

The Diseased Natives and the British Raj: Epidemics in Colonial Bengal, 1880-1930

Dr. TinniGoswami

Assistant Professor of History, St. Xavier's College (Autonomous), Kolkata,

Abstract:*The essential theme of this paper is to highlight the condition of health and hygiene in colonial Bengal in the context of the printing media, especially the vernacular journals. The strength of the vernacular played an important role to make people aware and also to form a platform for protest and campaigning against the British Government.*

In this article, the present researcher has an intention to make a critical assessment of the above-mentioned discourse. The first section of this piece deals with the background, which will help the readers to have an idea on the British policies and institutions regarding health and sanitation of Bengal which also paved the way for native reaction. In the second segment, three particular ailments (cholera, malaria, plague) are described in the light of the vernacular literature to have an understanding of their virulence during the colonial period from 1880-1930. The concluding remarks are intended for exhibiting the difficulties as faced by the author during her research on this particular topic and also to mention the findings.

Key-words: Vernacular, Institution, Segment, Virulence, Discourse

The essential theme of this paper is to highlight the condition of health and hygiene in colonial Bengal in the context of the printing media, especially the vernacular journals. The strength of the vernacular played an important role to make people aware and also to form a platform for protest and campaigning against the British Government. The extreme poverty of the natives and the political grievances of them to a great extent were the two salient features of the British rule in India as the scholars have opined. The sufferings of the natives became more adverse with the attack of the ailments like cholera, malaria, plague, kala-zar etc., which later transformed into epidemics.

These health hazards compelled the indigenous people to raise their voice against the colonial indifference along with its social, political and economic dimensions. The educated middle class, though few in number, tried to set in a specific culture of social protest with an aim to question the efficiency of the Government. Perhaps the *diseased* natives got a satisfaction through all these which further aggravated the bitterness between them and the British *Raj*.

In this article, the present researcher has an intention to make a critical assessment of the above-mentioned discourse. The first section of this piece deals with the background, which will help the readers to have an idea on the British policies and institutions regarding health and sanitation of Bengal which also paved the way for native reaction. In the second segment, three particular ailments (cholera, malaria, plague) are described in the light of the vernacular literature to have an understanding of their virulence during the colonial period from 1880-1930. The concluding remarks are intended for exhibiting the difficulties as faced by the author during her research on this particular topic and also to mention the findings.

Background:

During the colonial period, the condition of public health and sanitation was not very impressive. From the reports of the Sanitary Commissioners, it is evident that health of the natives was definitely / seemingly a matter of concern along with the health of their own men. The officials of the East India Company had a tendency to blame the indigenous people for epidemics like Cholera, malaria, plague, Kala-zar etc. As for example, in 1881 on 24th February, the Civil Medical Officer of Dinajpur, Baboo U.C. Mookherjee, wrote a letter to the Magistrate of Dinajpur, stating that,

'...anything that contributes to the unhealthiness of a place is to be found in abundance all about Roygunge and its adjoining villages. Roygunge is almost in the centre and it is most crowded without proper roads or drains. There is a river called Kullick which except in the rains, contains throughout the year, particularly in the portion that passes through the most crowded part of Roygunge, dirty water holding all the organic impurities in most concentrated solution and, is in my opinion, unfit for use; but strange to say almost all the people use it both for drinking and cooking purposes.

*They wash their dirty clothes, bathe and urinate ... The residents have got almost no wells in their houses and no privies..... The Mohammedans bury their dead bodies wherever they like; the Hindus and other classes throw theirs into river. The people also use rotten fish which is very common in Roygunge... These are the principal insanitary conditions that need reform.'*¹

On the other hand, in the vernacular journals, periodicals and also in the newspapers, many articles were written criticizing the British Raj for the alleged neglect of sanitary and unhygienic conditions in this regard.

A critical study of the following subject cannot fail to reveal the deplorable condition of public health in Bengal, the helplessness of whose populace can be better be imagined than described. Demands to ameliorate public health conditions was voiced continually in the press, in the hosts of petitions and memorials from private persons in resolutions after resolutions at different annual medical conferences and in the provincial legislative council but little was done to improve public health.²

Though great hopes and many expectations with regard to public health were raised after the introduction of Montagu – Chelmsford Reforms (1919).But it did not bring any change. Health measures had little influence on mortality and morbidity. The reports of the Director of Public Health made a melancholy reading. Even a cursory glance through the statistics in reference to deaths and diseases in these reports, gave one the impression of the tremendous loss of lives due to preventable diseases. Malaria did not abate; cholera, Kala-zar and other diseases could not be stamped out. Although compulsory vaccination was introduced first in Calcutta in 1880 and gradually extended to all municipal and district board areas, Bengal continued to be a reservoir of smallpox.³

The rate of infant and maternal mortality was staggering. The health of the school children remained far from satisfactory. There was an acute famine of drinking water in rural Bengal. In the urban areas also the provision of safe drinking water was inadequate.

