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Public Health and Sanitation Education in Colonial Punjab

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***Abstract*— The evolution of public health in British India, as well as the history of disease prevention in that region of the world during the nineteenth and early twentieth centuries, provide unique insights into the time period. The act of general well-being or public health has been active in India, and it has faced several challenges in its efforts to improve the lives of the country's citizens. Education had a key role in the prevention of illnesses and the promotion of public health in Colonial Punjab. Education has continued to advance, develop, and expand its reach and inclusivity since the beginning of humanity's existence.It is the most effective technique to achieve desired objectives in everyday life. It plays an important role in the economic and political transformation of a country. As a result, the current study focuses on public health and sanitation education in colonial Punjab.**

***Keywords*— Colonial, Diseases, Public Health, Punjab, Sanitation**

I. INTRODUCTION

The evolution of public health in British India, as well as the history of disease prevention in that part of the world during the nineteenth and early twentieth centuries, provide valuable insight into the period that saw the development of new trends in medical systems and a shift from surveys to microscopic studies in medicine. It houses the first laboratory works and important discoveries in microbiology and immunology. The rise of infectious diseases and tropical medicine was a direct result of colonialism. The history of disease and prevention in colonial times can be traced back to infectious diseases, many of which are still common in third-world countries. It demonstrates how the imperial administration developed surveillance systems and responded to epidemics. It demonstrates how colonial powers established health systems that shaped disease control in British India in order to promote the health of its inhabitants.

The advancement of public health in Britain and India, as well as the historic recurrence of the disease in that part of the world in the nineteenth and mid-fourteenth centuries, provide important insights into a period when we saw improvements in new medical patterns and shifts from a broader perspective to small clinical trials. It maintains the research center close to operations and provides extensive access to microbiology and immunology.

The trajectory of non-communicable illnesses and tropical medicine was the immediate result of expansion. The history of illnesses and their prevention in pioneer settings can be traced back to the study of disease transmission of infectious diseases, many of which are still prevalent in developing countries. It reveals advancements in surveillance frameworks as well as the royal government's response to pandemics. It describes how the establishment of wellbeing frameworks under pioneer power shaped disease control in British India to boost the strength of its citizens[1].

The act of general wellbeing or public health has been dynamic in India, and has seen numerous obstacles in its endeavor to influence the lives of the individuals of the nation. Since autonomy, significant general medical issues like jungle fever, tuberculosis, sickness, and high maternal and youngster mortality and recently, human immunodeficiency Virus (HIV) have been tended to through a coordinated activity of the legislature. Social improvement combined with logical advances and medicinal services has prompted a reduction in the death rates and birth rates[2].

II. CONCEPT OF PUBLIC HEALTH AND EDUCATION

Public health is concerned with disease prevention and control at the population level, through organized efforts and informed decisions including society, associations, open and private networks, and people. Nonetheless, the role of government is critical in addressing these issues and achieving well-being benefits. The Ministry of Health and Family Welfare (MOHFW) plays a critical role in directing India's overall wellbeing framework.

Commitment to a population's health stems from frameworks outside of the proper medical services framework, and this potential to link sectoral obligations to the soundness of networks is increasingly recognized worldwide.

[1] Muhammad Umair Mushtaq, Public Health in British India: A Brief Account of the History of Medical Services and Disease Prevention in Colonial India, Indian Jr. Community Med. 2009 Jan: 34(1): 6-14

[2] Government of India.National Health Policy. Ministry of Health and Family Welfare, Government of India, New Delhi: 2002

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As a result, the role of government in influencing population well-being is not limited to the health sector but also includes other sectors outside of the health system[3].

Education had a key role in the prevention of illnesses and the promotion of public health in Colonial Punjab. Education has continued to advance, develop, and expand its reach and inclusivity since the beginning of humanity's existence. It is the most effective technique to achieve desired objectives in everyday life. It plays an important role in the economical and political transformation of a country. It is a critical component of human development. The purpose of education is not only to strengthen the foundation of popular rule, but also to produce productive members of society. It provides a foundation for inhabitants' adaptability and logical manner. When discussing education, the father of the nation, Mahatma Gandhi, observed, "By training, I mean an overall drawing out of the best in the youth and man-body, brain, and soul." However, Swami Dayanand Saraswati considered training as a "formulator of the character". Nelson Mandela, a South African Nobel Laureate, famously stated that "instruction is the most impressive weapon to change the world" (Biswas, 2009). It is a cure-all for a wide range of ills since it plays an important role in a country's economic development as well as the movement of socio-social and political transformation.

