The History of Bankura Sammilani Medical School and Hospital: A Study

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Abstract

Besides the enactment of Macaulay's Minute on Education and the adoption of English as the official language, the year 1835 witnessed the inauguration of institutional, secular and systematic dissemination of western medical science in India with the establishment of a Medical College at Calcutta. But there was no intention behind the establishment of hospitals by the British during the colonial period to serve the interest of indigenous public health in India. A few hospitals were established in the rural areas of Bengal in 1830s. There were 53 Government aided Dispensaries in Bengal by the 2nd half of the 19th century. Treatment centres were also opened in certain districts by the authorities of the district boards, for rendering medical aid in times of emergency, especially for the treatment of malaria, kala-azar and leprosy. We have seen in various cases that without individual enterprise it would have been impossible for the British government to set up an efficient health network of its own in a vast country like India. Bankura Sammilani established in the year of 1911. Bankura Sanmilani played a very crucial and important role in sphere of private enterprise in the healthcare scenario of Bankura. Bankura Sammilani Medical School and Hospital was established in 1922 by the Sammilani in a remote part of Rarh Bengal at Bankura.

Key Words: *Indigenous Public Health, Colonial Government, British, Hospital, Dispensaries, Malaria, Burdwan –Fever, Kala-azar, Treatment Centres, Bankura Sammilani Medical School and Hospital.*

Introduction:

The history of public health has become an important subject of research. A history of the origin and development of public health care and improvement of the physical environment in the western world, particularly in Great Britain, and its impact on Indian society in the nineteenth century has engaged scholars for a long time. At present focused interest is growing in the history of medicine in colonial India. Extensive work on this subject has been produced by a number of western scholars. David Arnold and L. Catanach through their case studies on small pox and plague studied the impact of the medical research and public health. We may also refer to the works of the western scholars on this subject such as those of Roger Jeffery, Daniel Hedrick, Philip Curtin, David Arnold, Mark Harrison, Charles Leslie, Ira Klein etc. Some of the stereotypes used by the British Officials in a period of medical imperialism around 1835 are being recycled from the past by David Arnold (1988 & 1992), Ira Klein (1972, 86, 88), Charles Leslie (1976), Paul Brass (1974) and Ivan Catanach (1983, 88). Paul Greenough and J.C. Hume (1984),Roy McLeod (1988)

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and Michael Worboys (1988) are a few exceptions. Mark Harrison and Biswamoy Pati arealso other memorable names in this field.

Extensive works on public health and medicine in India have been done by O.P. Jaggi, Anil Kumar, Poonam Bala, Chittabrata Palit, Kabita Roy and Sandeep Sinha. Radhika Ramasubban produced an analytical piece on the origins of public health and medical research. Aurobinda Samanta and Achintya Kumar Dutta are important researchers in this field.

An elaborate, decentralized public health systemdid not operate in India until the introduction of the Montague-Chelmsford Reforms (1919), which put the public health under the control of the provincial Government. Besides the enactment of Macaulay's Minute on Education and the adoption of English as the official language, the year 1835 witnessed the inauguration of institutional, secular and systematic dissemination of western medical science in India with the establishment of a Medical College at Calcutta. Gradually this new structure of dissemination made its presence felt.

Public Health System was introduced in British India primarily with a view to safeguard the Army and white civilians as well as the vested commercial interests of the white population. Colonial medicine's first responsibility was to preserve the European health in an alien and hostile land. Health has always been an important feature of all historical processes like colonization. Western medicine entered into India mainly as military medicine. Most of the writers of "Health and Medicine under the Raj" have accepted the view that the colonial medical policy was intended to and benefited the needs of Europeans residing in India in general and the military in particular. Indian medical service was gradually extended to urban areas such as the civil lines of the white population and to British people working in plantations, factories and mines; but Indians, particularly in rural areas, were neglected and left to live on the lurch. The primary question that this paper raises is whether there was only British initiative or also an indigenous move in establishing hospitals in Bengal, particularly in rural Bankura; and also whether the British established hospitals only in the district headquarters, administrative centres and factories for serving the white population, or elsewhere too. There is also the need to reexamine the contention that there was no intention to serve the interest of indigenous public healthbehind the establishment of hospitals by the British.

