Leprosy and Lepers in Bengal: A Brief Study of Social Impact in the Nineteenth Century

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Abstract: *In the nineteenth century, a proper and sure medical system for leprosy was not discovered. The disease did not cause death to the affected but became a curse for both the patient and his or her entire family. In the society of Bengal, many imaginary narratives were in vogue for the causes of leprosy. The colonial government at times collected data about the spread of the disease in the country but did not assess its overall impact on society. Nor did they facilitate the medical treatment, proper shelter, or social rehabilitation for the leprosy patients. The activities of the Christian missionaries and native philanthropists were insufficient. Thousands of lepers travelled across the province, asking for alms. Society possessed a sense of hatred towards the leprosy-affected person and their families, which brought about a social crisis in Bengal.*

Key Words: *Leprosy, Stigma, Ostracisation, Mendicity, Disaster.*

Introduction: In the history of human civilisation, diseases have occupied a special place. People have carried their civilisation and culture fighting with these diseases since the inception of human civilisation. Leprosy, or *Kushtha,* has been a chronic and infectious disease in subtropical and tropical regions of the world since ancient times. It is a bacterial disease caused by a microorganism, *Mycobacterium leprae.* The disease mainly affects the skin and peripheral nerves of the human body. The characteristics of this disease are disfiguring skin sores, nerve damage around the body, and progressive debilitation. People suffering from long-term leprosy often lose their normal ability to use their hands or feet. The disease is transmitted from one person to another through the droplets of the noses and mouths during frequent close contact with the untreated diseased persons. Leprosy produces not only a physical deformity in the leper but also carries to the affected person economic discrimination and social stigma. In British India, leprosy was a public health problem. The colonial government paid attention to this disease in India and enumerated the lepers in many parts of India. The present paper explores the widespread manifestation of leprosy in the province of Bengal, the available facilities for treatment and rehabilitation of the lepers, and the overall impact of the disease on society in nineteenth-century Bengal.

Historical Background Tuberculosis, cholera, smallpox, *kala-azar*, malarial fever, and leprosy were some of the many diseases that have made their presence in the Indian subcontinent for thousands of years. The disease leprosy has been known to

exist in India for a period of not less than 3,000 years.[1] References to this disease have been found in ancient Indian texts. It is said in the Rigveda that Apala, an Aryan lady, was attacked by leprosy. She was fully cured and became perfectly healthy with the blessings of Indra after taking the medicinal Soma plant. Most of the *Smriti Shastras* have prohibited dining with a leprosy patient or officiating as a priest in their sacrifices and ceremonies. A leper has even been declared unfit to receive a gift (Charya 1889, p.2). Manu prescribes to avoid matrimonial relations with the families afflicted with consumption, dyspepsia, epilepsy, albinoism, and leprosy. He also rules that a white leper is to be shunned.[2] In ancient times, Indian physicians believed that leprosy was a disease originating from "disordered blood" (Kutumbiah 1962, p.84). In the medieval period, leprosy was known in the country. In north-western India, many lepers came to Tarn Taran, named after its holy water pond, for recovery from their disease. (Singh 2007, p.38–9). This pond had the reputation of giving health to any leper who could swim across it.[3] Tradition holds that Guru Arjan Dev treated the lepers at this place with loving care (Singh 2007, p.39). Leprosy was a disease known in Bengal even before the birth of Jesus Christ. In medieval Bengal, Mukundarama noted that the Ayurvedic physicians (Baidyas) would travel with various *punthis* wearing old and torn *dhotis (*Chakraborty 1332 B.S., 88). From the books on Ayurvedic treatment methods, we can suggest with certainty that the disease leprosy occurred in Bengal in the medieval period as well. *Chaulmugra* oil and *brihat marchadi* oil were the Ayurvedic medicines that were used for the treatment of leprosy in Bengal (Gupta 1910, p.876). But the extent and rage of this virulent disease were not widespread in this part of the country until the nineteenth century.

