

A Historical Study of Health and Disease in Colonial Midnapore District – 1835 to 1947

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Abstract:

Midnapore district is a historic land with vast area and unique natural diversity. Owing to its geographical location, the district was an important territory of Bengal Presidency during colonial period. Since a long time the district was ruled by different invaders, among them the British were the chief. After several jurisdictional changes carried by the colonial government, the district acquired its modern shape and held a large area in Bengal Presidency. Therefore, a large population associated with the tract and it became one of the dense districts in Bengal. Population growth influenced the prevalence of epidemics. As Midnapore district belongs to the tropical zone, therefore tropical diseases i.e. malaria, cholera, smallpox, diarrhoea, dysentery, leprosy and different types of fever appeared in the district almost every year. Frequent appearances of such diseases were the main headache of the colonial rulers, because they did not live with satisfaction in the tropical climate of Midnapore. When troops, bureaucrats suffered from tropical diseases then the colonial rulers introduced modern concept of public health and gradually they built a western medical infrastructure in the country. Though, initially they gave all the medical benefits to the Europeans and the natives were deprived of it. On the whole, the colonial government was indifferent to the native people's health.

Keywords: Health, Disease, Climate, Colonial, Midnapore.

INTRODUCTION:

In 1783, the mufsal town Midnapore declared as the head quarter of Midnapore district through an official order of the East India Company.¹ Gradually offices, courts, army cantonments and white colonies were built one by one in Midnapore district. Due to tropical climate, the white people suffered from various tropical diseases such as - malaria, smallpox, cholera, diarrhoea, dysentery etc. But there was not a single government dispensary existed in Midnapore district till 1834. Therefore, the sick Europeans of Midnapore district transferred to Calcutta and admitted into a government hospital for their treatment. John Sires, the then Magistrate of Midnapore district realized the importance of medical institution for the district head quarter. With full hearted co-operation of John Sires, a dispensary was establish at Midnapore town in 1835, which was the first medical initiative of the colonial government for Midnapore district.² As a result, after so long a time the inhabitants of Midnapore district got a scope to consume medical facilities from the colonial government. In this regard the role of John Sires was notable. This time few government authorized LMF doctors treated the whole inhabitants of Midnapore district.³ When tropical diseases appeared epidemically, ravaged the district and enormous death occurred, then the Government of Bengal introduced their health policy in Midnapore district. Slowly, the government built some dispensaries and hospitals at urban and rural areas in Midnapore district for giving better medical facilities to the white population and also to the local people. Gradually two more dispensaries established in Midnapore district, one was at Tamluk in 1851 and other was at Garhbeta in 1868.⁴ Besides, in the decade of 1860, the British Government appointed sanitary commissioner for every province of colonial India. In the same decade germ theory of disease was popular in Europe. Gradually, germs detect treatment introduced in India by the British Government. Since then, western medicine acquired popularity in Indian environment. In 1890, the government took policy of supplying fresh water, vaccination and drainage system etc.⁵

But it is essential to note down that initially, the medical infrastructure built by the government was only for the Europeans, where Indians were deprived every moment.

LITERATURE REVIEW:

The subject also got scholarly attention. Some of them are – Imperialism and Medicine in Bengal : A Socio Historical Perspective (1991) by Poonam Bala, Colonizing the Body State Medicine and Epidemic Diseases in Nineteenth Century India (1993) by David Arnold, Public Health of British India. Anglo Indian Preventive Medicine, 1859-1914, (1994) by Mark Harrison, Medicine and the Raj: British Medical Policy in India, 1835-1911, (1998) by Anil Kumar, History of Public Health : Colonial Bengal, 1921-1947, (1998) by Kabita Roy, Public Health Policy and the Indian Public : Bengal 1850-1920, (1998) by Sandeep Sinha, Malarial Fever in Colonial Bengal : Social History of an Epidemic, 1820-1939, (2002) by Arabinda Samanta, Sanitizing Society : Public Health and Sanitation in Colonial Bengal, 1880-1947, (2011) by Tinni Goswami, Gender, Medicine and Society in Colonial India : Women's Health Care in Nineteenth and Early Twentieth Century Bengal, (2017) by Sujata Mukherjee, Living with Epidemics in Colonial Bengal, (2018) by Arabinda Samanta etc. All these are the valuable research work, but the focuses of these researches were either Calcutta centric or different province centric. District wise detail discussion did not get much priority. In some researches, Calcutta, Hooghly, Howrah, Burdwan, Birbhum and Bankura got some focus, but Midnapore district was left out. Actually, Midnapore district did not get proper priority in those studies. So, various matters of health and diseases of colonial Midnapore district are remained un-discussed. Therefore, Midnapore district - a smaller region of South-West Bengal as the field of the research has been chosen. My special emphasis is on the study of health and diseases in Midnapore district during colonial period. Therefore, the title of the research has been chosen as -“A Historical Study of Health and Disease in Colonial Midnapore District – 1835 to 1947”.

