Disease and Health Factor in Colonial Nadia

Srabanti Das

SACT Teacher, Nabadwip Vidyasagar College, West Bengal

Abstract*: In the nineteenth century, British Colonial rule, epidemics and floods profoundly affected the public health of Nadia district. Fever, cholera, malaria, smallpox, plague and other disease disrupt the health of the people. And as a way to get rid of this epidemic, people started resorting to various superstitions and worship. People were confident in the indigenous medical system. Because of this time, the western medical system had no special effects on the lives of people. The British Government with the help of Christian missionary society was established hospitals and charitable dispensaries to provide Western medical care to the common people in Nadia. However, the main goal of British Colonialism was to introduce Western medicine and promote it as much better than the native medicine.*

Keywords: Health, Disease, Sanitations, Western medicine, Missionary society, Hospitals and dispensaries

Disease, nutrition, health and treatment were correlated with each other. A healthy population means a good and more productive workforce. Physical disability makes life miserable. People have succeeded in finding various ways to prevent the disease, with the help of various advanced processes. Ayurveda has been the most ancient indigenous medical system in India. In the middle age, Muslim rulers began to use the '*Unani'* method in the field of medical treatment. But after the establishment of British Colonial rule in India, there are major changes in the way and process of treatment. "The Colonial establishment took it up as a part of its imperial credo, and the missionaries incorporated it into their evangelizing project while the cities of empire identified western medicine not with liberation and wellbeing but with subjugation and slavery".[1]

Nadia district is situated in the heart of the Bengal Delta held within the arms of Ganga, Bhagirathi and its other tributaries. It is a part of the vast Gangetic plain. The climate of Nadia district is warm, humid and tropical. The tropic of cancer passing through the middle of the district feels extremely hot in summer. The main rivers of the district are Bhagirathi, Jalangi, Bhairab, Churni, Padma, Mathabhanga, Ichamati, Gorai, Nabaganga, Kaliganga, Chitranadi.

Although the weather in Nadia district was pleasant and healthy in the past, in the second half of the nineteenth century, the environment became unhealthy due to epidemics and floods. Floods were a regular occurrence as there were many small rivers across the district. We come to know about this in Rabindranath's writing. He wrote "বিষ্টিপড়েটাপুরটুপুর,নদেয়এলবান"[2]. Floods in the Ganga and its tributaries in the district have repeatedly disrupted health and agriculture.[3] Each wave of natural diversity has a profound effect on public health. These were the diseases that had caused epidemics in Nadia: Cholera, Malaria, Fever, Plague, Smallpox, and the other diseases were Skin disease, Diarrhoea, Dysentery, Leprosy, Deaf mutes, Ulcers, Tuberculosis, Rheumatism. Ira Klein believes that the disease was long established in the Indian regions especially, Bengal due to the Tropical environment, but on an ever-increasing larger

scale the nature of the colonial economy and the ecological changes brought about the changes like a disease.[4]

The earliest reference to the disease in the Nadia district is perhaps connected with the life of Sri Chaitanya Deva. Once Chaitanya Deva had suffered from acidity and epileptic disease. Vrindavan Das in his book 'Chaitanya Bhagavat', he described the indigenous method of treatment of acid disease in the district.[5] Throughout the colonial period, the ignorance of the people and the economic policy of the British had plagued the epidemic. It is to be noted that the lack of physicians, Nurses, equipment, infrastructure, medicine, incognizant, etc. under the British rule, India become the home of epidemics.[6]

It is a well-known fact that in Nadia, fever was considered the deadliest disease during this time. In 1822-23 a gruesome contagious fever came from Jessore to Nadia district, which turned into a terrible epidemic fever in 1862. C.E.Buckland in his book *Bengal under the Lieutenant Governors* the epidemic has been describing as a congestive remittent fever running its course to a fatal termination, usually with great rapidity.[7] The native doctors and the gratuitous distribution of medicine failed to prevent its progress. Then the Government appointed a prudent doctor name Dr. J. Elliot to diagnose the cause and nature of the disease.[8] According to his advice, to clear the forest in the village, to make water drinkable in ponds and reservoirs, and to make arrangements for drainage water. Although J. Elliot took some major steps to improve the health system in 1881 the effects of the disease increased exponentially. The death rate at this time was so high, that 60/70 out of 100 people would have died.[9]

