

CHAPTER-1

Introduction

North Bengal is such a queer area of Bengal which has no trace in the geographical map of India by its name, but it is still well acquainted with whole of India and the world as well due to its significant characteristic features. North Bengal is situated in the northern part of Bengal. It is a region which has twists in different period and at different phases of its history. It had changed its geographical features due to political and natural reasons for several times. Various inclusions and exclusions of areas were made in North Bengal. It left a far-reaching impact on its administration also. Upto 1947 North Bengal was composed of the districts of Rajshahi Division i.e Rajshahi, Dinajpur, Jalpaiguri, Darjeeling, Rangpur, Bogra, Pabna, Malda and princely state Cooch Behar. Eminent historian Akshay Kumar Maitreya had drawn another picture of North Bengal consisting of the areas of Rajshahi, Dinajpur, Jalpaiguri, Rangpur, Bogra, Pabna, Malda and the princely state of Cooch Behar.¹

After partition of India in 1947 North Bengal was formed containing the districts of Darjeeling, Jalpaiguri, Cooch Behar (it was incorporated with West Bengal in 1950), Malda and parts of Dinajpur. North of the area was situated between the Ganges and the Brahmaputra. This part of the region was extended from the 24th degree of the North latitude and from the 88th to 90th of longitude.² Its eastern part was determined by the river Brahmaputra and the western boundary was marked off by the Mahananda, Ganges and Bhagirathi rivers, but the artificial limits of districts did not always confirm to that natural boundary. The population in the north and south, as per census of 1872, was comparatively dense, but in the remaining part of the region it was not so much dense. Somewhere the population was only 400 in per square mile. The population congregated together in the both side of the two great rivers, the Ganges and the Brahmaputra and those districts which were watered by their tributaries.³

“The History of Medical and Healthcare Systems of North Bengal from 1869 to 1969” is the subject matter of this discourse. Now the question is why North Bengal is chosen as an area of research? The reason for selecting the region is that North Bengal had some unique characteristic features especially in the period under review. North Bengal was distinct from the southern part of Bengal from the point of view of strategic position, climate, atmosphere, population structure, administrative feature, economic condition, existence of tea gardens, princely state etc. Thus North Bengal was a region of variety and variegation. The year 1869 has been identified as the starting point of my research because 1869 was very much significant in the history of North Bengal from the geographical and administrative point of view. In 1869 the present Jalpaiguri district was formed.⁴ The English Bazar and old Malda municipalities were constituted in 1869.⁵ With the formation of Jalpaiguri district and after the administrative re-organization of Malda district, North Bengal had obtained the modern shape. Moreover important record of medical history was available in Bogra district from 1869. ⁶ Thus the year 1869 was like a landmark in the history of North Bengal from the point of view of geography and administration and administration had played a significant role in serving the health care needs of the people of North Bengal. The period from 1869 to 1969 in North Bengal was very much significant from the point of view of health and medicine.

North Bengal during the period under review experienced different diseases and epidemics. The diseases came out as a result of changes in environment, man made factors like construction of railways, drains, canals, pilgrimage and social factor like marriage. In the long journey from 1869 to 1969 different significant measures were adopted in the field of health and medicine in North Bengal by the British Government. The journey began with the anti-malarial programme which included clearing of jungle, kerosinaization, irrigation programme, flood flush programme, distribution of quinine through various agencies etc. The spread of various diseases like cholera, small pox and other epidemic diseases were the causes of headache of the British Government.

Thus they took initiative against the spread of those diseases through medication, segregation and vaccination. In the period under review several medical institutions were set up mainly in the urban areas of North Bengal. In 1930 a Medical School named Jackson Medical School was formed in Jalpaiguri. But it could not survive long. The vacuum was fulfilled after three decades by establishing the Medical College of North Bengal at Sushrutanagar, to the west of Siliguri in 1968. It was the first and the only Medical College of North Bengal.

As tea was one of the most profitable industries of North Bengal, a good number of measures, enquiries, surveys were undertaken to improve the health conditions of the tea garden workers of Darjeeling and Jalpaiguri Districts during the period. But afterwards it was seen that those measures and enquiries were formulated mainly to cater the medical needs of the planters and the European officers and their families. Unfortunately the huge number of workers could not get the benefits of those steps.