TIME FRAME:

The time frame of the proposed study has chosen as 1835 to 1947. 1835 was a culminating year in which the British Government broadly adopted their policies regarding health in Bengal. Calcutta Medical College was established in the year.⁶ Simultaneously, some dispensaries were established in Midnapore district under the direct supervision of the colonial government. In 1835, a government dispensary was founded in Midnapore town. It was the first official medical initiative of the colonial government for Midnapore district.⁷ After that various steps were taken to popularize western medical infrastructure in Midnapore district. Government tried to spread their activities in the distant parts of the district. As the study is based on the features of the colonial government's various steps towards health and diseases, therefore, the termination year of the research paper is 1947.

METHODOLOGY:

Research method is very important for any research activity. The proposed study is conducted under the source method. Descriptive and interpretative methodology is used in this research paper. Besides, critical evaluation and historical narration methods are also used. The investigation of the research is carried on the basis of the available primary and secondary sources such as – archival documents, government proceedings, files, annual reports, contemporary government publications and books.

OBJECTIVES:

The objectives of this research paper are –

1. Focus on the general condition of public health of Midnapore District during colonial period.
2. To study the medical policy taken by the government during colonial period for Midnapore District.
3. Explore the impacts of the colonial medical policy on the native people of Midnapore District.

DISCUSSION:

The recent trend in historical research is gaining importance with the interpretation of the history of health, disease and medicine. In fact, nowadays micro level research has achieved popularity among scholars because each area has its own historical significance. Midnapore district, a smaller region of Lower Province of Bengal, is the study area of the paper. The geographical location, living condition of land, demographic structure, health habits of people and climatic condition are the important factors when studying various diseases, their origin and the general condition of public health of a particular region.

Midnapore, being a district in Lower Province of Bengal, natural and geographical variations are the characteristics in this region. In the north and north-western portion of the district composed of lateritic uplands which created a well natural drainage system. Diseases were not so prevalent in these low-lying portions. The people of these areas were mainly aboriginals who were away from frequent epidemic of smallpox, cholera, malaria which out broke every year in other parts of the district.⁸ Whereas the second natural division composed of alluvial land, where water-logging was common.⁹ This portion was the breeding ground of malarial fever.¹⁰ It happened due to flood water of the rivers. Large embankments were built along the basin of the rivers but during heavy rain they were cracked, and as a result many miles were submerged. The canals were unable to carry of the excess flood water. This severely affected the general condition of public health, because stagnant flood water dried up slowly which delivered a compatible breeding field of malaria carrying mosquitoes.¹¹

Geographical location of a land is also equally responsible for the outbreak of diseases. As for example, Contai and Tamluk subdivisions are situated along the sea-coast; therefore, the inhabitants were comparatively less attacked from different fevers. While Ghatal subdivision located along the basin of the Rupnarayan River, therefore the tract was flooded during monsoon. As a result, the inhabitants of this tract were frequently suffered from malarial fever. Besides, the headquarters subdivision i.e. Midnapore, Gopiballabpur, Jhargram, Salboni, Keshpur, Narayangarh, Dantan, Bhimpur consisted of dense jungle, uplands with laterite soil comparatively suffered less from frequent fevers.¹²