Another fruitful source of disease and infection was to be found in the adulteration also reduced the vitality and power of resistance of an appreciable section of the population. The pest of water-hyacinth could not be eradicated; smoke nuisance also prevailed in its worst form. A Government resolution also admitted that the public health services in Bengal and India were far from developed and the problems of public health were many and varied.⁴

The problem also had a social approach and the structure of the society of that time was very much caste-based. Sometimes the lower-caste people had to face opposition from the upper section of the society, if they wanted to reform or uplift the existing health condition. From Sarat Chandra's 'PanditMosai' and 'Palli Samaj'⁵ we get a picture of this. The vernacular literature played an important role to shape up the public opinion not only on health, also on the various subjects. Pradip Kumar Bose in his Health and Society in Bengal, states that,

*'...the examination of 19th century Bengali periodicals dealing with matters of health and medicine and the review of the subjects and specificities of contemporary knowledge – practices discussed therein, reveal that a variety of these practices and regimes of knowledge had originally emerged in the West. These were re-situated in the course of colonial rule. The re-situation of these practices led to their reformulations as well. A different society, culture, tradition and existing indigenous knowledge – systems provided the context in which the gradual spread of this knowledge occurred, followed by its adaption and articulation through various reformulations.'*⁶

It may be noted that, according to European scholars like David Arnold and Mark Harrison, western medicine played an important role behind the process of colonial penetration in India. The institutions like Indian Medical Service (IMS) and The Calcutta School of Tropical Medicine (CSTM) were established with a particular vision of spreading western medicine throughout the country. In short, the doctors of IMS had the responsibility to fight against the diseases and the main objective of CSTM was to promote researches on medicine. But here also the Indian representation was insignificant. Not only that, these institutions, particularly IMS, never proved to be an organization intended to do Welfare for the natives. Harrison rightly comments,

*'The slowness of promotion within the IMS, the pervasive anti-intellectualism, and bitter internal conflicts, fostered a climate in which innovation in theory and practice was positively discouraged. Equally, the military orientation of the service and the narrow outlook of many of its officers encouraged fatalism and indifference to the plight of the Indian people.'*⁷

On the other hand, regarding CSTM, it had been noticed that,

*'the men selected for the professional posts were all European IMS Officers and those chosen for the research endowments were still Europeans.'*⁸

Probably, these institutions were an 'eye-wash' which could console the educated Indians about the concern and caring attitude of the Raj for the colonized people.

It is important to make a critical assessment of the Reports of the Sanitary Commissioners from 1900-1930. After studying the reports carefully, the present researcher comes to know about certain aspects of British health policies. These are –

- i) In most of the reports the Sanitary Commissioners discussed on the diseases like cholera, plague, malaria, kala-zar etc. and tried to find out their severities over the Bengal Presidency. Though these reports were full of records and statistics, but hardly there was any suggestion or advice for reforms or to upgrade the standard of living of the natives. The poor natives were repeatedly blamed for the epidemics like cholera, malaria, plague, kala-zar and others.
- ii) There was always a space for 'General Remarks' in these reports of the Sanitary Commissioners, where the Commissioners had an opportunity to express their own views. Here most of them took an indifferent standpoint and practically there was none to go against the authorities.
- iii) The authors never mentioned anything on decentralization or about the Indian representation in the British administration. They had shown their concerns for

discussing the expenditure of the District and Union Boards and did not comment on their executive powers.

- iv) In these reports it is difficult to find out any single paragraph referring to the contributions of the doctors of IMS or the efforts of the natives to improve health and hygiene. There are very few exceptions in this regard. We must mention the Fifty – Third Annual Report of the Director of Public Health for Bengal (1920). In this report, the Director of Public Health, C.A. Bentley, writes,

*'In the Sanitary Report for 1918, mention was made of an interesting movement spear-headed by Rai Bahadur Dr. Gopal Chandra Chatterji, for assisting village and other communities to take action against malaria; by the agency of anti-malarial societies organized on a co-operative basis...'*⁹

- v) There was a lack of communication between the authorities and the state governments particularly with the District and Union Boards. As a result of this unnecessary delay in communication, corruption and other malpractices became inevitable.