In its more extensive importance, training is thought of as the dynamic change of man to his condition that is attractive by an individual and his social set up (Verma, 1969). Training is one of the subjective parts of human life which assumes a significant job in the improvement of a person specifically and society by and large.

III. Establishment Of Medical Education

The history of western medicine in India dates back to 1600, when the first land reform officials intervened for a brief period alongside the first British East India Company official as a boat expert. In 1757, the East India Company established its standard in India, promoting the expansion of both general and military administration. In 1764, a medical office was created in Bengal, complete with medical professionals and employment from the Company. At the same time, it had four key experts, eight coworkers, and 28 professional partners. In 1775, Hospital Boards were set up to oversee European clinics including the Surgeon General and the General Doctor, who served as Commander-in-Chief of the Royal Indian Army.

In 1785, medical offices were set up in Bengal, Madras, and Bombay with 234 specialists. Land reform offices incorporated both military and conventional administrations. In 1796, clinic sheets were renamed land restitution sheets to take care of the problems of a common piece of medical offices. In 1857, the Indian Rebellion promoted the reform of the Indian organisation in the Crown and established various branches of general administration. It was not until 1868 that a separate medical office was established in Bengal. In 1869, the Commissioner for Public Health and the Statistics Officer of the Government of India were elected. In 1896, with the reduction of the presidential framework, all three parts of presidential medicine were consolidated to form the Indian Medical Services (IMS). After the upgrading of the IMS, the medical obligations of the Royal Indian Army were made by the Department of Military Health, later renamed the Royal Army Medical Corps (RAMC)[4]. The medical offices were heavily influenced by the government of concentration until 1919. The Montgomery-Chelmsford Constitutional Reforms of 1919 promoted the exchange of all living conditions for sanitation, sanitation, and important local standards. This was the initial step in differentiating India's healthy organizational structure. The Municipality and Local Board Acts, passed in 1920-21, included legal provisions to promote regional well-being. The Indian Government Act of 1935 increased contentment for regular governments. The fitness activities were divided into three categories: government, general play area, and general area. The Central Advisory Board of Health was founded in 1937, with the Public Health Commissioner serving as secretary, to facilitate the country's general exercise. The Madras Public Health Act was passed in 1939, becoming the first of its type. The Health Survey and growth Committee (Bhore Committee) was appointed by the Government of India in 1946 to examine the country's health structure and give recommendations for future growth. The Committee issued its report in 1946, and the country's population was tested for public health, medical treatment, education and knowledge, and medical and health research around the world[5].

[3] Park, Textbook of Preventive and Social Medicine. Jabalpur: BanarsidasBhanot Publishers; 2007.

[4] Government of India. New ed., published under the authority of His Majesty's secretary of state for India in council. Vol. IV Administrative. Oxford: Clarendon Press; 1909. The Imperial Gazetteer of India; pp. 457–80

[5] Harrison M. Public Health in British India: Anglo-Indian Preventive Medicine 1859-1914. Cambridge: Cambridge University Press; 1994.

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IV. Punjab In Colonial Era

The British annexation of the Punjab in 1849 had important consequences for the city of Lahore. Indeed, the British occupation prompted Lahore's transformation into a "modern" colonial city. New designs for urbanization, environmental reform, and sanitary improvement were implemented by the city's new administrators, resulting in important changes to Lahore's physical and social environment. At first, the impulse to redevelop the city stemmed largely from colonial anxieties about threats to the health of the army and Lahore's British residents; however, by the late nineteenth century, this "enclavist" approach was replaced by a more extensive public health scheme that was geared towards managing and safeguarding the city's entire population. With British regulations now aimed more directly at Indians, new geographic and social spaces fell under colonial jurisdiction. Particularly during outbreaks of epidemic diseases, Indian bodies and locally-inhabited spaces came to be targeted more explicitly under colonial surveillance, leading to the imposition of seemingly intrusive and restrictive state policies. But, as this study will demonstrate, the British government's reform-driven agenda was often disrupted by local actions and behaviours that influenced the proper functioning of colonial rule. Guided by an unapologetic indifference – although not necessarily opposition – towards colonial "modernity", local intervention into British plans for Lahore reshaped colonial knowledge about the city and its inhabitants. This allowed Indians to constantly adjust their relationships with their occupiers, demonstrating, perhaps most critically, that British rule in Lahore was frequently notably constrained. With a particular focus on issues related to public health and disease, this dissertation draws attention to the important role that Indians played in Lahore's development during the mid to late nineteenth century. It highlights the range of spatial moral, and social factors that worked to produce local responses to colonial objectives in the city[6].

