

## Changing Rural Health System of Jalpaiguri District in Colonial Period

Gourango Chandra Roy<sup>1</sup>

<sup>1</sup>Department of History  
Ananda Chandra College  
College Para, Jalpaiguri, West Bengal  
Email:gourangochandraroy@gmail.com

---

**Abstract:** *The climate of Jalpaiguri was un-healthy. It is rainy area. Almost, all the areas of the district were covered with dense forest, copiers, jungle etc. There were many diseases, like- fever, Terai fever, stomach diseases, lungs/respiration and others. Educationally and economically the society was backward. The people were not aware about the disease. Therefore, scientific treatment was not prevalent in this area specially in the rural area. In rural area, there were no modern types of health care centre. Before the advent of the Britishers, people depended on Baidya, Ojha, Hakim etc. The patients were depended on indigenous treatment (health system) but most of treatments were unscientific. They believed in superstition even most of the people depended on different God and Goddesses. W.W. Hunter wrote that almost 57 type native medicines and drugs, which were prescribed by the Kabiraj or Baidy (Hindu medical practitioners). Britishers started or had taken initiative to develop the modern health system. They established hospital, dispensary, clinic and appointed qualified doctors etc. However, it was done gradually, not at a time.*

**Keywords:** *Allopathic, Baidya, Dysentery, homeopathy, Indigenous, Pollution, Vaccination*

---

**Date of Submission: 22-12-2021**

**Date of Acceptance: 05-01-2022**

---

# Changing Rural Health System of Jalpaiguri District in Colonial Period

---

## Introduction

From the immemorial time, the climate of Jalpaiguri district of North Bengal was un-healthy. So there were many disease which created many problem. The Non-regulated part of the District i.e. the Western Duars was called as *Tangarika* of North Bengal. It was really a land of fever, Terai fever, stomach diseases, lungs/respiration and others. The category and the name of diseases are given bellow:

**Fever-Malaria** (both remittent /continue and intermittent /at intervals, Kala azar(Black water fever), anemia and anarsarca.

**Terai fever-Typhoid** (on account typhoid loss of any limb), measles (*ham/basnta*), etc.

**Stomach deseas**-Dysentery, Enteric/intestinal, Bloody Fux, Jaundice (*Neba*), Cholera (Purging and Vomiting), Gal blooder disease etc. were in the district.

**Lungs/respiration**- Catch cold, Cough, Asthma, Tuberculosis etc were trouble creator.

**Others**- Goiter/goiter (*bawa*, called by Bhutia), rheumatic affections etc. Leprosy, elephantiasis of the leg and the scrotum, Skin diseases related to cattle, itches, Small pox, anemia, enlargement of the liver, Arthritis, anar sacra (a kind of dropsy), venereal diseases, rinderpest in animals, Hydrophobia etc.<sup>1</sup>

J. A. Milligan told about the feature of Malaria. He told that ‘a very noteworthy feature of the local malaria was that it was most deadly to new-comers even when they come from different places with a high malarial endemicity’<sup>1</sup> He explained that, ‘a mark features of the chronic malaria subject 19 a characteristic apathy. It was easy to understand that when, as was very frequent the case, time percentage of normal, the subject becomes apathetic, unwilling to below 25 percent of the normal, the subject become apathetic, unwilling to work and there commences the vicious cycle that often ends in death’.<sup>2</sup>

It was significance that the finding the origin, causes, characters, examine in laboratory and the case study of the disease was done by the Britishers. Before that, the local people did not know that about the sources and the scientific name of the disease. In the first phase of the

## Changing Rural Health System of Jalpaiguri District in Colonial Period

---

colonial period, village people were dug the mud wells outside the living premises or on one side of the outer yard of a house for the drinking purpose. The wells water were used by peoples for drink.<sup>3</sup> But later period among the well-to-do family the ring wells were began to build. Somewhere tube-well (a well made by the tube) was set up for drinking water purpose. So the ring wells and tube-well was more protected than the mud wells. Because the wall above the ground receives, surface washing during the rains and floodwater than the mud wells. The water of mud wells was liable to be polluted. The cultivators lead a very simple life. With the advent of new civilization, living conditions were becoming more complex amongst the monies and educated class.<sup>4</sup>

In rural areas of the district were not modern types of health centre. Besides that, the communication was very poor. The patients were depended on indigenous treatment (health system) but most of health system was the unscientific. The believed in superstition even most of the people depended on different God and Goddesses. For the reason the infected disease spread rapidly at the village area.<sup>5</sup>

There were hereditary physicians who were called *Baidy*. Indigenous village *Baidya* were also called *Ojha*. They were 82 in number. They were outsiders' people. They tried to change the medical treatment in village area.<sup>6</sup> So it was the new idea to the local people. Again when the British came in this area they established the modern medical treatment. So many hospital and dispensary etc. were established. It was the transformed the modern or scientific medical science to the people of this area.

There was un-scientific treatment among the Rajbansi community. The inhabitants were in the habit of surrounding their villages with a continuous bamboo hedge in the belief that it contributed to healthiness, and much of the disease originated from there. There was no latrine in a Rajbansi house in rural area or in the village. But, with the changes of time people began to make temporary latrine and more later period permanent latrine. People of rural area would be award about the sanitation from the learned from educated people, health centre, different educational institutions such as schools, colleges etc. But, the changes had been seen which was made by local people, were very slow.

## Changing Rural Health System of Jalpaiguri District in Colonial Period

---

After coming of the Britishers, different statistic was published. Before that, there were no scientific enumeration systems.