- vi) In very rare cases, we find a motive for educating the colonized, perhaps with the view to prevent their own health problems. Here one can mention the name of an important report which made a land mark in the history of public health in colonial Bengal. This report ('Problem of Rural Reconstruction Work') was written by a Bengali, Lt. Col. A.C. Chatterji, Director of Public Health in the year 1938. Though our study period is from 1900 – 1930, but this report is very significant to understand the intensity of the health problems during the colonial era.

It is probably due to the reason of being an Indian or a Bengali; Chatterjee had thoroughly understood the situation and tried to find out the solution. He stated that,

'The magnitude of Rural Reconstruction Problem varies in different countries. In some place the problems of Rural Reconstruction are less in numbers, but acute in respect of a few items, while in others it may be the reverse. Nevertheless, if we look at the problem as a whole we will find that at least in the eastern countries there are several main features which can be called common to all; some of the principal ones are as follows:-

1. Sanitation – which includes rural housing and town planning, supply of drinking water, disposal of domestic refuse, excreta of both human and animal.
2. Nutrition – which includes the composition of diet, the different diseases due to unbalanced diet and mal-nutrition, and the proportion of family budget spent on food.
3. Measures for combating certain preventable diseases in rural areas – like malaria leprosy, cholera.
4. Medical relief.
5. Economical condition, which includes expensive habits and customs, co-operative movements, rural indebtedness, agriculture, animal husbandry, consolidation of scattered holdings, cottage industries and subsidiary vocations.
6. Co-ordination of the activities of the different departments at Government operating in the rural areas.¹⁰

Epidemics in Colonial Bengal: In the Light of the Vernacular Journals

In this section of the article, there is a detailed discussion on the vernacular journals which were published in the nineteenth and the early twentieth century. Most of them were of general nature and dealt with various subjects. But one could see regular appearance of health related articles with emphatic focus on hygiene, diseases and prevention of illnesses in these journals. At the same time a

few journals were in circulation solely and entirely related to such topics. One could probably and appropriately call them health journals. Names such as *Swasthya*, *Swasthya Samachar*, *Chikitshok o Samalochok* and many more of the same kind are indicative of the trend prevailing at that time. The trend was related to creating awareness amongst native public about basic and elementary health rules.

On the other hand, these journals seem to convey a collective concern regarding recurring ailments which at that time were becoming regular annual feature. On the whole, these journals coming out at a particular time of colonial rule expressed concern, regret as well as allegations against the Government about the deplorable health situation of the country.

Some of these journals were quite open in their criticisms of the Government's health policies. How much they were able to impress the Government is however not really known. In these journals, one can find the discussions on the indigenous medicine i.e. on the Ayurveda, and on the diseases like malaria, plague, cholera, and kala-azar etc. This could also be considered as an attempt on the part of the writers to otherising colonial medicine, and seeking comfort in an indigenous identity.

A) Revisiting Cholera: The Native Experience

It may be noted that, the availability of potable water was a hazard even in the twentieth century. This was considered as a serious cause for diseases like cholera. In the vernacular journals of the colonial era; we find many articles, even relevant and interesting advertisements on this issue. For example, an advertisement was published in *Swasthya* (B.S.1306, Ashad), stating the below mentioned literature -

'PURITY OF WATER SUPPLY

AND

DISAPPEARENCE OF CHOLERA

VIDE- Vital statistics of Indian Cities and Towns where filtered water supply has been introduced.

.....
MARTIN & CO.

JACKSON HOUSE, CALCUTTA

(AND 22 & 25, Lawrence Pountney Lane, London E.C.)

Have constructed the following water works:

ALLAHABAD, BENARAS, CAWNPORE, LOCKNOW, MEERUT

NAINITAL, ARRAH, BHAGALPOR, BERHAMPUR, HALDWANI

AGRA, KHANDWA, SRINAGAR (KASHMIR), CHITPUR

DUM-DUM, BOMBAY AND CALCUTTA

(Extension-Suburban) '11

An article on cholera was published in the journal *Pobasi* (B.S.1316), mentioning the virulence of the disease. It states about its contagious nature and seeks a relation between cholera and jute cultivation. The rotten jute in the ponds polluted water. This polluted water became a source of cholera. The poor villagers and cattle used this contaminated water, leading inevitably to sickness and death.¹²

