

From Social Outcasts to Medical Subjects: Reassessing Bankura's Position as the 'Blackest Leper Spot' in British India

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Abstract: *In India, the beginning of the systematic leprosy investigation was fully associated with the Europeans. However, it was a very common and age-old disease in the subcontinent. The second half of the nineteenth century saw a significant increase in the number of leprosy patients. On this matter, Bengal was the worst province among the other Indian states. Leprosy was very common and prevalent in the red soil of Bengal province. Among them, Bankura, Birbhum, and Purulia were the most populated districts with leprosy patients in the colonial period. Even in present time, leprosy was highly prevalent in this district. This article seeks to explore the history and prevalence of leprosy disease in the Bankura district. Also, try to find out why leprosy was so prevalent in this district and how contemporary people dealt with it.*

Keywords: *Leprosy, Bankura, BELRA, Colonial Period, Leprosy Asylum*

Introduction

"The health of the indigenous people was peripheral, except when vital interests were threatened."¹

"In all the long procession of the ages there is no more truly tragic figure than that of the leper. Inspired both by traditional association and by natural horror, men have shrunk from him as a creature cut off from all the interests of healthy humanity. His cup is full to the brim with bitterness, and includes in it every ingredient of sorrow. Disease both loathsome and lifelong; expulsion alike from home and city; forfeiture of social and legal rights; all these, together with the consciousness that he is an outcast and that life holds for him no hope, combine to make the lot of the leper the very quintessence of misery and despair. Indeed, the very word has become the synonym for all that is foul and repulsive."²

In the introduction of his book, John Jackson discussed the plight of lepers in the nineteenth and twentieth centuries.³ This statement holds true for lepers of all ages and from all over the world. They were always disgusted, hated, isolated, and excluded from mainstream society. For instance, Jatin, a character of Manik Bandyopadhyay's story 'Kustho Rogir Bou', isolated himself from his relatives subsequent to his diagnosis with leprosy.⁴ In the novel 'Aranyak' by Bibhutibhushan Bandyopadhyay, a man named Giridharilal was prohibited from entering the slums due to the belief that he had leprosy. They even hurl stones at him.⁵ In ancient times, it was believed that leprosy was a punishment by the god. The evidence of this lethal disease was found from the ancient times. Ancient Indian literature, such as the Atharva Veda, Sushruta Samhita and Charak Samhit, thoroughly describe kustha (leprosy), elucidating its therapeutic interventions. The condition is mentioned in religious and legal literature such as Padma Purana and the Manusmrit, as well as in the works of Kalidasa and Tamil classics like Kalitthogal, illustrating various medical and socio-cultural viewpoints. The extensive reference in numerous writings underscores the notable historical presence and acknowledged of leprosy in ancient India.⁶

British India's colonial government was worried about the health of its white population. From the very beginning, they also tried to develop the health of the native people in a limited way. Their imperial interest was evident. They tried to control the contagious diseases because, from those diseases, there was a high chance that the European citizens, or especially the army, the main pillar of the British Empire, could be infected. Cholera, malaria, and smallpox were predominant in British India.⁷ Before the discovery of 'Mycobacterium leprae' in 1874, there was a general belief that leprosy was a hereditary disease.⁸ Bengal has a major problem with this malady, but the colonial government had no headache for a long time about leprosy and its prevalence in India. After the declaration of G. A. Hansen, a Norwegian physician, that 'Leprosy is a contagious disease,'⁹ the British Government started to think about this disease seriously. Additionally, several missionary societies experienced an acceleration in their activities. In 1874, Wellesley Baily had established 'Mission to Lepers,' and he expanded his activity all over the globe.¹⁰ This article aims to explore how the prevalence, perception, and treatment of leprosy in Bankura district evolved under colonial rule, with a particular focus on the role of Christian missionaries.

