

Public Health Movement in West Bengal: The Formative Years

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Abstract: *The public health condition in colonial India was very poor. Sometimes diseases became epidemics that claimed many lives. However, in the nineteenth century, sanitary reforms in England and Europe led to huge improvements in public health. But the government of this country had not cooperated in building such a movement. In this context, some dedicated doctors and people of Bengal took part in the development of public health in alternative ways. This is how the public health movement emerged in Bengal. The present article aims to trace the history of this movement.*

Keywords: Public health, Epidemics, Movement, Development

The colonial government in India had hardly any headache about the poor condition of public health in this country.¹ Besides that, the people of this country were severely unaware of public hygiene. Thus suffering from diseases was a common matter. While addressing at the dinner party of St. Andrews in Calcutta in 1888, Lord Dufferin, the then Viceroy of India, said:

“Where is there a more crying need for sanitary reform than amongst those who insist upon bathing in the same tank from which they obtain their drinking water, and where millions of men, women and children die yearly, or what is even worse become the victims of chronic debility, disease and racial deterioration, from the preventable cause?” (Lord Dufferin’s speech, 30th November, 1888)²

But it is found that before the sanitary reformation in nineteenth-century Europe, there was no proper concept of public health. Sanitary conditions in England had improved following Chadwick’s sanitary movement. But sadly no one like Chadwick (1800-1890) or John Snow (1813-1858) was born in India. Though the British colonial government did nothing yet the native Indian thinkers were not sitting idle. On the contrary, they tried to create health awareness among the people on their initiative. As a result, the public health movement in Bengal had come into prominence in the last decade of the nineteenth century and the early twentieth century.

The Ramakrishna Mission (established in 1897) played a major role in battling against the plague in Calcutta in 1898-99. During that epidemic, Swami Vivekananda made an appeal on behalf of the Ramakrishna Mission for public awareness in Bengali and Hindi, which was widely circulated in Calcutta. Swamiji said, “If we have to sell the land of our new monastery to serve the people, to give medicine, to treat them, we will do it.”³ Vivekananda emphasized cleanliness and purity. Vivekananda’s view about hygiene is found in his book titled *Prachya ebong Paschatya* (east and west). “Unclean water and unclean food are the cause of disease,” he wrote.⁴ In 1901, the plague reappeared in Calcutta; consequently, people fled from Calcutta in fear. Rabindranath was in Shilaidaha at that time. Despite his sickness, a condition he came back to Calcutta after hearing the news of the outbreak of plague there, for standing with the people.⁵ He was well aware of the inadequacy of medical services in this country. There was a shortage of doctors in the country. Moreover, there was a need for money for getting modern medicine that was hardly possible for the common people. The rural people used to go to the quack doctors for getting treatment. Therefore Rabindranath paid more attention to the prevention of disease than cure.⁶

“Aj Mongalbar. Parar jungle saf karar din” (Today is Tuesday. It is the day for cleaning the jungle of the neighbourhood) he wrote in *Sahaj Path*⁷ to develop the concept of rural reconstruction, cooperative disease prevention among the child. A team named *Brati-Balak* was formed. Boys of the team used to go to the villages and tried to improve the health and education system there. News of the boys' works and reports of various ailments in the villages were published in a monthly mouthpiece called *Brati-Balak* edited by Satish Chandra Roy and Dhirananda Roy since 1929.⁸ Rabindranath wrote the regulations for the village society, which had 15 objectives. Most of them were health-related.⁹ In 1933, a two-day fair was organized at Binuniya Health Center near Santiniketan. At the fair, among other things, initiatives were taken to create public awareness about health, where the model of the ideal maternity home was exhibited. Rebecca, wife of Dr. Harry Timbers and Sudhamay Mukherjee explained the science of obstetrics for girls. Public health-related educational films were also demonstrated at night.¹⁰ Dr. Pashupati Bhattacharya wrote a book titled *Bharatiya Byadhi Ebong Adhunik Chikitsa* (Indian Diseases and Modern Medicine) on the advice of Rabindranath to make the poor people acquainted with the issue so that they could easily deal with the diseases.¹¹ In the introduction of this book, Rabindranath Wrote