According to the Sanitary Commissioner's report of 1868, during the period the general condition of public health of Midnapore district comparatively healthy than that of Bankura, Burdwan, Hooghly and Calcutta.¹³ Dr. Bedford Allen, the then Sanitary Inspector of Midnapore reported that the removal of jungle and cultivation of waste lands reduced the prevalence of mosquito bearing fevers. Dr. Allen reported that leprosy was not so prevalent as in other districts of Bengal but elephantiasis was common in Midnapore district.¹⁴ He also reported that during monsoon and winter diseases were more acute in the district. The condition of jails was healthy and the police force was also healthy. In every 1000 prisoner only 3.7 % fell ill and the mortality was 1.9 % among them. Dr. Allen also reported that the settlements and workers of the industrial areas were also healthy.¹⁵ According to the report; drinking water in the urban areas was mostly collected from the rivers and wells. The composition of water was wholesome, but none of the wells were protected by grating. The conditions of the wells were filthy and never cleansed. There were total 119 tanks registered in Midnapore town for drinking purpose. Besides, he reported that no well-accommodated privies were existed in Midnapore. Indeed, there were neither public latrines nor privies. In general, the private privy was built in a small room in the corner of the house with a cork door.¹⁶

Dr. Allen also stated that fevers prevailed in the district mostly in the months of October and November which was chiefly intermittent, quotidian and bilious remittent.¹⁷ From February to April; cholera prevailed as epidemic in the district. During the year 1868, a severe type of cholera broke-out in the jails. Dr. Allen stated that cholera was carried into the district by the pilgrims on their return from Rathayatra festival in Puri. Pilgrims were also the carrier of dysentery.¹⁸ According to the Sanitary Commissioner's report of 1868; total 1,605 inhabitants of Midnapore district were attacked by cholera, of which 1,273 died. The ratio of mortality from cholera was fearful; 79.32 % out of every 100 sick.¹⁹

Among the other diseases, diarrhoea appeared as endemic in the district during the months of March, April and August. Dysentery appeared every year but its nature was neither as epidemic nor pandemic. Hepatitis was a common disease in Midnapore district. Cold, cough and spleen infections were also common in the district during monsoon and winter season.²⁰ Severe epidemic of smallpox also prevailed in the district from October to May. Therefore vaccinations were compulsory.²¹ Dr. Allen stated in his report that Midnapore was a healthy district. But through the above description it is not assumed that Midnapore was a healthy district. Various diseases prevailed in the district, mortality rate from cholera was fearful and sanitary condition of the district was not well enough. So the general condition of public health of Midnapore district during the decade of 1860s was not as satisfactory as Dr. Allen reported.

Health problems continued to the next decades. In 1870, a massive outbreak of Burdwan fever caused enormous deaths. After serious investigation the Collector of Midnapore reported in 1873 that it happened due to the drainage problem.²² But in 1869, some damaged embankments were repaired and ordinary irrigations were built in Midnapore and Hijli.²³ The Collector of Midnapore stated that the government's embankments, irrigations were undoubtedly able to control the flood and their utility had never been questioned, but there could be a small doubt that embankments and irrigations also obstructed the drainage of the district which was very serious matter.²⁴ Besides, while the drainage canals had generally become irrigation canals then its flow of waterways choked up and water became logged within the whole area. The presence of stagnant water became an ideal breeding place for malaria bearing mosquitoes.²⁵ During the decade of 1870s, large tract of Midnapore district, i.e. Ghatal, Daspore, Pataspore, Panskura, Bhagwanpore, and Chandrakona had been suffering from severe malarial fever and a toll of enormous death occurred due to the ill drainage, embankments and sanitation which indicating that the general condition of health in Midnapore district during the decade of 1870s were worst.²⁶

A different scenario had been seen in the decade of 1880s. According the report of Surgeon General of Bengal Dr. A. J. Payne, during the year 1880 Midnapore district was deprived of the services of a Civil Surgeon. He stated that the general condition of health was not so good in this year, but mortality from fever was not heavy. An Assistant Surgeon was in-charge of the district, who signed the dispensary reports. The report shows that the district was less healthy.²⁷ Next year in 1881, a Civil Surgeon took charge of the district. He supervised all the health related matters of the district. After his joining a long waiting was ended and a steady growth was seen in the health sector of the district. According to the report of Civil Surgeon of Midnapore district it shows that epidemic fever prevailed more or less throughout the district, except in certain portions of west and south. Cholera increased during the year. At the beginning of the year 1880, there were 11 dispensaries, of which Kherpai dispensary was closed on 28th June. Besides, the Golgram dispensary was remove from the supervision of the government and transferred to Maharaja Sir Jotindra Mohan Tagore for the benefit of his tenants. Since then, Golgram dispensary recognized as a private dispensary.²⁸