As North Bengal was like an ethnographic museum of India various ethnic communities flocked together in different areas of North Bengal. The indigenous people of North Bengal consisting of both the aboriginals and the immigrated population had developed their own medicinal system based on traditional beliefs and practices. Every community had developed its own system of medicine to get rid of diseases in its own way. The treatment of disease varied from community to community. A good number of tribes had a high birth rate, while there were some tribal communities whose birth rate was really very poor and it was very much detrimental for their survival and existence. The decrease in birth rate was not only due to high mortality but also imperfection in their health practices and their indifference and reluctance towards western system of medicine. Thus the present work will focus on the medicinal practices of the tribal people and also find out the hindrances of taking modern medicine.

Apart from the tribal medicine, the ayurvedic, unani, Tibetan, homeopathic systems of health care practices also grew in the districts of North Bengal to fulfill the medicinal and health care requirements of the inhabitants of North Bengal. All the above mentioned medicinal systems excluding unani were popular in different parts of the region inspite of the very presence of the western system of medicine.

The health policy of the British Government had a deep impact on society and economy of North Bengal. It not only affected agriculture and industry but also affected the social structure of the families. The reluctance on the part of the British Government to set up hospitals and dispensaries was compensated by the local kings, land lords (jotedars) and other individuals. The Christian missionaries also contributed for the betterment of the medical needs of the people of North Bengal. The women played a great part for the medical rejuvenation of North Bengal.

Thus during the 100 years from 1869 to 1969 North Bengal experienced different dimensions in health and medicinal aspects. But the historians have shown their indifference to highlight the health care system of North Bengal .As a result not a single book has been published analyzing a comprehensive medicinal history of North Bengal. Only a few articles have been come out describing the brief history of health and medicine of some districts of North Bengal.⁷ This lacuna or hiatus instigated me repeatedly to pick out such a topic for research and thus it will be a pioneering work in its field. The intention of the study is to re examine whether environment was the sole factor responsible for the outbreak of diseases in North Bengal. The role played by the British Government to furnish medical facilities to the people of North Bengal is another theme of the study. The purpose of the present study is to underscore the medicinal beliefs and practices of the indigenous people of North Bengal, many of them were in an extinct position. Thus it will help to restore the medical system, the culture and heritage of the ethnic people of North Bengal. The objective of the study is also to highlight the health conditions of the population of the tea gardens of North

Bengal. It will bring into light the essence of the malaria and black water fever surveys, the nature and causes of various diseases which attacked the garden labourers, the reasons of dearth of efficient doctors in tea estates and consequences of the existence of those inefficient doctors. The study will also find out the causes of repugnance of the workers of the tea estates to visit the health centres. The social and economic impact of health policy in North Bengal is also an important subject of discussion of the study.

The present topic is divided into two phases- the colonial period and the post- colonial period. Thus there will be an attempt in this paper to bring to light the history of health care and medicinal systems of North Bengal under British rule and the period after partition when the British left India. So there will be a comparative analysis in the study interpreting the medicinal history of North Bengal covering pre- partition and post- partition period.

North Bengal was a region which was very much distinct from the rest of the Bengal from the point of view of history, geography, strategic position, climate, administrative system, population -structure, economy and culture. It had inherited the legacies of the Pundrabardhana- Varendrabhumi- Gour on the one hand and on the other side the rich heritage of the Pragjyotishpur- Kamrupa- Kamta- Koch kingdom. North Bengal also experienced the domination of different political power in pre- colonial and post- colonial period -the Sikkim, Bhutan Raj, Tibet and the British Government. As North Bengal is situated near to the Himalayas, cultural and commercial relations had been set up between Tibet, Bhutan, Nepal and North Bengal from the time immemorial. The three neighbouring countries are situated beyond the bordering areas of North Bengal - Nepal, Bhutan and Bangladesh. North Bengal is also the portal of maintaining political, economic and cultural relationship with North- Eastern India.

The districts of North Bengal had experienced different changes in regard to geographical boundaries. With the passage of time some of the old districts lost its glory while the comparatively new districts became high-flying. Rajshahi district was the most significant and largest district of Rajshahi Division i.e. North Bengal. But the district experienced several changes. Till 1793 it was the most largest district of Bengal. Thus complications arose to govern it properly by one singular authority. As a result numerous areas were subtracted from the district for the undergoing of its smooth and efficient administration. ⁸

Bogra district took its birth in 1821. It was created principally to provide supplementary facilities for the administration of criminal justice in the far-flung eastern police divisions of Dinajpur, Rangpur and Rajshahi which had a disrepute for robbery and other violent criminal activities. A good number of European indigo and silk planters residing in the banks of the rivers in the east of the district also were in search of safety and protection. Thus the Bogra district took its birth to serve those requirements incorporating the police divisions of Lalbazar, Khetlal and Badalgachi taken from Dinajpur; Gobindganj and Diwanganj separating from Rangpur and Bogra and Adamdighi and Nurkhalia receiving from Rajshahi.⁹