“কিছুকাল থেকে গ্রামের কাজে নিযুক্ত আছি দেখেছি সকলের চেয়ে গুরুতর অভাব আরোগ্যের। ...বিবিধ উপায়ে গ্রামে গ্রামে ঘরে ঘরে এদেশের লোককে বুঝিয়ে দেওয়া উচিত ছিল কী করে রোগকে ঠেকানো যায়। এই উদ্দেশ্যেই আমাদের রাষ্ট্রনৈতিক সভার অঙ্গীভূত একটি আরোগ্য বিভাগ থাকা উচিত। আরোগ্যরীতির বহুল প্রচারের ভার তার উপরে থাকা চাই। রাশিয়াতে এই প্রচারকার্য কীরকম সম্যকভাবে ব্যাপকভাবে সমস্ত দেশ জুড়ে চলছে তা দেখে এসেছি। আমাদের দেশে এর প্রয়োজন সেখানকার চেয়ে অনেক বেশি। অথচ আয়োজন নেই বললেই চলে... ডাক্তার পশুপতির এই বইখানি তাঁদের কাজে লাগবে। ...গ্রামে যদি এক-আধজন জনহিতৈষী শিক্ষিত লোক থাকেন, তারাও এই বই-এর সাহায্যে উপকার করতে পারেন।”¹²

[I have been working in the village for some time; I have seen that the most serious problem is the lack of healing... Rural people of this country should have been taught in various ways how to prevent the disease. For this purpose, we should have a state health department. The responsibility of the mass healing campaign should have been placed on it. I have seen in Russia how extensively this type of work was being carried out throughout the country. Our country needs the same more than there. But there is no such arrangement in our country.This book written by Dr. Pashupati will be useful to them... If there are a few philanthropic educated people in the villages, they could serve people using this book.]

There were many similarities between Gandhi's and Rabindranath's philosophy on sanitary reform; both of them emphasized rural reconstruction. The *Akhil Bharatiya Gramin Udyog Sangha* was formed for rural reconstruction. According to Gandhi, it was the duty of the Sangha's workers to take measures to stop the spread of diseases in their areas. He said that they would tell people about the causes of the diseases and advise the patients on the process to prevent the diseases as a result people could gain knowledge on how to stay clean and to protect their health. He argued that by following the general rules of hygiene, people could get rid of most diseases without any other effort or extra expense.¹³ About Gandhian philosophy, Debabar Banerji wrote that “During the anti-colonial struggle, Mahatma Gandhi had (as had Mao Tse Tung during the Long March) recognised that the deprived sections of the population have very limited access to health services. In his programme of

“constructive work”, he had included very simple but effective methods of rural sanitation and use of naturopathy to protect and promote the health of rural people”.¹⁴

Not only Indians but also missionaries took part in the public health movement in India. Dr. Ida Sophia Scudder (1870-1960), a third-generation American medical missionary in India, was one of them. She was born in India but went to America as an eight years child. Later she came back to India. Seeing the bad health condition of women and the lack of lady doctors in India she decided to become a doctor. In 1900, she started a dispensary in Vellore that later became a medical college named *Christian Medical College* (CMC). She served Indian women and took initiative to train them as compounder and nurse.¹⁵

In the second half of the nineteenth century, books on general hygiene in the Bengali language were published at the initiative of indigenous intellectuals in Bengal. In 1885, Dharmadas Basu had written *Swasthya Raksha O Sadharan Swasthya Tatwa* (Hygiene and Public Health, Vol.1)¹⁶. In that text, it was stated that by adopting general rules of hygiene, the same benefits could be found in India as in other countries.¹⁷

Dr. Pashupati Bhattacharya wrote another book in Bengali titled *Ahar O Aharya* (Food and Diet)¹⁸. The foreword to that book was written by Rabindranath. Chunilal Basu wrote *Palli Swasthya* (Village Sanitation).¹⁹ The book was a compilation of two lectures on health given by Chunilal Bose at the Rammohun Library in 1917.²⁰ At the beginning of this book, the author said that “cholera, smallpox, etc., have emerged as epidemics that have caused many deaths. But these diseases are preventable. These diseases can be prevented by taking a little precaution and following certain rules of public hygiene”.²¹ Another book by Chunilal Basu was *Sharir Swasthya-bidhan* (*Personal Hygiene*).²²