V. Origin Of Public Health Services And Sanitation In Colonial Punjab

The British introduced a health-care system in Punjab after they annexed it. In this strategy, they placed an overwhelming focus on the use of Western medicine, as well as, to some extent, on clinical help. They opened certain hospitals to accommodate the schemers, which were always insufficient.

For unknown reasons, they did so in order to construct a well-connected Health Administrative Structure throughout Punjab. It's also unclear why they didn't invest in health awareness programs like they did in schooling. Furthermore, like with other related problems of Indians, they blamed their poor health on widespread illiteracy.

VI. Medical Education In Punjab

In 1679, in Madras, first clinic was opened known as Madras General Hospital. In 1796, in Calcutta The Presidency General Hospital, Calcutta was opened. From 1800- 1820, 4, new medical clinics were opened. In Lahore (Punjab) Lahore Medical School was opened in 1860 which was later renamed as the King Edward Medical College. Consequently, more clinics were shaped in all over the India. Subsequently, a system of emergency clinics was set up all through India. In 1918 Health clinic for Woman were opened in Delhi named as Reading Health School. In Singur (near to Calcutta) the All- India Institute of Hygiene and Public Health was opened in 1930.

A. Medical Education in Punjab from the year 1913 To 1937

For the year 1913-14, Admissions to the Medical College showed an increase, particularly in the case of military pupils. The results of examinations were excellent, and the students from the Women's Christian Medical College at Ludhiana did exceptionally well. A strike of college students, which was subsequently enquired into by a special committee appointed by Government, was an unfortunate feature of the year. Sanction to building improvements under the King Edward Memorial scheme was awaited.

The Yunani lessons at Islamia College and the Vedic classes at D.A.V. College both had 43 students enrolled, although the average attendance in the farmer scenario was only 18. The Women's Christian Medical College in Ludhiana continues to grow.The demand for admission to the Veterinary College was so high that good candidates had to be denied entrance. The supply of skilled men is completely inadequate to fulfill the demand from diverse sources, and the Principal proposes the formation of another institution. The new buildings were under construction.

The number of schools rose from 744 to 830 (6 high, 33 middle, 791 primary) and that of pupils from 37,445 to 42,740, or by over 14 per cent. The distribution of schools and scholars by divisions is as follows:- Lahore, 238 schools, 15, 670 scholars; Rawalpindi 209 and 10,241; Multan 118 and 6,578 ; Jullundur 154 an 6,489; Ambala 111 and 3,762.

[6] Sheikh, Maysoon (2018), Public Health and Sanitation in Colonial Lahore, 1849-1910, University of Waterloo

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Numerically and otherwise the districts of the Lahore division are far in advance, Gurdaspur in particular having made much progress in recent years. In Rawalpindi, the Chief Inspectress says "the municipal board primary schools have not done well in the past year. The former headmasters were replaced by mistresses, not particularly well-qualified or experienced, and a lady superintendent was appointed who was not well-qualified for the work, and who lacked the necessary tact in dealing with the teachers. The result has been a great deal of friction and consequent deterioration of work and discipline in the schools." Twelve new schools have been opened in the Attock district. In the Multan division Jhang is foremost in point of attendance: in Lyallpur and Montgomery the education of Hindu girls is advancing, but that of Muhammadans shows little improvement. In the Jullundur district "the aided schools in the city and cantonment do good work, but the district board schools cannot progress satisfactorily until the local body spends more money and interest on them." In the Ambala division Rohtak heads the list: the Bohr school supplies almost all the Hindu teachers of three districts, Rohtak, Hissar and Gurgaon. Progress is retarded everywhere by the want of qualified teachers[7].

