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Public health care, sanitation and waterworks of Ferozepur district under colonial Punjab (1890-1947)

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Abstract

This paper discussed the circumstances and occurrence of epidemics and unsanitary living conditions which inspired British Government to make health and sanitation policy for Indian. Although a large section of urban slums and rural population have been ignored. In the starting the development of health and sanitation techniques were only for the military personnel and cantonment area. In fact each and every policy of British made for the establishment of the moral base of colonialism in India and not for the public welfare. Especially in Ferozepur there is a lot of pressure for sanitation reforms and modern medical practice started. Environmental problems were increasing in the concerned area due to the same pattern of epidemics and famines. In this paper I focused upon Outbreak and pattern of epidemic and famines in the concerned territorial area and Socio, cultural impact upon society and the colonial response.

Keywords: Sanitation, health, waterworks, epidemics, mortality, census, colonial period

Introduction

Health, Sanitation and water are the fundamental requirements for any society from the stone age to today's global era of digital age of information technology, liberalization, globalization and environmental degradation so the need of the hour is to maintain sustainable growth. In Fact in the present paper I have taken a case study of Ferozepur district in perspective of health, sanitation and waterworks during colonial Punjab. In this study I make to understand the social, political, demographic and cultural impacts of British policy, program and practices in the Health sector of Colonial Punjab. Actually Health, sanitation are literally different from the medical services. And it is a universal saying that cure is better than remedy. The environmental conditions in the Indian cities are in many ways comparable to those of nineteenth century cities In Great Britain and Europe. Industrial cities like Liverpool and Manchester were very effectively discussed by Fredrick Engles as having "streets (that) are generally unpaved, rough, dirty filled with vegetables and animals refuse, without sewerage and gutters but supplied with foul, stagnant pools instead" ^[1]. Actually this description is a clear sketch about the many cities of India which were under Slum urban areas.

This description also shows the lack of sanitation not the fullest development of health and sanitation techniques and methods. But due to the continued pattern of epidemics the colonists bureaucracy responded and they inspired a progress of the health, sanitation and waterworks sector in colonial Punjab. Historically Ferozepur was a strategic area for British administrators from the annexation of Punjab in 1849 and the continued Epidemic occurrence Brithisher generated modern health, sanitation and medical practice, tools and techniques, survey and field work in the concerned area. Twelve major cholera epidemics broke out in Punjab between 1866 to 1921, affecting all its area and killing 249,050 people on an average 4357 people died of cholera annually. The district most affected by cholera were Gujranwala, Hazara, Rawalpindi, Ambala, Guragaon, Lahore, Jalandhar, Peshawar, Amritsar and Sahapur. The recurrence of cholera in these area was large number of local and regional fairs which were marked by overcrowding, insanitary conditions besides in adequate and contaminated water supply ^[2]. But the colonial government started modern health and sanitation in a limited scope due to the lack of adequate information about the socio-ethical values of the Punjabi mindset. Although the Punjab region was badly affected from the epidemics of Malaria, Smallpox, Cholera and Plague during the colonial period of Punjab. British government started the medical practice for controlling the Epidemic but there was a

huge urban-rural gap in the concerned Territorial area. Due to this policy the mortality rate was increasing and creating other insanitary and unhealthy living conditions. A comparison between the figure for the rural and urban areas in the Punjab shows that the incidence of Malaria, Plague and Cholera epidemics was greater in countryside. For example in 1882, the fever death rate in the rural area was 18.50 per mile while in the urban area it was 17.14 per mile [3]. After discussing these conditions the British Administration think over the basics utility things like sanitation, sewerage, clean water, food grain and they started the registration of vaccinations, record of birth and death certification, land related services like irrigation, modern cultivation and formation of pond, well, tubewell and established canal colonies and develop the sources of water like earth water, rain water and community pond water etc. Chimbwas was a particular community who was providing

drinking water to the community area of colonial Punjab rural as well as urban areas from the medieval period. And the people of Chimba community were considered very respectful in the Punjabi culture. But on the other hand one other community also were living from medieval times, they were Scavengers and the Scavenger was considered as untouchable as well as Unapproachable. The untouchables were landless communities of the Punjab and were doing unhealthy and unhygienic community services like cleaning the sewage and public toilets with open bodies without using any waterproofing and precautions They remained oppressed, suppressed and oppressed for a long time in colonial period .British bureaucracy had unable to make a plan and policy and programmes for the betterment of the life of the scavenger as well Chimbwas.

