Women and Health Care System in Darjeeling & Jalpaiguri during 19th And 20th Century

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Abstract: *Health itself is a very broad aspect that cannot be defined within a certain periphery and women and their health care system in Darjeeling and Jalpaiguri in the 19th and 20th centuries is certainly a challenging one. Locationally, strategically, and climate both the district lies in different situations but common diseases were spread in large areas. Most of the indigenous people were used to the indigenous treatment in the absence of modern facilities. Thus, the British used to utter the advancement of Western medicine to justify the British rule in India. As women were in a weaker position so British used to uphold their situation by introducing different programs with great enthusiasm not just to show their kindness to the indigenous women but to prove the advancement of Western medicines. They focused on female education, sanitation, nursing courses for females, etc. which all helped to reduce the death rate of infantry.*

Keywords: *socio-economic disadvantages, western medicine, Women, Healthcare*

Introduction: Health is a many-sided concept and thus it challenges any precise definition. The 19th-century health services relate the demographic changes, political strategies, socio-economic background, overcrowded population, education, migration, modern hospitals, communication, etc. Thus, the definition of health refers to the fulfillment of a whole range of personal, physiological, mental, social, and even moral goals. From the 20th century onward Gender and health became such a captivating concept that medical awareness of the male and female, problems of childbirth, reproductive health, birth control, family planning, practices of indigenous medicine, role of missionaries in the contribution of women's health care can be discussed. This paper highlights women's condition and healthcare system in the 19th and 20th centuries in Darjeeling and Jalpaiguri.

The climate of Jalpaiguri was unhealthy. The entire area was almost covered with dense forest affecting the weather conditions. Diseases, like fever, Kala jar, malaria, stomach diseases, respiration problems, and others were widespread. Educationally and economically the society was backward. The people were not aware of the diseases due to lack of govt. initiatives. Therefore, scientific treatment was not prevalent in this area, especially in rural areas. There were no modern facilities to treat people and before the coming of the British people completely depended upon Baidya, Hakim, Ojhas, etc.

On the other hand, Darjeeling being a hill station was a unique form of colonial urbanism. The establishment of hill stations in colonial India was determined by

racial discrimination and regarding women, they focused them as tea garden workers. Colonial urbanization reflected the discrimination between the native and European residential areas which gradually developed the white and black towns.

Darjeeling remained exclusive because it remained the site of the elite of colonial India; in administrative, and political terms, and also as a commercial hub. Despite the elite concerns about the overcrowding of Darjeeling, the town enjoyed municipal provisions that were exceptional in Bengal with its unique institutions like Eden and Lowis Sanitariums, The Governor's residence, and the Planters' Club. As a result, the native settlements within Darjeeling were pushed to new areas. The Basti areas were declared an unsafe zone for the spreading of diseases. The 'Edenic sanctuary' was always a part of the colonial economy- not for the migrated people or the indigenous of the hills. Not within the town but even in the outlying areas, the local people like Lepchas were pushed out of the area due to the daily increase in population. So, the negligence towards the natives including indigenous and migrated women forces them to depend upon the indigenous medicines for any kind of health problem.

Curative Medicine and Women: A large female hospital was constructed from 1840 onwards on the grounds of Calcutta Medical College with the subscription of general people. It helped to give training to the male medical practitioners to make deliveries easier. Another large hospital opened near Kolkata in 1852 where 300 beds easily accommodated. Initially, female patients were very limited but gradually patients increased in the midwifery department as well as attendance at the outpatient department for diseases of women and children increased in the 1860s. The table below quoted from Dr. Devika S. Lama's thesis indicates the number of women treated by obstetric physicians between 1875 and 1880.

Year	Number of women patients treated by obstetric physicians
1875	1004
1876	1153
1877	1109
1878	1238
1879	1204
1880	1277

(Source: Proceedings of the Lieutenant Governor of Bengal during June 1881. Medical and Municipal Department, Calcutta, 1881: The Report on Calcutta Medical Institutions for 1880.)

Though the figure reveals us about the growth of female patients and moreover admission of females in hospitals was still a very rare phenomenon. The appearance of female patients in Calcutta medical institutions remained very low as per the

expectation because of male physicians. This led to the emergence of medical education among women.

