# The Rockefeller Foundation and Scientific Collaboration in Late Colonial India

*by Manikarnika Dutta*
*University of Oxford*

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After submitting my doctoral thesis, I studied documents on public health research in colonial India at the Rockefeller Archive Center (RAC). The visit, from the end of September to early December 2019, allowed me to expand my research on medical infrastructure and sanitary regulations in colonial India. My thesis looked at the sanitary interventions by the British colonial state and Christian missionaries in British Indian port cities in the nineteenth century for protecting the health of European seamen. In my follow-up research, I wanted to explore the development of the study of health and disease in the twentieth century. The governance of public health in this phase was arguably driven by new explorations into bacteriology and virology in various institutes across India. The Rockefeller Foundation (RF) was substantially involved in many of these disease research centers as part of its global fight for public health. It was instrumental in establishing the All-India Institute of Hygiene and Public Health (AIIHPH). As a scoping study for my pile-up project on public health in the first half of the twentieth century, I read reports and correspondence regarding the planning and early years of the institute. I spent a highly fulfilling two months with the RAC, reading important documents on the RF's medical philanthropy and its role in shaping public health research in British India. The stint also enabled me to connect with researchers working on similar subjects.

Before applying for the RAC stipend, I consulted the RF's annual reports, the RAC's Bibliography of Scholarship, and the research reports written by former research stipend scholars. I found the existing scholarship to have focused largely upon the logistics of delivering healthcare rather than examining the study of disease in India as part of global scientific and humanitarian collaborations. My visits to the AIIHPH's library in Kolkata, earlier in 2019, had yielded little, as it had mainly medical books and rather insufficient information on the history of its inception and early years. My research thus pointed me to the Rockefeller Foundation archives at the RAC.[1] Its collections are fundamental to the historical

understanding of the transnational and extra-imperial lineage of scientific research in colonial India.

The Rockefeller Foundation was an important contributor to research on public health and in shaping the norms of scientific experiments in the early twentieth-century India. It collaborated in establishing several medical research centers by providing extensive funding and provision of scientific expertise. One of the most important among these centers was the AIIHPH in Calcutta, established in 1932, after the opening of the University of Manila School of Hygiene and Public Health in 1929. It continued the RF's global initiative of privately sponsored research into public health that had previously led to the establishment of several health research institutes in Baltimore, Sao Paulo, Warsaw, Ann Arbor, Prague, Massachusetts, New York, London, Toronto, and Belgrade. What set the Indian context of this global effort apart was the nature of the close partnership between the British colonial state in South Asia and the RF as a non-state actor, which I would like to examine as part of my postdoctoral project.

Historians have so far sought to explain American intervention in rural and health reform programs in South Asia and other parts of the world as a measure of either humanitarianism or hegemony or a combination of both. The research on the RF's contribution to these programs, such as Shirish N. Kavadi's articles on various aspects of this collaboration and the references made to India in the books by Louise Henderson, John Farley, Jagdish Sinha and Arabinda Samanta, offer a narrative history without much reference to the political and social context of the times. Sanjoy Bhattacharya and Niels Brimnes have produced excellent historical studies of the WHO's role in smallpox and polio vaccination in late colonial India without going into much detail about the RF. Thus, there is a lack of historical research into interesting questions: How did British colonial administrators negotiated with the RF's extra-colonial philanthropy and hegemony over public health research, especially concerning trans-imperial intellectual collaboration? How were new research techniques in bacteriology, parasitology, vaccination, and sanitary engineering implemented? And then, what was the impact of the first wave of non-European scientific knowledge on Indian researchers? I was able to understand these crossovers of medical

governance and knowledge production by studying the impact of American scientific expertise on British and Indian medical research, with a focus on the activities of the AIIHPH. A close examination of the establishment of the Calcutta institution as part of the RF's global public health initiative in the 1920s and 1930s illuminated the negotiations behind the new institution and the challenges faced by transnational scientific collaborators.

Rockefeller Foundation's connection with the AIIHPH began in February 1928 with meetings among Sir Walter Fletcher (secretary of the Medical Research Council in Britain), Col. Rickard Christophers (British entomologist), Col. J.D. Graham (public health commissioner of the Government of India) and Dr. W.S. Carter (associate director of the Division of Medical Education, RF).[2] In a series of meetings with representatives of British India, Dr. Carter discussed the terms of making a grant for establishing the institute. The grant was intended for purchasing a site next to the Calcutta School of Tropical Medicine and constructing a building of a similar size, installing a cooling system, and equipping eight laboratories. The Government of India guaranteed adequate support and placed the institute under the management of the Indian Research Fund Association (IRFA).[3] The institute's aim was to provide medical graduates in India the perfect infrastructure to study tropical medicine and hygiene in their country without the need of going to Britain or elsewhere, as well as efficient training for public health workers. Recognizing the importance of nursing work in maternity and child welfare, special courses were designed for women graduates and nurses respectively.[4] The RF's Medical Sciences department contributed $604,000 for land, a building, and equipment for the AIIHPH, and provided the salaries of the director and the assistant director during the period of planning and construction.