Demography of colonial Punjab [4]

Table 1: Population size and population density (1881-1941) population (in thousands)

Jalandhar division	1881	1901	1921	1941	Density per square miles
1. Kangra	731	768	766	899	90
2. Hosiarpur	901	960	927	1170	533
3. Jalandhar	760	918	823	1127	845
4. Ludiana	619	673	568	819	585
5. Ferozepor	747	958	1099	1423	355

Sources: Census of India (1881-1941) [5]

Table 2: Growth of urban population (1881-1941)

Census year	Towns	Urban population	Punjab	British area	Punjab state
1881	. 168	2.48 million	11.9 per.	12.0 per.	11.2 per.
1891	163	2.46 million	10.7 per.	10.7 per.	10.7 per
1901	166	2.58 million	10.6 per.	10.6 per.	10.5 per.
1911	167	2.33 million	9.8 per.	10.1 per.	8.4 per.
1921	185	2.60 million	10.3 per.	10.7 per.	8.7 per.
1931	222	3.52 million	12.4 per.	13.0 per.	9.2 per.
1941	283	5.04 per	14.7 per.	15.3 per.	11.6 per.

Sources: Census of India, 1931. Punjab part 1, report, P91, and census of India 1941 [6].

Methodology

I used primary as well as secondary sources related to health, Sanitation and waterworks under colonial Punjab .The Primary sources included published and unpublished work. The primary data gathered from special interviews, questionnaires and an observation of colonial History of Punjab. British record, Gazetteers of Punjab district consulted. Visited National Archive and Punjab state archive Patiala for collection of primary data. Public health centers, civil hospitals, Mission hospital, dispensaries, Municipal Corporation offices will be visited for the purpose of making adequate research upon the concerned territorial area.

Hypothesis

Colonial health, Sanitation and waterworks played a powerful role in establishing a modern health, sanitation and waterworks system in Colonial Punjab. Brithisher were great record keeper and system maker and know how to convert information into Production and for future planning.

Initialization of modern health services

After the successful suppression of the 1857 revolt British started direct Rule and took direct accountability of administration. .Health services were not very developed before 1857.Only within limited scope those services were

available for the military personnel and British civilian officers. But the outbreak of epidemics inspired the British to make a proper policy for health services in India [7]. From the 1850s to 1920, the Punjab (Including North west frontier province) was one of the region's worst affected by Epidemics. It's Mortality rate was highest of the plague, and average annual death from Malaria, Smallpox, and Cholera also remained Comparatively high. This description shows the situation was very alarming and tragic and it was the need of hours and Brithisher realized that the must adopt and systemic health policy so that that the mortality rate reduced and the overall effects of poverty, famine and Epidemics must checked. So for this objective they understood very well that Ferorpur was an important military headquarter of colonial Punjab. And also an important and versatile railway junction. Ferorpur was also the earliest established cantonment in the area. And they established many research institutions for exploration of health services in colonial Punjab.

Advent of modern sanitation system

Sanitation is also a very important parameter of any society that has a dynamic relationship with a healthy society. In the domain of sanitation there was a lot of equipment and systems which were used for sanitizing something and for cleaning and disinfecting any things .In the present work I

have analyzed the work and function of the structure of sanitation in colonial Punjab. There was a complete hierarchy from sanitary inspector to sanitary commissioner. A separate sanitary department was established by British which focused on local sanitary conditions. The administration of sanitation was a very rich and versatile programme in the colonial period. Although there were many variations in this area. The process of sanitation of vaccinations, formation of public health centers, functions of sanitary inspector to sanitary commissioner. The supervision of pond, well, death centres, canals was very effective and developed during colonial period.