Types of Leprosy in Bengal: Leprosy was of two varieties: tuberculoid and lepromatous. Both of them would produce lesions on the skin of the human body. But the lepromatous type of leprosy was the most severe and would develop large, disfiguring nodules on the body. The affected parts of the body of a leper would gradually turn ugly, and ordinary people would fearfully turn away their sight while watching their distorted faces and other parts of their bodies. The census report of 1881 revealed that two different types of leprosy existed in the Bengal Presidency, namely white leprosy and black or tubercular leprosy. The white leprosy was a mere discolouration of the skin and perfectly unaesthetic, while the black one was of a corrosive character that first attacked and destroyed the extremities while causing

[1] Lewis, T.R. and Cunningham, D.D. (1877). *Leprosy in India: A Report*, Superintendent of Government Printing, Calcutta, p.11.
[2] *The Ordinances of Manu*, chaper III., verse 7 and 161 (translated by Burnell, A.C. and Hopkins, E.W.), Trubner & Co., London, 1884, pp.46, 64.
[3] Hutchinson, Jonathan. (1906). *On Leprosy and Fish-Eating: A Statement of Facts and Explanations*, Archibald Constable & Co., Ld., London, p.405.

functional disorders of a grave kind. It was reported that both varieties of leprosy were incurable and contagious.[4]

Leprosy Map in India: The Mutiny of 1857 prompted the British authorities to collect information about the social institutions, cultures, customs, and religious thoughts of the Indians. The colonial government decided to conduct a census in British India and thought that the data obtained from census operations would be a useful tool for adopting administrative policies in the country. Accordingly, the first organised census in British India was carried out in 1871.From the first census in India, data was collected about the lepers of the country. The census returns in India included lepers with four other of the five classes of "infirmities." The Census Reports of 1872 recorded not only the aggregate number of lepers in the country but also their distribution on the leprosy map of India. The leprosy map of the country showed that there were three large tracts in India where leprosy prevailed to an extraordinary extent, namely Bankura and Birbhum Districts in the Bengal Presidency, the Kumaun Division of the North-Western Provinces, and the Deccan and Konkan Divisions of the Bombay Presidency.[5] Earlier on January 15, 1863, Mr. V. Carter, Assistant Surgeon, H.M. Bombay Army, and Teacher to the Medical College, Bombay, expressed his anxiety about leprosy in India in his letter to Dr. H. Pitman. In another communication dated January 21, 1863, made by Thomas Hogg, having 35 years in the medical service under the East India Company, he brought to light an extract from a half-yearly (ending June 30, 1850) Medical Report of the Chindadrapellah Dispensary at Madras, where it had been reported, "Leprosy and Elephantiasis … prevail to a great extent in Madras."[6] The report by Lewis and Cunningham showed an alarming proportion of lepers in the presidencies of Bengal, Madras, and Bombay. They calculated the presidency-wise number of lepers and reported a leprosy population of 71,287, 13,944, and 13,842 in Bengal, Madras, and Bombay, respectively.[7] It can clearly be understood from contemporary government records that the disease leprosy became a matter of concern in India even before its census operations in the early seventies.

Major Leprosy-affected areas in Bengal: The rage of leprosy was extensive in many parts of the province in the nineteenth century. It was an endemic disease, mainly in the Burdwan Division of the Bengal Presidency. Bankura and Birbhum were the two districts in Bengal where endemic leprosy cases were most prevalent.[8] This contagious disease also made its presence in an endemic form in the District

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[4] Bourdillon, J. A. (1883). *Report on the Census of Bengal, 1881*, Vol. I., Bengal Secretariat Press, Calcutta, p.211.

[5] Lewis, T.R. and Cunningham, D.D., *op. cit*., p.3.

[6] *Report on Leprosy by the Royal College of Physicians* (hereinafter "*Report on Leprosy by the RCP*"), Her Majesty's Stationery Office, London, 1867, pp.225-226.

[7] Lewis, T.R. and Cunningham, D.D., *op. cit*., p.3.

