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Popular Response to Epidemics in Colonial Bengal*

Despite the British claim that there was prosperity and good governance during Victorian rule, India suffered from famines and epidemics. Popular response as found in *Svasthya Samācār,* a Bengali health bulletin, was a criticism of public health policy with regard to sanitation, drainage, railway embankment, water supply and health care. Insanitary habit of the public was also not spared. Liberal public health officials like Ross, Bentley, Haig, Christophers, Wilcocks, and Fry also shared the same opinion.

The colonial government claimed that under the direct rule of the Crown in Parliament, there was prosperity in India and decline of poverty and death. But reverse was the case. Since 1860, drain of wealth mounted through Home Charges and there was a heavy death toll due to recurring epidemics. Malaria, plague, small pox, cholera were the worst killers. Malaria caused havoc in the Bengal districts, particularly in Burdwan where it came to be known as Burdwan Fever. Cholera and small pox were no less virulent. The vital statistics of the period from 1860-1947 demonstrate the failure of public health and sanitation policy of the government.[1]

The epidemics are said to have been caused by the construction of embankment for the Railways which led to stagnation of rainwater and breeding of mosquitoes. The other cause was the movement of labour from other provinces and their crowding in coolie quarters of the factories, mines and plantations. The third factor was the transmission of diseases of alien people in the intercommunicating zone.[2] But most of all, the shoestring budget of the government for public health despite heavy revenue earnings led to neglect of healthcare in the district.[3] Only the district headquarter had a hospital and the interior had only a few ramshackle dispensaries. Even for a phial of quinine, the people had to queue for a mile. The government had no infrastructure to tackle a raging epidemic. Between 1866 and 1867, a Sanitary Commission was appointed to each of the presidencies of Bengal, Bombay and Madras to investigate the conditions of the general population

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and its interface with the army. The establishment of charitable dispensaries from the 1830s has been regarded as one of the earliest attempts to extend western care to the Indians. They became centres for vaccination against small pox and for spreading western ideas about hygiene and sanitation. In Bengal, the total number of dispensaries rose from 61 in 1867 to over 500 in 1900 though from 1870 the colonial administration distanced itself from the financial responsibility of running these dispensaries and they were left to raise their own. In Bengal upto 1875, the Sanitary Department underwent no change, remaining a one-man department with purely inspecting, reporting and advisory functions. In that year, however, a port health officer was appointed for Calcutta and was placed under the administrative control of the Sanitary Commissioner.[4]

It may be noted that, apart from the feeble medical intervention on the part of the imperial government, the actual responsibility for public health was left to the initiative of the local administrative units like municipalities in the larger towns and District Boards were being set up in the rural and semi-urban areas since 1881. They were required to raise their own resources and provide for drainage, water supply, general sanitation, maintenance of hospitals and dispensary etc. in addition to other development activities. Between, 1888 and 1893, a Sanitary Board was set up in each province, composed of administrative and public works officers apart from the Sanitary Commissioner and the Inspector General of Civil Hospitals. The main function of these Boards was to give technical advice to the local bodies on sanitary works, which would be backed by financial contributions of the provincial government. This public health machinery remained structurally weak in both the investigative and executive aspects. In the districts, the Civil Surgeon, an Indian Medical Service Officer was expected to advise the municipalities on sanitation in addition to performing regular medical duties. He lacked experience or formal training in sanitation. In 1881, the Superintendent of vaccination was made the Deputy Sanitary Commissioner of each province and had to supervise general sanitation as well as vaccination and vital statistics of several districts. Epidemics were handled by the district revenue subordinate officials.

The Bengal Births and Deaths Registration Acts passed in 1873 were at first in force in a few towns but in 1897 it was extended to all municipal

