

Health Propaganda and Health Consciousness in Jalpaiguri (1880-1945): A Historical Overview.

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Abstract

The present study focuses the practices of British Govt. on Health & hygiene in Jalpaiguri district which constitute the health propaganda during colonial phase. British Raj extracted huge revenue from tea gardens of Jalpaiguri but spend a fragment of it in health services. The Director of Public health too regularly informed about the shortage of fund to regarding various public health schemes. To spread the govt. policies for the health services and maintain the hygiene in different community various steps were taken but did not reach to the labor line areas of various plantation industry and other rural parts of Jalpaiguri district. The role of the govt. journals was also not satisfactory in this regard because of lack of interest of colonial government. Sources gathered that many preventive measures were taken like malaria Vaccination, distribution of western medicines, mosquito net etc. as safety measures in other parts of Bengal but Jalpaiguri was kept untouched. Facilities were provided for Europeans but not as a whole for the commoners, Govt facilities were in paper but not in practices in real sense. The minimum facilities regarding health and hygiene were ignored by colonial ruler and mortality rate increased in Jalpaiguri. Though climate of Jalpaiguri was also very favorable in this regard and gradually Jalpaiguri became the store house of all diseases. Few charitable hospitals were built for minimum health services after world war I to meet the challenges but were very minimum which forced the people to depend upon indigenous medicines.

Keywords: Philosophy of Health Propaganda, Formation of New district under West Land Act, Number of Tea gardens increased due to its favorable climate, an enquiry team was sent and declared Jalpaiguri as malaria effected, Paucity of Qualified Doctors, Mortality rate increased, Set up of Charitable Hospitals.

Health propaganda of colonial phase in Jalpaiguri has not discussed adequately as research topic, and features which constitutes propaganda when it focuses to health becomes quite a debatable issue. The Public health reports of colonial era mentioned very little regarding this, as this started its journey as a new district in 1869. Colonial rulers refer this region as store house of all diseases due to its climate. This paper makes an attempt to reveal the basic features and concern of Britishers regarding health for the commoners which will constitutes the health propaganda and consciousness of the people of Jalpaiguri.

Propaganda is a philosophical concept and has important sociological and psychological impact upon society. According to A.P. Foulkes, 'Propaganda is an exclusive concept to define, partly because its recognition or supposed recognition is often a function of the relative historical viewpoint of the person observing it'. Therefore, the concept of the Health Propaganda will be clear if we will focus in 'education

in Public Health affairs' and allow the community to understanding the administrative involvement in public health and applied measures in an area.

The year 1900 has recognized as the 'age of propaganda' and the promotion of public health campaign which first appeared during World War I. During that time Bengal was known for its various revolutionary propaganda which became popularized by distribution of pamphlets among the general people to build up the support for the nationalist revolutionary movements but if we will focus to health, political movements did not play any satisfactory role in this regard. Though to eradicate leprosy, national leaders did play a vital role but the areas of North Bengal failed to attract the attention of national leaders as well as British Government. Numerous Bengali medical periodicals published number of articles regarding the Bengal famine and epidemics but they tended very short-lived and disappeared. The two of the English medical Journal namely The Calcutta Journal of Medicine and The Indian Journal of Medical Research were published between 1868-1919 which mainly read out by particular section of society. Though these used to spread awareness about the unusual conditions of health but it was biased and narrow in its approaches to shape the propagandist activities of the government.

Our area of research is Jalpaiguri which is located to the south of Darjeeling and the Bhutan hills, refers as unhealthy region due to its climatic condition and also for the highest mortality rate for fever till 1902. The Tista divides the Jalpaiguri into a western or moderately malarious region and an eastern or intensely malarious region. It was suggested to European people not to stay here for long period. But prosperity of tea plantation was the main cause for the formation of Jalpaiguri as district in the year of 1869. Land acts were implemented in other district of Bengal but Terai and Dooars were kept out of its jurisdiction and Waste Land Act was applied for these two areas. Under this act it mentioned clearly that most of the land would be utilized for creation of plantation industries with a very minimum land tax or in some cases declared as tax free zone (source: No.2c, dated Camp Moynaguri, the 3rd April 1890 proposal send by D. Sunder, Settlement Officer, Western Dooars, Jalpaiguri to Commissioner of the Rahshayee division). Contemporary rules and regulations of the country were not applicable in the tea gardens. The gardens were located in dense forest, covered with jungle and swampy lands, very favorable for the rise of Malaria. As it was very significant plantation economic zone numerous malaria preventive steps were taken by the rulers at several times. Due to the absent of proper Labour Act the planters and garden managers governed the gardens in their own way to make it more profitable.

