

CHAPTER-7

Conclusion

If we look back to the preceding chapters we will explore the fact that North Bengal despite of being a small and less significant area of India had drew forth the concentration of the British for several reasons. Their major intention was to utilize the pleasant weather and scenic beauty of the only hill station of North Bengal, Darjeeling by making it a sanatorium for the ailing British. The favourable weather, soil, temperature and rainfall suitable for tea plantation instigated the Europeans to set up numerous tea gardens in different areas of North Bengal especially in Darjeeling and Jalpaiguri districts. Thus mainly influenced by economic interests and health matters the British casted their eyes on North Bengal.

Inspired by the European tea planters, the Indian entrepreneurs also invested their capital for the formation of tea gardens especially in the Duars. But the picture of the health condition of the workers in the European and Indian gardens was completely different. In the European gardens qualified doctors, adequate medicine and medical instruments, proper indoor and outdoor arrangement in the dispensaries were provided. But in the gardens owned by the Indians the doctors did not have requisite qualifications, there was scarcity of insufficient medicine and medical equipments and the health centres were deprived of modern indoor and outdoor facilities. This created discrimination in the health conditions of the tea gardens.

There were discrepancies also in the organization and standards of medical care in Indian tea estates. In some gardens the standard was very high whereas medical system in other gardens was almost dead. This was the problem of medical care in the tea gardens of North Bengal. No steps had been taken to bring the backward gardens up to the standard of the better gardens.

There was an aversion among the labourers of the tea gardens for adopting western medical system. They used to avoid vaccination. The principal objection to vaccination amongst the mass was due to pain of the operation followed by inflammation and fever. The pain of the operation might be minimized by operating in the Lincar method especially by using a rotary lancet and the inflammatory fever could be kept in check using a zinc or boric ointment or only boiled ghee from 5th day of the operation. But those measures were rarely adopted. Thus in many cases the labourers being dissatisfied and unimpressed with the hospital infrastructure kept safe distance from the health centres. They had their blind faith towards sorcery, enchantment and magic which also prevented them to go to the dispensaries.

North Bengal was like an ethnological museum of India. With the establishment of tea gardens, cheap price of land, partition of India in 1947 and many other reasons abundant people came to North Bengal to seek their destiny. The high influx of people completely changed the population structure of North Bengal. There also evolved diverse cultural, religious, social and medical beliefs and practices.

The medical and health care system of the indigenous people of North Bengal and the immigrated population had some unique features not identical with each other. To eradicate various diseases their method of devotion to the

deities and ingredients of worship were different. The priests also became familiar with separate names in different ethnic communities. In several cases they were guided by blind faith and superstition. But it can't also be denied that at times their medicinal believes had scientific base also. They mostly worshipped the nature to restrict the outbreak of diseases and also used to seek their medicines in the nature in herbs and shrubs. They considered some deities responsible for certain diseases and again prayed before them and worshipped them with different offerings containing both herbal and animal products by the help of their own priests or exorcists.

The rest of the people were fond of ayurvedic , unani and homeopathic medical systems. The ingredients of the ayurvedic and unani medicine were mainly collected from the neighbouring forests. The Coochbehar State Ayurvedic Dispensary was set up mainly to cater the medical needs of the local people. But unfortunately the unani medicine could not sow its seeds firmly due to the lack of interest and patronage from the side of the local kings, land lords, people and also the British Government. The Muslims also found their medical remedies in ayurvedic medical system. Thus medicine played a great role in creating a strong bond between the two religious groups of North Bengal - the Hindus and the Muslims. The ayurvedic medicine was much popular among the rural mass. As the raw materials or the herbal plants for preparing the ayurvedic medicines became unavailable due to rapid urbanization and the process of preparation of medicines was also difficult and time taking, the homeopathic medical system became popular in North Bengal. Its wide acceptance was also due to easy availability of sufficient medicines in prepared form. In spite of the development and prosperity of western medical system the indigenous medical systems are also prevalent even still now without disturbing each other.

During the post colonial period in the urban areas western medicine almost totally expropriated the indigenous medicine like ayurvedic and unani. But on the other side of the coin the picture was totally different. In most of the rural areas of North Bengal indigenous medical system based on ojhas and kabirajas was dominating. The reason lied in social and economic factors. The village people were living in a society where they gave much importance to community life rather than individual life. They collectively used to depend on the kaviraja who had acquired status in village society. Instead of going out of the village they preferred to consult him during their crisis. Some times they also went to other villages for better kabiraj. From generation to generation their deep faith on kabirajas kept them in distance from western medicine .The antipathy of the rural people towards western medicine was also due to their economic insolvency. The price hike of western medicine prevented them to take the help of the western medical practitioners whose prescribed medicines were comparatively higher in price than the local kavirajas.