[8] Hunter, W.W. (1876). *A Statistical Account of Bengal* (hereinafter "*SAB*"), Vol. IV., Trubner & Co., London, pp.304, 438.

of Tipperah.[9] The Leprosy Commission in India recorded that Midnapore, Murshidabad, Darjeeling, Jalpaiguri, Rangpur, Sylhet, and Cachar were the Bengal districts where the disease was most extensively prevalent, apart from the districts of Bankura, Birbhum, and Chittagong.[10] Bailey recorded that there were many lepers in Purulia District.[11] Dr. Jonathan, a former President of the Royal College of Surgeons, during his visit to India at the beginning of the 20th century, found 500 lepers in an asylum at Purulia.[12] J. Ranald Martin, who served as a surgeon in a Native Hospital in Calcutta for a long period of ten years, noted, "Leprosy in all its forms, and in every stage of its progress, came daily under our observation amongst the out-patients of that institution, and whose numbers averaged 1,00,000 per annum."[13] Birbhum was the district in Bengal where a large number of leprosy patients were found. The 1901 census return showed that leprosy was prevalent among males at 3.2 per mile, and among females, the figure was 1 per mile. In fact, Birbhum District enjoyed the unenviable notoriety of harbouring a greater number of lepers in proportion to its population than any other part of India.[14] In Bankura District as well, the disease, leprosy, was exceedingly common. In the census of 1901, it was found in this district that no less than 3.67 among the males and 1.68 among the females per mile were lepers.[15] In some parts of Bengal Proper, the prevalence of leprosy was much more extensive, whereas in some other parts of the province, the presence of this disease was to a lesser degree. As a whole, there were no districts in Bengal where leprosy patients could not be found in the nineteenth century.

Distribution of Lepers in Bengal Districts: In the mid-nineteenth century, not a single Bengal district was free from the appearance of leprosy. It has already been discussed that the leprosy population in Bengal was not evenly distributed across the province. The people living in the western districts of Bengal were more frequently affected by this disease compared to the people of northern and eastern Bengal. Among the five divisions of Bengal Proper, Burdwan Division topped the list in terms of their lepers.[16] The Leprosy Commission reported that the highest leper ratios in Bengal were found in the districts of Burdwan, Bankura, Birbhum,

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[9] Hunter, W.W. (1876). *SAB*, Vol. VI., Trubner & Co., London, p.449.
[10] *Report of the Leprosy Commission in India, 1890-91* (hereinafter "*Report of the LCI, 1890-91*"), Superintendent of Government Printing, Calcutta, 1892, General Remarks, Table-V, p.80.
[11] Bailey, W.C. (1890). *A Glimpse at the Indian Mission-Field and Leper Asylums in 1886-87*, John F. Shaw and Co., London, p.51.
[12] Hutchinson, Jonathan, *op. cit*., p.196.
[13] *Report on Leprosy by the RCP*, p.226.
[14] O'Malley, L.S.S. (1910). *Bengal District Gazetteers (hereinafter "BDG"): Birbhum*, Bengal Secretariat Book Depot (hereinafter "BSBD"), Calcutta, p.47.
[15] O'Malley, L.S.S. (1908). *BDG: Bankura*, BSBD, Calcutta, p.83.
[16] Bourdillon, J.A., *op. cit*., pp.212-213.

Hooghly, Murshidabad, and Rangpur.[17] The following tabular data shows district-wise reported leprosy cases in 1881, 1891, and 1901:

Table I: Number of Persons afflicted per 1,00,000 Population at each of the last three Censuses[18]

BENGAL DISTRICT	Lepers					
	Male			Female		
	1881	1891	1901	1881	1891	1901
Burdwan	444	313	239	159	123	88
Birbhum	485	522	321	182	190	109
Bankura	540	515	387	214	218	168
Midnapore	134	121	91	52	35	31
Hooghly	179	115	65	49	25	14
Howrah	22	47	23	31	14	6
24-Parganas	72	50	18	30	15	5
Calcutta	63	25	32	57	25	22
Nadia	150	119	49	42	25	17
Murshidabad	194	129	119	68	38	33
Jessore	65	65	32	16	15	7
Rajshahi	55	30	15	37	17	10
Dinajpur	104	61	58	42	30	15
Jalpaiguri	185	139	110	69	53	38
Darjeeling	156	93	43	58	49	27
Rangpur	231	107	94	64	27	24
Bogra	105	81	38	29	25	11
Pabna	100	62	46	30	21	11
Malda	110	98	54	37	25	16
Kuch Bihar	307	205	125	112	60	37
Khulna	33	18	12	14	3	5
Dacca	83	67	39	31	14	12
Mymensingh	129	124	84	39	40	15
Faridpur	63	44	17	17	11	4
Backergunge	33	21	9	17	3	4
Tippera	69	52	22	23	18	5
Noakhali	34	20	9	18	8	2
Chittagong	51	35	18	23	13	4