The key aspect of the records was the possibility they offered for reconstructing the history of medical education in late colonial India. Carter visited most of the medical teaching and research institutions of India and interacted with their administrators. His early letters are full of serious doubts whether all of Asia would produce even 25 public health graduates each year. In 1927, India had six medical schools that offered graduate courses. None of these schools had the

provisions for a diploma course in public health. The Calcutta School of Tropical Medicine and Hygiene was the most suitable institution for starting this course on account of its good library and laboratory as well as a staff capable of teaching protozoology, pathology, entomology, and helminthology.[5] The new institute was expected to benefit from the large number of medical researchers that visited from Europe, America, and the Far East which was crucial to understand what was going on in public health research institutes in other countries. It was noted that the social life in in Calcutta suited both the Indian as well as the European workers due to the cosmopolitan nature of the city. Also, the large presence of well-educated Indians and Europeans and the proximity of the Calcutta School of Tropical Medicine was considered a great advantage.

The reports provide details of the Indian Research Fund Association, the RF's main partner in promoting public health research, which is difficult to find from other sources. Established with an annual endowment of Rs 500,000, its work expanded in the 1920s with provision of grants-in-aid to various institutions such as a malaria research center, the Kala Azar Commission in Assam, and nutrition studies in Coonoor. It published the *Indian Journal of Medical Research* and the *Indian Medical Research Memoirs*. A major challenge for the Association was the lack of fresh recruitment and the resulting burden of work on existing officeholders. Consequently, and after the Research Workers Conference held in November 1930, the governing body was increasingly Indianized with the inclusion of Indian doctors and politicians, leading to racial and political frictions in leadership. In a confidential letter addressed to Victor G. Heiser, a member of the International Health Division of the RF, a senior official of the "Rockefeller Public Health Institute" in Calcutta (as the AIIHPH was called informally) expressed his concern about the necessity of appointing non-politicized medical staff. Such concerns indicate the encroachment of Indian national politics in administration of scientific institutes and the problems it created for research work.

The building's construction was complete by the end of 1931, but the institute was formally opened on December 30, 1932, after a series of financial and political negotiations. Carter's letters to colleagues in India and the US describe his

meetings with key administrators of the Calcutta School of Tropical Medicine and the interviews with competent surgeons and scientists for new positions. These letters offer insights into careers in medicine in colonial India, in general. The interview with Major Baptist showed how keen the RF was to recruit the best possible personnel for the development of the AIIHPH. Baptist had retired from service but was still interested in serving the institute free of cost, provided he retained his old quarters at the Calcutta Medical College. In addition to his capability for administrative work, Baptist was favored in a leadership role to convince Indians that the best among them would be rewarded for diligence. Carter was unhappy that the highly competent Lt. Col. Megaw, earmarked for directorship of the institute, had decided to take up a new position as inspector general of civil hospitals in Punjab. The position would include a promotion in rank and therefore more pension after retirement. He agreed with Megaw that the quality of personnel mattered more than expensive buildings and equipment. The institute's first director was Lt. Col. A.D. Stewart, who served in the post until 1935, after which an Indian was appointed as an acting director of the institute. The correspondences display a deep concern that the person would not be a suitable successor to Stewart and stop short of admitting that both the Government of India and the RF's International Health Division (IHD) had failed on their part.[6] The correspondence and reports show both the IRFA and the RF anxious about the dependence of scientific research on India's structure of governance. In a letter to Carter, Stewart wrote that the abolition of dyarchy should not affect the status of the IRFA or the Government of India's support to medical research. The letter informs us that medical research was run by the central Government of India and the provinces governing their own research institutions was a possibility.[7]

The documents reveal the general discomfort with the Indianization of the IRFA's governing body. Lt. Col. Megaw was unhappy with the presence of seven Indians in the committee of thirteen people. The large proportion of Indians in decision-making capacity and a proposal to further increase the Indian membership had alarmed Megaw, Graham, and other European members. Megaw prepared a memorandum to the government, pointing out that they must return the RF money unless they met the terms of the Carter agreement, which stipulated