A table is given bellow of the death rate of the tea labors on accounting the different diseases.

Reason of death	Year 1916 or 19	Year 1917 or 19	Year 1918 or 1919
Fever	1601	1481	4276
chest disease	754	833	2116
Other diseases	1837	1774	2048
pox	31	23	216
Cholera	83	78	1223

Sources : Ghosh, Shrabani, 'Ouponibeshik Yuge Jalpaiguri Jelar Swasthya O Chikitsabyabstha, in Anandagopal Ghosh and Supam Biswas (ed.) *Paribartaner Dharai Tistabanger Jalpaiguri Jela*, Kolkata: Prगतishil Prokashok, 2016, p. 220.

### Sources or the Causes of Appearance of Diseases

Some causes was identified, which gave birth the disease, like cold weather, damp and changeable nature of the climate and to some extent on bad food and want of fresh vegetable etc. The goitry/goiter (*bawa*, called by Bhutia) originated due to an unhealthy elements (ingredient noxious).<sup>7</sup> Cholera occurred in the month before the May. In the month of May, heavy rains, this set in and completely put a stop to outbreak. But there were also some other cases of that occurrence. In hill area, the people used the drinking water from *jhora* i.e hill streams, which was unhealthy. J. F. Grunning discovered that most probable cause of cholera disease was that many streams and wells contain the germs of the diseases.<sup>8</sup> In 1893-94, the death rates on account Malaria were 28.11 and 22.191 percent.<sup>9</sup> There were some causes of unscientific treatment or backwardness of health/medical system in Jalpaiguri. Some factors are given bellow:

(a) Backwardness and lack of education, (b) Backwardness of communication, (c) In sufficient health centre, (d) Somebody disagree to take the allopathic and homeopathy medicine, (e) poverty (f) unconsciousness about the nutrition of vegetables, (g) unscientific etc.<sup>10</sup> Jalpaiguri district

## Changing Rural Health System of Jalpaiguri District in Colonial Period

---

was the highest mortality in fever and it was compared in 1901 among the six district of North Bengal. There was also cholera. Within ten, eight people also in fever.<sup>11</sup>

### Indigenous Treatments

There were more proverbs of Rajbansis which related health-

*'Una bhate duna bal  
bhara bhate rasatol'*

[Frugal meal gives double strength  
Heavy meal ruins the health]

2) *'Khajar upor khaja khaile  
Mon dig dig kare'*

[Too much feeding  
Ends in health-digging]

3) *'Garam tenga thanda dudh  
tak kay nibodher put'*

[ Hot sour sauce and cold milk  
Both are injurious as drink]

The Civil Surgeon had given the information about the different disease. W.W. Hunter wrote that almost 57 type native medicines and drugs, which were prescribed by the *Kabiraj* or *Baidy* (Hindu medical practitioners). W.W. Hunter also told to civil surgeon to give the list of medicines of Indian Products. There were also 14 mineral drugs were prescribed by native practitioners like *Kabiraj, ojhas* etc.<sup>12</sup>

### Herbal Medicine

A list of some herbal medicine to the particular diseases and the colonial treatment is given below:

---

## Changing Rural Health System of Jalpaiguri District in Colonial Period

Name of diseases	Herbal remedies	Remedies letter (changing)
1) Burns	Crushed un-boiled potato, he ( <i>pathorkuchi</i> )	
2) Cold and cough	Turmeric	Began to use allopathic medic
3) Head-ache	A green plantain with lime honey a for head-ache.	Began to use allopathic medic
4) Pain in the abdomen	Juice of a particular grass ( <i>kenna</i> with ginger and salt.	Began to use allopathic medic
5) Diarrhea	Parched rice ( <i>muri</i> ) mix with whit (incense) and <i>saltnaren</i> added a small plantation containing many with salt.	Electoral/water and took ad doctors.
6) Ulcers and abdomen	Roots of ' <i>Kesrai</i> ' and <i>Bhomra cita</i> areca boiled in mustard oil.	Began to use allopathic medic
7) Rabid dog and jacka	<i>Gur pora</i> ( imagistic molasses)	Some people began to take ad doctor.

Sources: Roy, Gourango Chandra, 'The changing scenario of the social condition of the Rajbansi People in the Northern North Bengal of the Post Colonial period', Susmita Pandit (Ed.) *The Changing Scenario of Socio-Economic Life In North Bengal*, Malda: Dipali Publishers, 2013, p. 75.

There were common saying (proverbs) of the Rajbansis through which express their health consciousness. Some of the proverbs are given below-

*'Una bhate duna bol, bhora bhate rosatal'*

[Less eating gives strength, over eating kills early]

2) *'Dzae kore pap, toe hoe atharo choar bab.'*

[Too many children are the sign of misfortune]

3) *'Khali pate dzal, bhara pate fal'*

[Water drink empty stomach and fruit eating after meal is better]

The Rajbansi people fire was burn for the curling smoke from the embers to drive out the mosquitoes. They burnt wood to keep the warmth for long time. In many places people left their houses and fled away.<sup>13</sup> The educated and

## Changing Rural Health System of Jalpaiguri District in Colonial Period

---

modernized Rajbansis have abandoned all the bad habit. *Ayurvedic* (Hindu Science of Medicine) and its practitioners were *Kabiraj* or *Baidy* (Hindu physician), *Unani* and *Hakimi*, exorcist (*ojha*) etc. were prevalent. *Unani* and *Hakimi* (both were Ionian treatment) process of treatment were started from the Mughal period. In Hindu Medicine were *vashoja* (Medicine or drug form different plants). According to the government's (Britishers) report in 1835, the government banded the *Ayurvedic* treatment. But the *kabiraj* (Hindu physician) put it running hidden.<sup>14</sup>

Britishers started or had taken initiative to develop the modern health system. Modern health was the part of their culture. They appointed doctors, made hospitals for their servant first, then for Indians. But here the main target was to earn resource and money from India. They gave medical service because if the new generation the Indian would be unhealthy then the Britishers could not collect the resource from Indians, because the health problem was the hindrances to produced wealth. Thus during the initials phase of the nineteenth century, motherhood, and childcare were given scientific importance as it needs adequate expertise, information, and experience.