Besides publishing books, health magazines also began to appear in the early twentieth century. But before the discussion about health magazine we will spend some words about a doctor, whose name is Kartik Chandra Bose (183-1955 AD). Dr. Bose's mother had died without treatment due to a lack of money. Therefore he decided to become a doctor and treat the poor. He continued to serve the poor for a low fee as a ‘Bazar Doctor’ till his death. He built the first sanatorium for tuberculosis patients in Deoghar.²³ He was simultaneously a doctor, researcher, pharmacist, and writer. He also published health magazines in Bengali, English, Hindi, and Urdu. However, that Bengali health magazine was published under his editorship for more than four decades.²⁴ That Bengali magazine was *Swasthya Samachar* (*Health News*)²⁵ published in 1912. Its purpose was to make people aware of preventive medicine. For the same purpose, the *Swasthya* (*Health*),²⁶ a monthly health magazine, was published in 1329 BS (1922 AD) under the editorship of Gopal Chandra Chattopadhyay and Dr. Brajendranath Ganguly. It was the mouthpiece of the *Anti-Malaria Society*. On the cover page of the magazine it was identified as the ‘organ of the Central Co-operative Anti-malaria Society Ltd’.

With the establishment of the *Anti-malaria Society* on the initiative of Gopal Chandra Chattopadhyay, the first organized public health movement was started in Bengal. On 13 August 1908, at a meeting of the Calcutta Medical Club, Gopal Chandra presented a paper on ‘The Preventable Diseases of Lower Bengal, Their Effect on the Population and Measures for Their Prevention. At the meeting, he proposed the establishment of anti-malaria leagues in India like Greece and Italy. He said, “Pamphlets written in vernacular should be widely distributed, the conference

should be held to discuss anti-malaria measures and demonstration with lantern slides showing the life cycle of malaria parasite and mosquitoes should also be held".²⁷ Many reacted after hearing Gopal Chandra's speech. Dr. Chunilal Basu said "Cooperation of the people is solicited as it is essentially needed for the successful application of preventive measures against any disease, but unless the people are sufficiently educated, they could hardly expect their help and support in works of sanitation."²⁸

In 1914, a large number of people had died of malaria at Panihati, Gopal Chandra's village. He realized that it was not possible to get rid of the epidemic just by relying on the municipality. He held the view that public health would have improved only if the villagers had worked together to deal with the disease. In 1914, inspired by the ideals of Gopal Chandra, some young men of Panihati started a campaign for eradicating malaria. They explained to the villagers that malaria could be eradicated from the village by working together scientifically. In 1918, Gopal Chandra was able to convince the people through a lecture at Panihati School that malaria could be prevented. To work together, the Panihati Co-operative Anti-malaria Society was established on 24 March 1918 with 27 members.²⁹

The Society started its work on April 3, 1918. In 1919, Gopal Chandra organized a meeting at the Rammohan Library in Calcutta, where the *Central Co-operative Anti-malaria Society* was formed.³⁰ Many became interested in such associations. Under the supervision of the Central Society, several branch societies were formed in different villages of Bengal,³¹ which led to the beginning of a massive public health movement. The news of works of the society was published in a periodical called *Sonar Bangla*, which also played an important role in making people aware of health.³² Rabindranath praised Gopal Chandra's work in his writings.^{33 34}

Admiring the work of the *Anti-Malarial Co-operative Society* Surendranath Banerjea, who was then the minister of Education and Health in the Government of Bengal said that

*"To secure popular co-operation for the work of my Department was one of the main objects of my policy. ... This was a policy that I steadily pursued, and for the first time in the history of our Department, a substantial monetary grant was made to the Anti-Malarial Co-operative Society and the Kala-azar Association. So far back as July, 1921, I commended the former society, the latter having not then come into existence, to the favourable notice of the Press Conference which I had invited, and I urged that the Union, the Local, and the District Boards should co-operate with these voluntary organizations. To me, it is a matter of gratification to be able to feel that I have initiated a policy that in its development is bound to be fruitful of good results to village sanitation. The Anti-Malarial Co-operative Societies are spreading; and they have provided a field of beneficent activity to our village population, which will not only improve their health but strengthen their public spirit and stimulate their civic life."*³⁵