The Nadia fever commission of 1881 travels from village to village in winter to advise zamindars and the general public on the benefits of clean drinking water and cleanliness.[10] Malaria mostly stuck children and pregnant women. There had been no birth in families till the two or three years before the present day. Between1902-05, there was another outbreak of fever in the district. In October 1906, the Government of Bengal instituted 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. According to the Drainage Committee, two important factors were responsible for this – 1. Unhealthy sanitary conditions in the villages, 2. Stagnant water in the countryside.[11] In the district the most malaria-affected area was Gangni, Karimpur, Jibannagar, Kumarkhali. The most interesting thing was the Gangni area of Leishman-Donovan infection inconsiderable amount, which was a significant spleen test as evidence of an outbreak of malaria.[12] During the five years ending with 1907, the death rate from fever averaged 34.12 per annum, which was the highest return from this cause of any district in the province.[13]

Cholera was the second most common epidemic after fever. Comma Bacillus, the bacteria causing cholera. Unhygienic and use of dirty water was the main cause of cholera. In May 1817, cholera made its first appearance in India in the town of Nabadwip. From Nabadwip it spread to India in 1818, China in 1820, Arab and Persia in 1821, Russia in 1823, and London in 1832.[14] The town of Nabadwip was the biggest pilgrim centre. Thousands of devotees used to gather during 'melas' and religious festivals. Ganmela, Baruni, Dashahara and Rashpurnima were the most popular gatherings, the town attracts heavy rush of pilgrims, not only from different parts of the province but also from other parts of India. They used to pollute the city roads, river and river banks. This led to an outbreak of cholera. According to Samachar Darpan, many people of Nabadwip died of cholera in 1824. Many people died of cholera in the Nabadwip municipality area in 1884,1896 and 1900.[15]

The Sanitary Commission of Bengal in his report 1890, describes that the water supply obtained from the polluted rivers led to the cholera outbreak, in many of the villages of Bengal, while the villages are obtained water from the stream of the nearby forest were free from cholera.[16] There was a very severe epidemic during the cold weather of 1895-96. At the end of 1907, the death rate from cholera averaged 3.83.[17] The tutelary goddess for cholera was Olachandi or Olabibi. In the past, when cholera arises as an epidemic and virulent, rural people used to worship Olachandi, on Tuesday and Saturday, with offerings of vegetarian food.[18] Olachandi worship was very popular in Nadia district.[19]

The drastic plague disease was not unknown in the district. In 1890, a plagued outbreak appeared in Nabadwip. Fatal diseases like the plague killed many people. Nabadwip municipality fixes rupees 90 in 1899 and rupees 50 in 1900 for the prevention of plague. External dead body cremation is prohibited at Nabadwip Marighat for controlling the disease at this time.[20]

Smallpox is widely known as 'Basanta Rog' in Bengal. Some social and cultural factors were responsible for the spread of smallpox, because of the lack of education, social beliefs and social inequality.[21] Social contacts like religious, fairs, pilgrimages and marriages helped in transmitting the disease. People did die from it. The committee was on smallpox inoculation in 1850. Sitala was known as the goddess of smallpox and disease. Sitala's main association in Bengal was with the various forms of pox.

Other diseases that affected Nadia district were Diarrhoea, Dysentery, Skin disease, Leprosy, Deaf mutes, Ulcers, Tuberculosis, Rheumatism. The next most common disease was skin disease, which accounted for rather over 10,000 cases, as compared with 36,000 cases of malaria fever.[22] At this time the deaths due to diarrhoea and dysentery diseases rarely exceeding .12 per mile.[23] According to the census of 1901, there are only 26 insane persons and 38 deaf-mutes per 100,000 of the population.[24] The incidence of leprosy and rheumatism was very low in Nadia district as compared to other districts.