Waterworks in colonial Punjab

Water is essential for life from the Stone Age to the today global order of the digital world. During the colonial period waterworks were a versatile and developed area. There was an established system of storing, distributing water for community supply systems in the colonial period. There were two main sources of water like Earth water, rain water. There were three main uses of water like drinking the water, water for washing clothes, water for irrigation land. There were many artificial sources of water like a pond, and tubewell etc. There was also an established canal system for the purpose of irrigation in Agriculture land. And Britisher institutionalized and structures the waterworks area. A new department PWD and waterworks were established during the colonial times. The canal system functioned as a unit with some canal colonies dependent and water from others. The Bari Doab canal, part of the triple canal project, diverted water from the Jhelum to Chenab. The Canal system depends upon a single controlling unit to decide water allocation. For Britisher the canal was a key weapon in the colonization armory. The canal converted the dry land into fertile land, Actually the Punjab colonies is the name given to parts of western Punjab which were brought under cultivation through the construction of canals and agricultural colonization during the British Raj. Between 1885 to 1940, nine canal colonies were created in the inter-fluvial tracts east of Beas and Sutlej and west of Jhelum and one million Punjabis settled in new colonies, receiving demographic pressure in central Punjab^[8]. Actually during the 19th century British government started the system of water supply, drainage, roads, public works, telegraph and primary education etc. and made these essential things institutionalize and the system impacted upon the demography of colonial Punjab. The canal colonies redefined the demographic scene of Punjab with a massive movement of population from the crowded central or eastern part of Punjab to its western wing, a new land people equilibrium got established. The mean centre of Punjab's population shifted wetlands, it was the best of the farmers who were involved in this redistribution process. The western Punjab which was very backward agriculturally, became the most progressive one, a well-planned landscape of rectangular fields, dense network of canals and dynamic market town emerged in area which was earlier a dry westland^[9]. All stakeholders were playing their part actively in the development of these public utility things. In 1885 the Punjabi administration began an ambitious plan to transfer over six million area of barren wasteland in central and western Punjab into irrigable agriculture land, the creation of Canal colonies was designated to relieve demographic pressure in the centre

part of province, increase productivity and revenue, and create a loyal support amongst peasants landholders. The colonization resulted in an agriculture revolution in the province, rapid industrialization growth and the resettlement over one billion Punjabis in the new area, a number of towns were created or saw significant development in the colonies, such as Lyallpur, Sargodha and Montgomery. Colonization led to Canal irrigated area of Punjab increasing from three to fourteen million Acre in period from 1885-1947^[10].

Research gap

A number of good works have been written on the medical policy of British and patterns of Epidemics and famines but health, sanitation and waterworks policies and programmes. There are a number of general works on epidemics, famines and medical administration of colonial Punjab. This work provides a lot of information about the structure of the system in British Punjab. There is a lot of systematic information of British administration like judiciary, executive and legislative but the structure of British health administration has been ignored. A few writing upon health and sanitation practices in railways military cantonment are discussed but overall health, sanitation and waterworks of colonial Ferozpur is ignored. I focused upon the overall health policy, programmes, sanitation and waterworks in Ferozpur territorial area under colonial Punjab.

Justification of the topic

After discussing the research gap it is clear that the previous works have not focused on the health, sanitation and waterworks of Ferozpur under colonial period (1891-1947). The research of Health, Sanitation and waterworks has remained untouched and unexplored in Ferozpur. And also the social, economic and cultural aspects are also ignored by many scholars. An important contribution of this paper is to build a theoretical framework of 56 years (1891-1947) of the Ferozpur in colonial Punjab. My focus up on the functions of Sanitary inspector and Public health commissioner as well as Modern medical practice, homeopathy, Ayurveda and Unani practice of 'Mughalia Hukumat'.

Research questions

1. What type of policy, programme adopted by British administration for maintenance of health, sanitation and waterworks under colonial period?
2. How the British health and sanitation policy make a strong moral base in Punjab?
3. What were the patterns of Epidemics and famines in colonial Punjab?
4. What was the colonial response to epidemics?
5. What is the relationship between health, sanitation and water?
6. What is the development process of the modern health system in colonial Punjab?
7. What were the rural-urban and of health, sanitation and public utility services?
8. What were the socio-culture and demographic impacts of epidemics and famines?
9. What were the functions of sanitary inspector and Public health commissioner.

Concluding remarks

In the concluding remarks we can say that British established a powerful modern health, sanitation and water works in Colonial Punjab and institutionalized the all three pillars directly connected with the essential need of any human being. And in the whole discourse we find that a lot of dedicated work was done by British administration. Although there were some variations but we cannot ignore the point that British started in India: the distribution of Quinine, vaccinations, a lot of new tools and techniques and equipment of Sanitation and disinfecting the things. And all systems created and generated due to the outbreak of Famines and Epidemics in India and initially for the protection of military personnel and British civilians.

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