Colonial Census and Disease Mapping

In India, a census of leprosy patients was conducted in 1860. According to the report, there were approximately 99,073 leprosy patients in India at the time.¹¹ Bengal has been identified as the most prevalent state in India, with the highest number of individuals infected by this disease. Bankura has been defined as a notorious leprosy district in numerous colonial reports. In the 1911 census, Bankura was identified as the 'blackest leper spot in British India.'¹² In Bankura,

there were 1578 lepers, or 22.6 per 10,000 people, according to the first census of India in 1871.¹³ Within one decade it was increased to 3877, or 37.2/10000. Leprosy-affected patients were continuously increasing in the following decade.¹⁴ A statistic of leprosy patients in the Bankura district helped to understand the actual situation in the district.

Table No-1

Number of leprosy patients in Bankura district, 1871-1931.

Census	Number of Patients	Ratio per 1000
1871	1578	2.26
1881	3877	3.72
1891	3893	3.36
1901	*	2.67
1911	2645	*
1921	2752	*
1931	3490	3.14

Source: Table compiled by the author from various census report 1871-1931

However, it must be admitted that we could not have complete information about the leprosy situation of Bankura district from this statistical data - rather we can only assume it. Leprosy was not only a physical illness, but it also exhibits a social stigma. After infected with this disease, the patient suffered a lot of physical pain, simultaneously they faced more mental trauma. Most of the time they had been socially boycotted by the society and sometimes also his own house member or relatives. As a consequence of this, many people concealed their information about the disease. In 1920, J. Vas (1917-1920), collector of Bankura emphasis on the segregation of the leprosy patients. He stated that there were no cases of compulsory segregation of pauper lepers in Bankura district, though the police had the authority to arrest and segregate them if needed. He explained this was because the leprosy asylum had limited space. While there were 1,500 mendicant lepers, the asylum could only accommodate 150.¹⁵ He further stated that in Bankura, there must be a law to prohibit lepers from public bathing and selling any articles.¹⁶ Vas observed that the villagers of Mandalkuli of Raipur police station preserved village water sources from the leper when the condition of the leprosy infection gradually rose.¹⁷ Following the deep concerns raised by District Collector J. Vas, the local boards took several initiatives to address the issue of contamination caused by leprosy patients. These measures included isolating affected individuals and improving sanitation practices to mitigate the spread of the disease. In 1921, the Bankura District Board passed a by-law to prohibit lepers from bathing in public tanks and wells in the district.¹⁸ The same bylaws were passed immediately after these initiatives by the district board. In January 1922, Bankura Municipality protected water sources from the patients suffering from

leprosy¹⁹ and in September 1922, Sonamukhi Municipality took the same measures to prohibit the contamination of water bodies in the municipality area.²⁰

Another thing to note about Hansen's disease²¹ was that the incidence of leprosy was lower among the women than in men. It turns out that, in 1911 and 1921, the number of total leprosy patients in Bankura was 2645 and 2752, respectively. Among them, the male patients numbered 1764 and 1817, and the female patients numbered 881 and 935.²² That is approximately half of the male patients. Leprosy spread almost equally throughout the district, unlike malaria or cholera. An account from 1923 provides some data about the spread of leprosy in the whole Bankura District.

Table No- 2
The number of people affected by leprosy in the thanas of Bankura district in 1923.

Police Station	Number of Affected	Police Station	Number of Affected
Bankura	636	Taldangra	297
Chhatna	231	Gangajalghati	540
Onda	345	Saltora	466
Barjora	354	Mejia	452
Khatra	186	Indpur	432
Ranibandh	76	Raipur	131
Simlapal	227	Bishnupur	170
Jaypur	94	Patrasayer	82
Radhanagar	114	Indus	54
Sonamukhi	308	Shiromanipur	32
Kotulpur	74		