In 1829 the district of Pabna was formed by excluding five police circles of Shahzadpur, Khetupara, Raiganj, Mathura and Pabna from Rajsahi and four others from the district of Jessor¹⁰. Rangpur was a district of the Rajshahi Cooch Behar Commissionership. It was an important district of Bengal and also thickly populated .¹¹

Jalpaiguri district was formed in 1869 by incorporating the five police stations of Rangpur, namely Boda, Pachagarh, Patgram, Tetulia and Debiganj .¹² Instantaneously after its construction as a new district of the Rajshahi division a quantity of major structural changes were undertaken in comparison to few others. The district was divided into two physical divisions. One of those was the west of Tista river (including Patgram on the east of the river). This came under

British rule after the East India Company got the Dewani in 1765. The other tract lying to the east of the Tista , known as the western Duars was conquered from Bhutan as a consequence of the Anglo- Bhutan War of 1864-65. After two or three decades of the formation of the district, Jalpaiguri district became prominent from the point of view of administration, economy, population structure and culture. Though it was newly constructed, it left the other districts far away from many respects.

The Jalpaiguri district became an important district of the Rajshahi Division due to its ecology and social structure. As Jalpaiguri was encircled by dense forests and high hills, it sought the attention of the British Government who by utilizing its natural characteristics transformed it into a district supplying tea and timber. As a result Jalpaiguri district became the headquarter of the Rajshahi Division inspite of the existence of the Rajshahi district. As it was a newly born district, the British Government found it suitable for implementing numerous plans and ideas there.¹³

The district of Malda was created by including several parts of the Purnea and Dinajpur districts in 1813.¹⁴ But after near about four decades it became an independent administrative unit in 1859. In 1905 the district was transferred from the Bhagalpur division to the Rajshahi division after the development of the province of Eastern Bengal and Assam. It was in earlier times a part of the Rajshahi division, but was transferred from that division to Bhagalpur in 1876. From 1912 the district was in the Rajshahi division of Bengal.

The Dinajpur district initially was under British domination. During the years 1794 and 1801 a hefty number of areas of Dinajpur district were transferred to Purnea, Rangpur and Rajshahi. In 1864-65 the large pargana Khatta was isolated from Dinajpur and was tied with Bogra . Between the years 1868 and 1870 both Bogra and Malda were given additional areas of Dinajpur district. Lastly in 1897-98 the whole of thana (police station) Mahadebpur in the south of the district went to Rajshahi.¹⁵

The district of Darjeeling was a non-regulated district. At the initial stage it was a fraction of the Rajshahi division. But after partition of Bengal in 1905 it was transferred to the Bhagalpur division.¹⁶ Surrounded by foreign countries like Nepal, Sikkim, Bhutan and Tibet, Darjeeling had developed as an entrepot of Central Asian trade.¹⁷ Darjeeling district is the only district in North as well as West Bengal which rises from particularly sea level in the thana of Phansidewa in southernmost Siliguri subdivision to Sandakphu (11911 feet) on the Singalia range. Darjeeling district had not any old history, it was rather a new formation. It was acquired from the control and domination of Nepal, Bhutan and Sikkim. Darjeeling was created exclusively as a sanatorium and military base, like a bridge for influx of Nepali labour force and to augment the growth and prosperity of cash crop (tea) agriculture, trade, commerce and communication network.

Cooch Behar was the only native state of Bengal. From the remote past it became known as "Prag Jyotish", "Louhitya", "Kamarup", "Kamta" etc. But its geographical boundaries changed from time to time with the inclusion or exclusion of some areas of the kingdom.¹⁸ From 1896 the name Cooch Behar was denoted to the kingdom. The Koch kings dominated it for a long time. Afterwards from 1st January, 1950, Cooch Behar was merged into the province of West Bengal and became a significant district of West Bengal.¹⁹

Before British rule in the landscape of present North Bengal the two districts-Darjeeling and Jalpaiguri were not existed. Those two districts were formed during the colonial period and Darjeeling was in Sikkim's control. The remaining part and some parts of Jalpaiguri and Cooch Behar were under the domination of Bhutan and Tibet.²⁰ The eastern tract of the Karatoa river flowing through North Bengal or present Jalpaiguri and Cooch Behar districts and the eastern part of Rangpur of Bangladesh were incorporated in Kamrup kingdom. In the medieval period some portion of that area was known as Kamta Kingdom and later on Cooch Behar State. The boundary of the area was extended or curtailed in several times and the rivers of North Bengal had taken a significant

part in shaping the physical boundary of North Bengal. Once the river Koshi was the western boundary of North Bengal. There was no similarity between the boundary of North Bengal of that period and present time.

