

Medical services (?) in Princely Mysore



M. P. V. Shenoi

Shenoi, a civil engineer and MBA, rose to the rank of Deputy Director-General of Works in the Indian Defence Service of Engineers. He has also been a member of HUDCO's advisory board and of the planning team for Navi Mumbai. After retirement, he has been helping NGOs in employment-oriented training, writing articles related to all aspects of housing, urban settlements, infrastructure, project and facility management and advising several companies on these issues.

Those days, in the 1930-40s, you considered yourself lucky if you were in a place where you could get an Allopathic (Western-style) doctor nearby. Allopathic healthcare was scarce and unaffordable to most people. Mysore state, where we lived, was ruled by a Maharaja and the public welfare system was nascent.

My family was lucky. Within one kilometre (km) of our home we had a municipal dispensary. The dispensary had a doctor, who was a LMP (licentiate medical practitioner), and a rudimentary pharmacy. You really did not have to pay anything at the dispensary. You had to just enter your name in the attendance register and declare that your monthly income was less than Rs. 25. If your income was more than this, you would have to pay one anna (16 annas were equal to one rupee). Hardly any one declared one's real income.

There were plenty of Vaidis (who were called Pandits in Mysore state) and Hakims nearby. There was also a traditional bone setter family, known as Puttur practitioners, near by.

Just another km away, there was another allopathic doctor, who had a private practice.

The initial treatment was almost the same, whichever system of medicine you preferred. Every one thought that one's eating habit was the cause of all troubles. So the first few days were devoted to purging the system. The ayurvedic Pandit prescribed *Japalamatre* (a nut) or castor oil. The allopathic doctor gave what was known as "Alba mixture" which in our dispensary appeared milky white in colour and tasted like soap water.

If the patient survived this initial treatment, then the further medication differed according to the medical system. In the municipal dispensary the patient then went in to a ritual of consuming liquids of various colours. The colour of the liquid was changed a few times. If the disease persisted even after two changes, some patients would drop out in sheer exhaustion in search of some other system, while some others got cured due to hardiness of life.

For others who were not cured and still visited the dispensary, the doctor in charge would advise the patient to go to Krishnarajendra Hospital, a District level hospital run by the government Department of Health. This hospital had in-patient wards. This advice would frighten the patient and the innumerable accompanying relatives (in those days, at least two relatives accompanied a patient) and would induce them to make themselves scarce. An admission to this hospital was considered as final lap in one's journey to one's funeral. I am not sure why it had this reputation, but it might be a combination of Government inefficiency, corrupt staff and unhygienic conditions.

Those who could afford it would go to a Mission hospital, which was run on the principles of charging non-Christians commercial rates for subsidizing the treatment of Christian poor. Prosperous people

with serious ailments went to Vellore, (a provincial town in Madras Presidency 400 km away from Mysore), where there was a well-known Christian hospital.

Medicinal tablets came in glass bottles – no cellophane and fancy bubble packing. They must have been expensive, as they were kept under lock. The doctors preferred to grind them into powder and give the powder in small quantities wrapped in old newspaper. People suspected this as another way of squeezing some extra money from patient by keeping the prescription secret from him! Most of the middle class also made hand to mouth living, and would not mind making some extra money by hoodwinking the authority and keep it for the rainy day. (Neither the British government nor Indian princes spent much money on developmental works. So the wages were low.) The middle class also had the burning ambition to educate their children better than they had been educated, and to see them in higher positions than they themselves had attained.

The private doctor in our area had an MBBS doctor with a degree from University of Madras. His certificate was displayed prominently in a gold plated frame on the wall behind the doctor. A short, stocky, jovial man he would charge one anna for examination of the patient, eight annas for medicine and Rupee one plus cost of medicine if he had to administer an injection. If he had to visit a house, he had to be taken in a tonga, (a horse drawn carriage) and visiting charges would be a rupee extra. Of course the patient's relatives had to carry his much abused leather bag, which had a stethoscope, a syringe and blood pressure measuring instrument.

Why did he come to Mysore from neighbouring British-ruled Madras province, which had higher ranking in every aspect of administration? One day, I overheard him telling my uncle that his migration to Mysore from the neighbouring Dakshin Kannada District of Madras was due to his fear of social ostracisation in the small town from which he hailed. Most of the people in his taluk were poor, and did not have ready cash to pay him. But they were proud and would not accept free services from him. Instead, they would give him coconuts, local seasonal fruits such as jack fruit grown in the garden, vegetables, and paddy as payment. And doctor was hard put to dispose these gifts. Social norms prevented him from refusing his services to anyone who did not pay hard cash, as the entire town was considered as one large family.

So the enterprising doctor migrated to Mysore much to the consternation of his father who wanted him to stay at the native place and serve. Father's dreams of basking in the fame and name of his doctor son were dashed to dust. In Mysore also many people could not afford to pay him, but here he could insist on hard cash and in advance as he was an outsider. Even in our family we went to him only if all others methods and means failed to cure us.