Generally, leprosy was not considered an epidemic disease. Leprosy rarely resulted in death. But in Bankura, it was a very common disease, and often it proved fatal. Every year, as many people died from leprosy all over Bengal, Bankura held the highest position for all time. In Bankura, between 1937 and 1946, the average number of deaths that occurred from leprosy was 258. The Bankura district accounted for 18.97% of Bengal's deaths, while the other 25 districts accounted for the rest. There were many opinions also present regarding the cause of the prevalence of leprosy in Bankura. Mr. B. De, the former District Magistrate of Bankura, expressed his belief that the people in this district are particularly susceptible to the disease. He also noted that leprosy was more prevalent in Khulna among the Buna community, who had migrated from Bankura and the surrounding districts.²³ Even Dr. Muir had expressed the same opinion. He demonstrated that a significant number of people migrated from this district to other fertile areas in search of livelihood due to the famine-stricken conditions in Bankura. They act as carriers of leprosy in a non-endemic

area and spread it. According to Dr. Muir, because of these, leprosy was highly spreading even in non-endemic areas like the Malda or Rajshahi districts.²⁴ In Bankura, there was a strong belief that the excessive use of unwholesome meat is the principal cause of the disease.²⁵ The notion was more powerful because a large number of infected people were coming from the labouring class especially among the Mohammadans, Bauris, and the aboriginal tribes. The 1891's census pointed out that "Insufficiency of nutriment and high living; the use of meat and the use of fish; the arid heat of a dry laterite soil and the vaporous malaria of a swampy country; a deficient use of salt and an excessive use of garlic and onion." This is the main factor behind the leprosy prevalence in Bankura.²⁶ The report of the leprosy commission of India in 1890-91 noted that the disease attacked the poor and the destitute much more frequently than the rich and prosperous people.²⁷ This report also told us-

"Leprosy is indirectly influenced by insanitary surroundings, such as poverty, bad food or deficient drainage or ventilation, for these by causing a predisposition, increase the susceptibility of the individual to the disease."²⁸

As we know that, in the colonial period, Bankura was the poorest district of Bengal. The people of Bankura were afflicted, exhausted, and wizened by the constant drought or famine of this district.²⁹

Table No- 3
Year-wise Deaths in Bankura and Bengal (1937-1946)

Year	Deaths In Bengal Province	Death in Bankura (Rural)	Bankura Town	Vishnupur Town	Sonamukhi Town	Total	Percentage of Bengal
1937	934	142	2	...	5	149	15.95
1938	1316	225	1	...	1	227	17.25
1939	1517	297	...	2	4	303	19.97
1940	1304	257	...	1	2	260	19.94
1941	1596	314	...	2	1	317	19.86
1943	1969	334	1	335	17.01
1945	1538	214	4	1	...	219	14.24
1946	923	252	1	...	1	254	27.52

Source: Table was compiled by the author from the Bengal Public Health Report, 1937-46.

This table clearly shows the year wise deaths in Bankura district and its percentage share with Bengal Province.

Hope in the Hands of Missionaries

Leprosy had never been a major threat to the British Empire as compared to the other diseases. That is why they did not take it seriously from the very first day. Primarily a major awareness programme against leprosy was undertaken by the various missionary organizations. After the death of Belgian missionary Father Damien De Vester from the infection of leprosy in 1889 on Hawaii Island, the awareness of the leprosy disease among the missionaries was increased. Besides, the first International Leprosy Conference, held in Berlin in 1897, emphasized segregating the lepers.³⁰ Following this incident, most leprosy asylums across the world have established themselves. The Bankura Wesleyan Methodist Mission Society took the initiative to create the first leprosy home in Bankura. In 1902, the Bankura Wesleyan Methodist Mission Society established the first leprosy asylum near Badra Village. Mr. Jackson described a wonderful story about the establishment of this leprosy home. He said that Father W. Ambery Smith appealed to the 'Mission to the Lepers in India' to build a home for the vagrant lepers of Bankura. But his appeal was not entertained due to ongoing famine and other financial problems. He did not stop there; he tried repeatedly. Finally, the mission agreed to print his application. After seeing this leaflet, a generous lady, Mrs. Bryan from Brington, responded and gifted 500 pounds to build a leper asylum in Bankura.³¹ In his letter of appeal Mr. Smith had said