Initially the western system of medicine was introduced in North Bengal to serve the medical needs of the European soldiers, European tea planters and British officials. But afterwards it also fulfilled the medical needs and requirements of the local inhabitants. They set up hospitals and health centres in different areas. But most of the dispensaries were supported by local subscriptions and received government aid in the form of the native doctors' salary and the supply of European medicines and surgical instruments. Doctors were appointed in the dispensaries to look after public health, vaccination and anti-malarial activities. Anti-malarial measures were adopted by the distribution of quinine and cinchona febrifuge through District Board dispensaries, post offices and anti-malarial co-operative societies. Chlorodyne and cholera pills

were freely distributed among the people through the Foujdari Naib Ahilkars, primary school teachers and police.

But despite the noble intention of promoting western medicine, the benefits of colonial medicine were limited to a small section of the population in North Bengal. The attendance of the Muslim patients and higher caste Hindu women patients in the dispensaries was very poor in comparison to the Hindu male patients. Women of the lower castes did not hesitate to attend the hospitals. The majority of female patients in the dispensaries had been prostitutes suffering from venereal diseases.

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Doctors were few in number and hospitals and dispensaries could hardly cater to the needs even of a small section of the population of North Bengal. Since most of the medical centres were located in urban areas, colonial medical facilities were almost unavailable to the rural population. After independence and even today the expensive western medical facility is beyond the reach of poor people. On the other hand indigenous medical knowledge was not the preserve of any particular caste. It was not so much expensive and easily available and thus had a popular open character.

The hospitals were set up in the urban areas. The huge distance of a village from a town was also a deciding factor for the aversion of the western medical system of the rural mass. In addition to that the villagers were still then not so much literate and conscious for cordially accepting the benefits of western medical system. Though medical awareness programmes and projects were going on in several villages of North Bengal, but they could not inspire and convince the people living in villages properly to rely on western medical system. Thus during the British period the western medicine was far away from the reach of the rural people and in the post colonial period also the villagers isolated themselves from the western medical system. The health centers established in the villages were not medically equipped sufficiently. The qualified doctors were averse to go to the villages for the scarcity of modern facilities there.

The poverty of the people had brought into being cheap and insufficient doctors and sellers of cheap medicine. Poverty and post partition problems had created abnormal pressure on urban hospitals and rural health centers by increasing the number of patients. As those medical institutions were not so much sufficiently equipped, they could not provide proper treatment to all the

patients. As a consequence the doctors, hospitals and health centers were becoming although over flooded with poor patients.

The influx of the refugees also created another health problem. As the people coming from East Pakistan became jobless they had to lead their livelihood by setting up small shops over the municipal drains and on the road side. The government was also unable to remove such shops. The refugee colonies were also created by small huts. Those tiny huts were built eve to eve, living very narrow lanes in between. The filth were left in the small spaces between the huts and those were the wombs of all epidemics and home of ill nutritious and weak children.

The native kings though patronized Ayurvedic medical system but they had great belief for western medicine. Even they went to abroad in most cases of their illness. The prince Raj Rajendra Narayan of Cooch Behar State visited England in July 1905 to regain his health.

After independence the medical system and healthcare of North Bengal became more developed. A good number of hospitals, dispensaries, health centres, sub- health centres were increased. Numerous patients also started to visit those centres for their medical check up and treatment. As a result the number of death rate was decreased in the region in comparison to earlier period. The epidemics also did not show their ugly faces so virulently like before.

The local people related to health and medicine sector were provided scholarships and training to make them aware of contemporary modern medical system. As the medical system became developed, the demographic feature of the districts of North Bengal was also changed. From different parts of the

country people were coming to set up their permanent establishments in Northern Bengal. Houses were built by clearing away the jungles. Thus the unhygienic atmosphere of the earlier time also became lusterless.

Aforetime only two seasons - winter and rainy season were visible especially in Jalpaiguri, Darjeeling and Cooch Behar. During winter the sky was cloudy continuous for six -seven days and the sun was not seen. But afterwards the virulence of winter became mild due to the enormous growth of number of people and deforestation. Now the other seasons have also started their periodical visits in North Bengal, though for shorter time.

Thus standing in 1969 if we have to recollect the medicinal history of hundred years' old North Bengal ,we would explore that it was the history of eternal evolution .The forests, desolate areas were cleared and became populous. The longevity and working ability of the people were increased .But it was followed with physical and mental illness .The dreaded malaria, black water fever, kala azar almost disappeared and in their place new kind of diseases like dengue, chicken guinea, cancer, aids entered . Most of them were life taking diseases. Their treatment also needed a large amount of money . Thus many times the people could not get the benefits of modern medical system due to its expensive nature.