[17] *Report of the LCI*, *1890-91*, p.79.

[18] Gait, E.A. (1902). *Census of India*,*1901*, Vol. VI., The Lower Provinces of Bengal and Their Feudatories, Part I., The Report, Bengal Secretariat Press, Calcutta, pp.294-295.

If the census data related to the district-wise leprosy patients are analysed, it is found that Bankura, Birbhum, and Burdwan were the three districts in Bengal where the presence of lepers was highest. In North Bengal, Kuch Bihar had the largest leper population. The eastern districts of Bengal, like Jessore, Khulna, Faridpur, Bakarganj, Mymensingh, Noakhali, Pabna, Tippera, and Chittagong, had a very lower number of leprosy patients. The presence of lepers in Calcutta and its adjacent districts like Howrah, Hooghly, and 24-Parganas was much lower. The diffusion of leprosy in Bengal districts in and bordering Chota Nagpur Plateau, Manbhum, and Sonthal Parganas was much wider.[19]

Leprosy and Superstition: Before the discovery of the microorganism *Mycobacterium leprae*, a bacterium in the skin nodules of lepers, by Dr. Gerhard Armauer Hansen, a Norwegian physician, in 1874 as the cause of leprosy, the world knew nothing concrete about the cause of leprosy in the human body. Even after Hansen's discovery, many rumours, hearsay, and adages were in circulation in India. In the nineteenth century, society was superstitious, and many imaginary causes of leprosy were in vogue in the country. People in all parts of Bengal believed that leprosy was a hereditary disease that was transmitted from one generation to another. O'Donnell, the superintendent of census operations in Bengal, recorded the following causes, which people could imagine as leprosy:

> "Insufficiency of nutriment and high living; the use of meat and the use of fish; the arid heat of a dry laterite soil and the vaporous malaria of a swampy country; a deficient use of salt and an excessive use of garlic and onions; some grievous sin, such as murdering a Brahman, killing a cow, incest or incendiarism; syphilis and the abuse of mercury in its treatment; the consumption of *arhar* pulse, and the use of *mahua* liquor."[20]

In Bankura District of Western Bengal, the popular belief was that leprosy had been contagious and hereditary. Excessive consumption of unwholesome meat was assigned as the principal cause of the disease.[21] In Birbhum District, ordinary people believed that leprosy was caused by the use of bad fish.[22] In Chittagong Hill Tracts, the public superstition was that the wild deer generally had leprosy on both sides of the neck. If any portion of a person came into contact with the affected parts of the animal or with the part of a tree against which the animal had rubbed itself, he or she would surely get leprosy.[23] The most common belief among the ordinary people in the Bengal Presidency was that the lepers got the disease on account of a sin or curse inflicted on them. In society, individuals suffering from

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[19] *Ibid*, p.290.
[20] O'Donnel, C.J. (1893). *Census of India, 1891*, Vol. III., The Lower Provinces of Bengal and Their Feudatories, The Report, Bengal Secretariat Press, Calcutta, 1893, p.249.
[21] O'Malley, L.S.S. *BDG: Bankura*, p.83.
[22] O'Malley, L.S.S. *BDG: Birbhum*, p.47.
[23] O'Donnel, C.J., *op. cit*., p.249.

leprosy were alienated because the disease was believed to be infectious and associated with sin.