The contribution of Sir Sisil Bidon in the provision of public health improvement in Nadia district was significant. Under his initiative, in 1864 municipality and charitable hospitals were set up in different districts.[25] Krishnagar Sadar Hospital began to function as a dispensary in 1858. Formally it was managed by Krishnagar municipality with aids received from the District Board.[26] In 1895, attached to this hospital was a separate residential building for female patients, which was built through the generosity of Babu Nafar Chandra Pal Choudhuri. The Garrett hospital was established in 1897 at Nabadwip. Maharaja Kshitishchandra Roy, Raja Narendralalkha of Narajoland Rani Tarasundrari of Bhukoilash, made a significant contribution to the establishment of this hospital. The first assistant surgeon of this hospital was L.M.S Brajokrishna Mukhopadhyay, a resident of Nabadwip.[27]

Table- 1

No of Patients Treated in Hospital and Dispensaries in Nadia District, 1907 [28]

Institution	Year of Establishment	Outdoor Patients	Indoor Patients
Krishnagar	1858	16,420	412
Kushtia	1863	7088	66
Ranaghat	1864	10,400	102
Meherpur	1868	8120	59
Santipur	1870	9951	23
Debagram	-	4238	35

Table- 2

Name of the Hospital and Dispensaries maintained by Government and Private in Nadia District, 1908 [29]

Institution	Subdivision	Maintained By
KrishnagarSadar Hospital	Krishnagar	Krishnagar Municipality and District Board (Govt.)
Krishnagar	Krishnagar	Church of England Zanana Mission Society for Woman and Children
Garrett Hospital	Sadar	Nabadwip Municipality (Govt.)
Debagram Dispensary	Sadar	Govt.
Nakasipara	Sadar	BabuDebendraNath Singh Rai
Ranaghat Dispensary	Ranaghat	Ranaghat Municipality (Govt.)
Dayabari	Ranaghat	Church Missionary Society
Santipur Dispensary	Ranaghat	Govt.
Ula Dispensary	Ranaghat	Govt.
Chakdaha Dispensary	Ranaghat	Govt.
Sutragarh Dispensary	Ranaghat	BabuKartik Chandra Das
Meherpur Hospital	Meherpur	Govt.
Meherpur	Meherpur	Mallik Family
Meherpur Dispensary	Meherpur	Church of England Zanana Mission Society for Woman and Children
Shikarpur Dispensary	Meherpur	Govt.
Ratnapur Dispensary	Meherpur	Church of England Zanana Mission Society aid by the District Board
Santirajpur	Meherpur	Church Missionary Society
Kushtia Hospital	Kushtia	Govt.
Kumarkhali Dispensary	Kushtia	Govt.
Amta Dispensary	Kushtia	ShahaBabus
Selaida Dispensary	Kushtia	Babu Rabindranath Tagore

ChaudangaDispensary	Chaudanga	Govt.
Natuda	Chaudanga	BabuNafar Chandra Pal Choudhuri

Nadia district in the Gangetic delta has been relatively densely populated since ancient times due to its fertile land. Although there was a lack in the life of labour and common people in the region, it did not take a demonstrable shape before the eighteenth century. But from the beginning of British rule, a new chapter of exploitation and deprivation of the common man began. During the colonial period, starvation, malnutrition and epidemics led to such a large number of deaths and sick incapacitations that were unprecedented in the history of the region. Construction of Eastern Bengal railway through the district, absence of drainage of floodwater, lack of water supply, and use of water of rotting ponds, the stringent government budget for public health, popular superstition and unconcern for healthcare were the main causes of epidemics in this district. However, it is acknowledged that the British Government set up various commissions to prevent the spread of the disease through Western medicine, but it was much less than necessary.