According to the report of Dr. Thomas, the then Civil Surgeon of Midnapore district, the general condition of health of the district achieved a great improvement on the year 1881. Nine dispensaries i.e., Midnapore, Mayesadal, Contai, Ghatal, Tamluk, Chandrakona, Narajole, Garhbeta, and Dantan successfully performed throughout the year. The total number of patient treated during the year 1882 from these 9 dispensaries were 729 indoor and 48,252 outdoor. 5 dispensaries out of 9 were managed by the local committees. The committees met almost every month, but the Civil Surgeon Dr. Thomas reported that they had no welfare intention towards the dispensaries. As for example, the Mahisadal committee met twelve times, but did not pass regular monthly accounts. Besides, Dr. Thomas reported no Municipal Commissioner regularly visited those dispensaries which were under municipalities.²⁹

The Civil Surgeon reported that the year 1883 was a healthy year for Midnapore district. According to his report, the cases of malarial fever were not heavy. The fever confined especially in the Ghatal subdivision.³⁰ Dr. Thomas further reported that with the exception of local outbreaks of cholera, the year 1884 was also healthy.³¹ According to the report of A.J. Cowie, the then Inspector General of Civil Hospitals of Bengal, the general condition of health of the district Midnapore during the year 1885 was not satisfactory. The death returns were little upwards during the year. Total number of death recorded in 1885 was 51,324. The Civil Surgeon of the district Dr. Thomas reported

that the death rate increased due to heavy rainfall, through which large area of the district was flooded. After flood, malaria and cholera appeared and took the toll of them.³²

Dr. Thomas reported that the general condition of health in Midnapore district was comparatively better during the year 1886, though average number of mortality was high due to injuries and fevers. The total number of death occurred during the year was 53,114. Altogether 10 government aided dispensaries were successfully performing during the year. Dr. Thomas reported that Mr. Cornish, the District Magistrate of Midnapore, personally visited each dispensary once during the year which enhanced their good maintenance and management.³³

Dr. Hilson, the Inspector General of Civil Hospitals in Bengal, published a report in 1887 related to the activity of charitable dispensaries in Bengal. According to the report the general condition of public health of the district Midnapore was not satisfactory during the year 1887, because the average number of patient increased in the dispensaries. During the year the total number of patient treated including indoor and outdoor was 50,889.³⁴ This high attendance of patients in the dispensaries occurred due to rapid spread of malarial fever.³⁵ At the end of the year altogether 11 dispensaries performed successfully in the district.³⁶ The general condition of public health of the district was more or less same in next three years. In the next decade, during 1890s, a major sanitary inquiry had been made over the district, to find out why diseases appeared again and again in the different localities of the district. Through the investigation a racking scenario of ill sanitary conditions came forward. According to the report furnished by the Sanitary Commissioner of Bengal in 1892, it observed that since 1765 to 1892, the drainage condition, water supply and sanitary measures taken by the colonial rulers were not good enough. Therefore, the inhabitants of Midnapore district still suffered from several diseases which indicate how much the colonial government was indifferent to the district like Midnapore as well as common people's health.

Some changes had been seen between the periods in 1892 to 1901. During the period, the district was free from smallpox and cholera epidemic. Prevalence of diseases and death rate decreased due to the application of vaccination. Therefore, the general condition of public health of the district improved and again population growth made a satisfactory progress. Although, some ordinary fevers existed in the badly drained and flooded tracts of the district.³⁷ During 1901 to 1911, there were only four healthy years i.e., 1903, 1904, 1908 and 1910, except this cholera appeared in 1901, 1902, 1906 and 1907, and herewith there was a severe epidemic of smallpox in 1902. Fever also prevailed in the water logged areas.³⁸

After 1910, some medical improvements had gradually been seen in the district led by the government. Since then, government became willing to perform some measures regarding improvements of sanitary condition in the district. In 1911, the government introduced a surface drainage scheme which estimated a total cost of Rs. 3,78,484. Under this scheme some initiatives taken to repair some damaged drains and some new drains to be constructed.³⁹ Herewith, a water supply scheme was under process, which estimated a cost of Rs. 2,50,000.⁴⁰ Besides, a sewerage scheme initiated in Midnapore municipal area which estimated a cost of Rs. 150,000.⁴¹ Apart from that, necessary precautionary measures were taken by the government in all big fairs and festivals during the year 1915. The motives were to protect rapid spread of the diseases especially cholera.⁴² In 1914, the Government of Bengal passed a regulation by which vaccination became compulsory in all the districts of Bengal. From 1914 to 1915, almost 16,90,361 person was vaccinated in the entire Bengal. Due to this, death rate from cholera and smallpox had fallen down in Midnapore district as well as different parts of Bengal.⁴³