The search for good water and the panic of cholera often became a source of grievance and grudge of the natives. The journal *Dasi* of 1895 published an article on the necessity of having pure water and the method to procure it. In this article, a picture of the then society is found regarding the issue of water supply. A critical emphasis has been given to the spread of awareness amongst natives.¹³

Often in these vernacular journals and periodicals, the Government was accused of indifference and was considered responsible for the malady. In this connection, *Dasi* comments on the duties and the responsibilities of the Government, and wants a permanent solution.¹⁴

Not only that, journals like *Chikitsa Prakash* (B.S.1317) and similar other periodicals often published articles containing information about cholera as an epidemic in contemporary Turkey or Portugal. It is evident from all these, the educated natives were also aware of the health situation outside India.¹⁵

The relation between cholera and insanitation was highlighted by the Journal, *Dasi* in a lucid manner. According to this Journal, very few people have the practical knowledge on hygiene and sanitation. It is important spread general awareness regarding all these. '*We cannot inherit this knowledge by birth; it should be acquired by us.*'¹⁶The above-mentioned Journal also expressed doubts regarding the duties and responsibilities of the Government as the initiatives for reforms were absent.

The natives of Bengal, due to their lack of awareness, often polluted the environment and caused cholera as mentioned by the Journal, *Mahila*. It was one of the mouthpieces for the women of Bengal which wrote in 1898,

'Village women bathe in dirty and polluted ponds. They not only bathe, but wash their clothes, utensils etc...The water is full of germs of the diseases like contagious fever, cholera and many more.'
17

B) Malaria Epidemics in Bengal: An Era of Death and Destruction

During the colonial period malaria recognized as a deadly disease which often took the form of an epidemic. *Probasi*, a popular journal makes a valuable comment on this –

*'...People of Bengal suffer and die of malaria because of insanitation and lack of pure potable water. Introduction of proper drainage system and filling up of rotten ponds will be surely benefiting the people. So it is the duty of the Government to see to this problem. Apart from this, we must know the elementary rules about how to maintain good health. Otherwise the Government's attempt to eradicate malaria or to provide potable drinking water will go in vain. From that perspective, it is important to spread education for all...'*¹⁸

The fatal effect of malaria was described in an article by *Swasthya Samachar*, where the author lays stress on the clearance of jungles and betterment of the condition of the rivers and ponds, which

are necessary to have a pollution free environment. The author also recommends arrangement of popular lectures with lantern slides in the villages.¹⁹

The British Government on its part held responsible the natives for the outbreak of malaria. Many health journals raised their voice against this kind of belief. Amongst them *Swasthya Samachar* always took the leading role. In B.S. 1337 an article says,

*'...Till now the villages are blamed for the outbreak of malaria in the rural areas of Bengal...But it is not justified to accuse them solely without considering the real situation. In fact, lakhs of people died within twenty years which compels the villagers to leave their native soil. As a result of this, the abandoned villages have become sources of various ailments. At the time when people lived there; they kept the place clean and suitable for living. From this point of view, it can be said that, the rotten ponds and the dense jungles are not the basic reasons for malaria; malaria is responsible for abandonment of villages and consequent degeneration of health and hygiene...'*²⁰

The famous medical practitioner, Dr. Nilratan Sarkar wrote an article in the same journal (B.S.1322), where he speaks for the remedies like drainage and sanitation to eradicate the ailment.²¹ It is clear from his statement that educated and distinguished among the natives were aware of the probable causes of the disease and made an appeal to the Government to eradicate them. The direct interference of the Raj in health matters was needed to solve the problems, which had been repeatedly emphasized by all these journals.

Prabhabati Devi Saraswati, a famous Bengali novelist of that time wrote an article on malaria (*Swasthya*, A.D. 1924). Perhaps it was the first writing by a woman on this particular disease. After describing the wretched condition of rural Bengal, the author held responsible the native society, particularly their callous attitude for all these. She wrote that, these people due to their lack of awareness were moving forward to the path of death and destruction, which should be prevented. These people always had a tendency to blame their destiny and never showed willingness to find out a solution. According to the author, the British colonial dominance made the natives weak-minded and spine-less, who failed to win over the political and social inequalities.²²

C) The Dirty 'rat' – Plague in Bengal

Apart from malaria, plague was also considered as an epidemic during this particular time. *Swasthya*, one of the leading journals of that time, writes (B.S.1305) on the virulence of the disease and highlights the importance of a dust free environment. According to this journal,

