due to malaria. Hallery had a spleen rate of 50% among the 16 resident children and 46% among 53 resident adult labours. Jamboor had a 100% spleen rate among 21 children and 33% among 64 resident adult labours. Coovercoli had a 38% spleen rate among 21 children and 33% among 64 resident adult labours. Dibidi had 100% spleen rate among 10 children and 73% among 37 resident adult labours. Seegay fibre estate is situated about 6 miles from Fraserpet about the elevation of 2,800 feet from the Cauvery valley. Surroundings of the estate contain open pasture land with trees and hedgerows and patches of dry cultivation and also the thatched wooden huts of labour force. Out of 7 children had enlarged spleens and out of 21 men and 14 women 22 had enlarged spleens (62.8%) and 14 showed no splenic enlargements. The stream near the bungalow in estate contained *Anopheles* larvae. *Splenometry*: 625 children of all age groups were examined. Of these 406 showed varying degrees of splenic enlargements, yielding a total splenic index for Coorg of 63.3%. The observations were made in Mercara, Virajpet, Gonikoppal, Somavarpet and Fraserpet. In the age group of 1-2 years the percentage showing

parasites is 27.6% and 64.4% of this age group are inflected. The age group 3-4 years shows a percentage infection of 33.3% and had a average parasite value of 794.7%. The percentage of infection in the age group of 5-6 years is 28% and parasite rates have diminished. In the age group of 7-8 years the percentage infection is 34% and the average parasite value is 990. The age group of 9-10 years shows a parasite value 673 and the percentage infection is 28%. Mercara and Virajpet shows high average parasite rates because of Preponderance of *P. falciparum* infections. The application of Splenome try and quantitative parasite counts in Coorg appears to confirm the mechanism of immunity as seen elsewhere¹².

Entomological in Coorg

The species of *Anopheles* were collected as Larvae's. *Anopheles Listoni* was found in profusion in open surface drains containing a small stream of water (contaminated with the household sullage water). *Anopheles Maculipalpis* is common in natural waters in Coorg. *Anopheles Culicifacies* was found in stagnant and surface water and in drains and rocky ponds. *Anopheles Minimus* was occasional association with *Anophelis Maculipalpis*. *Anopheles Jeyporiensis* found in undrained natural swampy land. *Anopheles Vagus* found in stagnant muddy pools, surface drains and tanks. *Anopheles Sulepectus* was found in overflow water from a tank. *Anopheles Phillipinensis* found in clear water tank situated in coffee cultivation. *Anopheles Karwari* found in jungle streams with *Anophelis Maculipalpis*. *Anopheles Maculatees* found with *Anophelis Listoni*. *Anopheles Aitkeni* found in a shady streams and in a rocky drainage channel. *Anopheles Jamesii* found in the hill streams and channels in swampy valleys.

Anopheles isotonic was collected in small numbers in the houses of Mercara and Virajpet. *Anopheles Fuliginosus* and *Anopheles Karwari* were found in cowshed in Virajpet. *Anopheles tessalatus* and *Anopheles Jeyporiensis* found in a stable at Hallery and *Anopheles Vagus* was found in cowshed in Fraserpet. To prevent Malaria special measures were taken in the colonial period. Although the cut stumps of the trees in the plantain has not been provide *Anopheline* breeding grounds as a matter of general hygiene a clearance of these is desirable for they almost afford shelter to adult mosquitoes. Coorg with a splenic index of 63.3% is a hyper endemic area in which Malaria is very prevalent. On an account of its atmosphere conditions the complete eradication of Malaria is not possible. During the colonial period in other parts of India cheap nets made of coarse muslin are sold at a price 3-4 rupees. In Coorg however mosquito net is considered an expensive luxury and hardly used.

In the education of Coorg, Anti-Malarial Prophylaxis neglected. The Ladies of provincial Red Cross society undertook the manufacture, popularization and distribution of mosquito nets in order to prevent Malaria. According to the Report of the Coorg Malaria committee of 1926, the amount of quinine supplied by

the Coorg government for its dispensaries for free distribution in schools and for sale by official Agencies were 17 grains /head of population. *Cinchona Ledgeriana* and *Cinchona Succirubra* cultivated in Coorg as long ago in 1863; In the report on the Economic and Material progress of Coorg 1826-1902 it is recorded that by the commencement of the decades the cinchona industry was already dead, the trees yielded poor shade and at the prices then prevailing it did not pay to send the bark home. Therefore the trees were rooted out and cultivation of cinchona was abandoned in the 1890's. Major J.A. Sinton and Lieut Col. F. C. Fraser advocated growing cinchona in Coorg. Lieut wrote a letter to the commissioner of Coorg on 25th January 1924 in which he advocated the promotion of cultivation of cinchona by the government. And he urged that Ayur vedic medicine would be effective as the febrifuge which was employed there. It is evident from the editorial note in the Indian Medical Gazette of July, 1912 that cinchona trees are planted out and the bark is harvested when the trees are 10 years are old. By these methods government tried to prevent Malaria in Coorg during colonial period although complete eradication was not possible.