Due to the high rain fall of 180 inches and red loamy soil the area was very much preferred by the planters. First tea Garden launched at Gazaldubi in 1874 and thereafter followed by Fulbari and Bagrakote. By the year 1876 there were altogether 13 tea gardens had been opened up. The year 1877 was a milestone when Jaldhaka, Bamandanga, Ellenbarrie, Damdim, Kumlai and Washbari tea estate began their journey. First Indian joint stock company began its journey with the effort of few lawyers and clerks in the year 1879. In 1878 one European organization named Dooars Planters' Association (DPA) was set up and in 1915 Indian Tea Planters' Association (ITPA) was formed. Formation of two association helped to growth of tea plantation from 11-47 by the end 1930 in Dooars. Due to the growth of tea plantation industry a significant demographic change had taken place in the form of migration of tribal cheap labourers from Chota Nagpur and Santal Paraganas. And the local people like Rajbansis, Muslim, Meches, Bhutia were unwilling to join tea garden at a very cheaper rate. Nepali workers were very reluctant to work in Dooars as Dooars was known for its Malaria and Kalazar. They were efficiently worked in Darjeeling tea gardens

but whenever they brought to Dooars their health deteriorated. Not only Dooars fever but also Dysentery and Diarrhea were very common. Terai and Dooars were not at all healthy and hygienic for inhabitants of any other district of Bengal and also for Europeans too. In case of any emergency local people were used to visit the indigenous healer like Dhami, Jhakri, Baidya, Kabiraj for indigenous medicines.

In the Jalpaiguri the migrated people who came here in search of work most of them attacked by malaria who did not experience malaria before their arrival. From Coolies to Babus' and also the European planters' all were frightened as the years from 1886-1901 there were no proper health center and were scarcity of qualified doctors also. The diagnosis of the disease was become very easy in typical cases but mild attacks may escape especially the common people. The only method of diagnosis was the spectroscopic examination of urine. At that stage it was suggested to use bland diluents such as barley water as most successful treatment. It is evident from various sources that preventive measures for the malaria and Black water-fever were same. The regular adoption of systematic quinine prophylaxis in the form of tabloid help to reduce malaria for European resident. In addition to far better care, they almost furnished the whole bungalow with galvanized wire mosquito screens to the door and windows which further helped to improve their health condition. Regarding the use of prophylaxis among the Indians, that was in pre-mature condition in absence of proper campaigning. Cholera also occurred throughout the year, and it is probably spread because of many streams and river water contained the germs that cholera becomes epidemic. Compulsory vaccination was introduced in Calcutta in 1880 and gradually extending in other municipal areas also but being a remote area Jalpaiguri was completely ignored specially for the commoners. In 1885 cholera spread rapidly and in 1889 first time the vaccination introduced in Jalpaiguri to stop the small pox, chicken pox etc but hardly reached to the commoners. For small pox a little improvement noticed when government introduced vaccination but there is less prejudice against of vaccination in Jalpaiguri than in other parts of Bengal. The table given below showcasing the number of persons successfully vaccinated.

Year	Successful primary vaccination	Successful Secondary Vaccination	Total	Ratio Of Success
1903-04	25,208	262	25,470	32.34
1904-05	22,838	449	23,287	29.57
1905-06	27,440	244	27,684	35.15
1906-07	23,570	167	23,737	30.14
1907-08	27,008	1,240	28,248	35.87

Source: West Bengal District Gazetteers Jalpaiguri, 1911.