"If people at home could but see the terrible sights that we are looking upon every day in this place, there would be no difficulty in raising the money. I have never seen worse cases than some of those we have here."³²

The principal officials and the majority of the influential natives attended the formal opening of the new buildings on July 26th, 1902.³³ From the very first day, the Mission to Lepers in India took charge of this home. Due to Mrs. Bryan's financial assistance in its founding, this home also went by the name 'Bryan Leprosy Home'. In 1907, the number of inhabitants of Bryan Leprosy Home was 106, including 43 females and seven children.³⁴ A few months after Bryan Leprosy Home opened, Mr. Jackson of 'Mission to Lepers' established Edith Home for the disease-free children of diseased parents. They established this house in memory of their only daughter, who died at the age of six and a half. By 1910, this home had 115 patients.³⁵ According to Ramanuj Kar, a contemporary local writer, 173 leprosy patients stayed in Bryan Leprosy Home; among them, 61 were male, 68 were female, 19 were children, and 25 were suspected children. All of the inhabitants were Christian except one.³⁶ The missionaries were not only active in the district town; they also reached the remote area of this district. Dr. Davis Caleb of Wesleyan Mission started a charitable leprosy hospital in Sarenga in 1914.³⁷

From Passive State to Active Policy: Government Response

In 1878, a native group took the first government initiative to prevent leprosy in this district. Dr. Rasiklal Mitra, the then civil surgeon of Bankura, tried to establish a separate leprosy hospital in 1878, but his application was rejected by the district administration.³⁸ In 1921, Sir Satyendranath Roy, the then district collector of Bankura, founded Kusth Nibarani Samiti with the association of Dr. Davis Caleb, a famous leprosy specialist at Sarenga Kustha Hospital.³⁹ Later, this Samiti organised many awareness programs against leprosy in the district. Occasionally, this asylum succeeds in getting some grants from the government. In 1921, Bankura Leper Asylum received a good amount (Rs. 5200/-) in grant money from the Government of Bengal for the treatment of adult lepers and leper children, as well as untainted children of the asylum.⁴⁰ In 1920, 212 leprosy patients were treated in Bankura, followed by 184 in 1921 and 181 in 1922.⁴¹ In response, the Village Social Service League of Bankura, reflecting the rising awareness and concern among the local people, submitted a letter to His Royal Highness, the Prince of Wales, urging the establishment of a dedicated leper colony and hospital in the district.⁴² They emphasized that while a leper asylum existed, the Government of Bengal had not taken adequate steps to meet the need for a full leper colony and hospital. The League also pointed out that proposals for establishing a dispensary and excavating tanks were matters for the District Board, recommending that the issue be referred to them for further action.⁴³ As a result, the government sanctioned a sum of Rs. 500 to the superintendent of the Bankura Leper Asylum to construct a dispensary building in asylum territory.⁴⁴ Along with the clinics of the Bryan Leprosy Home, the Bankura district board also opened three other leprosy treatment centers in 1929. The district magistrate noted that the attendance was substantial and the cures were wonderful, but many such centers were required.⁴⁵ The British Empire Leprosy Relief Association (BELRA) was founded in 1924 to rid the empire of leprosy. In 1936, the Bengal Branch of BELRA established a Leprosy Investigation Centre in Bankura. The activity of the centre was limited to the Junbedia and a part of the Anchuri Union Boards of the Bankura Police Station. The main object of this investigation centre was to make an epidemiological study of leprosy in the district.⁴⁶ Dr. Muir, a prominent leprosy specialist, suggested the S.P.T. (Survey, Propaganda, and Treatment) method for the control of leprosy in the highly prevalent area of Bankura district. In 1934, the British Empire Leprosy Relief Association deputed three doctors and five assistants in Bankura to study the local epidemiology of leprosy. In certain areas, leprosy affected more than 78 percent of the village, and 40 percent of the population displayed signs. An estimated 45,000 lepers resided in the district. This BELRA scheme assisted 41 union boards in establishing their leprosy relief committees, which successfully isolated over 100 infectious cases. Along with these, 11 clinical treatment centres were established in Union Boards, where more than 650 leprosy patients were treated. At the end of 1935, in Bankura, the