Concealment of Leprosy in the Province: Before the first organised census in Bengal in 1872, the police would conduct house censuses through the *Chaukidars* in the province. In Bengal, an organised and extensive census was conducted in 1872. In the report of this census, the findings were observed with suspicion since there were almost seven times more male lepers compared to women. The census enumerated the highest number of lepers in Bengal in the districts of Birbhum, Bankura, and Burdwan.[24] Bourdillon, the Deputy Superintendent of Census Operations of Bengal in 1881, suggested in the report of the 1881 Census of Bengal that there had been a large concealment of female lepers in Bengal since the number of male lepers in the province was almost three times greater than that of female lepers. Dr. Ghose, the Civil Surgeon of Rungpore District, made special inquiries in the district in 1876 and found that there was a great concealment of female lepers. Partially based on Dr. Ghose's revelation and partly on his own estimate, Bourdillon counted the number of lepers in Bengal at 84,566.[25] From the census report of 1891 as well, it can be inferred that lepers of both sexes would ordinarily conceal their disease from the census enumerators. The census officials could enter only "the confirmed lepers, i.e., those, in whom the disease was fully developed." The Magistrate of Muzaffarpur revealed a curious cause for the concealment of leprosy. He stated that there existed an apprehension among the people that the government intended to take lepers from their homes and put them in an asylum.[26] In those days, there was no certain medical system for the treatment of leprosy. People would ordinarily conceal their disease in order to avoid social stigma, discrimination, expulsion from mainstream society, and fear of confinement by government authorities.

Connection between Leprosy and Poverty: It was reported in most cases that the disease, leprosy, was found among the poor people of the country. The Civil Surgeon of Birbhum reported in the fourth quarter of the nineteenth century that the causes of leprosy and elephantiasis were squalor and poverty, innutritious, unwholesome, and non-nitrogenous food, foul air and impure water, and exposure to the weather at all seasons.[27] Only the poor and destitute are subjected to all these unfavourable circumstances. Dr. Babu B.L. Dutt, the Civil Surgeon of Bankura, observed about leprosy, "It is generally limited to the poorer classes, and is

[24] Beverley, H. (1872). *Report on the Census of Bengal 1872*, Bengal Secretariat Press, Calcutta, p.205.
[25] Bourdillon, J.A., *op. cit*., pp.211-212.
[26] O'Donnel, C.J., *op. cit*., p.247.
[27] Hunter, W.W., *op. cit*. (Vol. IV.), p.438.

infrequently seen in the well fed and rich."[28] Contemporary British civilians, physicians, and persons engaged in the welfare of the lepers unanimously observed that leprosy attacked mainly the poor. The Leprosy Commission held the view that there was no doubt that leprosy attacked the poor and destitute much more frequently than the rich and prosperous.[29] The Commission also observed that, though the affluent were not spared by the disease, they certainly suffered to a far lesser degree.[30] Through the ages, the poor have always been compelled to adopt laborious, unclean, and hazardous occupations for their lives and livelihoods. Hard labour for a longer duration, living in an unhealthy residence, and malnutrition were part of their daily routine. This was the usual reason why they were mostly affected not only by leprosy but also by other dreadful diseases.

Whether Leprosy was connected to Religion or Caste: The British Government in India, in the census operations conducted by it, enumerated the number of Hindu and Muslim populations in the country. The government also separately recorded the population of many tribes and castes living in British India, together with their prevailing distinguishing manners, customs, beliefs, ceremonies, festivals, and dress. The parameters of the census enumeration included infirmities like unsoundness of mind, blindness, deaf-mutism, and leprosy.[31] During the census, the colonial authorities wanted to understand that the disease leprosy was prevalent among which community, and the census of 1891 recorded the caste or tribe of the lepers. For Bankura District, it was reported that leprosy was most prevalent among the labouring classes, like the Muhammadans, Bauris, and other aboriginal tribes who were meat-eaters.[32] Surgeon C.H. Joubert, M.B.F.R.C.S., Burdwan, observed, "The disease is less common among Musalman than Hindus." Mr. R. Cockburn, Deputy Surgeon-General of Hooghly, on the contrary, asserted that he had seen more lepers among men than women and more among Muhammadans than among Hindus. Babu B.L. Dutt, M.D., Civil Surgeon of Bankura, recorded that the Bauris and the Santhals were the most affected lepers in the district. He further observed that the high-caste Brahmins were least susceptible to the disease. Babu Rajcumar Doss, a native doctor in charge of the Ghatal dispensary in Medinipur District, reported that most of the examined leprosy patients there were the milkmen, washermen, weavers, and Kaibarttas.[33] From the 1891 census report, the religion and caste of the lepers were enumerated as follows:

