Summary

Epidemics and their campaigns arguably remained the most vital historical event in the medical history of most colonies. Colonisers had often deployed epidemic campaigns to legitimise the concept of colonialism. The local reactions, consequences, and thoughts of such epidemic campaigns and other Western health policies are the main objectives of this dissertation. The thesis investigates social factors that shape the reactions of local populations, highlights the impacts, and elicits thoughts emanating from the social intercourse of allopathic medicine in Punjab and South West Nigeria.

Chapters one, two and three explore socio-economic and human factors determining local responses to colonial anti-epidemic campaigns in Punjab and South West Nigeria. Since allopathic medicine is a vital technology that influenced the socio-cultural spaces of the colonised, the impacts and consequences of its institutions on indigenous medical practices could not be over-emphasised. In this light, chapters four and five focus on the consequences and impacts of institutions of allopathic medicine on indigenous medical traditions. To achieve this aim, I devise local reactions of indigenous medical practitioners to the institutions of Western medicine in Punjab and South West Nigeria and the socio-cultural impacts of medical missionaries in South West Nigeria. Here the crux of my argument is more fixated on the concept of cultural dignity, power, race, gender, and inequality. Chapter six highlights the social impacts and thoughts emanating from the activities of medical missionaries in South West Nigeria.

To be more specific, in chapter one, I intend to show how plague epidemics and their control measures affected the economic well-being of residents of Punjab and why this might be responsible for the apathy and resistance to plague sanitary measures. Likewise, in chapter two, I argue that the socio-economic implications of influenza measures on Lagos residents could be the major reason why some residents refused to vacate disease-prone areas. The chapter also compares the economic implications of influenza measures in South West Nigeria and Punjab.

In chapter three, the focus shifts to human factors. I highlight the role of subordinates' indigenous medical workers vis-a-vis smallpox vaccination campaigns in South West Nigeria and Punjab. They were the foot soldiers who implemented most of the colonial health policies, even though their significance has been long underplayed. I posit that their conduct, attitude, and professionalism might play a role in the overall outcome of smallpox campaigns in the imperial era. Perhaps, their coercive attitude and poor conduct correlated with the apparent mistrust of local populations, hence resistance to vaccinations and quarantines.

Chapter four highlights the impacts and responses of indigenous medical practitioners to allopathic medical policies and ideologies. It relates the apparent resilience of indigenous medical traditions due to the recasting efforts of indigenous Punjabi medical practitioners in the early twentieth century. On the other hand, *Yoruba* ethno-medicine, even though suffered at the colonial intersection, remained largely undisturbed because of its cultural uniqueness. I argue that the recasting effort of practitioners of Vaids and Unani in colonial Punjab was instrumental to the influence of the canons as opposed to the 'cultural transformation 'hypothesis popularly deployed to explain the phenomenon. Here I wish to introduce the concept of 'social class re-enactment 'to substantiate my assertion.

The next chapter still focuses on the recasting efforts of local medical practitioners in the Punjab. It highlights the consequence and impact of allopathic medical policies and institutions on local medical practitioners albeit on a gender basis. The focus is on the marginalisation of the institutions of the *Dais* (local midwives of predominantly women extraction) in Punjab and the contributory role of middle-class elites. Here, I intend to show that the espousal of Western ideals of middle-class elites

played a profound role in the relegation of Dais institutions. Even though they were trying to carve a unique cultural identity in response to modernity, the social reputation of the Dais consequently suffered. Also in this chapter, I aim to hypothesise that the actions of middle-class elites is in tandem with 'social class re-enactment'. I claim that the traditional intellectuals who lost their socio-economic and political influence under British Raj in the tail end of the nineteenth century were largely trying to reclaim their social class through the adoption of Western system of obstetrics.

Chapter six, the last chapter locates the role of Christian medical missionaries within the domains of colonialism. This chapter attributes the somewhat unwholesome social thoughts of Yoruba medicine to the activities of medical missionaries in the early twentieth century.