Being request repeatedly by the planters to the government an enquiry team sent in the year 1909 who decided that the area was malaria effected, the team was headed by Dr. Stephens, Christophers and Captain S.P. James, I.M.S. They found that the area was also affected by black- water fever which they already experienced in Africa. They were not satisfied with the medical, sanitation and hygienic conditions of the tea gardens of Jalpaiguri District they fervently criticized the govt. policies regarding the Dooars. Thus, Governor of East Bengal and Assam appointed the Dooars Committee in 1910 under S.J. Monahan, I.C.S to investigate the sanitary and economic conditions of the laborer's who rejected many of the statement done by the two medical officers. After the two investigation the Europeans became very cautious and started to take Quinine containing 5 grains regularly as a preventive measure of malaria. But the

investigation would not help the general workers, for them palatable form of quinine distributed freely or Paludrine was directly poured into their mouth. If workers were having confirm malaria cases, then they would provide quinine. It was suggested by tropical school of medicine that for black water fever as a preventive measure doctors prescribed Quinine Bi-Hydrochloride. The report of Working of Anti-malaria campaign in Rural areas of Bengal 1933-34(pp.3-21) mentioned that Quinine alone to be a sufficient curative drug to control the spread of the disease and instead suggest better use the synthetic drug called Plasmochin, prepared by the German firm of Bayer at Leverkusen, in combination with Quinine, for curing malaria. The report refers to the positive outcome of the anti-malaria campaign in Burdwan in 1933, initiated by S.N. Sur, the then Assistant Director of Public Health of Bengal but Jalpaiguri far away from it.

Labourers were not fix in numbers like Assam tea estate they were continuously shifting from one place to another which was also a main reason to spread the infectious diseases. It was also very difficult to maintained record of their birth and death rate. The provisions of Act IV of 1873 were in active in the whole Rajshahi District, except the east Tista region. Chaukidar had been appointed under act VI of 1870 who would have to report at the nearest police station regarding birth and death rate once in a week. Between 1886-1905 there were no proper health center in the gardens. The following datas of D.P.A Report of 1920 shows us the annual death rate of tea gardens labourers of Jalpaiguri.

Causes of Death	year 1916/17	1917/18	1918/19
Fever	1601	1481	4276
Chest Complaint	754	833	2116
Other Causes	1837	1774	2048
Small Pox	31	23	216
Cholera	83	78	1223

Source: D.P.A Report 1920,

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Demands to enrich public health condition in these west lands increased in press and in vernacular journals and periodicals, the poor sanitation and unhygienic conditions of the commoners of Jalpaiguri reveal the deplorable condition of public health policies of British Raj in Bengal but very little was done to improve the condition. Though expectations were raised with the introduction of Montagu-Chelmsford Reform Act 1919 but had little impact on mortality rate and health services in Jalpaiguri. In the journal like ‘Probasi’ it mentioned that the practiced of indifferences by the British Raj and its administrative officials was responsible to promote the health problems of natives. Though in one Govt. notice of 1835 it declared to stop practicing of idegenous medecines, but it continued to meet the demand of the commoners. The Reports of the Sanitary Commissioners also reveal the grievances for inadequate funding to improve the public health policies. But to control the epidemic like Cholera authorities became very strict to maintained the Epidemic Diseases Act of 1897. It mentioned that if any one violated this law, then no one will buy tea leaves from them and strict legal action will be taken under section 188 of Indian Penal Code which referred that on the one hand they want to reform the public health policies and on the other hand they tried to impose their ideas on the villagers which proves the racial superiority of the Britishers’. Historian David Arnold termed this as an attempt to ‘colonize the body’.

Writings of Sir Joseph Dalton Hooker, W.W.J.A Milligan and some other travelers account provided some valuable sources to explore the public health condition of Jalpaiguri during colonial phase. They mentioned that in the interior of the district public health services depended upon some charitable