Though the *Ayurvedic* treatment was not scientific, but it was the forefather of the modern health system of the district of Jalpaiguri because, in the first phase of British rule (some day) it was granted by the Britishers for the patient in this area. Therefore, it was prevalent just before the established of sufficient modern health care centre or hospital.<sup>15</sup> Because the population were huge number. But the modern treatments not so much spread or the British were unable to arrange of the modern treatment suddenly. It was require time.

Cultivation was being rapidly extended in the Duars. Therefore, the yearly process of burning the dense grass and jungle in the Western Duars, however, had undoubtedly a good effect in lessening the production of malaria, although not undertaken for that purpose.<sup>16</sup>

With the change of time, when the people came to close contact of the people who came from outside, the local people of the district began to treatment by medical practitioners and medicine which was more scientific. Some were taking the health facilitate which was taken by government for took care the rural health of the people. Some initiatives were taken by the government to improve the sanitation and supply of the drinking water and appointment the qualified doctors. The government introduced District Board free vaccination. Therefore, the

## Changing Rural Health System of Jalpaiguri District in Colonial Period

consciousness to health or sanitation had gradually increased among the people of Jalpaiguri district during the colonial period.

But during the Colonial period one cause of the backwardness was the discrimination policy of the government towards the local people of the district Jalpaiguri with the compared of the other part of Bengal. Calcutta Medical College was established in 1835, but Jackson Medical College was established after 95 years. The houses of tea labour were unhealthy. Not only tea labours, but the house of the people of plain area were also not healthy or scientific. Dr. Cambal, who in his note had mentioned that the only available health service was a small charitable indigenous dispensary located within the premises of Baikunthapur Palace.<sup>17</sup> There were three charitable dispensaries in the District, viz. at Jalpaiguri town, at Tentulya, and at Boda. Sources of cost came from Government fund and amount realized from/ by private subscriptions, or from other sources. The out-door patients, especially at the Jalpaiguri Dispensary; continue to gradually increase in number.<sup>18</sup> Another aspect was that during the time of Hunter, the registration of mortality was started in urban and some rural area. A data was given of Maynaguri that with a total population of 48185, of whom 664 or 13.78 per thousand died in 1873.<sup>19</sup>

### Development of the treatment of public health or sanitary system after 1872

D.H.E Sunder, land surveyor, gave some name of diseases during his time are given below-

Sl.no	Diseases mention before D.H.E Su	Sl.no.	D.H.E Sunder did not mention the diseases
1	Cholera	1	black water fever(kala azar)- D.H.E.Sunder d mention
2	Small-pox	2	Anaemia/anemia – D.H.E. Sunder did not mention
3	Meassles- W.W. Hunter did not m	3	Elephantiasis of the leg- D.H.E.Sunder did not menti
4	Dysentery	4	and anarsarca, D.H.E.Sunder did not mention
5	Consumption -W.W. Hunter d mention	5	the scrotum was not very common D. H .E. Sund not mention
6	Jaundice	6	Jaundice
7	Cough	7	Cough



## Changing Rural Health System of Jalpaiguri District in Colonial Period

8	Rheumatism	8	Rheumatism
9	Giddiness- W.W. Hunter d mention	9	Giddiness
10	Epistaxis (Blooding of nose) Hunter did not mention	10	Epistaxis
11	Cough	11	Cough
12	Colie	12	Colie
13	Dropsy	13	Dropsy-
14	Fever	14	Fever
15	Asthma-W.W. Hunter did not men	15	Asthma

Sources: Hunter, W.W., *A Statistical Account of Bengal*, Vol.-X, Delhi:Trubner, 1874,p.323 ; Sunder, D.H.E., *Final Report on the Survey and Settlement of Western Duars in the District of Jalpaiguri, 1889-1895*, Calcutta:Bengal Secretariat Press,1885, p.171.

D.H.E Sunder described that during his time some efforts were taken for the improvements in sanitation. He had reserved tanks on the following *jotes* for drinking purpose-

<b>No. of</b>	384	1024	104	624	903	1243	1245	1160	1325	518
<b>Taluk</b>	Rajda	Suripa	Matia	Banglar	Bengk	Gort	D	Purbac	Madhadan	Domon
<b>Parga</b>	Chengma	Ditto	South Mya	Ditto	Ditto	Ditto	Ditto	Ditto	Ditto	Buxa

Sources: Sunder, D.H.E., *Final Report on the Survey and Settlement of Western Duars in the District of Jalpaiguri, 1889-1895*, Calcutta:Bengal Secretariat Press,1885, p.217.