*'...the broom sticks are not enough to remove the dust and dirt, the application of water is also needed to complete the procedure. The scavengers, appointed by the Municipality, do an extensive and vigorous dusting with their brooms. By doing so they are making the streets the depot of the different diseases like plague. These should be stopped to have a better environment...'*²³

From *Swasthya Samachar*, we get an estimate about the mortality rates due to the recurring epidemics of plague. In 1897 plague broke out in Calcutta and approximately 5600 people died. The number enhanced in the following years. In 1898 – 18,000, in 1899 – 1, 34, 800, in 1906 – 3, 32,000 people died of plague and in 1907, it killed at least 15 lakhs of people. The relation between plague and insanitation was highlighted by these vernacular journals and periodicals to have a better understanding of the subject.²⁴

The initiatives taken by the authorities were often criticized by the natives due to their faulty character. In the journal, *Swasthya* (B.S.1305), it was stated,

*'...to prevent Plague, the Municipal authorities appointed many scavengers, who had the responsibility to make the roads clean. But due to an extensive and vigorous dusting, the roads became so dusty that it would become impossible to look or to walk on them. Even it made the environment polluted and unhealthy.'*²⁵

The Government's policy of quarantine to prevent plague had an adverse effect on the native society. The journals like *Mahila* (B.S.1305) severely criticized this policy and considered it as a fatal blow to the privacy of the native household. The police inspection often ended with torture, especially for the indigenous women. It caused tremendous panic and numerous ladies, even pregnant (had miscarriage later), fled the city to avoid such situation.²⁶ In this regard, *Swasthya* (B.S.1308) quoted Neil Cook, the Health Officer of Calcutta, who stated, *'In India, it is impossible to apply anti-plague measures as the people are illiterate and superstitious.'*²⁷ These journals not only pointed out the loopholes of the administration, also highlighted the true picture of the society. Even some hard core scientific articles were published (*Chikitsoko Samalochak*, B.S.1306) to make people aware about the fatal effects of the disease.²⁸

This paper does not portray the clinical history of the ailments like cholera, malaria and plague. Rather it is an attempt to highlight the pulse of the native society along with the colonial attitude. Studying intensively the course of colonial history from its beginning till the decades of the 20th, one finds that the economic exploitations led to decline in agriculture, growth of crops, and the failure of harvest. All these and rapid de-industrialization created a general condition of decline which certainly affected the human mind and body.

Diseases like cholera or malaria were previously generally unknown to this country. Here one can mention an article by the famous Bengali novelist Prahbhabati Devi Saraswati, who wrote in 1924 that, previously malaria was not rampant in Bengal; even before 30 or 40 years from her time.²⁹ A believe is that cholera was brought from outside³⁰ and malaria was largely accounted for by the stagnant pools created as a result of railway dykes³¹.

The Unhealthy native body led to a closed mentality which was also the result of lack of education followed by unawareness. The colonial government at a later stage seemed to be anxious about native health conditions without probing into the courses of its decline. It would not be wrong to say therefore that the entire range of colonial concern for health and hygiene was of superficial nature. The natives were aware of all these. But the solution was unknown to them. The history of colonial health and hygiene perhaps should be put into this structural framework.

The role of printing media had an immense contribution behind the growth and development of public opinion, especially, against the British Government regarding the issues related to health and hygiene. The Bengali journals formed a platform for social protest where both the educated men and women of the native society participated. Though they were few in number, but their spontaneity made them capable to establish a specific culture, which was later followed by the others.

It was the beginning of the media culture to threaten the colonial authority and also to represent the nationalistic aspirations. Not only the Hindus, had the educated Muslims also written on various health issues, including the *zennana* or the female. The enlightened Muslim ladies like Rokeya³² and Faizunnesa³³ through their writings challenged the supremacy of the patriarchal society. They tried to create a notion of general awareness by questioning the efficiency of the British Government.

The native writers severely criticized the health policies of the masters who were only interested to safeguard their own men. The cultivated indifference of the *Raj* (British Government)

played a vital role to accelerate the pace of the health hazards. For the authors, the diseases became the metaphors to express their grievances against the government. During the first half of the 19th or the last half of the 18th, this particular literary trend was at a budding stage. It took a definite shape in the 20th century and widely circulated amongst the natives as the number of the vernacular journals notably grew in this period.

From this perspective, it can be said that, the history of public health and hygiene not only formulated an essential theme for the colonial medicine and treatment, it was also an integral part of the socio-cultural history of India, and Bengal in particular. It made the people aware to raise their voice against injustice and corruption. More importantly, these people styled the Bengali literature in a new manner, especially transformed the language into a weapon for expressing their opinions, ideas and observations on various social needs including a sound infrastructure for their wellbeing. By this way they wrote many historical deeds, which are used even now by the scholars to have a clear idea of the then society.