There were only a few military hospitals in early colonial Bengal;except for those, there was no hospital or dispensary for the masses. Public hospitals in the main administrative centres had not been established up to the decade of the 30s of the 19th century beyond the individual initiative of the Civil Surgeon. In the early years of colonial rule, there was no public health departmentin Bengal. No grant was sanctioned for health reform during the cholera and malaria epidemic. The Native Medical Institute was established in 1822 in Calcutta. An effort was shown in 1833 to form a 'Civil Subordinate Medical Department'.[2] In the first half of the 19th century, the Military Sub-medical Department was established.[3]

Bankura Sammilani was established in 1911 and Bankura Sammilani Medical School and Hospital was erected in 1922 in a remote part of Rarh Bengal, Bankura. With the decline of the importance

2. Bengal General Order of 13th September, 1833. West Bengal State Archives hereafter WBSA
3 . A General order, dated 15th June, 1812, published in the Calcutta Gazette.

of Bishnupur, the capital of the *Malla* rulers, the British merchants established their administrative centre at Bankura, a place not far away from the southern border of Bengal, which was known as the Jungle Mahal. Bankura was the *Sadar* of Jungle Mahal. Jungle Mahal district was formed in 1805 with Birbhum, Bankura, undivided Burdwan and some parts of the then undivided Midnapore. In 1833, the Manbhum district was carved out of the Jungle Mahal for administrative necessity to suppress the *Bhumij*revolt. Through various changes the present Bankura district was shaped in 1879. Bankura gained the status of a district on 14 April, 1881.

Health Scenario of Bankura during the Colonial Period

Bankura is one of the seven districts that comprise the Burdwan division of Rarh Bengal. In the ancient times, Bankura comprised a part of the Rarh region. We find the mentions of *Sumha* and *Ladha* (or Rarh) in the Jaina text *Acharanga Sutra* in the fourth century B.C. Indigenous subgroups like Santhals and Malpaharis are among the earliest inhabitants of the region.[4] There were a number of other indigenous subgroups in Bankura as well which included Bagdi, Bauri, Jele, Hari, Dom etc. Various castes that specialized in particular crafts through generations also made Bankura their home. Apart from them, many Santhals also lived in Bankura.[5]

In the colonial period famine and epidemic were the curse for Bankura. Epidemics like malaria, Burdwan-fever, cholera, small-pox, measles, influenza also leprosy ravaged the region. Dr. C.J. Jackson reported in the district census handbook on 1951,

From Selimabad the line of traffic is westward across the Damodar by numerous ferries and by kutcha roads along the Damodar bank and across Raynah towards Indas. The extension of fever is west ward too. From the town of Burdwan to the southern across the Damodar passes the road leading to Midnapore, another road branching from it at a right angel towards Bankura. The extension of the fever in 1869 is exactly in the direction of these roads. O'Malley informed us that, 'towards the east of the Bishnupur sub-division the land is low lying and badly drained, and the climate is unhealthy and malarias.' This tract adjoins the malarias parts of the Burdwan and Hooghly districts; and it is noticeable that when the Burdwan-fever was in introduced from the adjoining thanas of Galsi and Khandaghosh in Burdwan, it caused a heavy mortality here.[6]

Towards the end of the 19th Century, fierce outbreak of malaria had a devastating effect on Bankura. The eruption of the epidemic led to huge mortality in its villages. According to the census report, malaria, by itself, was the primary cause of the rapid population decrease in the Bishnupur Subdivision, where it fell by almost 4% during 1901-1911.[7] Bankura also witnessed a huge rise in the numbers of leprosy patients in the first decade of the last century. Thus, the tragedy of peasants who were already immersed in misery due to the worsening problems of indebtedness, poverty

4. Binoy Ghosh, Paschimbanger Sanskriti, Vol I, 1976, Kolkata; Prakash Bhaban, pp. 328-331; Asoke Mitra, Census 1951, West Bengal District Handbook, Kolkata: Secretariat Library. P.xxv.

5. Ramanuj Kar, Bankura Jelar Bibaran, in *Prabasi,* Chaitra, 1327 Bangabda, p. 546; Asoke Mitra, Census 1951, West Bengal Handbooks, Bankura, p xvv, Secretariat Library, Kolkata.

5L.S.S. O'Malley, Bengal District Gazetteer, Bankura, pp. 88.