Sunder realized that more pipe wells to be sunk at Raniganj. He again told that similar wells have been sunk by order of the Deputy Commissioner, and 90 of them are in different parts of the Duars.<sup>20</sup> He describe that there were only four charitable dispensaries in the Western Duars, they

## Changing Rural Health System of Jalpaiguri District in Colonial Period

---

were in Alipuduar, Falakata, Maynaguri and Buxa. Among the four charitable dispensaries, Jotedar established two dispensaries of Maynaguri and Falakata.<sup>21</sup>

### *Jotedar Union Fund of Western Duars and Sanitation*

According to Revenue Department letter No. T. R., dated 5<sup>th</sup> November 1890, D. H. E. Sunder took some initiative to use the fund for sanitations of the District. Sunder called a meeting of the *Jotedar*s of Myanaguri, Falakata, Alipurduar and Bhalka tahsils for the use the *Jotedar* Union Fund of Western Duars and assistance from Government. He explained in the meeting that there were pressure on the Government fund; therefore it was impossible to develop the sanitations of the district. He also suggested that all such funds (*jotedar* fund) should be used for the developed for sinking wells for the supply of good drinking water and others development of the rural areas. He again suggested that the money should be used for (1) providing wells for pure drinking water, (2) supplying fruit and other trees to *jotedar*s and cultivators generally, (3) clearing jungles, (4) opening charitable dispensaries for helping them etc.<sup>22</sup>

Sunder suggested to *jotedar*s that the above fund might be developed by themselves. If each of them pay one rupee and six-*anna kisti* and another one rupee and ten-*anna kisti* annually then (over and above the rent which may be due for their *jote*) very soon the fund of each tahsil would be a powerful. After that it would helped for improving the condition of the people and that much good would be done everywhere in the Duars.

On 27 September 1894, the money in the hands of the Deputy Commissioner on account of the fund was as follows:

Name of tuhsil	Maynaguri tuhsil	Falakata	Alipurduar	Bhalka	Total
Rs.	5,670	2006	555	624	8,857
A.	6	15	7	14	11
P.	3	9	3	0	3

Sources: Sunder, D.H.E., *Final Report on the Survey and Settlement of Western Duars in*

## Changing Rural Health System of Jalpaiguri District in Colonial Period

---

*the District of Jalpaiguri, 1889-1895*, Calcutta: Bengal Secretariat Press, 1885, pp. 218-219.

Majority of *Jotedars* donated money to the fund for improving the health condition of the people. Funds had been used to introduce of new crops, sinking wells for drinking water, constructing village roads, open the charitable dispensaries, and provide different cloths for poor people. In 1894, the money was in the hands of the Deputy Commissioner in the account of the fund Rs. 8857. According to Government, the *Jotedars* were the fittest person in rural area who could develop the village .<sup>22</sup> Therefore; the health system was developed with the joint hand of the local people and local administrator.

According to survey of Sunder, he alleged leprosy in 1894. He told that Toto were being trouble by ulcers and sores in their legs and hands. Sometimes they were attacked by leprosy.<sup>23</sup> On the other hand in 1950 Asok Mitra wrote in his census report-district hand book that he was not competent to defect any indisputable case of leprosy.<sup>24</sup>

In 1911, the number of dispensaries had increased in Jalpaiguri district. These are Alipurduar, Falakata, Titalya, Boda, Kumargram, Patgram and Debiganj dispensaries. Among these, King of Coochbehar maintained the Patgram dispensary.

Therefore, three dispensaries were increased; they were dispensaries of Tentulya, Patgram and Debiganj dispensaries. Mr. Grunning told that those dispensaries were in interior places.<sup>25</sup> The programs of sanitization were progress when the School masters co-operated to that work.

Though, the weather Jalpaiguri was very unhealthy, but possibility of the opportunities the Britishers firmly decided to leave here. Over 200 Europeans resided at home in the Duars area. The incidence of malaria was high among them.<sup>26</sup> So the British considered much pay attention to develop to the question of sanitization.<sup>27</sup> So it was positive change of Colonial rule.

### Some others Initiative was Taken

On 1 January of 1868, the British government established a hospital and started treatment with one doctor only. But it was only for the servicemen of the Britishers. For general people, the government established only one chartable health centre in Jalpaiguri. But general people did not

## Changing Rural Health System of Jalpaiguri District in Colonial Period

---

agree to take the treatment from the Britisher doctors i.e. the Christian doctors. Therefore, it was a problem to spread the modern health system.<sup>28</sup>

First hospital started with two doctors, one was *Saheb* doctor and another was native doctor. House of hospital was made by thatched roof wall was made by coarse mat of bamboo and floor was concrete. Later on, the roof was billed by corrugated tin. There were not so called nurse. Many young boys gave volunteer service. But after some days the police did not allow this young boys in hospital.<sup>29</sup>

As per patients records, not only patients from the town and municipal areas, but also people from Duars and other districts came a there to get medical care and treatments.<sup>30</sup> In 1885, at first the government started vaccinations of cholera (purging and vomiting) and in 1889 vaccinations started for small pox. Government took the most important initiative for development of treatment or health system in 1887. On 3 May of that year, a district board was founded.<sup>31</sup> Many initiatives were taken to develop the health system for the people of the district. In 1918, a board was established, named -“Public Health laboratory.” In addition, from in 1938 one laboratory started testing different food item. It was established for to prevent the pandemic situation. Except that, the Board recommended some proposals, which are given below.