The municipal dispensary was most people's preferred source of treatment. It had its seat in a tiled building at the corner of a right angle junction between a wide road – popularly known as '100 foot road' – and a smaller road that accessed into the mohallas (A sector in a town). The 100 foot road was a wonder in those days because it was the first road with 40 foot wide pavement, and 30 feet wide footpaths on either side. It had tall avenue trees planted on both sides. Such a wide road in a town was not heard of in the state. It was rumoured that it had been made as per the order of the Maharaja, who had seen such roads abroad. It ran straight across the town - East to West. Subsequently all arterial roads in the town were laid to this geometry and specifications till India got independence and the state too. For sometime it was a tourist attraction and a ride in Mysore Tonga along this road up to palace and city market was a must.

The mohallas on the north were mostly populated with upper class, while Muslims and artisans lived in the mohalla south of the road. The upper class mohallas had compact houses with tiled roofs and Madras terrace (Madras terrace is a type of flat roof construction. It consisted of 3" x5" wooden sleepers placed at 9" centres across a room at top. Over them 9" bricks were placed on edge in lime mortar. Over it lime concrete was laid to slope which functioned as a waterproofing as well as insulating layer. It was popular with middle class from perhaps 1850 to 1950, when it gave way to Reinforced Cement Concrete (RCC) roofs). These homes also had piped water supply and

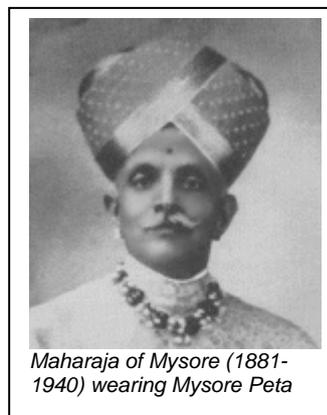
underground sanitation. The roads were paved and had the luxury of being watered once a day by a tanker drawn by bullocks.

The mohallas on the south had crazy paths lined on either side with huts built with mud, country bricks, tiles, rusty steel sheets and such other discarded materials. A few streets there were irregular, unpaved and dusty. There were a few leaking stand posts for water and wells for water and no sewerage. Small enclosures at the back of the hut served adults for defecation. Children used any open space including the wide footpath 100 foot road was blessed with.

The dispensary was supposed to open at 8 am. In practice, a peon usually opened it around 8:30 am. After dusting, he would bring the attendance register from inside and keep it outside on the stool. In the meanwhile a part-time sweeper swept the floors. By that time, the compounder, who doubled as the record keeper, came in. The peon would allow the patients to enter into the latticed verandah. Patients' names were entered into the attendance register. The doctor came a little later. His first task was to light a few *agarbattis* (incense sticks) and show them to a photo of a God of the Hindu pantheon on the wall, and stick them into crevices in the wall nearby.

In the dimly lit hall, at the centre stood a heavy regulation table, with a patchy leather cover. The Doctor sat on the other side of this ugly table. After he settled down, he would signal to the peon who allowed patients to enter the hall in batches. The Doctor dressed according to the dress code for minor officials of the state. The dress was hybrid. It was part Indian (below the waist) and part English (above the waist). It was a bridge between the two cultures – the rulers and the ruled. A white *panche* (a three metre long and a metre wide cloth) went round the lower body pleated and neatly tied at the waist. A white shirt and a cotton coat covered the upper part.

He wore a white turban with a half inch wide gold *zari*. The turban was known as *Mysore Peta*. The turban, distinctly local, indicated that the wearer had high social status.



Maharaja of Mysore (1881-1940) wearing Mysore Peta

On the forehead, the Doctor wore the caste mark. At the centre were three vertical lines, two outer white and the inner in red. These lines originated at the hair line, came up to the eyebrows. There the two outer lines were joined by horizontal white band. The red middle line went down a little beyond this and ended short of nose bridge. This mark indicated that he was from the highly respected upper-class Iyengar Brahmin community. Diamond ear studs in the ear completed the makeup.

The Doctor had a permanent frown set on his face. It would relax into a faint smile if some person with high status – an official, his family member or some of his own caste members – came. His method of treating patients was highly impersonal. He would call a patient to his left side, and ask him or her to describe the ailments or symptoms. He would then ask the patient to open his mouth and show the tongue if necessary. Then he would write some prescription on a slip of paper and hand it over to the patient. The patient would take that prescription to the compounder.

The compounder sat in an adjacent room separated by an ill-washed curtain. This room had a heavy duty table and a number of shelves where large bottles with many coloured liquids were stored. A wooden almirah (cupboard) contained tablet bottles, dispensing tools like pestle, crucible, and other such things.

The compounder would take the prescription, concoct the coloured mixture, pour it into the bottle the patient had brought, and paste a slip of paper on the bottle. This paper had slits cut at regular intervals. The number of slits indicated the number of times the medicine had to be taken in a day, and the volume between two adjacent slits was one dose of medicine. He would bark instructions about how the medicine had to be taken.