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[28] *Leprosy in India: Summary of Reports, Furnished by the Government of British India to His Hawaiian Majesty's Government* (hereinafter *"Leprosy in India: SR to HHMG"*), Honolulu, 1886, p.20.
[29] *Report of the LCI*, *1890-91*, p.94.
[30] *Ibid*.
[31] Bourdillon, J.A., *op. cit*., p.203.
[32] O'Malley, L.S.S., *BDG: Bankura*, p.83.
[33] *Leprosy in India: SR to HHMG,* pp.16-22.

Table II: Leprosy patients according to Religion and Caste as recorded in 1891 census[34]

Tract & Caste	Number of lepers		Proportion per 1,00,000 of the caste population	
NORTHERN BENGAL	**Male**	**Female**	**Male**	**Female**
HINDUS				
Kshatriya	157	57	1383	592
Mechh	31	21	200	195
Kochh	667	167	92	24
Kaibartta	68	22	87	24
Musalmans (Shaikh)	1815	571	63	22
EASTERN BENGAL				
HINDUS	73	23	455	164
Malo				
Kochh	69	14	297	62
Kaibartta	121	49	67	28
Napit	72	20	64	18
Jugi	64	37	50	28
Kayastha	179	59	55	17
Chandal	403	107	56	15
Musalmans (Shaikh)	3230	879	61	17
WESTERN BENGAL				
HINDUS	79	35	1613	732
Bediya				
Bauri	1025	567	782	404
Khaira	131	47	699	238
Sunri	249	108	498	214
Bhuimali	178	78	279	120
Tanti	288	124	251	111
Goala	518	133	239	65
Sadgop	496	164	200	65
Brahman	552	226	177	70
Bagdi	611	262	170	72
Dom	203	79	171	68

[34] O'Donnel, C.J., *op. cit*., p.248.

Kaora	84	20	174	44
Chandal	158	27	185	31
Kayastha	213	57	159	39
Kaibartta	617	190	81	25
Pod	76	54	49	36
Musalmans (Shaikh)	2643	678	102	47

On minute analysis of the above tabular data, we find that the Kshatriyas and the Meches in North Bengal were affected by leprosy in the largest proportion. In Eastern Bengal, the highest leper ratios were among the castes like the Malo, Kochh, and Kaibartta. The Chandals were the least affected caste in East Bengal. The proportion of leprosy patients among the Brahmins (average of males and females) in Western Bengal was higher than that of the Bagdis, Doms, Kaoras, Chandals, Kaibarttas, and Pods.The British administrators, medical officers, and census personnel assumed that the lower-caste Hindus and the aboriginal tribes were mostly affected by this fatal disease. O'Donnel, in the report of the 1891 census, noted,

> "In Western Bengal the proportion is high for all castes, the sweeper and vagrant castes of Bhuimalis and Bediyas being most affected and closely followed by the aboriginal tribes of Bauris and Khairas. The disease is, however, far from being confined to the lower orders. Indeed, such castes as Doms, Bagdis, Kaoras, and Chandals are more free from it than Brahmans or Sadgops, whilst the three great tribes of Santals, Kaibarttas, and Pods are very slightly affected."[35]

On the whole, it can undoubtedly be said that the infection with the disease leprosy had no connection with any caste, tribe, or religion.