Admissions to the Medical College increased by 14 to 172 in 1914-15, while enrollment in the school decreased by 14, to 352, which fell further at the end of the year to 258, owing primarily to the removal of 90 military students' names from the rolls for insubordination. After being granted permission to extend the structures under the King Edeard Memorial project, the construction began in October of last year and is still progressing.

Female students are trained at the Women's Christian Medical College at Ludhiana which is now the Punjab Medical School for Women. The Yunani classes at the Islamia College and the Vedic classes at the Dayanand Anglo-Vedic Colleg had 25 and 37 students, respectively, on their rolls. The question of constructing a separate building for the latter is under the consideration of the Committee. There were 173 scholars on the rolls of the Veterinary College, practically the same as last year. In spite of the difficulties the staff and students had to content with owing to the demolition of buildings and the absence of a dissecting room and laboratory, the results of the year's working has been satisfactory.

The number of girls' schools rose from 831 to 919. The increase is made up of one Government school 39 board 44 aided and 4 unaided schools; 8 of these were high 36 middle, 738 upper primary and 137 lower primary. The number of pupils increased from 42,792 to 44,996. The increase is principally in the lower primary classes where the numbers have risen by 1872. But for the outbreak of plague and fever the increase would have been more marked the following table shows the distribution of schools and scholars according to divisions[8]:-

Division	No, of schools	No. of scholars.
Ambala	122	4,145
Jullundur	184	7,140
Lahore	261	15,802
Rawalpindi	219	10,391
Multan	133	7,518

There is an increasing demand in the larger centres for an Anglo-vernacular education for girls, but it is difficult at present to secure teachers with a sufficient knowledge of English. In the Mission High Schools English is very well taught and the girls usually speak and write with facility. In many of the aided secondary schools English is taught as an optional subject.

College scholarships are now held in the Kinnaird Collegiate Schools and the Gordon Mission College Rawalpindi. The Six years course prescribed for the Lady Harding Medical School has deterred girls from taking up the Medical scholarships offered for the F.A. work. In vernacular secondary, schools an interest is evinced in higher education in vernacular and classical literary subjects. A class for the Pragana examination of the Punjab University has been opened in Multan and at the Victoria Girls' School, Lahore, and Provision is made for teaching up to the University proficiency standard in Urdu, Hindi and Punjabi. The vernaculars taught in girls' schools are Urdu, Hindi and Gurmukhi, which are for the most part distributed according to religions. In one school at Simla and two in Rawalpindi Bengali is taken up. It is satisfactory to note that many of the girls in middle schools take up a second vernacular, very often in addition to a classical language, Sanskrit or Persian.

[7] Report on the progress of Education in the Punjab for the year 1913-14, pp.18-21

[8] Report on the progress of Education in the Punjab for the year 1914-15, Superintendent, Government Printing, Punjab Lahore, 1915, pp.15-17.

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In aided schools large salaries are offered to attract trained teachers, and a real appreciation of higher education is evinced. It is not, however, sufficiently realised that the teaching of the infant classes is at least as important as that of the high department. The Victoria School for Girls, which was taken over by Government on the 1st April 1914 has been made a model school in this respect, and under the direction of Miss Hart, the head mistress, aided by nine assistant teachers the teaching of the lower primary classes is entirely on Kindergarten and Montessori methods. The school is used as a practicing school for the Normal School and the effects of the better methods of teaching should be far-reaching. As regards domestic economy the Chief Inspectress notes: - "It is very difficult in day schools to do any practical do any practical domestic work for the conditions are different to those of a home. It is hardly possible to aim at more than forming habits of in dustry, punctuality, neatness and cleanliness, and to try to give the children an intelligent knowledge of sanitation and elementary laws of health. On the other hand, plague and other epidemics are so frequent in the Punjab that it is urgently necessary that a realisation of the necessity for precaution against infection should be emphasised."[9]

The Medical College and School's enrollment remained constant in 1915-16. There were changes in the workforce due to the recall of some professors to military duty, but adequate preparations were made to continue their work. The Viceroy officially opened the new main college complex in November 1915, and work on the other new buildings is proceeding well. The university-subsidized Yunani and Vedic classes had 43 and 28 pupils, respectively. The number of students at the Veterinary College has climbed to 190. The Viceroy formally launched the excellent new buildings in December; the expanded facilities have resulted in significant improvements in student training, as well as greater test standards. The demand for veterinary graduates significantly exceeded the supply. Among other experiments, anti-rabies vaccination of dogs attacked by rabid canines was performed on a small scale[10].