It is mentioned in Dr.Devika S. Lama's (Roy), PhD. thesis, N.B.U 2004, entitled "Changing Identity of Women of Darjeeling Hills- A Study in Cultural, Social, Economic and Political Development (1835-1985)" that in areas like the Darjeeling scenario was quite different, where people lived in houses that were overcrowded and ill-ventilated. Women carried heavier loads compared to men. Poverty resulted in their dirty habits in the past, some serious diseases like pulmonary infection, goiter, diphtheria, influenza, rheumatism, and hill diarrhea were prevalent in Darjeeling. The Superintendent of Darjeeling was concerned about the well-being of the coolies and proposed vaccination to prevent smallpox. Lepchas, who usually depended on indigenous medicines, readily welcomed vaccination. In her thesis, Dr. Lama further mentioned about the increase in the percentage of female vaccinators.

Vaccination in the Darjeeling circle in 1875-81.

Year	The total percentage of male Vaccinators	Total percentage of female vaccinators
1875-76	53.13	46.66
1876-77	52.05	47.94
1878-79	53.85	46.14
1879-80	54.66	45.34
1880-81	52.53	47.46

(Source: Vaccination in the Province of Bengal for the year ending 31st March 1875 by J. Fullarton Beatson, Esq, M.D. Surgeon General, Indian Medical Department.)

Initially, medical care was not available in the plantations, but Ashley Eden proposed the establishment of a hospital in Darjeeling in 1881 for European officers and their families. As many tea gardens were situated far away from hospitals, it was suggested that every planter should keep some medicine as a primary concern. A manual was provided with a list of ailments and recommended remedies that planters could provide to workers in case of emergencies.

The list of ailments and their cures are as follows:

Medicine	Used for
Bicarbonate soda	Dropsy, Stings of mosquitos and wasps
Carbolic Acid	Disinfectant, for ulcers, scabies, with oil for burns.
Chlorodyne	Dysentery, Diarrhea.
Cholera Mixture	Cholera, Dysentery.
Arnica	Bruises and sprains

Quinine	Fever and tonic, neuralgia
Glycerine	Dressing for wounds, and slight sores

(Source: Notes on Darjeeling Tea by A Planter, Darjeeling 1888, pp.77-78)

Dr. Ananta Das, Dept. of History, Sikkim University, in his thesis, July 2022 entitled "Change and Community in the Folk Medicinal Practices among the Asurs of Jalpaiguri District, !865-1947" mentioned the history of diseases did not change in the early 20th century in Jalpaiguri, and the tribes suffered from common diseases. The hill tribes, many of the Chhota Nagpur tribes, and many other tribes like Mech, Toto, Rabha, Asura, Rajbanshis, Garo, Santal, Munda, Oraon, Nepalese, Bhutia, Lepchas, etc., brought along with them their own culture and beliefs. According to the administrative district gazetteers of John F. Gruning, the chief diseases that prevailed in Jalpaiguri were Malaria, Blackwater fever, Cholera, Jaundice, Goiter, etc.

Most of the immigrant tribes of tea gardens believed that diseases and death were caused by supernatural powers. So, their trust appeared in their traditional methods and practices. In the early 19th century, Buchanan Hamilton recorded that 'bites of snake cured by the name of Bishahari', and the Smallpox in Sitala'. In the absence of modern hospitals and other facilities, the practice of folk medicines became very popular in this area.

Being the most primitive tribe of North Bengal, Rajbanshis used various kinds of herbs for the treatment of different diseases. They used Tulsi leaves or Basil plant and honey for cough and cold, Gulai (Tinospora cordifolia) of orange was used as medicine for cough and cold of aged people. The juice extract from red Amrul (Oxalis corniculate) was used as a medicine for dysentery. The leaves of Seuli (a white fragrant autumnal flower) were utilized for the treatment of kala azar. Neem and honey were used for smallpox. Most of the medicines were practiced and carried forward by women among future generations.

Before the introduction of Western medicine and proper hospitals, the role of Dai-Maas was significant as indigenous healers during delivery to make the process easier. They even prescribed indigenous medicines pre- and post-delivery with some nutritious food. They used herbal therapy at the time of birth by using neem leaves with hot water to cure the infection of newborn babies. This system continued until the 1st half of the 20th century in most of the tea gardens for the natives.

