

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 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.

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