There was a definite preponderance of cases among coolies as compared with other classes admitted into the two hospitals in question; this was more marked in the Mercara hospital group. In Coorg 1 coolies' are mainly labourers on coffee estates. Of other admissions into hospital, the majority were ryots cultivating their own land, with a smaller number of townspeople. Males are more liable to attack than females. As regards the age incidence, 59 and 73 per cent in the Mercara and Virajpet hospital groups respectively were between the ages of 20 and 40.

Cases were admitted into hospital at all seasons. There is, however, some tendency for more admissions to take place during the first half of the year. Of the 200 Mercara cases, 121 (60.5 per cent) were admitted during the months of January to June and in the Virajpet group 42 per cent were admitted in May and June. About 4 per cent of all admissions were ulcer cases and usually a prolonged stay in hospital is required. The condition is thus of considerable public-health importance¹³.

Conclusion

The introduction of Western medicine was not very smooth. Initially, people were reluctant to accept it; they treated it as something meant to worsen their situation. They even suspected the intention of the Christian missionaries. However, this attitude began to change in course of time. The distribution of Western rationality through various sites like schools, press, bureaucracy and the judicial system had its effect on creating a new subjectivity. The discourses which circulated through all these sites effected the acceptance of Western medical system as scientific and modern and thus desirable.

A new mentality created by the colonial discourses functioned as the new habit us in thinking that the new institutional

practices that the colonial government suggested need to be accepted and celebrated to reckon one as civilized. Though this could have been the case, often there were assertions from indigenous scholars who maintained that it was the proven scientific of the Western medical practice that prompted the 'native' to accept it as the ideal curator practice.

References

1. Kamath, U. Suryanath, (Ed), (1993). Gazetteer of India, Karnataka State, *Kodagu District*, Bangalore, pp.56-68
2. Muthanna, I.M, (1953). *A Tiny Model State of South India*, Mysore, pp.23-39
3. Moegling, H., (1855). *Coorg Memoirs – An Account of Coorg*, Bangalore, pp.57-64
4. Richter, Rev. G, (1870). *Manual of Coorg – A Gazetteer*, Mangalore. pp.27-33
5. Muthanna, I.M. (1953). *A Tiny Model State of South India*, Mysore, pp.24-32
6. The Census Reports of Coorg from 1911-1922, p.21 (I personally visited Coorg record office and collected this report in 24 October 2014).
7. Avinash.V. (2016). *Land Administration and Social Change in the 19th century Colonial Coorg*, International Research Journal of Social Sciences, Vol.V.XI, 1-5 November, E-ISSN 2319-3565, *Int. Res. J. Social Sci.*
8. David Arnold, (1993), *Colonizing the Body State Medicine and Epidemic Disease in Nineteenth Century India*, Oxford University Press, Delhi.pp.58-66
9. *Western Medicine and Public Health in Colonial Bombay*, 1845-1895, pp.210-212. (I personally visited Coorg record office and collected this report in 24 October 2014)
10. Report on the moral and Material progress of the Coorg province during the period 1881-1891,1891-1901,1901-1911 1911-1922, Bangalore. (I personally visited Coorg record office and collected this report in 24 October 2014)
11. Lindsay, A. W. C., *Report on the Coorg General Census of 1871*, Ames library, South Asia published 19 June 1956. *The Census Reports of Coorg from 1911-1951*. (I personally visited Coorg record office and collected this report in 24 October 2014)
12. Historical Summary of the British Rule in Coorg: During the past Seventy years, Mercara, 1922. pp.210-212. (I personally visited Coorg record office and collected this report in 24 October 2014)
13. Bopaiya M. S. and Radhakrishna Rao M. V, (1942), *Note on tropical ulcer in Coorg* pp.139-140 (I personally visited Coorg record office and collected this report in 24 October 2014)