Those diseases were (a) to use the mosquito net to save from mosquito. (b) Should be take quinine for remove the malaria. (c) to destroy the spawn/rope of mosquito. (d) Advised to pisciculture in fishy dam, (f) to alert, it should write in wall by soil/chalk about the disease on account to mosquito.<sup>32</sup> But there were some setback to use the allopathic medicine. One of them was the price of the medicine was very high. The imported of the medical instrument and the technology, which were related to the health, was not easy. As a result, the government took a decision in 1866 that the doctors could used the indigenous medicine i.e. *ayurvedic* medicine. Therefore, western doctors took help from the indigenous *kabiraj* or *hakim*. According to the government record/order, the government should be appointed one western surgeon and three indigenous practitioners in every health centre per 6000 people. Those health centers were charitable. Some health centres like that were established in Jalpaiguri, Tentulia, Boda etc. But the local people hardly go to the health centre which were established by the Britishers. But with the course of time, the attitude of men were changed and rural people gradually began to used /took

## Changing Rural Health System of Jalpaiguri District in Colonial Period

---

the allopathic treatment. But side to side, the indigenous treatment also were prevalent.<sup>34</sup> In 1906 when the case of malaria reached in climax, the Mr. Colling Wallick various action was taken. The Government was sympathetic and ready to help in every way. In the following year Captain Cristophers and Dr. Bentley came to Duars to investigate Malaria and black water fever and pursued these investigations until 1909. But after the investigation, the result or conclusion was not accepted by government.<sup>35</sup> The important point was that, from 1906 the whole European community was thoroughly aroused to spending money on sanitation amid prophylaxis was understood and readily acquiesced improvement in the health with the time. The result had been a marvelous improved in the health with the time whole tea garden workers and other people also and a beginning in the directing of improved sanitation throughout the district.<sup>36</sup> Until then, identifications of disease there were some process of observations. There were lack of such clinic to test the blood, x-ray, microscopy etc. That was not until discovers. With the change of time, the medical sciences also were changing. Therefore, the newly medical technologies protected the woman, specially, when a woman just delivered of a child. After that, the health department treated the mothers and her child. With the urban people, the rural people began to call the medical practitioners and training nurse. These nurses took the training from the government hospital. But side by side, in rural people were not so much alert about that health about their health. To release from the diseases they called the *kabiraj*, *hakim*, midwives also for tratment.<sup>37</sup> Thus with an aim to provide elaborate health care service that can be available by the residents of the Jalpaiguri town, and district in 1897, the Jalpaiguri *Sadar* Hospital was established with the support of Jalpaiguri Municipality and benevolent individuals like Munshi Muhammad Sonaula. Both native and European doctors attended the indoor and outdoor patients. As per records, not only patients from the town but the patients from rural also received treatments. The people from Duars and other districts came there to get medical care and treatments.<sup>38</sup> According to reports due to the quality health care services provided by the hospital, the number of patients increased day by day as people from surrounding areas were also admitted. A few lines from his report are quoted here, 'in the ten years from 1895 to 1909 the average daily number of patients was 9.12; in 1905 the year in which the new hospital was opened it rose to 10.60. In 1906 it increased to 17.83 and in 1907 it was 23.98'. Often the outdoor ward was crowded with patients.<sup>40</sup> According to

## Changing Rural Health System of Jalpaiguri District in Colonial Period

---

report, in the year 1907 the number of indoor patients was 758 and 9215 patients received outdoor treatment. Jalpaiguri District Board, GSI Fund, and Municipality extended economic support to run the hospital. From the above information, the following aspects come into light:

1. Development and growth of medical facility and health care services,
2. Awareness and keen interest among the common people towards availing modern health services and lastly,
3. Aspiring hope to fight fatal diseases like- diarrhea, Malaria, black water fever, dysentery, cholera etc. <sup>41</sup> With the gradual expansion of the town of Jalpaiguri (district town), the number of patients at the hospital also increased considerably. This was because there were only a few small health centers in the town and teagarden regions. But the Jalpaiguri *Sadar* Hospital was the only immediate extensive institution with modern medical set up. Increased number of patients created demand for doctors. To meet this requirement, the colonial government established 'Jackson Medical School' named after Governor Jackson, in the year 1930, in which Dr. Young was appointed as Principal. It was the milestone in the history of the history of health development of Jalpaiguri district. It was follow the Medical college of Calcutta. Forty (40) students were selected from the whole of North Bengal for the medical training. The learner, who acquired the diploma from that institute, were appointed in tea garden and others rural area. In later year, large number of doctors who practiced in different parts of Jalpaiguri and helped in development of medical facility and health care. <sup>42</sup>

Homeopathy treatment also started in the district. To spread the news about the new health centre, some news papers and journal played an important role in this regard. The *Trisota* news paper informed that some prominent doctors of the district were Dr. Nakul Chandra Sarkar, Dr. Narendra Chandra Das, Dr. Hemochandra Majumdar etc. Those were the Indian doctors. Therefore, the Indian doctors sometimes were better than the European practitioners were, because they were more sympathetic towards the Indian patients. <sup>43</sup>

A medical officer of Buxa investigated about the health problem in these area. In 1870, the Civil Surgeon stated that no facts regarding the effects of drainage, jungle clearing, increased

## Changing Rural Health System of Jalpaiguri District in Colonial Period

---

cultivation, or other sanitary efforts towards the general health of the people had been brought to his knowledge. Yearly process of the burning of the jungle (dense grass) was very well effort to prevent the malaria.<sup>44</sup>