Attitude of Society towards the Lepers and their Families: In the nineteenth century, the disease leprosy was associated with social stigma. The reason for this stigma was that leprosy would not ordinarily bring death to the lepers, but it caused a visible physical deformity, which proved to be the major cause of the life-long stigmatisation. The public perception in India was that a person developed leprosy on account of a severe sin committed by him or her. In society, a leper was looked down upon not only for his or her ugly-looking body parts but also for considering that person to be a great sinner. Everybody in society would avoid the sight of a leprosy-affected person. Even the close relatives of a leper would not desire his company. In those days, ordinary people considered leprosy a horrible disease, and when they cursed anyone, they said, "You get leprosy on your body." It is known from the introduction to the book *Sri Sri Harileelamrita*, written by Tarakchandra

[35] O'Donnel, C.J., *op. cit.*, p.249.

Sarkar, that Harichand Thakur, the founder of the Matua religion, forbade Mrityunjnay Biswas to get this book written and warned him by saying that if he published that book, he would get leprosy on his body (Sarkar 1323 B.S., Introduction). The disease itself was a painful and disgusting one and would make its victim a source of danger and an object of aversion to others.[36] The stigma in leprosy was felt on three levels: self-perceived stigma, stigma from relatives, and community stigma. From the perspective of a leper, the disease affected various spheres of life, including marriage, employment, and social relationships, especially when the disease was associated with the presence of visible deformities. Once affected by leprosy, the family members of the leper became scared about the disease. On many occasions, they left their leprosy-affected family member who lived by begging and ended the rest of his or her life in utter isolation, disgrace, and indignity. The social group, to which a leper belonged, ostracised not only the affected person but also the other members of the family. The lepers' families were boycotted by others, and they consumed indignity and humiliation. In India, the colonial government enacted the Lepers Act, 1898, which mainly affected the poor because Section 11 of the Act provided for the imposition of penalties on persons employing lepers. On mere suspicion of leprosy, many poor people were thrown out of employment. In Bengal, thousands of them had to remain aloof from mainstream society, just like marginalised untouchables. They lived with their own family members without any sympathy, cooperation, or support from the rest of society. Because of improper medical care, the absence of sympathy towards the leprosy patients, and social aversion to the lepers' families, they existed as objects of pity and burden in society. Their marginalization prevented the optimum use of their labor force, which produced a barrier to social progress.

Welfare and Rehabilitation of the Lepers by Philanthropists: The leprosy issues were extensively reported when the first organised census began in British India. But leprosy in India was not a matter of anxiety for the British authorities in India until the 1880s. The decennial census of India in 1881 showed that a large number of leprosy patients existed in India. The colonial government in India began to show its concern and think about its prevention after Father Damien da Veuster died of leprosy at Molokai in Hawaii in 1889. Father Damien was a Belgian who contracted leprosy after his years of service to the Hawaiian lepers. His death prompted the British authorities to constitute a National Leprosy Fund and a Commission. The members of the Leprosy Commission arrived in Bombay on November 17, 1890, from London.[37] In the thirties of the nineteenth century, the lepers would walk and beg on the streets in Calcutta for their living, and the Calcuttans could see their leprosy-affected, ugly parts of their bodies. In Calcutta, the District Charitable Society was formed under the patronage of European and native philanthropists,

[36] Bourdillon, J.A., *op. cit*., p.212.
[37] *Report of the LCI, 1890-91*, pp.iii-iv.

whose one among many other activities was to help the lepers in the town. This society founded a lepers' hospital on the eastern side of the *Chowrasta* on the Circular Road for their shelter and medical treatment (Bandyopadhyay II 1340 B.S., 225-8). In a newspaper report published in the *Samachar Darpan* on July 4, 1835, it was suggested that the lepers' hospital run by the District Charitable Society should not be discontinued so that the lepers were compelled to travel across the town for alms (Bandyopadhyay II 1340 B.S., 239).