For the year 1916-17, The Medical College is under the Medical Department who supply the following particulars as to its progress during the quinquennium.

The new College building was completed during 1915 and was opened by Lrd Hardinge in November of that year. With the completion of the new College all teaching requirements have been met for the present and for many years to come, and the Lahore Medical College now compares favourably with the best of similar institutions in other parts of India. The new King Edward Medical College comprises:-

a) The Patiala main block, with administrative offices, large examination hall and library, lecture theatres, etc.

b) The Bahawapur Pathology-Physiology block, with pathology department on the ground floor and the department of physiology on the first floor, each a complete unit in itself.

c) The Faridkot Anatomical block, a unit complete in itself for the efficient teaching of anatomy.

d) The Kapurthala Materia Medica block, which also forms a complete unit for the teaching of material medica.

e) A Cold-storage block, with associated separate pathological and medico- legal post mortem theatres.

The erection of the students' hostel has been held over for the present as the question of the separation of the school from the college is under the consideration of Government. The number of students in the college has risen from 156 to 232, the annual number of admissions having increased from 36 in 1911-12 to 72 in 1916-17[11]. The Principal points out, and the Inspector-General of Civil Hospitals agrees with him, that the only possible method of coping with numbers seeking admission is to remove the school department entirely to some other centre. In the year 1916-17, in order to admit into the school the 90 new military medical pupils required by the Army Department, the number of ordinary pupils had to be cut down, no admission being given to candidates from Native States or Municipalities.

"The demand", says the Inspector-General, "of Civil Hospitals agrees with him, that the only possible method of coping with the numbers seeking admission is to remove the school department entirely to some other centre.

[9] Report on the progress of Education in the Punjab for the year 1914-15, Superintendent, Government Printing, Punjab Lahore, 1915, p.18.

[10] Report on the progress of Education in the Punjab for the year 1915-16, Superintendent, Government Printing, Punjab Lahore, 1916, pp.19-21.

[11] Report on the progress of Education in the Punjab for the year 1916-17, Superintendent, Government Printing, Punjab Lahore, 1917, p.38.

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In the year 1916-17, in order to admit into the school the 90 new military medical pupils required by the Army Department, the number of ordinary pupils had to be cut down, no admission being given to candidates from Native States or Municipalities.

"The demand", says the Inspector-General, "for the class of medical practitioner passing out from the school is increasingly great and already the situation has become acute. The numbers passing out in the next few years will not, I am afraid, be sufficient to meet Government demands, let alone those of the general public."

The actual numbers in the school show a decrease from 322 in 1911-12 to 293 last year but this decrease is due to the expulsion of 90 military students in 1915 for going on strike in February of that year and refusing to return to their studies within the prescribed time. A similar, but less serious, episode occurred in 1914. Apart from these two incidents the conduct of the students in both the college and school has been good.

Lord Hardinge opened the Veterinary College's new building in 1915. They are most likely the best buildings for this type of institution in India. The construction of the new hostel buildings has been postponed due to financial constraints. Meanwhile, the accommodations in the old Press buildings, albeit poor, have been upgraded.Over the last five years, 320 students have graduated and received the Diploma. The demand for veterinary graduates has remained as high as ever, and the supply is completely inadequate to fulfill it.

An advanced course for Punjabi civilian students was introduced in 1915. It is a for-years course, the old three-year course being continued for the training of candidates from the army, province other than the Punjab, and Native States.

Eighty-five students were admitted last year and the class of candidates was above the average. Of the new students 36 were from the Indian Army and Imperial Service Troops, 12 from other provinces, 5 from Native States, and 32 from the Punjab.

The Lyallpur Agricultural College which opened in 1909 had, at the outset, a chequered career and a crisis was reached in 1913 when no applications were received for admission. The course was then revised and made one of four year's duration, divided into two parts of two years each. "This course", says the Principal, "has been in force since 1914 and has met with some measure of success. The first part consists of simple practical instruction in agriculture and elementary courses in scientific subjects and the second part give a systematic course in sciences applied to agriculture.