towns. The Epidemic Diseases Act passed in 1897 to control plague empowered the provincial government to make provisions for the inspection of corpses and the compulsory notification of all cases of deaths from plague. The Indian Plague Commission also recommended that more municipal health officers be employed and that one of the their principal duties should be to supervise the registration of births and deaths. The outbreak of plague epidemic in 1896 revealed the defects of the existing health organization. The Plague Commission Report (1904) recommended improvement of the Sanitary Department for dealing with plague and other diseases and establishment of adequate laboratory accommodations for research, teaching, serum and vaccine production in October 1906.[5] The Government of Bengal initiated a Drainage Committee under Captain Stewart and Lt. Proctor to ascertain how far the widespread prevalence of malarial fever in the Presidency Division was due to obstructed drainage. The Drainage Committee advised the Government to open a Drainage Department under the Public Works Department. The Committee suggested that insufficient drainage, high water level, silting up of rivers, water logged condition 'and dense village vegetations should be carefully looked into along with the provision of abundant supply of quinine whenever necessary. By 1909, after much hesitations and contradictory arguments, the government seemed to have accepted the theory of insufficient drainage and was persuaded to introduce a Drainage Bill in Bengal.[6] Against this backdrop, popular response to epidemics has to be studied. This can be best done with reference to a contemporary newspaper related to public health. One such vernacular paper was *Svasthya Samācār* or Heath News which ran from 1910 till the death of the editor, Dr. Kartick Basu in 1955. Dr. Basu was an M.B. from the Calcutta Medical College and a popular medical practitioner of Calcutta. He joined Acharya P.C. Ray's Bengal Chemical and was in charge of production of medicine. *Svasthya Samācār* reflected the public opinion on public health of the time under the wise editorship of Basu.[7] Some snippets from the paper will illustrate it. First of all we examine two editorials by Kartick Basu and Ramesh Chandra Roy on two severe epidemics of colonial Bengal i.e. malaria and cholera. In an editorial of 1930, Basu investigates the cause of the malaria epidemic in Burdwan. He squarely blames the construction of railway embankments on the Damodar and culverts on feeder canals which had created pools of stagnant waster since 1861. They have become ideal breeding grounds for mosquitoes.

Malaria epidemic or the Burdwan Fever date from that time reaching its climax by 1880. Village people had deserted their villages for healthier places and towns leaving the ponds to rot and jungles to grow in the habitant adding to mosquito menace. He cites from Digambar Mitra's report on railway embankment as the cause of Burdwan Fever. He also condemns the sealing of aqueducts and absence of drainage system for residual flood water and flood control in general. These reasons are put up against the so called insanitary habits of the villagers. Reports of Bentley and Wilcocks are cited in this connection. Basu mentioned a popular convention held in Bhangamora village on 10th may 1930 which sent a memorandum to government for immediate steps for drainage to clear flood water. Silting of Bengal rivers like Jamuna is also cited as a cause for malaria. The editorial ends with an appeal for proper drainage and sanitation for lower Bengal. This was the surest way to prevent malaria.[8]

In the second issue of *Samācār* in 1931, one Dr. Ramesh Chandra Roy, LMS, writes elaborately on cholera epidemic. He rightly concentrates on water supply from rotting ponds and drying wells which are put to multiple use by villagers. Comma Bacillus, the bacteria causing cholera thrives in such conditions. The philanthropic practice of rich people who constructed big tanks for water supply of village had ceased. The government had not taken up this bounden duty either. People had been forced to depend on rotting ponds for multiple use. Proper sanitation and health care are rare in rural Bengal. The government had shifted its burden to local self government to finance its own water supply and sanitation projects. But it is difficult to generate enough funds to tackle a cholera epidemic. People flock to Olabibi the goddess of cholera not exactly for cure but for moral reinforcement. It is easy to blame such practices but moot question is pure water supply and sanitation.[9]

In 1925 Nripendra Kumar Basu a 'Free lancer' analysed the census of 1921 and pointed out that the death rate in the census has been deliberately reduced to demonstrate improvement in public health. In an account of death rate in Bengal districts, it was shown that it varied from 16% to 37% in all out of thousand. The average death rate was 30.3% per thousand, 34,276 people died in cholera, 17,436 died in small pox and 497,473 died in malaria. These figure are supposed to be more or less same for the previous year.