Though the period of study begins from 1869, but its main focus would be on North Bengal after 1947 i.e the five districts of Darjeeling, Jalpaiguri, Cooch Behar (from 1950 declared a district), Malda and Dinajpur. Once upon a time Jalpaiguri had been stigmatized as Pandav Barjita Desh or the land avoided by the Pandavas. Its essence was that the region was teemed with jungle and dreaded diseases like malaria , black water fever etc and thus was averted by people as deserted land. But as time went on Jalpaiguri acquired a prominent place in North Bengal by erasing its past disgrace. Jalpaiguri district was transformed into the headquarter of the Rajshahi division after the formation of the district. It was a new born district, but it had been chosen by the British Government as a suitable strategic point from where they could keep their sharp eyes on the affairs and activities of Bhutan and North-Eastern part of India. Jalpaiguri was also an approbation of the tea planters- both British and Indian, and thus it grew gradually as the supreme tea belt of North Bengal. Jalpaiguri district was also the treasure trove of forest wealth like timber and tobacco. Thus with the passage of time Jalpaiguri had gained the fame of accumulating the highest population among the districts of North Bengal by completely renouncing its former disrepute of being a land avoided by the people.

North Bengal is a region with varied landscape, terrain, morphology, economic and socio- cultural characteristics. The whole region might be broadly grouped in to three areas- hill areas, sub- Himalayan areas and plains. The hill areas consisted of three sub- divisions of Darjeeling and some parts of Jalpaiguri. The sub- Himalayan area comprised some parts of the districts of Jalpaiguri and Cooch Behar .The plain area contained Malda and West Dinajpur and major parts of Cooch Behar and some parts of Jalpaiguri .The most important urban centres of the region were Cooch Behar, Balurghat, Raigunj and Malda,. A good number

of towns of North Bengal were very old, like Malda, Cooch Behar, Balurghat, Dinhata, and Mekhligunj. Some came into existence after the English annexed this part of the state in 19th century. Those were Darjeeling, Kurseong, Kalimpong, Jalpaiguri and Alipurduar. Some towns came into being to serve the interests of tea and timber industries like Malbazar, Dhupguri and towns of the Duars. Few were trading centres before the British came to this area e.g, Dinhata, Mekhligunj, Mathabhanga and Haldibari. Some grew into prominence because of partition and the ensuing refugee movement, e.g., Siliguri. Thus both history and geography had to a considerable extent shaped the population composition, nature and characteristics of the towns of North Bengal. The total area of North Bengal was 21,625km, which was about 14.61% of the total area of the state .

The districts of North Bengal for its climatic conditions, deep forests, various ethnic communities attracted the Britishers to go for tea plantations particularly in Tarai and Duars region, to search for routes to enter Sikkim, Bhutan, Tibet and Assam along with such other capital earning objectives. The Himalaya had a great influence upon the history, geography, economy and culture of North Bengal. The Himalaya was very much suitable for settlement of Europeans. A number of factors, like high hills, divergence of climate both heat and moisture, abundant richness of soil at all elevations, assurances of health and strength, and also the opportunity to grow a magnificent variety of product , provided inimitable advantages to the colonists.

With the coming of the British in North Bengal the rule of law was established , tea gardens came in to being and lands were sold at chief rates. In Duars the people who came from Darjeeling were labourers settling in the tea gardens. The people from Dinajpur and Rangpur also went to the Duars as cultivating classes. But the number of people who immigrated to the Duars from Cooch Behar were numerous. Majority of them belonged to the chukanidar and adhiar class of tenants who took refuge in Falakata and Alipur tahsils as jotedars. The reason of their immigration was probably the high rate of land revenue in

Cooch Behar, the oppression of the jotedars and decrease of fertility of the soil.²³ Thus a wide flow of people immigrated there and they made new settlements.

There were administrative divergences in different areas of North Bengal. Different administrative systems prevailed in non regulation area of Darjeeling and Jalpaiguri Duars, regulated area of Jalpaiguri, native state Cooch Behar and the rest of the districts of North Bengal. Thus the British Government could not take a uniform medical policy all through out North Bengal. Different measures were adopted in the case of hill areas (Darjeeling), princely state (Cooch Behar), tea gardens (Duars and Tarai), non- regulation area (Darjeeling and Duars), regulation area (Boda - Patgram, Panchagarh, Debigang, Tetulia of Jalpaiguri) and rest of the districts.