Enhancement of Colonial Medical Education: To make colonial rule essential in India the British began to glorify their civilization in the West. The main course of progress is based on science and medicine. Gender also played an important role in the construction of civic programs. As a part of the political policy the women of India are projected as weaker in comparison to males, the British represent

themselves as a savior to rescue them from the epithet of the society. They used to represent India as full of diseases, hot weather, and wild beasts. To defeat the diseases and to establish control over the unhealthy climate western science and medicine were the only way of time. Thus, they used to utter the advantage of Western medicine. As the women were comparatively in weaker positions, the British took the program of medical development of women with great enthusiasm. Though colonial rulers did not pay much care and kindness to women's healthcare the advancement of western medicine had forced them to touch this area also.

In the journey from Orientalism to Anglicism in the introduction of medical education in India British generally focused on the low-cost services, and trained Indians as helpers to the European Surgeon, who in future recognized as 'native doctors' or 'black assistants' etc. In June 1812, a 'Subordinate Military Services' was constituted for the different cantonment zones where natives' doctors were served as third-class servants. In 1822 by the order of the Governor-General Native Medical Institution opened where Indian students used to learn Western as well as indigenous medical knowledge. Being a liberal Governor General William Bentinck abolished NMI towards the end of 1833 and Calcutta Medical College began its journey. During this phase, only Indian society witnessed some administrative changes regarding gender. In various writings, Anglo-Indian people referred to Indian women as Zenana who measured as dirt, darkness, and disease. Undoubtedly the women missionaries took the responsibility to teach Indian women about the western health care system thus producing some midwives and nurses.

Before coming to British the women in these areas used to depend upon indigenous medicine or traditional medicines to treat themselves. But during the 19th century with the establishment of different hospitals traditional or folk medicines were declared unscientific. In the initial phase, the number of women patients was very low. Only females of poorer sections attended the hospitals. The upper classes did not prefer to be treated by male doctors in the hospitals. Thus, the need for time is forced to create qualified female doctors. Gradually no. of female physicians emerged in Bengal.

According to the census of 1901 special attention made to those who were able to read and write any language. People of any age who were able to read and write preferred to as literate. The qualification seems a simple one, in Darjeeling, 1 male within 10 and 1 female within 200 was able to satisfy as per the ratio in the whole of Bengal.

During the 19th century women of Jalpaiguri district used to stay away from hospitals but in Darjeeling district women of orthodox society used to visit hospitals but prefer to stay away from male doctors. When the disease became very serious, they used to visit male doctors, but mostly they preferred to visit female Kabirajas and for immediate relief, they also visited the ojhas, vedenis, midwives, and very

important ‘Dhaima’. Though there was life risk in many cases male family members even didn’t want to treat their wives by any male medical practitioner to maintain the family's dignity. As a result, they could not get the facilities of modern treatment, and the death rate became high for pregnant women and children. Child marriage was the other cause of early death of women as they became pregnant early. The mortality rate became high for women in comparison to men in Jalpaiguri between 1901-51.

Coming in contact with colonialism and Western civilization, the nineteenth-century Bengali urban elite began to rethink their tradition. Though the lower cast’s women frequently visited the hospitals but women of higher caste society preferred to take services from midwives or ‘Dhais’. However, the emergence of new understanding slowly worked out to break the static barriers of the family and society. The effort can be visible through various reforms like the abolition of sati, removal of child marriage, voice raised against practicing of polygamy and kulinism, the introduction of women's education, etc. The introduction of Western education and the awareness of Western public health together transformed the trend of women's healthcare system in Bengal including Darjeeling and Jalpaiguri. From the very beginning, it had declared a war against the existing Ayurvedic and Unani systems which were based upon superstitions, and adopted scientific living and attitude towards life.