According to the need of the time, the role of the new woman was to function as a good spouse and mother. The Bengali and English periodicals were vocal about the importance of lactation, breast-feeding nutrition etc. thus great emphasis given to female healthcare with the western medicine.<sup>45</sup> The Indian woman worked at home and they maintain sanitation of house. They maintain to clean the house, health and hygiene, nursing, cleanliness, child caring, home making etc. So many writings advised that the woman required supporting to secure their health. Their health should be protected by the *allopathic*, *homeopathy*, *ayurvedic* and *unani* medicine. The manual advocated several suggestions for women regarding the food of their children, cleanliness of the house, keep the healthy environment, healthy food for every members of the family, necessity of pure drinking water, nutrition etc.<sup>46</sup> After the coming of the Britishers, they prohibited the unscientific Indian treatment. Britishers established where the modern treatment also started. But unfortunately the only woman of poorer class attended in those colonizer's hospital. Because upper class people did not agree to treated female members to the male doctors. So here, the female doctors was required. Gradually a number of female doctors emerged in Bengal. It was also remarkable changes of the health system of Jalpaiguri district.

There were midwives in the rural society as well as town. They (midwives) looked after the pregnant mothers and her newborn baby. Some old women of the family advised to the mother and her child fall into trouble.<sup>47</sup>

### Development of the Treatment of Public Health System after 1885

The eastern part of the district was malarial tract or intensely malarial region. Subsequent enquiries made in 1907 and it proved that even these figures were too low, and that the true endemic indices were from 10 to 20 per cent higher. But among the children whose age between 2 to 10 who had malarial parasites in their blood. Therefore, the infantile mortality was very high. Especially Nagrakata block were more malarial region. European people who came from non-

## Changing Rural Health System of Jalpaiguri District in Colonial Period

---

malarias area and the tea garden coolies from slightly malarias districts suffered much from fever. But the adult native people of Rajbansis, Muhammadans and Meches were relatively immune to fever.<sup>48</sup>

### Measures Taken

Enquiry was made into the occurrence of malaria and black-water fever in the western Duars. Dr. Bentley, M.B., and Captain Christopher, I.M.S. made it. Another investigations was conducted in this regard by Dr. Stephens and Christophers and Captain S. P. James, I.M.S.. According to their observations the malarial endemicity of the Duars was high and the black-water fever was as common in this area.<sup>49</sup> In 1907, the Duars Planter's Association made an urgent appeal to the Indian Government to take necessary step. With the result, that an enquiry was instituted into the occurrence of malaria and black-water fever, and the general condition of sanitation in the Duars.<sup>50</sup>

Laveran's discovered the malaria parasite and Ross demonstrated that the malaria parasite transmitted by mosquitoes. Therefore, the transmission from affected person to others was depended upon (1) the presence of infected persons; (2) the presence of other susceptible persons; and (3) the susceptible mosquitoes etc. Other different case studies was going on and gave report about the symptoms and verities of malaria. They also discovered that anopheles mosquito were the carrier of malaria.

In that times, the most successful treatment was the free use of bland diluents, such as barley water or milk and soda. Drugs were of little service and meat extracts were distinctly harmful in the acute stage, but there was exceptional case.<sup>51</sup>

Since 1907, about 75 percent of the Europeans in the Duars have made use of systematic quinine prophylaxis in the form of a 5-grain quinine tabloid taken daily. In addition, it was suggested to use the mosquito nets. Planters have begun to distribute quinine in the palatable form freely among the coolies. The Britishers tried to sell the quinine an attractive form because, quinine were very bitter in test. So one method were taken to take the quinine. It would be made in the shape of sugarcoated pills or tabloids for adults and older, children and of tenant-in chocolate or powder form for younger children. District Board had ordered in 1908, 100000 sugarcoated pills for



## **Changing Rural Health System of Jalpaiguri District in Colonial Period**

---

induce the villagers to take the drug more often. Therefore, the Britishers were determined to apply the new scientific medicine and used process of new of treatment.

To develop the market, the government took some initiative towards the sanitary system. a) The management committee of market provided medical facilities for the people. b) Did not left any refuse and rubbish in *haats* (markets).

### **Vaccination**

During the period of 1903 to 1908, vaccine was also given to protect the smallpox. There had been a marked improved in the numbers of persons protect against smallpox.

The modern health system was also very much required for the British first. But with Britishers, general people (Indian) also benefited. In Jalpaiguri district, the *Sadar* hospital was build in 1905 AD. Other dispensaries were established at different Police station's area of Jalpaiguri District, like-Alipurduar, Falakata and Tentalya in 1866, Boda in 1868, Maynaguri, Kumargram and Patgram (new in 1907) etc. So the health system was began to improved (changes). So with the establishment of modern health care centre, Indians brought under that system with the Britishers. Because people became conscious to the modern health care system and their confidence became grew. With that, the modern health care system gradually increased.<sup>52</sup>

### **Development of the treatment of public health system after 1911**

The decision was taken that the doctors also adequately supplied with medicines and appliances to cope with disease in epidemic form.<sup>53</sup> Another initiative was taken against the malaria. Dr. Bentley was the adviser about the prevention of the diseases. Based on the suggestions towards the end of 1916-1917, a change was made with three out of four schemes designed by Dr. Bentley as experiments in anti malarial operation. Additional grant was also given in 1917 for such experiment.

Investigation and application of the health plane were introducing side by side. When the Britishers (granted) appointed the commission, they granted fund also for the development of heath system of the district.