In non-regulation area some of the general regulations and acts of the other parts of Bengal were not applicable. In the regulation area all the general regulations and acts applying to Bengal were in force. The Deputy Commissioner was the ultimate authority of the local administration and undertook many functions which were not the duties of a collector in an ordinary regulation district. Thus medical system of North Bengal from 1869 to 1969 acquired distinctive characteristic features due to geographical and administrative divergences of North Bengal.

The establishment of the tea gardens in Tarai and Duars left a far reaching impact on the economy and population structure of North Bengal. The people from different parts of the country and outside India also started to reside in the tea gardens for their profession and livelihood. A large number of people also assembled in the district of Jalpaiguri Duars as a result of the new land revenue system.²¹ Thus immigrants entering to those areas of North Bengal completely changed their social, cultural, economic characteristics and population structure. Due to the migration of large segments of different castes and classes of people and inter mingling with themselves a composite culture began to grow in North

Bengal districts. Through generations they became identical with the local sub-cultures.

The population of North Bengal was composed of different ethnic groups. People of various clans entered the region from the antiquity. The people who were living in the region of the hill areas of Darjeeling district before the coming of the British belonged to mainly diverse branches of the Mongoloid group like the Rais, Chhetris, Sanyasis, Magors, Newars, Tamangs, Gurungs, Limboos, Sunuwars, Damais, Kamis, Sarkis etc .The lepchas inhabited Darjeeling from remote past. The different areas of Darjeeling district excluding the hills and the incorporating areas of Jalpaiguri district were several times under the jurisdiction of the princely state Cooch Behar. The majority portion of those two areas were not easily accessible and filled with dense forests and almost desolate. In that areas the Koches, Meches, Ravas, Garos, Dhimals, Tharus, Bhutias Drukpas Totos and other Mongoloid groups resided. The Rajbanshis dominated in the plain areas of Darjeeling, Cooch Behar and Jalpaiguri districts.

To meet up the demands of the labour force in the tea gardens of Darjeeling district, people from Nepal like Rais, Limbus, Tamangs, Gurungs, Sherpas, Pradhans, Kamis, Damais, Sarkis, Sunoars, Magars entered. The aristocratic Brahmins and Chhetris also came from Nepal. Most of them belonged to the Mongoloid group. On the otherhand in the tea gardens of Tarai and Duars labourers were recruited from Chotanagpur, Santhal Pargana, Lohardanga, Mayurbhanj i.e. from Dravida- Austric group of people. Among them the Mundas, Santhals, Asurs, Birhores, Kurmis, Lodhas were under Austric group and the Oraos, Maltos, Nagesias, Khonds, Kayas etc were under the platform of the Dravida group. As Cooch Behar was a princely state both the European and Indian tea planters were reluctant to create tea gardens in that area .Only one tea garden was set up in Cooch Behar . Thus the immigration of the Dravida- Austric group of people was very negligible in the northern most area of North Bengal due to the scarcity of tea gardens. Some Santhal, Oraon and Nagesia people used to live here. ²²

As a result of colonial rule and with the establishment of tea gardens the immigration of the Bengalis also started in North Bengal followed by administrative and clerical professions. Moreover many people were also allured by the advantage of getting fertile lands after paying minimum land revenue. The Bengali immigration took the most extensive form during partition and independence phase in 1947. At that time a large crowd of Hindu people reinforced the population structure of North Bengal affecting the balance of population arrangement. Consequently the original indigenous people of the region got annoyed about their own identities.

As North Bengal did not dishearten anybody it became a safe haven of people of different caste, class, religion and linguistic groups. The coming of different linguistic groups to the region resulted in the growth of multifarious languages like Rajbanshi, Mech, Rava, Toto, Garo, Lepcha, Limbu, Nepali, Bhutia, Sadri etc.

For last one or two decades it is seen that even internationally speaking various developed countries are getting inclined more and more towards herbal medicinal treatment for cure and prevention of various diseases. India being known for its hundreds and hundreds of medicinal plants and herbs attracted the attention of the international community as well. A good number of countries are busy in preparing list of medicinally important herbs and plants of India along with its efficacies. North Bengal has a rich collection of medicinal plants and herbs. In this respect the Himalaya has a great role. The Himalaya is the receptacle of various herbal plants. The medicinal value of those plants are immense. The indigenous medical practitioners utilized the rich medicinal plants of the Himalaya for preparing their medicines. This kind of influence of the Himalaya is not visible in southern part of Bengal. Thus the present study's focus would be to deal with the rich medicinal flora of North Bengal.