References

1. David Arnold, *Colonizing the Body: State Medicine and Epidemic Diseases in Nineteenth-Century India,* Delhi: Oxford University Press,1993, p. 292
2. Rabindranath Tagore, *Sanchayita,* Kolkata: Visva Bharati Granthan Vibhag, 1969, pp. 56,57
3. C. A. Bentley, *Malaria and Agriculture in Bengal,* Calcutta: Bengal Secretariat Book Depot,1925, p. 10
4. Ira Klein, *Malaria and Mortality in Bengal 1840-1921*, The Indian Economic and Social History Review, No- 9, Year- 1972, pp. 132-60
5. Brindavana Das, *Chaitanya Bhagavat*a, Madhya khanda, Chap. II, Bhaktibilas Tirtha Ed. Mayapur, Nadia, Slokas. 99-102
6. Kingsley Devis, *The Amazing Decline of Morality in Underdeveloped Areas,* American Economic Review, Vol. 46, No. 2, Year- 1956, pp. 305-18
7. J. H. E. Garrett, *Bengal District Gazetteers, Nadia,* Calcutta: Bengal Secretariat Book Depot,1910, p. 57
8. C. E. Buckland, *Bengal Under the Lieutenant Governors,* Calcutta: S. K. Lahiri and Company, 1901, p. 505
9. Kumudonath Mallick, *Nadia Kahini,* edited by Mohit Roy, Calcutta: Pustak Biponi, 1986, p. 49
10. Ibid, p. 49
11. Kabita Ray, *History of Public Health Colonial Bengal 1921- 1947,* Kolkata: K.P. Bagchi, 1998, p. 97.
12. J. H. E. Garrett, Op. cit, Calcutta: Bengal Secretariat Book Depot,1910, p. 61
13. Ibid, p. 63
14. Kanti Chandra Rahri, *NabadwipMahima*, edited by Jajneswar Chaudhuri, Nabadwip Puratattva Parishad, 2011, p. 261
15. Mrityunjoy Mondal, *Nabadwiper Itibritta*, Nabadwip Sahitya Samaj, Nabadwip, Nadia, Dey's Publishing, p. 357
16. 23rd Annual Report of the Sanitary Commission of Bengal – 1890, By Surgeon-Major W. H. Gregg. Printed at the Bengal Secretariat Press, 1891
17. J. H. E. Garrett, Op. cit, Calcutta: Bengal Secretariat Book Depot,1910, p. 63
18. Ralph W. Nicholas, *Fruits of Worship: Practical Religion in Bengal,* Orient Blackswan, 2003, p. 205

19. Debasish Sarkar, *Cholera in Colonial Bengal: Interrogating Bengali Literature*, IMPACT: International Journal of Research in Humanities, Arts and Literature, Vol. 3, July- 2015, p. 51
20. Mrityunjoy Mondal, *Nabadwiper Itibritta*, Nabadwip Sahitya Samaj, Nabadwip, Nadia, Dey's Publishing, p. 357
21. Barbara D. M, *Health Fertility and Society in India: Micro studies and Macro studies*, The Journal of Asian Studies, Vol. 45, No. 5, November-1986, p.1028
22. J. H. E. Garrett, Op. cit, Calcutta: Bengal Secretariat Book Depot,1910, p. 65
23. Ibid, p. 64
24. Ibid, p. 64
25. KumudonathMallick, Op. cit, Calcutta: PustakBiponi, 1986, p. 50
26. Durgadas Majumdar, West Bengal District Gazetteers, Nadia, Calcutta: Messrs. N. K. Gossain and Co.(P) Ltd, 1978, p. 380
27. Kanti Chandra Rahri, Nabadwip Mahima, edited by Jajneswar Chaudhuri, Nabadwip Puratattva Parishad, 2011, p. 261
28. J. H. E. Garrett, Op. cit, Calcutta: Bengal Secretariat Book Depot,1910, p. 64
29. J. H. E. Garrett, Op. cit, Calcutta: Bengal Secretariat Book Depot,1910, p.64, 65