Notes and References

1. No. 74 dated Dinagore, the 24th February, 1881, From Baboo U.C Mookherjee, M.B.C.M, Civil Medical Officer of Dinagore
2. Ray, Kabita, *Press and Public Health in Bengal, 1921-1947*, Corpus Research Institute, 2009, Introduction
3. Ray, Kabita, *History of Public Health, Colonial Bengal, 1921 -194*, K.P Bagchi and Co, Calcutta, 1998, Chapter XII, pp. 343 -348
4. Ibid
5. Chattopadhyay, Sarat Chandra, '*PalliSamaj*' (1916), '*PanditMashai*',
6. Bose, Pradip Kumar (ed.), *Health and Society in Bengal, A Selection from Late 19thCentury Periodicals*, Sage, New Delhi, 2006, Introduction, pp. 10 -46
7. Power, Helen, *The Calcutta School of Tropical Medicine. Institutionalizing Medical Research in the Periphery*, an article published in the Journal, *Medical History*, 1996, 40:197-214
8. Ibid
9. Fifty-third Annual Report of Public Health for Bengal (1920), Bengal Secretariat Book Depot, 1922, p.16, para. 44
10. *Problem of Rural Reconstruction Work*, a Report by Lt. Col. A.C Chatterjee, Director of Public Health, Bengal, Bengal Government Press, Alipore, Bengal, 1938, p.12
11. *Swasthya*, B.S. (Bengali year) 1306, A.D. 1901
12. *Probasi*, B.S. 1316, A.D. 1909
13. *Dasi*, A.D. 1898
14. Ibid
15. *Chikitsa Prakash*, B.S. 1319, A.D. 1912
16. *Dasi*, A.D. 1895
17. *Mahila*, A.D. 1898
18. *Probasi*, A.D. 1912
19. *SwasthyaSamachar*, A.D. 1916
20. Ibid, A.D. 1930
21. Ibid, A.D.1917
22. *SwasthyaSamachar*, A.D. 1926
23. *Swasthya*, A.D. 1898
24. *SwasthyaSamachar*, A.D. 1925
25. *Swasthya*, A.D.1898
26. *Mahila*, A.D.1898
27. *Swasthya*, A.D.1901
28. *Chikitsok o Samalochak*, A.D.1899
29. *SwasthyaSamachar*, A.D.1926

30. John Macpherson wrote the book, '*Annals of Cholera, From The Earliest Periods To The Year 1817*' which was published in the year 1884 from London (H.K.Lewis, 136 Gower Street, W.C., London, 1884). The author of the book was a retired Inspector-General of Hospitals, H.M Bengal Army. In the last chapter of his book he concludes that, '*Cholera of various degrees of intensity has existed in all parts of the world, in varying extent, as long as there have been any records of the healing art...*' (p.200)

He further says that in Europe, there were many incidents of the Cholera epidemics, the earliest of which occurred at Nismes in 1564. In the light of the above mentioned statement, it is evident that, Cholera was common to Europe and it was first observed in India, on the coasts of Malabar and Canara, in the sixteenth century, and continued to prevail there almost every year upto 1817.' (p.201) Furthermore, according to Macpherson, there was no evidence of cholera as an epidemic in India; rather it had an endemic nature. He writes, '*It occurred sporadically in Europe, was endemic in India, but scarcely manifested itself as an epidemic.*' (Ibid.)

31. In 1883, Raja Digambar Mitra opined that the extension of railways in India, particularly in Bengal accelerated the growth and development of malaria. He mentioned the places like Ichapur, Chakdah, which were infected with malaria due to the railway embankments. Not only that the general health of Halisahar, Kanchrapara were deteriorating as the result of the above-mentioned fact. He had a firm belief that the construction of railways in Bengal paved the ways for health hazards, and did no good for the natives. (An article published in *Swasthya Samachar* [Kartick, B.S. 1333] cited in *Sanitising Society*, pp.613-614, B.R. Publishing Corporation. New Delhi, 2011, by Tinni Goswami)
32. Chakraborty, Uttara '*Muslim Women at the Crossroad: Quest for Identity*', an article published in '*Education and Empowerment, Women in SouthAsia*', published in the occasion of 150 years of Bethune School, Bethune School Praktani Samity, Kolkata, 2001, pp. 99 – 100
33. Ibid