There were climatic differences between Northern Bengal and the rest of Bengal. An attempt will be made in this paper to find out the causes of the

diseases which might be caused due to climatic divergence of North Bengal. The study intends to explore the condition of the indigenous medical system of North Bengal in competition with the western medicinal system and the reason of popularity of indigenous medicine in spite of co- existence of modern western medicine.

In 1835 Calcutta Medical College was set up. Near about after 100 years the only medical school of North Bengal, named the Jackson Medical School was established in 1930 at Jalpaiguri. But this school could not get the status of a medical college. This paper intends to deal with those issues also that had created discriminations between the medical system of southern and northern Bengal.

From the very beginning the British had used Darjeeling to cater their own needs. For enjoying bodily comfort and uninterrupted control over hill resources, they had pursued the policy of secluding Darjeeling from the place. The social place of the area was thus designed to promote British atmosphere in every possible way so that the ailing Europeans could easily regain their health and energy. Thus an attempt would be made in this paper to underscore the development of Darjeeling as a sanatorium in colonial India vis-à-vis formation of a secluded social space in the hills.

From the second half of the 19th century the royal families of North Bengal started to depend on western medical system. The present study will also be an attempt to trace whether a synthesis between traditional medicine and western medicine would be possible.

Since indigenous medical knowledge was linked with the culture of the past, the move to resuscitate Ayurveda and Unani could be seen as a part of the rising national consciousness. This paper will be an endeavour to search out the causes of occurrence of some typical diseases of hilly Duars like kala azar and goitre. Perhaps there were some environmental factors behind those diseases which were superfluous in the hilly Duars areas.

An attempt will also be made in this paper to find out the influence of religion on indigenous medical system of North Bengal. The role played by the women in the field of health and medicine of North Bengal will be examined in this paper. The contributions of the indigenous kings, land lords, individuals and Christian missionaries will also be highlighted.

The response and reaction of the indigenous people of North Bengal towards western medical system has also been scrutinized in this paper. There will also be an attempt in this paper to find out the causes of popularity of indigenous medical system even now.

There are some scholarly discourses on diseases. David Arnold has analyzed in detail the causes and consequences of the outbreak of the malarial fever in Bengal.²³ Ira Klein has also enriched our knowledge about malaria and mortality in Bengal through his work on the field.²⁴ Besides, Poonam Bala in her book "Imperialism and Medicine in Bengal" analyses the socio-historical development of the medical profession and its interaction with the ruling ideology during British India.²⁵ Kavita Roy's book is an attempt to study the public health policy of the Government and social reaction to it.²⁶ Anil Kumar has taken an attempt in exploring how the new medical system made its way through new educational policies and institutions, how it gradually professionalized itself through dispensaries and service centres like the Indian Medical Service and how and to what extent medical researches were carried out.²⁷ Charles Leslie's fascinating work provides valuable information towards modern and traditional medicine.²⁸ The book of Mark Harrison is an attempt to analyse the development of public health in British India along with its social and political significance.²⁹ Mark Harrison and Biswamoy Pati explain the important boundary between health and empire.³⁰ In the first chapter of the book "Siting the Body" Biswamoy Pati focuses on the health and medicine of Orissa's tribal communities as well as the other non-tribals and the urban population. Biswamoy Pati and Mark Harrison in their another book explains some unique topics related to social history of health and medicine like orientalism and unani

policy, clinical Christianity, medical institutions, mental illness and the politics and economics of colonialism.³¹ Radhika Ramasubban has studied public health and medical research in India and commented on their origin under the aegis of colonial rule.³² Chittabrata Palit and Achintya Kumar Dutta in their book throw some light on the topics with new approaches like kala-azar epidemics, medical works of the scientists other than British, indigenous as well as western approach to delivery deaths and role of voluntary associations in tackling public health problems.³³ Chittabrata Palit in his another book covers some interesting topics related to health and medicine like hospital and medical education in Calcutta, ayurveda in colonial Bengal, epidemics and empire and Ronald Ross and malaria.³⁴ Arun Bandopadhyay in his edited book has assembled both science and society.³⁵ Poonam Bala focuses the medical pluralism in India analyzing the dynamic social production of health and healing systems as social systems, practices and technologies of power.³⁶ The forthcoming book of Madhuri Sharma reflects the conflict between western and indigenous medicine. The book also narrates the ambiguity of colonial modernity and its interactions with indigenous and colonial medical sanitation, indigenous institutions associated with professionalization, the medical market associated with business networks, and the way these components together reinforced caste, patriarchy and communal identities.³⁷ Pradip Kumar Bose in his edited book brings together a collection of articles published in the Bengali journals containing health, medicine, indigenous medical systems, public health, diseases and sexuality. The articles were come out mostly between 1850 and 1900.³⁸ Mark Harrison analyses the rise, growth and fall of ideas of climatic factors as shown in European writings on the Indian subcontinent.³⁹ Rev. P.O. Bodding analyses the medical system of the Santhals in his work compiling in three volumes.⁴⁰