7 Ibid, pp. 85-86.

and starvation, was multiplied by the outbreak of leprosy in west and central Bankura and that of malaria in the eastern part.[8]

Along with all the districts in central and western part of colonial Bengal, Bankura remained affected by the malarial epidemic since the second half of the nineteenth century. A fever epidemic that started from Burdwan gradually spread in the neighbouring districts and became known as the infamous "Burdwan Fever". During the period of 1872-1891, the severity of the Burdwan Fever vacated several village settlements in the Bishnupur subdivision of Bankura.[9] But W.W. Hunter considered malaria as the main epidemic disease in 1878.[10] A detailed report of this fever written by Dr. C. J. Jackson is available in the Census Handbook of Burdwan district that was published in 1951.[11] We get invaluable glimpses into the true magnitude of devastation caused by the disease in the *Atmacharit* by Jogesh Chandra Ray Vidyanidhi.[12] In 1855 and 1864, there was an outbreak of fever epidemic in Bankura that was evidently malaria, which recurred in1866 when the district was in the grip of a terrible famine. Malarial epidemic wreaked havoc again during 1881-82 and the common mass of people faced its devastating consequences. The last time that malaria made an appearance in Bankura was during 1931. The malarial fevers seriously affected population escalation in the decades of 1870s and 1880s. Between 1872 and 1891, the population of Bankura fell by 20% due to the massive outbreak of malaria, which forced the authorities to take preventive measures to counter the fatal epidemic. [13]

Ramanuj Kar paints a rather grim picture of the healthcare system of Bankura district.[14] Almost 149.3 pounds of quinine were sold in the district in 1922 and every person consumed one grain[15] of quinine. According to Hunter, intermittent fever was the main endemic disease of Bankura. It assumed deadly proportions in 1866 when Bankura experienced a famine.[16] The years 1864, 1865 and 1866 were not only marked by famines but also witnessed the recurrence of the epidemic. Since then Bankura had been affected by seven epidemics.[17] After the epidemic of 1866, there were the epidemics of measles, cholera and small pox in 1873-74, followed by that of Burdwan fever or malaria in 1881-82, small pox in 1890 and 1901-02, influenza in 1919-20, malaria in 1931 and finally the epidemic of 1944 which was the direct outcome of the famines of 1943.[18] According to Hunter,

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[8] Hitesh Ranjan Sanyal, *Swarajer Pathe*, Kolkata, 1994, p. 219.

[9]Amiya Kumar Bandopadhyay, (edited), *West Bengal District Gazetteers: Bankura District Gazetteer*, 1968, Calcutta, p. 476.

[10]W.W. Hunter, *op.cit.* p. 480

[11]Ajay Kumar (Bankura's Additional District Magistrate), *British Shashito Bankuray Jorer Jontrona*, in *Bankurar Kheyali Patrika*, 2009, Bankura, Pg 112-116,(Ajay Kumar Ghosh the ADM of Bankura district has written a captivating article on ravages of fever in colonial Bankura. The essay was published in *Kheyali* Magazine in its compilation of essays on Bankura. This article has gratefully used information cited in Mr. Ghosh's essay *British Shashito Bankuray Jorer Jontrona* published in the *Bankurar KheyaliPatrika*

[12]Manindra Kumar Roy, (ed), *Atmacharit-Jogesh Chandra Roy*, Swastik, Jogeshpalli, Bankura, 1409 Bangabda, pp.18-19.

[13]Amiya Kumar Bandopadhyay, (ed),*op.cit*, pp. 476-77.

[14]Ramanuja Kar,*op.cit.* Third Chapter, 1332 Bangabda, Republished by Kripasindhu Kar on behalf of Kenjekura Ramanuj Kar Smritiraksha Committee, Bankura, pp 44-45.

[15]*Ibid,*

[16]W.W. Hunter*, op.cit.*p. 301.

[17]Amiya Kumar Bandopadhyay, (ed), *op.cit.* p. 476.

[18]W.W. Hunter, *Bankura District Gazetteer*, 1968, p. 476; Amiya Kumar Bandopadhyay, (ed). op.cit. p. 476.

cholera assumed a deadly character in 1855.[19] This epidemic made a recurrence in 1860[20], followed by another devastating upsurge four years later on 30 January, 1864. In the opinion of the medical officers of this district and elderly citizens, the pilgrims of *Jagannathdham* were the principal carriers of this *'Mari Beesh'* (can be literally translated from colloquial Bengali as deadly poison).[21] But during 1864, Mr. Lidderdale, the Civil Surgeon of the district had argued against this hypothesis saying that cholera had spread to even those regions which were outside the pilgrimage route. According to him, lack of proper healthcare facilities and effective public health measures were the main causes of the cholera epidemic.[22] What was needed, he had argued, was immediate steps to rectify the insanitary conditions.