Tuberculosis (TB) was one of the most dangerous diseases in colonial India.^{36 37} Extensive initiatives were taken in America and European countries to eradicate tuberculosis in the early twentieth century. Many state and local TB associations were formed from 1900 to 1917 in the USA.³⁸ The national anti-tuberculosis societies of those countries worked at a rapid pace; consequently, the death rate on account of tuberculosis was greatly reduced. But the anti-TB movement in India started late. Moreover, the Indian government was not concerned about this.³⁹ On

15 June 1929 *Tuberculosis Association of Bengal* was set up by a group of Englishmen and women and Indians comprising doctors, social workers, and kind-hearted people who sympathized with the lots of tuberculosis, needy people who perished owing to lack of treatment and nourishment.⁴⁰

The volunteer doctors of the Society provided free treatment to the people. The trained health inspectors of the Society regularly visited the homes of the patients and advise them regarding the prevention of TB. The Society campaigned for the prevention of the disease among school children and the common people in various ways. The number of beds in tuberculosis hospitals in India was very low, thus it was not possible to treat a huge number of patients. Therefore the patients who did not get the opportunity to be treated in the sanatorium were advised by the Society to stay at home and to follow the rules of the sanatorium.⁴¹ In 1939, *Tuberculosis Association of Bengal* was renamed as *Bengal Tuberculosis Association (BTA)*.⁴² It had various services for the control of tuberculosis. BTA waged a war against the disease through its Children's Chest Clinic which was started in 1961 and was the first of its kind where children up to fourteen years of age, enjoyed free diagnostic and treatment facilities. BTA undertook health education visits to educational institutions to educate the pupil through lectures by audio-visual methods. It launched the first TB seal Sale Campaign in 1950 and has been regularly launching the same since then. That was important means of raising funds and creating awareness. It started a mass BCG Campaign in 1949.⁴³

One of the partners in the public health movement was the *People's Relief Committee (PRC)*, which was established in 1943 under the initiative of various people's organizations. This organization had an inseparable relationship with the movement of *Bangiya Pradeshik Kisan Sabha* (1946). During the riots in Noakhali in 1946, the PRC took part in medical and other relief work with *Kisan Sabha*.⁴⁴ Many doctors such as Dr. Bijay Basu, Dr. Bimal Bagchi, Dr. Amiya Banerjee, Dr. Anil Banerjee, Dr. Samar Roy were associated with that organization.⁴⁵ A hospital called Red Cure Home was built on Boubazar Street (now BB Ganguly Street) in Kolkata to treat the sick comrades of the Communist party. The PRC not only served the comrades but also served the people.⁴⁶ During the famine of 1943, the members of the PRC stood by the people. Many people fell ill during the famine due to a lack of proper food-clothing-shelter and lack of pure drinking water. The famine resulted in the epidemic. Outbreaks of cholera, malaria, tuberculosis, pneumonia, and smallpox were reported. In that situation, the PRC had decided to form a medical board. PRC had sent a demand letter to the then Governor-General Wavell to protect the people from epidemic.⁴⁷

After the independence of the country in 1947, voluntary initiatives were decreased. The people's expectations of the national government had increased. They began to forget their responsibility. It was assumed that all the responsibility lies with the government. Thus after independence, an initiative was taken to put the voluntary organisations under the supervision of the government.⁴⁸ The medical institutions that were set up by the indigenous people during the freedom struggle were not able to survive. Institutions like the then Carmichael Medical College and Jadavpur TB Hospital were taken over by the government. The Upendranath Mukherjee Hospital in Belegkata was closed. But the government could not meet the needs of the people.⁴⁹ In this situation, the movement for *Student Health Home* (1951) began. The purpose of that movement was to make the students aware of their health. Initiatives were taken to build students' institutions for the treatment of students on the same line as it was established in Poland, Switzerland, and France. Dr. Arun Sen played a pivotal role in that movement.⁵⁰

It is pertinent to note that the movement, which has been elaborated in this paper, may be marked as an awareness campaign for public hygiene. Some dedicated doctors provided free healthcare to people or facilities at a low cost. But that movement was not focused on the right to health of people. The history of the beginning of the health movement as a part of rights movements started much later in West Bengal. That was another story.

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