At the end of the first part a leaving certificate is granted to successful students on the result of an examination, which qualifies for admission into the subordinate ranks of the Agricultural Department and for such posts as estate managers, etc. The second part leads to the Diploma of Licentiate in Agriculture."

As a result of a resolution passed by the Agricultural Conference in Pusa in February 1916, the College applied for affiliation with Punjab University. A four-year program leading to a B.Sc. degree has been designed, and affiliation has been granted since the end of the period under evaluation. Successful students will receive a certificate after completing the first two years of the course. The outcome of the new departure is eagerly anticipated, but the fact that there were 200 applications for admission to the course this year, compared to 38 in 1911-12, is very encouraging.

The results achieved towards the close of the quinquennium are also very encouraging.

A vernacular course of seven month's duration was started in 1912. Free tuition was provided, but the cost to the students, who are all the sons of zamindars, of their maintenance charges was found to act as a deterrent. Government has, therefore, given assistance so that the out of pocket expenses to students shall not exceed Rs. 5, and district boards have given scholarships for this course of about Rs. 50 per annum each. It is not possible at Lyallpur to provide training for more than 30 to 35 vernacular students. All the places are filled and, indeed, there were 101 applicants for admission last year. The opening of similar classes at other centres is advocated by the Principal. It is hoped to develop the educational utility of the college by opening a class for the training of teachers in agriculture[12].

For the year 1917-18, the number of students at the Medical college rose from 232 to 289. The limit for admission to both Medical School and College is 175, but Government requirements alone for admission to the School were 96 leaving only 79 vacancies for the College. In the present year at least 132 must be admitted to the School, and as the limit in total numbers in both institutions has now been reached, not more than 18 students will be admissible to the College. This will cause great hardship to a number of science students who had looked forward to entering the medical profession. The Principal again presses for the separation of the school from the college as the only solution for this difficulty.

[12] Report on the progress of Education in the Punjab for the year 1916-17, Superintendent, Government Printing, Punjab Lahore, 1917, p.39.

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A Board of Inspection appointed by the Syndicate visited the institution and reported that the provision of hostel accommodation is an immediate necessity. The school hostel will be available on the transfer of that institution, but this will by no means satisfy the need for hostel accommodation. There were 85 new admissions to the Veterinary College last year, 55 taking the three-years' course and 30 the four –years' course. Owing to the absence of the post-graduates Professor on military service the post-graduate class was held in abeyance. At the annual examinations held at the conclusion of each year of the course, the students did very well indeed, the percentage of passes varying for 78 to 94.

The Principal reports that the standard of instruction in the College is gradually rising, the increased pay and prospects in the Army Remount Department and in the Civil Veterinary Services in some provinces having induced men of higher qualification to enter the profession. The number of students attending senior classes (L.P.M.S. and M.P.L) of the Punjab Medical School for Women, Ludhiana, increased from 48 to 62, the numbers in the other classes remaining practically stationary. The chief need of the institution is increased accommodation, e.g., a suitable laboratory for pathological work, but any scheme of building postulates the acquisition of more land the present site being already congested.

For the year 1922-23, The number of student in the Medical College, Lahore, was 474 as against 439 in 1921-22. In the year under report 166 candidates applied for admission of whom 63 had to be refused through want of accommodation. The staff of the college has been strengthened by the addition of one professor and five demonstrators. Additions have also been made to the staff of laboratory assistants and laboratory attendants. A new feature of the year is the arrangement with the Madras Government for the practical training of the senior students of the college in midwifery at Madras. There have been several changes in the staff. The most noteworthy being[13]:-