European majority in the governing body of the IRFA and the AIIHPH. Megaw told Dr. Heiser confidentially that the Indian majority on the IRFA had already made much trouble and greatly interfered with scientific work and selection of personnel being done on merit.[8] The RF and the AIIHPH's governing council exchanged many letters regarding the reduction of the Government of India's financial support in the 1930s. The RF was considerate of the recession in accepting the government's inability to offer support to the extent in agreed in 1928. They were not satisfied with the inclusion of Indian personnel and contested that such appointments might set a wrong precedent for flouting written agreements between the RF and the Government of India. But they refused to interfere in the institute's internal administration.[9]

Carter describes the impact of the financial crisis in detail.[10] The government provided 2 lakh rupees instead of 3 lakh and reduced the IRFA's funding by 80%. The RF was greatly concerned about the institute coming under political control. It considered the IRFA's governing body to be efficient before 1929 and weakened with the addition of seven non-expert members that included an Indian prince who gave a donation, three elected politicians from the legislative councils, one non-medical scientist nominated by the viceroy, and two non-research Indian doctors elected by the Indian universities. The two doctors were interested in controlling the fund for distribution among their Indian medical friends. Megaw and Graham were praised for their effort to control the damage done by the Indian board members. In a letter to Dr. Heiser, Leonard Rogers remarked that the problem of administration increased in 1930 as the Legislative Assembly resolved to remove one of the three research medical members and add nine more non-research Indian doctors to the IRFA. The Government of India rejected the motion but allowed the addition of one Indian doctor. Rogers suspected that the IRFA's governing body would be unable to understand the needs for research as most of them had no research experience. Moreover, he had confidential reports that the Government of India feared the Legislative Assembly would not sanction sufficient funds for the institute unless they were given political control, contrary to the terms of the RF's donation.[11] The RF, aware of the massive investment needed for the institute, insisted on requesting the local elites for financial support for the institute. They thought the wealthy people of Calcutta would be

interested in raising funds as a large proportion of medical students were Bengalis. They opened a fund with the Bank of Bengal to which all subscriptions could be sent.

Stewart's letter to Carter in 1932 describes some of the earliest research conducted in the institute: on malaria, tuberculosis, leprosy, cholera, radioactivity in water, and bacteriology. The grant of 2 lakh rupees was sufficient for running four sections. The institute also accepted the Lady Chelmsford League's proposal to run a maternity and child welfare section at their own expense.[12] The IHD sought the AIIHPH to establish links with the School of Hygiene and Public Health of the University of the Philippines and send their fellows and travel grant holders for public health training. The IHD granted $24,000 for a health unit in Singur for rural training for the AIIHPH and took over its administration from the Medical Sciences division in 1938.

The key themes that emerged from my research at the RAC were therefore the impact of finance and national politics on the scientific collaboration and research. My research generated a new insight into how British and American scientists and doctors collaborated to overcome the economic recession and the challenge posed by growing influence of Indians in administrative matters. The unwillingness to share authority with non-white subjects, while expecting them to donate for an institution run by white people, somewhat overshadows the aura of benevolence. Nevertheless, the meticulous planning and management evidenced in letters written in quick succession shows the extent of the RF's commitment to promoting scientific research.

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[1] Consequently, I looked up the RAC's online catalog and contacted archivist Renee Pappous for guidance. She helped me identify the RF grant files that are central to my project and encouraged me to apply for this fellowship. My aim was to consult the fifteen folders in Boxes 6 and 7 (around 2000 pages) documenting grants to the AIIHPH in Rockefeller Foundation records, Projects, RG 1.1, Series 464 India, Subseries 464A – Medical Sciences; Rockefeller Foundation records, International Health Board/Division, RG 5; and Rockefeller Foundation records, Field Offices, New Delhi, RG 6, SG 7.

[2] Letter from W.S. Carter to R.M. Pearce, "The Co-operation proposed by the RF to the Government of India for the establishment of an All-India School of Hygiene and Public Health in Calcutta," March 4, 1928. Rockefeller Archive Center, Rockefeller Foundation records, projects, SG 1.1, Series 464: India; Subseries 464A: India – Medical Sciences, Box 5 (henceforth Box 5).

[3] Ibid, 29.
[4] Ibid, 1-6.
[5] *Minutes of the Rockefeller Foundation*, Box 5, 27362.
[6] "All-India Institute of Hygiene and Public Health – Proposed Assignment of I.H.D. Staff Member as Director," Box 5.
[7] "Note on the Formation of a Public Health Board," Box 5.
[8] "The All India Institute of Hygiene and Public Health, and the R.F. Agreement," Box 5.
[9] Letter from W.S. Carter to J.W.D. Megaw, 9 October 1931, Box 5.
[10] Letter from W.S. Carter to J.W.D. Megaw, 8 April 1932, Box 5.
[11] Letter from L. Rogers to V. Heiser, 17 March 1932, Box 5.
[12] Letter from A.D. Stewart to W.S. Carter, 9 April 1932, Box 5.