The Doctor rarely felt the pulse, or used his stethoscope. If anything like that was needed, he would shout for the compounder and ask him to feel the pulse or poke at the stomach. No doubt many of the patients visiting the dispensary were poor, unkempt, wore torn clothes, and rarely bathed. (Most middle class had no more than two pairs of clothes. My brothers and I also had only two pairs of shorts and shirts. They were washed and worn with out any ironing. Hardly any one cared whether the collars were dog-eared or some buttons were missing.) The poor wore the discarded clothes of the middle class. Some of them suffered from skin diseases. No wonder, the Doctor found the idea of touching them unattractive.

But that alone was not the sole cause. I overheard my father talking to some one about it. The reluctance had something to do with the Doctor's upbringing and the upper caste belief that touching people of other caste and especially of the lower caste would pollute them – for which a cleansing bath would be needed every time one came in contact with the body of a lower caste individual. As some one had said, the religious practices of the Hindu high castes had been reduced to rituals of bathing and not having bodily contact with others. Naturally, the Doctor was not popular with the patients and their relatives. But, it was a feudal type of social system in those days. Orthodox practices were entrenched in the society. Hardly anyone even thought of complaining.

Once one of my father's colleague complained to my father about the Doctor's indifferent attitude towards his patients. I overheard my father explaining to him that the main problem was that the Doctor did not like being a doctor. My father said that the Doctor belonged to a family that had been Vedic scholars for many generations. They had their home in an *agraharam* near a famous temple.

(An *agraharam* in Madras province was a small neighbourhood of Brahmins of one particular sub caste – about 20-30 families. A typical layout was a temple at its eastern end, a spacious courtyard around it, containing smaller temples for minor deities, store, kitchen and an office, a square water tank (*kalyani*) to the North East of it, a large open square with a flag post in front of the temple gate, in the same square a garage for temple chariot, a small road in front with row houses on either side. A distant away would be some huts for lower caste persons who provide support services like, musicians, barbers, flower vendors, devadasis, guards, etc. All the male members of the family of Brahmins were in one way or the other connected with the activities of the temple. They spent almost all the time in learning scriptures, rituals of the poojas, performing poojas, learning astrology and fortune telling and officiating the religious rites required by the families of the lower castes of the town for occasions like marriage, naming ceremony for the infant, etc. Most such habitations were made up of people inbred –both genetically and socially, hardly knowing how others lived. They were shallow but carried themselves around with an air of superiority.)

The Doctor's father was a renowned scholar of astrology. People from far and near used to consult him. It seems once a powerful *natukoti chettiyar* (a rich trader) consulted him about a proposed marriage alliance for his only daughter. When the Doctor's father gave his proposal, the *chettiyar* married her off to a wealthy young man of the same caste. Unfortunately, within a couple of years, the daughter, the son-in-law and many other members of the family died in the great plague epidemic that swept the place. Enemies carried tales to the *chettiyar*. It seems he became a foe of the Doctor's father – blaming him for not having foreseen this misfortune.

Fearing the *chettiyar's* wrath, and on the advice of some of the relatives, the Brahmin along with his large family migrated to Madras (Chennai), where he became the priest of a small temple. Life was difficult for the person with a large family in the new place.

He also took a vow that he would never again practice astrology. He therefore encouraged his children to take to western education. But except for schooling the household continued to be orthodox. Children could not afford college education. A few of his boys enrolled in lower grade vocational courses and got ordinary jobs. The doctor, after his LMP, got a job in Mysore through the recommendations of a distant uncle, who was a Professor in the Sanskrit patashala established by the late Maharajah. The Doctor's interest was, nevertheless, still studying scripture, interpreting them,

taking part in discourses, etc. In this job as a doctor, he had to mix, touch patients, administer drugs and sometimes use knife and dress wounds – all of which he hated. My father thought that even though the Doctor was physically present in the dispensary, his mind was somewhere else.

The Doctor had devised a plan by which he could meet bare requirements of the job. He was in the dispensary only for half a day. The rest of the time, the compounder took charge, saw the patients, dispensed medicine. It was rumoured that compounder made some money also in the bargain. Doctor went home in the afternoon. After lunch he would sleep for a little and then repair himself to a Religious Math near Jaganmohan palace. There he would be quite a different person. He would read books, palm leaves, examine old records, make notes, discuss with others meaning of life, etc.

As the years went by, people slowly became more knowledgeable and conscious about their rights. They were becoming resentful of the attitude of the Doctor. Caste practices were under attack. People of lower caste were awakening to the idea that all people are born equal. Rationalist winds were blowing from the neighbouring Madras province, where Periyar and his followers were spearheading an agitation against upper caste practices.

When I entered college in early 1950s, complaints began to flow to the municipality against the Doctor. Ultimately, the municipality removed him from the office, and put him in charge of medical administration and record keeping. A new person came as Doctor. He was quite the opposite of the previous doctor. Even though he could not do much he did his best with what little the facilities there were. People began to like him and the life went on.

If there was any instance of “a square peg in a round hole”, our dispensary doctor was a very good example. One cannot say he was anti-social. He just could not come to terms with a profession which was totally alien to the one his ancestors had practiced for generations.❖

© M P V Sheno 2009