Kumud Chandra Roy Chowdhury in 1927 discussed the causes of malaria epidemic in Bengal and agreed with Bentley and Haig's opinion that the problem of drainage after flood and silting of rivers and cannal were the main causes of the scourge of malaria. He quotes the opinion of Nalini Kanta Sarkar of the anti-malaria league in his support. Sarkar also says that silting of rivers and absence of suitable drainage have made Bengal a breeding ground of mosquitoes. Flooding and flushing by water would be the only panacea which could be done by suitable barrages and lockgates.[10]

We have another article by Surandra Mohan Basu published in 1924 which had already pointed out the problem of drainage as a cause of malaria. The changing of the course of rivers, leaving old channels dead also provided a breading ground of mosquitoes. He also blames people using rotting ponds for water supply in the absence of big tanks which used to be constructed by zamindars. He laments that Bengal villages had become graveyards of Bengalis due to malaria epidemic in the past 50 years. Railway embankment, poor drainage, rotting ponds and putrid vegetation all combined to produce malaria epidemic. Quinine was not the only cure. He quotes Ronald Ross to say that sanitation was more important.[11]

A medical volunteer in his diary notes that in the villages, there was no proper health centre. People had to depend on local Kavirājs who compounded the disease by quackery. In a case of cholera, the rural practice was abandoning the patient.

In the absence of government dispensary, the patient was left to local treatment. Lack of healthcare led to mass graves. In 1920, in a report of rural health, it was stated that with the advent of British rule, diseases multiplied and epidemics recurred. In a forum of discussion for public health, it was pointed out that the government must find more funds for opening dispensaries, appointing temporary doctors for emergencies and providing free medicines as drug prices have soared due to war.

In a series of reports of rural health from local vernacular papers, it appears that water supply was a big problem and it led to the occurrence of many waterborne diseases.[12]

In 1926 the litterateur Pravabati Devi Saraswati bitterly attacked the lack of sanitation in Bengal in general which had caused many epidemics for

which both the public and government are to blamed. She appeals to the public for more healthcare.[13]

In this study of popular response of epidemics, many issues have come out. Railway embankment, silting of rivers and canals, absence of drainage of flood water, lack of water supply, use of water of rotting ponds, rotting vegetation, lack of sanitation, absence of dispensaries and proper medicines, allowing quacks free play, stringent government budget for public health, popular superstition and unconcern for healthcare have all been focussed. But the fact remains that epidemics rose virulently between 1860 and 1930 during hey-day of British rule. Districts like Jessore and Burdwan which were healthy before 1860 had fallen prey to epidemics. These are not indices of good governance. It can not be wished away in the name of continuity. Even conscientious British medical personalities like Ronald Ross, Crawford, Haig, Bentley, Wilcocks, Fry and Cristophers blamed the administration for omission and commission[14]. Popular response only re-enforces it.

References

1. Kabita Ray, *History of Public Health: Colonial Bengal 1921-47*, Kolkata 1908, pp. 60-63.

e.g. p. 58

Small Pox

Death

1919	-	37,010
1920	-	36,190
1928	-	43,558
1936	-	46,287

pp. 99-100

Cholera

Death

1921	-	80,547
1928	-	1,36,245
1931	-	79,073

1941 - 61,879

1942 - 78,391

1943 - 2,16,428

Malaria

Burdwan Fever

1891-1911, 1891, 1899, 1902, 1905

1921 - 73,7223

1929 - 3,35,414

1933 - 4,13,922

1937 - 3,72,992

1938 - 4,16,521

1943 - 6,88,404

1944 - 7,63,220

2. C. Palit & a. Dutta (eds), *History of Medicine in India*, New Delhi 2006, Introduction and C. Palit, "Epidemics and Empire", passim.
3. C. Palit, *Scientific Bengal*, New Delhi 2006, "Ronald Ross and Malaria", Passim
4. C. Palit & Mahua Sarkar (eds.), *Indian Vistas of Environment*, New Delhi 2007 (forthcoming); C. Palit, *Empire, Environment and Sanitation in Colonial Bengal.*
5. Ibid.
6. Ibid.
7. *Encyclopaedia of Bengal Celebrities* (in Bengali), Vol. I, Sahitya Samsad, 4th Edition, 2nd Reprint 2002; Entry: Kartik Basu.
8. *Swasthya Samachar or Health News* (in Bengali), 1930, Editorial on Malaria in Bengal, Year 19, No. 7.
9. Ibid, Nripendra Kumar Basu o Health Census 1925
10. Ibid, Nripendra Kumar Basu on Health Census 1925
11. Surendramohan Basu on *Early History of Malaria in Bengal* in Ibid, 1924, year 13, No. 12.
12. Ibid, 1924, year 13, No. 8.
13. Prabhabati Debi Saraswati Editorial on Malaria in Bengal, 1926, Year 15, No. 2.
14. C. Palit, *Epidemics and Empire*, Infra 2 and Introduction.