

## **From Society to Economy : The Ravages of Malaria and North Bengal in the Colonial Period**

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**Abstract:** *Malaria, a life taking disease, frequently used to visit and revisit North Bengal every year. It was one of the oldest diseases of Bengal. It not only took lives of numerous people but the disease also had left enormous impact on social and economic field of North Bengal during the colonial period. This paper would focus on certain areas like agriculture and industry which were affected by the recurring occurrence of malaria in Northern part of Bengal. It would also bring to light the impact of malaria on the general people, individual, family and society as a whole. The failure of the formulation and application of health policy was also viewed from recurring occurrence of malaria followed by dreadful death rate throughout North Bengal. The present study also makes an attempt to find out the causes of the disease in North Bengal, especially the immediate causes that contributed towards the outburst of the disease. There are several works on malaria in different parts of India but the study of history of malaria in North Bengal remains unexplored. So this paper would try to fill that gap in the medicinal history of North Bengal.*

**Key Words :** Malaria, North Bengal, Society, Economy, People

North Bengal, a significant part of Bengal, has not mapped out by its name, but it is still recognized in India and the world as well due to its distinguishing features. North Bengal is placed in the northern part of Bengal. It is an area where changes have made in different period and at different phases of its history. It had altered its physical features various times due to political shifts and natural changes. Diverse inclusions and exclusions of areas were made in North Bengal. Upto 1947 North Bengal was composed of the districts of Rajshahi Division i.e Rajshahi, Dinajpur, Jalpaiguri, Darjeeling, Rangpur, Bogra, Pabna, Malda and the princely state Cooch Behar. Legendary historian Akshay Kumar Maitreya had specified a different outline of North Bengal consisting of the areas of Rajshahi, Dinajpur, Jalpaiguri, Rangpur, Bogra, Pabna, Malda and the princely state of Cooch Behar<sup>1</sup>.

The 1980s opened a new horizon in the arena of history writing. Historical researches had been started to unearth the history of healthcare, disease and medicine in India. From time immemorial India had rich tradition of medicinal history. Its importance from the point of view

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of society and culture can not be unobserved. Various works have come out under the umbrella of the history of medicine and health care focusing on the history of diseases, public health issues, health care for women and children, mental illness, clinical christianity etc.

There are some scholarly discourses on malaria. David Arnold has analyzed in detail the causes and a consequence of the outbreak of the malarial fever in Bengal. Ira Klein has also enriched our knowledge about malaria and mortality in Bengal through his work on the field.<sup>3</sup> 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.<sup>4</sup> Kavita Roy's book is an attempt to study the public health policy of the Government and social reaction to it.<sup>5</sup> 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 centers like the Indian Medical Service and how and to what extent medical researches were carried out.<sup>6</sup> 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.<sup>7</sup> Mark Harrison and Biswamoy Pati have elucidated the important boundary between health and empire.<sup>8</sup>

All these works are important and well-informed analysis of the history of malaria in Bengal and India as well. But a comprehensive account on malaria in North Bengal still remains a problem which needs to be explored. Malaria, a life taking disease, frequently used to visit and revisit North Bengal every year. It was one of the oldest diseases of Bengal. The condition of temperature, wind, rainfall, light, soil, course of river, silt of river bed were the indispensable climatic factors for the outbreak of malaria throughout North Bengal. Apart from man made reasons like construction of embankment, railways, drains, canals, changes in the crop pattern, malaria also occurred due to the disposition of nature and natural calamities. It not only took lives of numerous people but the disease also had left enormous impact on social and economic field of North Bengal during the colonial period. This paper would focus on certain areas like agriculture and industry which were affected by the recurring occurrence of malaria in Northern part of Bengal. It would also bring to light the impact of malaria on the general people, individual, family and society as a whole. The failure of the formulation and application of health policy was also viewed from recurring occurrence of malaria followed by horrendous death rate throughout North Bengal. The present study makes an attempt to find out the causes of the disease in North Bengal, especially the immediate causes that contributed towards the outburst of the disease.