With the appearance of nationalist consciousness in Bengal, and womanhood in Darjeeling, Jalpaiguri also completely changed. Generally, to the women of Hindu families, nursing was not a reputable job, only lower-caste Hindus adopted the jobs. But afterwards scenario changed completely. The tea companies opened a branch of the Lady Minto Indian Nursing Association in Jalpaiguri and from 1907 two nurses were posted there to look after the planters’ families in the district. Some well-known female doctors in Jalpaiguri dedicated their lives to the interest of the people in these areas. ‘Ashrukana Dasgupta’ was a very famous name in this regard. Primarily women were not allowed to work with males in urban hospitals but they were sent to the district dispensaries at minimum salaries where they faced facing a lot of challenges in hospitals to work with male doctors. The role of Ramakrishna mission of Jalpaiguri, to train the midwives of localities namely Surama Sen, Lila Roy who can look after the pregnant women, needs to be mentioned in this regard. (Srabani Ghosh, in ‘Reviewing the Women health in The District of Jalpaiguri During the Colonial Phase’.)

Nursing, as an integral part of the health care system introduced for the prevention of illness, to help disabled people of all ages, but questions arise like who is more capable of taking care of people, male or female? Though it is a general notion that both are eligible for nursing but society seems that knowledge of nursing is very necessary for females to take care of their infant in a hygienic way and also as women have inherent softness, kind-heartedness so these qualities are very valuable

for nursing which are very much absence in male character. So, because of their inherent character women were preferable for nursing. However, society did not give much attention to women's issues related to illness.

During the 19th century, mostly European females were appointed as nurses in different hospitals but gradually scenario changed and in Jalpaiguri with the initiative of tea companies opened a branch of the Lady Minto Indian Nursing Association. Women had occupied an important part in the working group of Darjeeling and Jalpaiguri District. The females entered with their male counterparts from Ranchi, Chot Nagpur, Nepal, etc., and enrolled themselves in various tea garden health centers as midwives or dais as nursing attendants. Their numbers varied from 1 to 7 according to the census of 1951. Most of the gardens had no female wards and above all in most of the tea gardens female doctors were not available and women labourers hesitated to share their female diseases in front of the male practitioners. As a result, they did not open up in front of male physicians and gradually they became dependent upon their husbands for seeking advice from doctors.

Women's Hygiene and Awareness Program: The advancement in female education helped to develop health awareness. Among the Nepalis, it said that if anyone engaged in any training in some school or institution began to train others since they became teachers. Similarly, people who worked in hospitals trained others so midwives increased in society and helped to develop health consciousness among women.

Various journals played an important role in educating women on different issues like health and hygiene, nursing, child care, giving primary healing to family members in case of emergency, etc. According to the journals women were well trained with the basic ideas of allopathy, homeopathy, ayurvedic, and Unani systems to protect their family members. The manuals advocated several suggestions for women regarding healthy baby food, healthy environment, cleanliness of their home and surroundings, having safe drinking water, nutrition, etc. Protecting the health of the mothers and children was an important policy of British political strategy because they knew that a wide and healthy population was the pillar of military and economic potentiality.

Sraboni Ghosh in "Sesquicentennial Commemoration Volume of Jalpaiguri District (1869-2019)" in chapter no.16, entitled 'Reviewing the Women Health in the District of Jalpaiguri During the Colonial Phase' commented that various Bengali journals and newspapers published several articles which had a great impact on society. Newspapers like 'Bamabodhini', and 'Swastharoksha' continue to publish through their regular column on the Western concept of health and hygiene for women and some scientific healthcare and preventive health measures. Most of the columns contained on cleanliness and sanitation, household medicine, motherhood and childcare, etc. which had a great impact on the daily lives of women. In the

different pages of Bamabodhini, the primary duties of a mother after childbirth were repeated so that a child could be brought up scientifically. The various articles even exposed the difficulties in womanhood in 19th-century Bengal. On the one hand, women were portrayed by as 'bhadramahilas'-the ideal household of traditional types; on the other hand, they were trained in modern ideas of science and health care. In the application of medicine, these women sometimes took traditional and sometimes used to apply scientific medicines. The nationalist approach towards this was to construct a reformed tradition and defend it as modernity and present them that these women were much superior then Western women.

In most of the tea gardens of Terai and Dooars, there was no arrangement for the sanitary system so in most of the gardens both males and females used to visit open fields which was very unhygienic and had a very adverse effect on the health and hygiene of the labourers. Thus, planters were very unwilling to build latrines. To protect the women's health and infantry in the tea garden money was given to women laborers slightly before or after childbirth. Probably because of the reduction of the labor force after the 1st World War in the Plantation industry. The practice was started in a few numbers of tea gardens in Darjeeling and Dooars during the 1920s and in 1929 Dooars Planters Association decided to give maternity allowances as a common rule.