## Changing Rural Health System of Jalpaiguri District in Colonial Period

---

The Bengali tea planters had taken some measures to development of health system. They established Indian Tea Planters Association (I.T.P.A.). This Association (I.T.P.A) appointed two M.B.B.S. Doctors as the Group of Medical Officer for the treatment of tea . The Head Quarter of one doctor was at Dewpara (Debpara) tea estate and the Head Quarter of another doctor was at Gopalpur tea estate.<sup>54</sup> The work of the Group of Medical Officers was to provide the good medical facility to the tea workers. They look after the sanitary system in the tea state. Even one Bengali tea planter (Vic-Chairman of I.P.T.A.), Jogesh Chandra Ghosh proposed in 1921 in front of the Governor Lord Ronaldshe and some other tea *Saheb* to establish a Medical School in Jalpaiguri. Again, Jogesh Chandra Ghosh gave assurance that the Bengali Tea Planters will help them in this regard. As a result, after the investigations the British Government established the Jackson Medical School in Jalpaiguri in 1930.<sup>55</sup> Again, the Government took initiative to continue the experimental anti-malarial schemes in 1928-1929. Decisions were taken to distributions of quinine and cinchona febrifuge through District Board dispensaries. The anti-malarial co-operative societies and *kala-azar* doctors treated the malaria patients. That not only the authority, took some more initiative to aware the people through lanternslides and tried to clear the jungle, improvement the drainage system to avoid the stagnant water.<sup>56</sup>

The Indian planters also tried to establish some health centre and appointed qualified doctors. But will agree without any hesitation that the English were also pioneer of modern health system of this district.

### Development of the treatment of public health system after 1919

Anti-malarial activities were continued during the colonial period. In 1921-1922, the fever index was 7 per cent below the mean of preceding four years. The spleen index among the permanently resident children in the treated area was 56.5 in 1921 compared with 75.5, the mean of the preceding four years. The government also took step against *kala-azar*. At first took policy to prevent the disease was educational propaganda and publicity about that disease in the year of 1930-1931. That year the Publicity Bureau of the Bengal Public Health Department arranged to delivery several lectures with or without lantern slides for health propaganda. On the other side,

## Changing Rural Health System of Jalpaiguri District in Colonial Period

---

the District Board organized its own propaganda department under the District Health officer.<sup>57</sup> The District board also introduced free vaccination in 1917-1918 and salaried vaccinators under it took the place of licensed vaccinators in 1920-1921. Low death rate from cholera was reported in 1920-1921 because of disinfection of wells.

The Sanitary Board of Bengal met seven times in 1935 and considered the Water Supply Extension of Jalpaiguri. The Board also proposed to distribute all the schemes of water supply. Charu Chandra Sanyal wrote in his book, *The Rajbansis in North Bengal*, people did not use soap in ordinary cultivators' houses.<sup>58</sup> But W.W. Hunter stated that after the establishment of the colonial period in village markets the petty shopkeepers sold the article Soap etc. So it may be said that later period they began to use soap.<sup>59</sup>

By untiring efforts of the district board, the diseases were controlled within a few years. Veterinary Surgeons were more required, and a stronger and better breed of cattle of agricultural improvement. Rinderpest and foot and mouth disease appear annually in epidemic form a little seems to be known of the local causes of these outbreaks. The one remedy resorted to was inoculation and that only when an epidemic is under way.<sup>60</sup>

### References

1. Hunter, W.W., *A Statistical Account of Bengal*, Vol.-X, Delhi: Trubner, 1874, p.326 ; Halder, Barnali, *Jalpaiguri Zela Swasthya O Chilitsa Byabastha, Kirat Bhumi (Vol. II)*, Jalpaiguri Zela Sangkalon, Arobindo Kar, Kolkata: Dot Line Publication, 1995, p. 299.
2. Milligan, J. A., *Final Report on the Survey and Settlement Operation in the Jalpaiguri District*, Kolkata: The Bengal Secretariat Book Depot, p.24.
3. Sanyal, Charu Chandra, *The Rajbansis in North Bengal*, Calcutta: The Asiatic Society, 1965, p. 26.
4. Sanyal, Charu Chandra, *The Rajbansis*, p. 27.

## Changing Rural Health System of Jalpaiguri District in Colonial Period

---

5. Barman, Upendra Nath, *Uttarbanglar Sekal o Jiban Smriti*, Jalpaiguri: Durg Press, 1392 (Bengali Year), p. 23.
6. Hunter, W.W., *A statistical Account of Bengal*, Vol.-X, Delhi: Trubner publication, 1874, p. 257.
7. Hunter, W.W., *A statistical Account of Bengal*, pp. 321-322.
8. Grunning, J.F., *Eastern Bengal and Assam District Gazetteers, Jalpaiguri*, Siliguri: N.L. Publisher (Rpt.) 2008, p. 71.
9. Ghosh, Shrabani, 'Ouponibeshik Yuge Jalpaiguri Jelar Swasthya O Chikitsabyabstha, in Anandagopal Ghosh and Supam Biswas (ed.) *Paribartaner Dharai Tistabanger Jalpaiguri Jela*, Kolkata: Prगतishil Prokashok, 2016, p. 216.
10. Roy, Gourango Chandra, 'The changing scenario of the social condition of the Rajbansi People in the Northern North Bengal of the Post Colonial period', Susmita Pandit (Ed.) *The Changing Scenario of Socio-Economic Life In North Bengal*, Malda: Dipali Publishers, 2013, p. 75.
11. Das Gupta, Ranajit, *Economy, Society and Politics in Bengal: Jalpaiguri 1869-1947*, Bombay: Oxford University Press, 1992, p. 15.
12. Hunter, W.W. *A statistical Account of Bengal*, p. 326.
13. Kusari, Abani Mohan, *West Bengal District Gazetteers, Jalpaiguri*, Calcutta: N.K. Gossain and Co. Pvt. Ltd., 1981, pp. 270-271.
14. Halder, Barnali, *Jalpaiguri Zelar Swasthya O Chikitsa Byabastha, Kirat Bhumi (Vol. II)*, p. 300.
15. Majumdar, Bimlendu, 'Jalpaiguri Zelar Lokchikitsya O Lokbhesoj, in Arobindo Kar (Ed.) *Kiratbhumi, (Vol. II)*, Jalpaiguri Zela Sangkalon, Kolkata: Dot line Publication, 1995, p. 290.
16. Hunter, W.W. *A statistical Account of Bengal*, p. 322.