All these works are important and well-informed critiques of colonial policy. But a comprehensive account of medical system of North Bengal and its impact on society and economy still remains a problem which needs to be explored. The present study makes an attempt to find out the causes of diseases



in North Bengal, especially the immediate causes that contributed towards the outburst of diseases. It also focuses on some specific diseases of North Bengal and their causes of occurrence. The initiative taken by the British Government for the eradication of diseases in North Bengal has brought new dimensions. The indigenous medical believes and practices of the people of North Bengal bring to light the traditional healthcare and medicinal practices and reminds us about our ancient culture and heritage. Though tea is an important source of business in North Bengal, but the people behind its growth, viz, the labour force has been deprived of their necessary health care facilities. So it will be the purpose of the work to disclose the actual intention of the tea planters behind the formulation of their medicinal system.

In our present time when we are struggling every moment for survival in fighting with various diseases, this study gives us a little hope about the medicinal efficacy of the natural herbs and plants of North Bengal. The present work can also be very much effective in solving the health care problems of the tea garden labourers.

The present study seeks to focus on the several aspects of the health and medicinal system of North Bengal, each concentrating on a specific aspect of the problem. The introductory chapter elaborates the history, ecology, climate and population of North Bengal. It throws light on the specific political, geographical and climatic factors and population structure of North Bengal. It also brings into light on the social, economic and cultural characteristics of North Bengal. This chapter seeks to elaborate the geographical and administrative features of the districts of North Bengal. The chapter focuses the distinct characteristic features of North Bengal that makes it separated from the southern part of Bengal. It has also been discussed in the chapter about the nature of population structure of the area, about the indigenous people and the immigrated population. The causes of immigration from outside Bengal and within North Bengal has also been scrutinized in the present chapter. How the social and cultural life of North Bengal had been influenced by the amalgamation of various classes of people is

also the subject matter of the chapter. It focuses on the different works of history of health and medicine by eminent historians and specialists of respective fields. It also explains the speciality of the work which makes it different from the other works of related field. The relevance of the research topic is also discussed in this chapter. The justification for the period of the thesis has also been explained here with. It has also been discussed here about the primary and secondary sources for writing the thesis and the respective places from where they were collected.

The second chapter seeks to locate the environmental causes of the diseases. Undoubtedly the predisposing causes were already there in the countryside of North Bengal. This chapter deals with the immediate causes of the diseases. It also emphasizes some special aspects of North Bengal—its topography, rivers and river system, drainage and natural outlets of rain water etc. It also explores the habits of the North Bengalis regarding health and hygiene, their occupation and food habits, the general physical constitution, their homestead and immediate surroundings, and the climatic conditions. The peculiar geographical and climatic features of the districts of North Bengal and their strategic position have been discussed in the chapter. The soil, temperature, rainfall, seasonal variations, crop pattern, flora and fauna have been regarded as the environmental factors for the causation of diseases. Apart from environmental causes the man made factors like construction of railways, roads, embankments, drainage system and the social conditions like the diet enjoyed by the Hindus, the fasting days of the Muslims, early marriage, polygamy, faulty accommodation, scanty clothing etc. have also been made responsible for the occurrence of various diseases in the chapter. It also shows that pilgrimage and fairs also contributed immensely for the occurrence of epidemic diseases.

The third chapter deals with the role of the British Government to eradicate the causes of the diseases. It shows that the initial response of the Government was indifferent, and its intervention was half - hearted and perfunctory. But when the epidemics threatened the cantonments, plantations and the British civilians in North Bengal, the attitude of the Government was

changed and it became conscious. The health of the British soldiers and European civilians could not be protected in isolation. High mortality rates due to malaria and black water fever interfered with the efficiency and profitability of production in tea plantations. Besides in areas where agricultural productivity was adversely affected by recurrent epidemic fever, state revenues were directly threatened. So some degree of remedial intervention had become a necessity. Investigations and enquiry commissions were formed to find out the causes of the diseases in the areas where the economic interests of the British Government were threatened. The chapter also focuses the measures adopted by the native kings, zamindars, jotedars, individuals, voluntary organizations etc.