The Royal Commission on Labour noticed that the system of granting maternity allowances was not the same in most of the tea gardens, in some of the tea gardens the allowance was very low and some of the gardens were not giving anything as maternity allowance. In 1937 step was taken to equalize the system and an upper limit was fixed on the entire benefits acquired by the workers. The DPA fixed a rate of Rs.15 as the highest to be distributed with an extra Rs.10 fixed for newborn babies in the first year. However, the execution of the grant was not equal in all the tea gardens. 1941 The Bengal Maternity Bill was passed in 1941. It was enacted that it would be called the Bengal Maternity Benefit (Tea Estates) Act 1941. This Act mentioned clearly that no employer would engage any pregnant woman worker in any factory for four weeks immediately after giving birth to her child. But in reality, the execution of the bill in different factories was a very difficult task.

The planters were not ready to accept the act in terms of any such kind of benefit to provide the female workers. They raised their voice by mentioning that their expenditure might be increased in manifold. As it also mentioned that few monies must be given to the female workers before delivery so the tea planters had many objections against all this. Tea planters were also not agreeing to give daily wages to the mother to maintain discipline in the gardens. However, the Govt. did not pay any attention to their demands against the amendment of the act.

According to the thesis of Devika Lama (Roy), it was stated in many reports that Indian Christian women suffered the fewest diseases and that Muslim women were generally in the most disadvantaged position. In the tea garden area where the

population was very low, the scenario was terrible. Ranajit Guha rightly commented that the repeated emphasis on purdah as a causal factor in the disease of pregnancy developed into an issue of the relative position of women of different communities in India. It was a very difficult task to convince people about the harmful effects of purdah. In this regard, Begum Rokeya in her book 'Aborodhbasini' narrated the total neglect shown by Muslims to 'women's situation. In the first half of the 20th century, throughout the world new types of health programs began like health education for mothers and children, the creation of baby shows publicity, and the sale of medical literature, etc. This type of initiative was taken because of the poor health condition of soldiers and their children and also the tea garden laborers in Darjeeling and Jalpaiguri.

In Darjeeling due to the paucity of hospitals and other services, missionaries took the responsibility to aware the poor village women. The various initiatives of Govt. were supplemented by Scottish missionaries in remote areas of Ghum, Darjeeling etc. Health centers like Charteris Hospitals aided by Govt. but run by missionaries contained by 26 beds including two nurses at that time to give service to the native women including men. The same mission also opened a dispensary at Nimbong in Kalimpong District, where 17,000 patients are treated annually. There is also a small medical mission near Sukhipokhri whose purpose was to treat people in Nepal and the Nepalese in Darjeeling District by applying evil spirits to cure the body, 10,000 people were treated annually.

In the first half of the 20th century, new types of health awareness programs were launched through world wise. Health programs like health education for mothers and children, the creation of baby shows, publicity, etc. were initiated to give knowledge to the mothers and children. In 1924 the Baby Week movement was initiated in all districts of Bengal. According to some British medical journals, the practice of criminal abortion was a crisis in 19th-century Bengal. Due to Polygamy, and child marriage practices the young widow wives were so traumatized because of their forcefully unlawful sexual relations, and many cases arose in the mental asylums of Bengal. Thus, crimes were going on to hide immortality. Women were generally suffering and most of them were brought by their ignorant relatives.

During the post-independence period people became refugees due to migration and Jalpaiguri district was not an exception. Due to the mismanagement and inadequate nutritious food and proper shelter pregnant women suffer a lot and many of them deliver dead children. The first refugee camp opened in Jalpaiguri was Sona Ullah High School. Along with the problems of food and shelter the spread of other infectious diseases were as smallpox, cholera, influenzas, etc. made the lives of immigrants immeasurable.

In conclusion, we can mention that in this paper thoroughly we tried to focus on various sides of women's health conditions in the 19th and 20th centuries. As a remedy in the 19th century, scientific medical education was suggested as an

effective tool. Similarly, the growth of modern hospitals, dispensaries, and health awareness campaigns became very effective in removing superstition from society. The growth of medical education helped women to recognize their right to have better health conditions. It also helped people to understand how racial discrimination was applied in society by the colonial rulers. It threw a challenge to the system practiced in a patriarchal society and demanded equal opportunities regarding health services for women.