total number of leprosy treatment centres was 29; among them, 2 were run by Christian missionaries, 6 by the district boards, and 21 by the union board. Furthermore, the relief committees had been increased to 133. According to Muir's scheme of S.P.T., in 1935, a survey was made in Simlapal, Raipur, and Kotwali Thana, where out of 38,000 people, 30,000 were examined, and out of them, 878 cases were detected.⁴⁷

According to the Indian Council Act of 1935, a general election was held in 1937, and a nationalist party formed the provincial government. These nationalist governments were more enthusiastic about the eradication of social, educational, or medical problems in this country. They tried to increase the number of various schemes. The propaganda department of the government of Bengal started an exhibition programme to remove the superstitious belief among the people against this disease. This exhibition was organised among the various places of the district. The Sonamukhi, Indus, and Patrasayer police stations hosted such an exhibition on December 17, 1937.⁴⁸ In the previous year, BELRA received a subsidy of 5500 for carrying on anti-leprosy propaganda, and out of them, Rs. 2700 was sanctioned for the leprosy clinics in the rural areas of Bankura.⁴⁹ But, in 1940, the Bengal government had sanctioned an annual grant of Rs. 10000 to this association for the 'Propaganda, Survey, and Training' scheme.⁵⁰ The scheme comprised the following: –

- (a) Special course of training of medical and health officers in leprosy work.
- (b) Establishment of leprosy clinics in Sadar and Subdivisional hospitals and Thana dispensaries and suitable villages under qualified and specially trained medical officers for early diagnosis and proper treatment.
- (c) Establishment of District Leprosy Board for better control of clinics of the whole district.
- (d) Establishment of village isolation centres.
- (e) Establishment of milk kitchens.
- (f) Survey and propaganda work.

In this scheme, members of the School of Tropical Medicine's Leprosy Department and BELRA trained medical officers and other health workers involved in leprosy work. Bankura's district board and the other six districts approved the scheme. According to this scheme, the Bankura district board started running 33 anti-leprosy clinics in 1940-41.⁵¹

Conclusion

The aforementioned study indicates that throughout the colonial period, leprosy was a predominant issue confronted by the colonial administration in Bankura. The primary challenge was managing the wandering infected beggars. In this instance, missionaries initiated the segregation of lepers from mainstream society and sought to treat them. Notwithstanding their hidden objective to convert the leper, they took responsibility. They established a leprosy home and

subsequently established an adjacent church for prayer and propagation. Upon viewing the photograph of the inaugural baptism in her asylum, Mrs. Bryan remarked, "I have had ample interest on my money."⁵² From another source, we know that 390 lepers were baptized between August 2, 1902, and December 26, 1920.⁵³ In fact Historian Sheldon Watts correctly said that, "missionaries needed their lepers more than the lepers needed them."⁵⁴ Despite their conversion, one could argue that this process introduced them to a new way of living. People from marginal areas like Sarenga also benefited from modern allopathic medicine. Following the establishment of BELRA, the colonial government took an active interest in controlling this disease. From the 1930s on, the District Board and Union Board played an important role in detecting patients and treating them. But it was not sufficient. Data was collected by mostly untrained chaukidars, so there was a great chance of doing wrong. In 1931, the census report showed that Bankura had 3490 lepers, but in 1935, Kabita Ray estimated that this district contained about 45,000 lepers.⁵⁵ After the use of the Dapsone antibiotic, the disease was less controlled but not eradicated because the MDT pill was not yet discovered. Following independence, the government launched a National Leprosy Control Programme. According to this programme a joint initiative was taken by the district board and state government to diminish the leprosy prevalent in Bankura.

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