The fourth chapter analyses the various indigenous medical systems and practices of different ethnic communities of North Bengal. The indigenous people and the immigrated population belong to the ethnic communities. It also focuses the ayurvedic, unani, homeopathic and Tibetan system of medicine. As most of the tribal people of North Bengal used to live close to the nature they depended mostly on nature for their medical system. Instead of the introduction of the western medicine, the tribal medicine, ayurvedic, unani, homeopathic and Tibetan system of medicine still are popular among the indigenous communities of North Bengal. It has been discussed in the chapter that the indigenous medicine of North Bengal is an un detachable part of Indian tradition, culture, climate, conviction and belief and deeply related to super-natural and natural cure. The indigenous people of North Bengal in search of relief from diseases used the ingredients which they could obtain from their immediate surroundings. As they resided almost in the lap of the nature they used to find out the immediate remedies in the nature. But when it did not work they started to devote several deities. To proceed the process of prayer or worship local medical practitioners bearing the name of ojhas, dhamis, deosis were summoned. The gods varied from people to people. The experience derived from the disease of the self and those of the near relations contributed to the formation

of their medical knowledge. The simultaneous growth and prosperity of the various medical systems in North Bengal have also been examined here.

The fifth chapter elaborates the health conditions in tea gardens of North Bengal. At first the chapter depicts the history of the formation of the tea estates in North Bengal especially in the areas of Darjeeling and Jalpaiguri districts. As it is one of the major industries of North Bengal, many people are working here. People also have come from different parts of the country to seek for their professions here. The process of their recruitment and the recruiting agencies were also analyzed. Their medical beliefs and practices and the role of the tea planters for the maintenance of the health of the labourers are the main substances of the chapter. The intention of the Government for the initiation of different enquiries, setting up of various commissions, the recommendations of the enquiries and committees have been also discussed in the chapter. The medicinal beliefs and practices of the workers and their blind faith towards sorcery, magic and incantation are also being discussed. The reasons for aversion of the labourers in going to hospitals have been scrutinized in this chapter.

The social and economic impact of health and medicinal policy is the subject of analysis of the sixth chapter. It highlights the impact of diseases and health policies on a wide range of economic activities eg. agriculture, industry and railways. On the other hand, it also tries to identify the nature of the impact on individual, family and society. The British health and medical system mostly brought advantages for the urban people of North Bengal. But the rural mass were deprived of taking benefits of it. It has been also discussed in the chapter that the expensive western medical system made the farmers poor and transformed them into landless labourers.

The study closes with the concluding chapter which focuses the response and reaction of the people to the western system of medicine. It also brings into light the accessibility of western medicine to the masses. The simultaneous prevalence of different indigenous medical systems and their comparison with

the western system of medicine are also discussed in this chapter. The poor condition of health of tea plantation workers have also been depicted here. The condition of post-partition North Bengal is an important subject of discussion of the chapter.

The source materials for writing "History of Medicine and Health Care System of North Bengal" are varied, many and multidimensional. For preparing the thesis District Gazetteers, Census Reports, Administrative Reports, Municipal Reports, Medicinal Reports, Land Revenue Reports, available in the district libraries of North Bengal, West Bengal State Archives (Bhawani Dutta Lane and Writers Building), Asiatic Society, National Library, ITPA (Jalpaiguri) and DBITA (Binnaguri) have been used to reveal the actual intention of the Government. The libraries of North Bengal University, Calcutta University and Jadavpur University have also been utilized. The district libraries of North Bengal too have been of immense help in understanding the social impact of the epidemics. Much uses have been made of the contemporary vernacular journals now available in the Bangiya Sahitya Parishad Library. Contemporary short - stories, novels dramas, pamphlets and scholarly discourses on epidemic diseases have been analysed for the purpose of exploring the popular perception of the epidemics.

Oral sources are very much important in preparing the thesis. Because oral evidences have provided micro, intimate, subtle, latent and minute facts. Especially in writing about the medicinal system of the indigenous people of North Bengal the oral sources are of much importance as there are paucity of primary and secondary sources about them. The vernacular languages of different ethnic groups like the Rajbanshis .The oral sources include oral tradition, folklore, proverbs, rhymes and interviews. Interviews are a challenging method of peeping into the past. I have taken interviews of aged people of North Bengal of various ethnic backgrounds and religions. The senior citizens of North Bengal are able to discuss about the traditional medical system which is survived from generation to generation. Interviews are more like informal conversations

discussing various aspects of their living conditions, health, medicine and disease. The places of the interviews are the houses of the interviewees where they can be relaxed and comfortable to visit their pasts. But the oral sources have been counter balanced with other sources, because oral history has no chronology or time frame.

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