During 1911 to 1921, influenza appeared as epidemic and caused a great mortality herewith malaria ravaged entire presidency and the disease leprosy rapidly increased during these two decades.⁴⁴ After 1920, a separate public health department established in Calcutta. Since then, dispensaries grew in number in every district of Bengal. The health of the province was better during 1921 than in either of the preceding years. In the decades between 1920 to 1930, there was an increase in the birth-rate and a similar decline in the death rate.⁴⁵ The prevalence of influenza was considerably lesser during the period, but the disease cholera was more prevalent in the decades not only in Midnapore but also in most of the districts of Bengal. In 1930-1931, malaria appeared as epidemic in Debra, Sabang, Pingla and Mohanpur and caused heavy death. Government distributed only quinine, but more initiatives should be needed.⁴⁶ More or less same scenario prevailed between the next

decades during 1931 to 1941. The period 1942 to 1947 was very eventful for Midnapore district. The district suffered heavily from 1942 to 1945. The effects of cyclone of October 1942 caused a fearful famine in 1943 and herewith severe epidemics of smallpox, cholera, malaria, dysentery and diarrhoea ravaged the general condition of public health in Midnapore district. Uncountable death occurred in the district.⁴⁷ Government taken some medical measures to overcome the situation which was not enough. According to the government report from 1944 to till Independence in 1947 different diseases prevailed in all the corners of the district. During the period infant mortality had risen. In 1944 it was 30,994 (male) and 24,486 (female), in 1945 it was 24,066 (male) and 19,035 (female), in 1946 it was 22,317 (male) and 17,541 (female) and in 1947 it was 16,797 (male) and 13,128 (female).⁴⁸

CONCLUSION:

It is observe from the above discussion that Midnapore - the largest district in Lower Province of Bengal was medically backward and the general condition of public health was not satisfactory. Enormous mortality occurred every year during the entire colonial period due to the spread of severe diseases. The sanitary condition of the villages was worse. Drainage system was defective, there was no possession of private or public latrines, water supply was foul and dirty and not having enough doctors and dispensaries. Besides, houses of the local people were damp and unhygienic. Rural areas of the district were purely unhealthy than that of urban areas. Economic exploitation and unkind health policy together constituted a curse to the inhabitants of Midnapore district. As a result, during the entire colonial rule, inhabitants of the district suffered from various diseases and enormous death occurred from the new-borns to the olds. If the government took proper sanitary and medical initiatives, therefore the condition of public health would become improved and less death would have occurred. But the different scenario had been seen throughout the colonial period.

The government initiated some medical measures in the district for the improvement of the public health system, but that was insufficient and even unsuccessful some time. Comprehensive steps were needed for the district which had been taken to the district of Burdwan, Calcutta, Hooghly etc. According to the report of W.W. Hunter, the district of Burdwan occupied a well medical infrastructure than that of Midnapore district. Burdwan possessed almost 80 number of dispensaries which were founded between 1830 to 1875.⁴⁹ Whereas Midnapore district possessed only 5 dispensaries.⁵⁰ The General condition of public health was also better in Burdwan than that of Midnapore.⁵¹ Diseases also appeared in Burdwan but they were checked well by the colonial government, but an opposite scenario had been seen in Midnapore district. The government was not as conscious as they were in Burdwan and in Calcutta. As Calcutta was a presidency city and Burdwan was an important administrative division therefore, during the course of colonial rule, Calcutta and Burdwan got priority from the rulers. There was much number of doctors, dispensaries, hospitals, medicine shops etc. The city of Calcutta was well accommodated and sanitary condition was better than that of Midnapore.⁵² According to the medical report of 1925, water supply, drainage and sanitary condition of Midnapore district was not as well as that in the city of Calcutta and in the district of Burdwan.⁵³ Truly, Midnapore district deprived of proper health services from the government during the entire colonial period.

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