Bibliography:

Anupam Sen, Jelar Chikitshabyabosthar Sekal O Ekaal in Kiratbhumi Jalpaiguri Jela Sankalan, Kiratbhumi, Jalpaiguri, p. 260.

Barun De, West Bengal District Gazetteers Jalpaiguri, Calcutta, 1981.

DPAAR, 1909 Bengal, 1988, pp.67-11

Dr. Anondo Gopal Ghosh, Dr. Nilangshu Shekhar Das, Dr. Nirmal Chandra Roy, Dr. Kartik Chadra Sutradhar, Sesquicentennial Commemoration Volume of Jalpaiguri District (1869-2019), Kunal Books Publisher, 2020.

Dr. Tahiti Sarkar, Interrogating 'Staying Alive: Women, Ecology and Survival': Applicability of Vandana Shiva's Eco-feminism on the Lepcha Women in Colonial Darjeeling'

Indian Tea Association Report (ITA), 1957, P-51; Nandini Bhattacharya, op. cit, p-146.

Indira Chowdhury, Delivering the 'Murdered Child' Infanticide, Abortion, and Contraception in Colonial India in Deepak kumar, Raj Sekhar Basu ed. Medical Encounters in British India, Oxford University Press, India, 2013.

Indrani Sen, "Between Power and Purdah: The White Women in British India (1858-1900)", The Indian Economic and Social History Review, Vol.34 (3)1997.

Ishita Pande, Medicine Race and Liberalism in British Bengal: Symptoms of Empire Routledge, London and New York, 2010.

John, F. Grunning, Eastern Bengal and Assam District Gazetteers, Jalpaiguri, The Pioneer Press, Allahabad, 1911.

Mukulesh Chandra Sanyal, Janaat, 26 April, Jalpaiguri, 1971.

Norman Chevers, A Manual of Medical Jurisprudence for Bengal and the North West Provinces, Military Orphan Press, Kolkata,1856, p-489.

Ranjana Saha, Infant feeding: Child Marriage and immature maternity in colonial Bengal, 1890s-1920s, Proceedings of the Indian History Congress, Vol.75, Platinum Jubilee 2014.

Report of the Church of Scotland for the year 1893. To the General Assembly from Rev. James Herdma. May 1881. Darjeeling Mission, Kalimpong Division, in Chakraborty, C; Development of Education in Selected districts of West Bengal with Special Reference to the Nineteenth Century. Unpublished thesis of Univ. of North Bengal, 1988, pp. 67-115.

Report on the vaccination in the Province of Bengal for the year ending 31st March 1874-75 by J. Fullarton Beatson, Esq, M.D. Surgeon-Genera, Indian Medical Department.

Report on the vaccination in the Province of Bengal for the year ending 31st March 1875-76 by J. Fullarton Beatson, Esq, M.D. Surgeon-Genera, Indian Medical Department.

Report on the vaccination in the Province of Bengal for the year ending 31st March 1890-91 by J. Fullarton Beatson, Esq, M.D. Surgeon-Genera, Indian Medical Department.

Soma Mukhopadhay, Banglar Dai, Lok Sanskriti O Adibashi Sanskriti Kendra, Tthya o Sanskriti Bhivag, Paschimbanga Sarkar, Kolkata, 2008.

Subhankar Dey, Health has a History Revisiting Bengal, KPB Press,2021.

Sujata Mukherjee, Gender, Medicine and Society in Colonial India: Women's Healthcare in 19th and early 20th Century Bengal, Oxford University Press, New Delhi, 2017.

Sujata Mukherjee, Women, Medicine, and Empire: Female Practitioners and patterns of Healthcare in Colonial Bengal, Historical Studies, journal of the Department of History, Rabindra Bharati University 2, 2001.

W.J. Buchanon, "The Introduction and Spread of Western Medical Science in India", Calcutta Review, Vo I. nil., No 278, 1914, p.436, cited in Anil Kumar, Medicine and the Raj British Medical Policy in India 1835-1911, New Delhi/Thousand Oaks/London, Sage Publication, 1998, p.18.