1) Major T.A. Hughes, I. M.S., Professor of Physiology proceeded on long leave, his place being taken by Captain S.N. Hayes, I.M.S.
2) Lieutenant Colonel G.A. Gill, I.M.S., was relieved of his duties of professor of Hygiene by Dr. K. A. Rahman.
3) Major Chambers, the principal has gone on leave, and Major Dick has been appointed in his place. No additions or alterations of any importance to the school accommodation have been made during the year, but it is pleasing to note that the new hostel is under construction and likely to be ready for occupation early next year. At present, effective supervision is difficult owing to the scattered bungalows and barracks in which the students are lodged. The material for clinical teaching has improved greatly since last year.
4) Compared with last year, the roll has slightly fallen, the number of new admission being 82 or eleven less than before. The popularity of the institution can be gauged from the fact that 166 applicants had to be refused admission.
5) The roll of the Ayurvedic classes has increased by two to 75. The usefulness of the institutions will be much enhanced by the erection of the hospital for in-door patients and the dissection room, both in course of construction. The general educational qualifications of those admitted vary from the matriculation and Prag examination to the F. Sc. and Shastri (Honours in Sanskrit). The examination results were good.
6) 6. The UnaniTibya classes continue to be attached to the Islamia College, Lahore. Their enrolment has improved by 13and now stands at 58. Of the total, 43 were Muhammadans 14 Hindus and one Sikh. The income from fees rose from Rs. 1,128 last year to Rs. 1,713. The examination results were generally satisfactory.
7) The question of accommodation in the Women's College at Ludhiana which was noticed last year seems to be nearing solution. It is hoped that,through the enthusiasm of Dr. Edith Brown the principal, the building difficulties of the college will soon be overcome. The electric installation has added greatly to the comfort of the students. As remarked last year, the demand for the graduates of the college is much larger than the supply. The discipline hasbeen favourably commented upon. The principal feels that the insufficient knowledge of English possessed by the students affects adversely their work in college[14].

[13] *Ibid.*

[14] Report on the progress of Education in the Punjab for the year 1922-23, Superintendent, Government Printing, Punjab Lahore, 1923, p.59.

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For the year 1932-33, The reputation of the college as a teaching school of high standing is evinced by the fact that the application for admission during the year were received not only from all parts of India but from distant countries such as South America, Jamaica, Hong-Kong, Malaya States and Rome. It is also of Interest to note that during the year under report some of the past students of this college obtained the highest qualifications obtainable in Great Britain. The college had a total enrollment of 439 at the end of the year, up from 432 the previous year, with 162 coming from rural areas and 277 from metropolitan areas in Punjab and other provinces. There were 145 Muslims, 124 agriculturists, and twenty female pupils. Fifty-one students received scholarships totaling Rs.20,463. Of the 177 candidates who took the Bachelor of Medicine and Surgery examinations in April and October 1932, 63 out of 58 passed. A class of fifteen assistant surgeons was assigned to the college for three months of post- graduate training. Fourteen of these took the necessary test and passed.

VII. Research Questions

Q.1 What was the Concept of Public Health and Education in Colonial Era?
Q.2 What types of Medical Services Established in Colonial India?
Q.3 What was the Origin of Public Health Services and Sanitation in Colonial Punjab?
Q.4 What was the status of Medical Education in Punjab during Colonial Period?

VIII. Objectives Of The Research

1. To study the Concept of Public Health and Education in Colonial Era.
2. To discuss the types of Medical Services Established in Colonial India.
3. To analyze the Origin of Public Health Services and Sanitation in Colonial Punjab.
4. To overview the status of Medical Education in Punjab during Colonial Period.

IX. Research Hypothesis

The researcher conducted this study to examine and assess the Public Health and Sanitation Education in Colonial Punjab.

X. Research Methodology

The Methodology is a doctrinal research plan that outlines the steps to be taken and the techniques to be used in a study. This study makes use of a variety of secondary sources, including books, periodicals, newspapers, journals, websites, and more.

XI. Conclusion

The British Imperial government made a stronger a Medicinal framework in Colonial India along with Punjab that replaced the traditional Indian medicine and Arabic medicine system. Earlier, there was very slow due to the lack of knowledge funds, physicians and experts. The populace of India along with Punjab were against the British Colonial Government and their methods of work but gradually people started following the frameworks which were made by Britishers. People started serving the military administration and helped in other works too. India People understood the importance of works started by British Colonials. This flourish the Indian Medical Services in later 19th and mid 20th century. As a result, there was magnificent reforms in the cleanliness and medicinal area. Indian Medical Services (IMS) efficiently understood the critical and dangerous pandemics such as plague and cholera. And they were successful in controlling the other sickness diseases that were prevelant in India like little pox, disease, and jungle fever. In the later years the health officials were succeeded in controlling the big number of diseases or infections. IMS Officials and scientists did a great job in reducing such ailments which were affecting people of British populace and Indian people.

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