dispensaries, only in Raikat Rajbari charitable dispensary was there. Possibly in 1866 first Charitable Health Center was established and after the formation of district board the numbers of charitable hospitals increased. According to W.W. Hunter the headquarter of Jalpaiguri dispensary built in 1869 where in 1872 they introduced teaching of midwifery. In 1905 the District Hospital built in Jalpaiguri. The nature of health organization and propaganda included co-ordination and co-operation between the different organization to carry out maternity and child welfare work. To educate the general masses on public health matters cinema, magic, lantern demonstration was done by health staffs and few social workers. It must be mentioned here that the 19th century treatment basically depended upon observation of patients and guessed the diseases. For most of the cases their assumption went wrong and patient did not cure and increased the death rate. In 1927 Poly-clinic was set up in Jalpaiguri where microscopic test done for blood, urine, stool, cough etc. but of course was not enough to meet the challenges. After almost hundred years of Calcutta medical college (1835) Jackson Medical college was set up at 1930 from where LMF degree was distributing to the students those who can engage themselves in various health centers to treat the natives or tea gardens workers. Sources gathered from some Governmental reports that discrimination maintained to provide health services in capital Kolkata and the rural areas till 20th century. According to Dr. Monmoth Nath Nandi built of charitable hospital in various block of Jalpaiguri was a common one. In his book entitled “A century of Public Health Service in the land of Kala-Azar and Black Water Fever-1870-1970” gathered following information...

YEAR	CHARITABLE HOSPITALS AND DIRECTOR
1872	3
1910-20	13 (one was govt., 4 were govt. patronage, 8 were run by local fund)
1921-30	16 (9 were sponsored by govt., and 7 were run by the local fund).
1947	24

Out of this 24, 2 govt., 8 were sponsored by govt., 8 run by union board and 6 were private charitable hospital recognized in Jalpaiguri.

The health propaganda never confined within the periphery of some demonstration or distribution of leaflets etc. They opened various clinic and medical officers were also appointed to carry out health services of Bengal during colonial period. To provide the proper treatment at low cost Govt tried to promote homeopathy treatment for the company officers and govt. employees. In several areas of Bengal vaccination were a part of medical programmed but for Jalpaiguri scenario was different. Anti Malaria grant was also distributed to the municipalities of Bengal and in Jalpaiguri propaganda only took but very few steps were taken to spread messages to control the effect of the problem. Dr.Bentley writes in his “ Malaria and agriculture in Bengal” that villages of Bengal were quite different in Bengal by nature. Population was scattered and the abundant land was covered with paddy fields which was suitable for breeding for mosquitoes. So as a anti- mosquito measures British introduced the small fishes and other natural enemies to destroying the mosquito larvae. As a anti-parasitic measures the medical treatment aimed that Quinine alone is not sufficient to control the spread of malaria, they formulate one more drug named Plasmochin prepared by the German firm to killed the gametocytes. Areas like Jalpaiguri where drainage system not proper western medicine was far of it. Due to the absent of efficient and qualified doctors a large no. of people died in malaria, black water fever, cholera etc. every year. The atabrine was provided to prevent the black water fever to the European and for commoners

extract of Ahoi leaves were directly poured into their mouth. It is evident from the following chart about the mortality rate in Jalpaiguri due to paucity of doctors by the dreadful diseases.

Year	Total population	Fever	Dysentery & Diarrhea	Cholera	Phthisis	Chest Complaints	Kalaazar	Black Water Fever
1938-39	2,85,789	1326	1175	26	477	1061	9	8
1939-40	2,90,174	1228	1024	41	490	802	9	8
1940-41	2,91,253	1314	950	5	541	736	10	9
1941-42	2,85,877	1142	1065	9	528	648	20	5
1942-43	2,89,239	1244	1104	8	517	765	22	5
1943-44	2,75,398	1256	1181	144	543	241	28	11

Compiled from the Annual Report of the Jalpaiguri Labour Act...

Health Propaganda can be discussed in two ways, the first to understand the implementation of government policies and involvement of the company officials in enacting some rules regarding the health and hygiene in Jalpaiguri district and second how far the rules were followed up in rural and regional scale. In India, the presence of the colonial government propagated the information quite difficult as any informative steps, taken by colonial rulers was seen with suspicious. Though they did find the origin, causes, characters, examine in laboratory and also the case study of the disease was done by the Britishers. Before this local people of Jalpaiguri did not come to know about the sources and scientific name of the diseases. Hence health propaganda according to various report in Jalpaiguri was narrow in its scope and did not introduce any new techniques to propagate the preventive measures in general. While concluding we can argued that exercise and physical culture was utilized by both British and Indians to stay healthy during colonial period.

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