North Bengal or the Rajshahi Division of Bengal before 1947 was enormously unhealthy and the municipalities along with the district boards were in distress due to severe financial crisis. Thus the limitation of funds thwarted the flow of initiating outsized programmes of sanitation and health care. Pure quality of drinking water was key

necessity of life. But the public bodies had not adequate resources to distribute pure drinking water to the village people. Many rivers had silted up and formed dormant pools of water. Those pools were regularly used for sopping jute, washing cattle, clothes and utensils and for drinking also. There was an unhealthy environment causing various diseases in North Bengal. The death rate was abnormal in certain areas.<sup>9</sup>

In North Bengal the number of deaths from diverse diseases was 171664 in 1885 or at the rate of 22.19 per 1000 people. From the subsequent statistical data of the seven districts of North Bengal the intensity of death rate of people can be vividly visualized.<sup>10</sup>

**Mortality in the seven districts of North Bengal in the year 1886 (Ratio per mille)**

Jalpaiguri	31.01
Pabna	27.68
Rangpur	27.12
Rajshahi	24.86
Dinajpur	23.92
Bogra	22.21
Darjeeling	16.35

Source: Nineteenth Annual Report of the Sanitary Commissioner for Bengal for the year 1886.<sup>11</sup>

Fever scored the highest rank among various diseases that used to occur at that period. A report of the Eden Sanitarium, Darjeeling of 1890 showed that 25% of the total number of patients admitted there were suffering from malarial fever.

**Annual return of patients treated in Eden Sanitarium during the year 1890**

Names of diseases	Male	Female	Children	Total	Cured	Relieved	Died
Dysentery	2	1	3	6	4	-	2
Malarial fever	55	11	9	75	72	2	1
Debility	21	23	8	52	48	4	-
Syphilis	8	-	-	8	5	3	-
Gonorrhoea etc.	7	-	-	7	5	2	1

Others				190			
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Source: Report on the working of the Eden Sanatorium, Darjeeling during the year 1890.  
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But among 338 people, who were suffering from malaria, did not belong to North Bengal alone. Among them 183 people were from Calcutta, 105 from Darjeeling, 4 from Sikkim, 9 from Jalpaiguri, 3 from Krishnanagar, 3 from Cooch Behar, 4 from Burdwan, 12 from Howrah and 2 from Dacca.<sup>13</sup> Thus fever was an extensively dispersed disease of Bengal as a whole.

Though the malarial fever used to attack the people irrespective of their economic status but the large number of people who died suffering from malaria belonged to the poorer classes of village of areas North Bengal. Numerous people lost their lives due to scarcity of proper food. The utmost mortality among the poor was mainly due to their larger number, their incapability to temporarily move to safer places and their helplessness to bear the burden of medicines and diet during their ailments.

#### Comparative mortality from fever in the urban and rural circles

Deaths From fever in Ratio per 1000 of population								
Circle	1888	1887	1883 to 1887	1878 to 1887	1888	1887	1883 to 1887	1878 to 1887
Urban	24836	25195	30669	35266	10.40	110.45	12.72	14.63
Rural	1067266	1062573	982772	864015	16.76	16.66	15.44	13.57

Source: Twenty-first Annual Report of the Sanitary Commissioner for Bengal for the year 1888, by W H Gregg.<sup>14</sup>

From the above chart it is easy to understand that the negative effects of fever were not so much in dangerous form in urban areas but were rife in villages. Reports of the year 1889 also exhibited the fact that the devastation of fever was inexorable. During 1889, 589252 males and 512269 females or a total of 1101521 persons died suffering from fever. The death rate was higher in a number of districts like Jalpaiguri (28.18), Dinajpur (25.74), Darjeeling (24.93), Rajshahi (22.74), Rangpur (22.07) and Malda (21.20).<sup>15</sup>

### The Defective Malaria Policy :

The eruption of diseases followed by unusual death rate appeared as a result of the faulty health policy of the Government. Particularly the malaria policy of the Government was almost imperfect and created many redundant complications and unhealthiness. The excessive neglect, lack of concern and defective policy of the Government was completely responsible for the spreading of malaria in every year all over North Bengal.<sup>16</sup> The people of North Bengal were suffering from unnatural shortage of quinine. The poor patients of rural North Bengal were facing difficulties in buying expensive quinine. Under pressure even the Government confessed at times that the amount of quinine dispatched to different dispensaries was not sufficient to accommodate their requirements.<sup>17</sup> Though fever was spread like wild fire every where, there was want of proper satisfactory arrangement for the systematic distribution of quinine. When the packets of quinine entered the post office the shop owners immediately took control of that and sold it at a high price and often in a stained form for their own profit.<sup>18</sup>