## Changing Rural Health System of Jalpaiguri District in Colonial Period

---

- 17.Sengupta Debkumar, 'Development of Modern Medical and Health Care Facility in Jalpaiguri District Since 1869', in Ghosh, Ananda Gopal (ed.), *Sesquicentennial Commemoration Volume of Jalpaiguri District (1869-2019)*, New Delhi:Kunal Books, 2020, p.311.
- 18.Hunter, W.W. *A statistical Account of Bengal*, p. 323.
- 19.Hunter, W.W. *A statistical Account of Bengal*, p. 323.
- 20.Sunder, D.H.E., *Final Report on the Survey and Settlement of Western Duars in the District of Jalpaiguri, 1889-1895*, Calcutta:Bengal Secretariat Press,1885, p.217.
21. Sunder, D.H.E., *Final Report*, p.129.
22. Sunder, D.H.E., *Final Report*, P.229.
- 23.Sunder, D.H.E., *Final Report* ,pp. 218-219.
- 24.Mitra, Asok, *Census, 1951,West Bengal, District Handbooks, Jalpaiguri*, Calcutta: 1951, appendix-VIII, p. ccxv.
- 25.Grunning, J. F.,*Eastern Bengal and Assam District Gazetteers, Japaiguri*, Reprinted, Siliguri:N.L.Publisher, 2008, p. 73.
- 26.Ibid, p. 73.
- 27.Debnath, Sailen, *The Dooars in the Historical Transition*, N.L. Publishers, Siguri: 2010,p.45.
- 28.Halder, Barnali, *Jalpaiguri Zelar Swasthya O Chikitsa Byabastha, Kirat Bhumi (Vol. II)*, p. 301.
- 29.Sanyal, Charu Chandra, '*Jalpaiguri Shahorer Eksho Bachhor (1869-1969)*', in *Dyotona* (magazine), Jalpaiguri 150, 40 years 1<sup>st</sup> volume, Goutam Guha Roy, Kolkata:Baiwala, 2019, p. 150.
- 30.Sengupta, Debkumar, 'Development of Modern ,p-311.

## Changing Rural Health System of Jalpaiguri District in Colonial Period

---

31. Halder, Barnali, 'Jalpaiguri Zelar p. 301.
32. Halder, Barnali, 'Jalpaiguri Zelar p. 301.
33. Halder, Barnali, 'Jalpaiguri Zelar p. 301.
34. Halder, Barnali, 'Jalpaiguri Zelar p. 302.
35. Milligan, J. A., *Final Report on the Survey*, pp.25-26.
36. Milligan, J. A., *Final Report on the Survey*, p.26.
37. Halder, Barnali, 'Jalpaiguri Zelar p. 302.
38. Sengupta, Debkumar, 'Development of Modern, p. 311.
39. Sengupta, Debkumar, 'Development of Modern, p-311.
40. Ghosh, Shrabani, 'Ouponibeshik Yuge ,p. 216.
41. Sengupta, Debkumar, 'Development of Modern,p.312.
42. Sengupta, Debkumar, 'Development of Modern,p.312.
43. Halder, Barnali, 'Jalpaiguri Zelar, p. 302.
44. Hunter, W.W. *A statistical Account of Bengal*, p. 322.
45. Ghosh, Shrabani, 'Ouponibeshik Yuge , p. 301.
46. Ghosh, Shrabani, 'Ouponibeshik Yuge ,
47. Ghosh, Shrabani, 'Ouponibeshik Yuge ,
48. Grunning, J. F.,*Eastern Bengal and*, pp. 59-61.
49. Grunning, J. F.,*Eastern Bengal and*, pp.61.
50. Grunning, J. F.,*Eastern Bengal and*, p.66-69.
51. Grunning, J. F.,*Eastern Bengal and*, pp.72-73.
52. Milligan, J. A., *Final Report on the Survey*, p.23.

## Changing Rural Health System of Jalpaiguri District in Colonial Period

---

53. Chakraborty, Kamakshya Prosad, 'Cha-shilper Gorapattane Bangali Udyogider Bhumika', in Ghosh, Anandogopal & Biswas, Supam, (Ed.) *Paribartaner Dharai Tistabanger Jalpaiguri Jela*, Kolkata: Pragatishil Prokashak, 2016, p. 234.
54. Chakraborty, Kamakshya Prosad, 'Cha-shilper Gorapattane', p. 235.
55. Kusari, Abani Mohan, *West Bengal District Gazetteers*, pp. 274-275
56. Kusari, Abani Mohan, *West Bengal District Gazetteers*, p. 275.
57. Sanyal, Charu Chandra, *Jalpaiguri Shahorer*, p. 28.
58. Hunter, W.W. *A statistical Account of Bengal*, p.131.
59. Milligan, J. A., *Final Report on the Survey*, p.27.