Activity of the Colonial Government and Missionaries towards the Lepers: Leprosy bore serious meaning in British India. Much speculation was in circulation, including racist assumptions that linked it to the dietary and eating habits of the natives. The efforts of the colonial government for the treatment of the dreadful disease were not much. From a letter of J. Ware-Edger, Chief Secretary to the Government of Bengal, Political Department, bearing No. 1559P., dated May 7, 1888, to the Secretary to the Government of India, Home Department, it is found that only two leper asylums were there in Bengal, viz., one in Calcutta and the other in Lohardugga (now in Jharkhand), besides a ward in the Bankura intermediate jail for the medical treatment of leper prisoners. The District Charitable Society maintained the Calcutta Asylum for the lepers. There were no prescribed rules for the management of the leper asylum in Calcutta, though strict segregation of the lepers was enforced on the basis of gender. There were distinct wards for male and female lepers.[38] The British Government in Bengal eschewed its responsibility for the welfare and rehabilitation of the lepers. On the contrary, the Christian missionaries made some significant contributions, especially during the period when the causes of leprosy were unknown (Pati and Harrison 2009, 113). The system of leprosy treatment was based more on the observation and experience of the doctors than on anything else. Sometimes, the doctors in the country would wrongly diagnose diseases like syphilis, sycosis of the beard, leukoderma, and chronic rheumatism. psoriasis, seborrhceasicca, eczema of the foot, whitlow on the thumb, tabes with perforating ulcers, scaly condition of the skin, elephantiasis, ringworm, ulcer, and swelling of the foot, to be as leprosy.[39] From the extract of a report prepared by Babu R.M. Banerjee, Superintendent of Bankura Jail, dated July 25, 1825, it is known that the medical treatment of leprosy was not very hopeful. From another extract of a report dated June 26, 1885, prepared by W. Walker, Inspector-General of Civil Hospital, N.W.P., and Oudh, it is found that *gurjan* oil was used for the cure of leprosy.[40] But as a whole, the government initiative for the medical treatment of the lepers was very little compared to the vastness of the affected. The Christian missionaries, however, founded asylums for the lepers in

[38] *Selections from the Records of the Government of India*, Home Department, No.CCCXXXI., Home Department Serial No. 17 (Papers relating to the Treatment of Leprosy in India from 1887-95), Superintendent of Government Printing, Calcutta, 1896, p.5.
[39] *Report of the LCI, 1890-91*, pp. xviii-xx.
[40] *Leprosy in India: SR to HHMG*, pp.14-15.

some places in Bengal for the treatment and shelter of the diseased. Rev. H. Uffman, of the German Evangelical Lutheran Mission, opened a lepers' asylum at Purulia in February 1888, where they accommodated 99 leper inmates, 61 males and 38 females.[41] There were two leper asylums in the district of Burdwan, one at Raniganj and the other at Asansol. Mr. Smith founded the Leper Asylum at Raniganj in 1893, which gradually grew into a large, well-filled, and well-organised establishment.[42] In the nineteenth century, the widespread outbreak of leprosy could not be controlled, as a great number of leprosy patients were found in the twentieth century (Kar 1332 B.S., 54–8). In the nineteenth century, neither the common people nor the colonial government would consider the lepers as normal human beings. The society in general looked them down, the government did not feel much for them, and the charitable activities of the philanthropists and the Christian missionaries were not sufficient for them. The stigma associated with leprosy got gradually diluted after the political discourse of M.K. Gandhi during the freedom struggle, and the lepers were acknowledged as normal human beings after the discovery of proper scientific treatment for leprosy.

Conclusion: Leprosy became a virulent disease in Bengal in the nineteenth century. The causes of the disease and certain medical treatments for it were unknown. The superstitious society believed in fictitious stories for its infection of the human body. Once the symptom of leprosy became prominent in the body of a person, the leper at once turned out to be an outcaste, and both the family and neighbours of the affected person abandoned him or her. A large number of lepers would roam about in the province with their distorted body parts, for whom the colonial government took no responsibility. Leprosy turned into a curse for both the infected and their families. They were expelled from society, consumed social reproach, and suffered from an economic boycott. Throughout the nineteenth century, thousands of lepers and their families lived in Bengal. On account of the discrimination, contempt, and marginalisation inflicted on these large groups of people by others, the equilibrium of society was spoiled to some extent. Of course, the diseased people and their families were the worst victims of the disease, irrespective of caste, creed, and religion. At the same time, leprosy produced an overall critical situation in the province.

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