Consequently the huge number of malaria patients had no other way but to accumulate the anti-malaria medicines from outside at expensive rate. The problem became thus too grave that the shop keepers created an artificial crisis of quinine and they demanded sky-scraping prices for it.<sup>19</sup> The price of quinine became very much costly and the general people had not the capacity to buy that.<sup>20</sup> By making an unwise plan with the Kina Bureau, an influential Dutch concern, a controller of the world price of quinine the British Government deliberately made the price of quinine high.<sup>21</sup> Due to the extreme crisis and enormous demand for quinine, the Government started a quinine Rationing Scheme in 1943. But unfortunately the medical practitioners of the rural areas had to face numerous tribulations and problems to collect quinine instead of the initiation of the above scheme. The dearth of quinine also resulted in outbreak of malaria in a virulent form in villages. It was also found that the people who were treated with quinine at the beginning acted as messengers of malaria and spread the germs to others.

The deficiency of quinine was also evident from the song of a folk poet. He sang-

*Malariae ektire sishu*  
*Prane bujhi mare,*  
*Bangladeshe quinine nai bhai,*  
*Daktar ki kare?*

Its meaning was that the children were dying due to malaria. In Bengal quinine was unavailable and then what were the roles played by the doctors?<sup>22</sup>

But the original picture was that the insufficiency of quinine was simulated. By manufacturing an abnormal crisis of deficit of quinine the government was eager to

launch mepacrine as a precautionary medicine for fever and restore it instead of quinine among the people of North Bengal. The British Government used to distribute Quinine to different medical shops only when they came to know that those shops had adequate storage of mepacrine. But the physicians of Bengal expressed their firm reluctance to accept and prescribe mepacrine as an ideal alternative for quinine.<sup>23</sup>

As usual medicines were not available during the famine affected areas of Dinajpur of North Bengal. Malaria and dysentery took a dangerous form there. The deceased persons also suffered from sufficient quantity of food. The Bengal Relief Committee distributed milk, biscuit, medicines and many other essential materials for daily use to the famine affected persons.<sup>24</sup>

### **Malaria and the Destruction of Family :**

The outbreak of diverse diseases and the unresponsiveness of the Government towards the patients in several cases resulted in losses to the individual, the family, society and even to the community. The districts of North Bengal suffered from malaria throughout the year. The disease not only deserted the affected areas, but also left a worse effect on family also. The peasants started to flee from the villages leaving their houses and fields dreading by malaria and became land less labourers. It affected the structure of society also. Families began to break due to poverty and the joint family structure was crushed in different areas. As a result fragmentation of lands also initiated. Poverty and unemployment ruined the ethical qualities of people. In the tea gardens of the Duars among the female labourers the instances of abortions occurred more due to the severity of malarial fever.

In regard to malaria mortality about 40% occurred among adults and about 60% among the children under 15 years of age almost every year. Thus it brought complete destruction to the families.<sup>25</sup> Regular attacks of malaria in the childhood weakened themselves completely when they grew up. It was a grave loss to the society and nation at a large, because they were the future makers of the country.

### **Malaria and the Financial Catastrophe :**

The repeated attacks of malaria left the government with severe monetary losses. The medical expenditure included the cost of expenses like hospital charges, doctors' charges, nursing, medicines, the cost of sick leave, the loss of wages during the illness etc. The tea estates of North Bengal also had to undergone heavy economic crisis followed by malaria. In those tea gardens local labourers were not adequately available and thus labourers were collected from far-off areas like Bihar, Santhal Parganas, Chaibasha etc. But malaria raged in the tea gardens of North Bengal especially in the Dooars .

Consequently the labourers, the newcomers in the region, became afraid of malaria and could not want to establish their permanent residences there. Hence many of the labourers used to roam throughout the year from one garden to another and they also had to die due to malaria. Thus the tea garden owners had to employ fresh set of labourers and the system went on all over the year.<sup>26</sup> It resulted in a profound fiscal trouble on the planters.<sup>27</sup>

Due to malaria the labourers in the tea gardens of Western Duars were not present in the plucking time, at a time when they were most needed. The absence of the labourers in the plucking season was a source of direct financial loss to the gardens. Not more than 65% of the total labour force were available in the plucking season, and the rest used to depart due to malaria sickness.<sup>28</sup>

In 1908 Bentley had stated that in a tea garden of North Bengal where 1350 people used to work, an average of some 50 to 70 women among them visited hospitals on every day during the rainy season due to fever of their children.<sup>29</sup> Again a large number of women labourers who regularly performed their duties during the winter, but became absent in the plucking season. As their children suffered intensely from malaria and the infants needed proper nursing, the mothers could not go to their work for that.<sup>30</sup>

Rice had given a statistical data which avowed that about 4% of the working days were washed out due to malaria among the workers in the tea plantations of North Bengal. If a garden labourer worked about 300 days in a year, he would absent for atleast 12 days from his working place for the suffering of malaria. The loss was about two days per person every year.<sup>31</sup> Sometimes malaria resulted a loss of one week or more.<sup>32</sup>

The disease especially malaria lost the working ability and efficiency of the workers for an indefinite period. Thus the financial loss was inaccountable. The economic loss could be compensated by the Government in initiating adequate scientific anti-malaria measures. For an example, the United Fruit Company, functioning in highly malarious region in the Gulf of Mexico, experienced a heavy increase in production as the health of the workers of the area was improved.<sup>33</sup> But in North Bengal that kind of initiative was hardly found among the activities of the British Government.

### **Blow on Agriculture :**

As North Bengal was an agricultural belt, the outburst of malaria also affected the agricultural community. The farmers suffered heavily from malarial fever. Some areas of North Bengal like Pabna and Malda, which were previously healthier areas were found malarious afterwards.<sup>34</sup> Again malaria generally occurred in the harvesting months and it resulted in the reduction of labourer's income from land. Consequently the labourers became indebted and were involved in court cases by losing their houses and lands. The

farmers who used to die due to malarial attack mostly belonged to poorer classes. The death of a farmer in a house meant the total destruction of the family. Agriculture was so much affected by the ravages of malaria that in the seventies of the 19<sup>th</sup> century the demand of land was abnormally dropped down.<sup>35</sup>

In Malda the decade from 1901 was almost healthy except for the prevalence of fever during the years 1905, 1906 and 1907. The deaths per mile from fevers during those years were 34.64, 34.47 and 34.77 respectively. As a result price of every commodity, rose high in those years. Due to heavy mortality there was shortage of production of bhadoi and robi crops and there was also insufficiency of mango. Thus due to fever the agricultural economy of Malda faced a big jerk.<sup>36</sup>

Mc Combie Young stated that there was a high mortality among the workers who were engaged in constructing a branch of the Eastern Bengal State Railway through the Malda district of North Bengal in 1903-1907.<sup>37</sup> During the creation of the line between Kishanganj and Siliguri a large number of labourers became seriously ill due to malaria.<sup>38</sup>

The Government also had to bear a heavy financial burden due to diseases particularly malaria in the form of medical leave, medical allowances etc. People stationed at malarious areas had to be given special allowances and leave to regain their health. In 1877, in Dinajpur district, among 17 adult Europeans, 15 left the area due to repeated attack of fever and as a result official work was disturbed.<sup>39</sup>

### **Conclusion:**

Thus malaria had left a far reaching impact on the social and economic arena of North Bengal in the colonial period. By the frequent occurrence of the disease the population of the region was steadily decreasing. Thus David Arnold wrote that 'in one district the spectacle of whole villages depopulated by a brooding mortality was almost universal and the ruined houses and abandoned sites were everywhere visible.'<sup>40</sup> The effects of fever were so extensive that the 'sickly physique' had become the 'ordinary physique'.<sup>41</sup> The high mortality rate not only resulted in the demolition of the families but also immensely destructed the economy of North Bengal.

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