In 1866 devastating famine as well as the outbreak of deadly cholera in Bishnupur led to huge loss of lives. The government reports between 1857 and 1871 provide a detailed report of the death of prison inmates due to the epidemics within a period of fifteen years.[23] Government reports also inform us about a massive flare-up of cholera and small pox in Bankura during 1865.[24] But the British authorities did not take adequate measures to counter the epidemics. The census report of 1911 reveals that the establishment of railway lines in 1902 led to the removal of the factors that caused the cholera outbreak in the first place. This is because after the introduction of railways, the pilgrims of *Jagannathdham* ceased to use Bankura as a middle point for shelter in their journey, and chose to avail trains to go to *Jagannathdham* instead of roads.[25] The Civil Surgeon of Bankura district had expressed the opinion that the pilgrims of *Jagannathdham* were the primary carriers of small pox, cholera and dysentery, and it was through them that the diseases spread to Bankura. As the number of the pilgrims in Bankura continued to rise (before the establishment of the railway lines), the Bankura Municipality increased the fund allotted to the municipal dispensary and made proposals for its upgradation to the class III category.[26]

Leprosy was also described as an epidemic in a report, on the Bankura district, of 1929-30.[27] During this period, the percentage of leprosy victims in Bankura was much higher than the rest of India.[28] Hunter had written in 1874 that 'Leprosy is common in the district as also diarrhea and dysentery.'[29] According to the district census report of 1891, the number of people suffering from paralysis due to leprosy during 1881 and 1891 were 3877 and 3893 respectively.[30] The Bankura Municipality had made a contribution of Rs 100 to the Bengal Provincial branch of a voluntary organization named British Emperor Leprosy Relief Association (BELRA) towards the eradication of the

[19]*Ibid*, p. 301.
[20]*Ibid.*
[21]*Ibid.*; Sasanka Sekhar Bandopadhyay,*Bankura Sohorer Gorar Kotha*. Published in Bankura's *Hindubani Patrika*, 8th Year, Ninth Issue, 1371 B.S. p. 5.

[22]Sekhar Bhowmick, (edited), *Sampratik Itihas Charcha*, Calcutta, 2005, p. 119.
[23]*Report on the Administration of Bengal*, 1926-27, p. 52, WBSA.
[24] Judicial Department, Proceedings No 62, September 1865, West Bengal State Archives, here after WBSA.
[25]*Census of India*, 1911, Vol. V, Bengal, Bihar, Orissa and Sikkim, Part-I Report, p. 7.
[26] Proceedings of Bankura Municipality, 14th September, 1872.
[27]W.W. Hunter*, Bankura District Gazetteer*, 1968, p. 477.
[28]E.A. Gait, *Census of India 1901*, Vol. VI, The Lower Provinces of Bengal and their Feudatories, part- I- The Report, Calcutta 1902, Pg. 290; Amiya Kumar Bandopaddhyay(edited), *op.cit*, p. 477.

[29] Hunter, op.cit. p.301.
[30]*District Census Report*, Bankura, 1891, paragraph 25.

disease.[31] In 1880, the authorities took a number of steps to counter various diseases, vaccination being one of them. In the three municipalities,Bankura, Bishnupur and Sonamukhi, laws were implemented which made vaccination compulsory.[32] In spite of that, vaccination remained optional in rural areas as the government feared public opposition to the vaccination measures. However, there was no public opposition to this drive.[33]

In *Bankura Jelar Bibaran* edited by Ramanuj Kar, we find accounts of the penetration of kala-azar in the Bankura district. Out of 1531 deaths due to kala-azar in entire Bengal in 1922, 455 happened in Bankura alone.[34] On 30 July 1923, a motion was brought in Bankura Municipal Assembly to rationalise the need of establishing the Sanmilani Medical School of the district. This motion stressed on the reduction in the general population of Bankura due to various epidemics. It was felt that a '…Medical School' was 'necessary in the district in view of the reduction by more than 10% in ten years.'[35] In 1929, the Bankura Municipal Board approved a sum of Rs.500 on account of cholera epidemic in the town.[36] Bankura was described as a 'healthy' place in the pages of the *Prabasi*.[37] We also find similar discussions in the *Bankura Lakshmi*.[38] Incidentally there are significant discussions in the same volume of *Bankura Lakshmi* about the fatal effect of various diseases on the lives of the inhabitants of Bankura.[39] Bankura was an incredibly unhygienic place when it was going through a phase of urbanization. It was a hot bed for malaria owing to the preponderance of numerous stagnant water bodies all over the place. It is also significant that pre-colonial Bankura was not greatly affected by malaria. This is because, not only was the population small, human settlements were built in *Tora* i.e., gravelly uplands. The rice fields were situated far away from the *Kanali* lands, i.e., the lands of medium elevation, and it was these rice fields that served as the breeding grounds of mosquitoes. As more lands were brought under cultivation under the zamindari system during the British rule, it led to an increase in population and expansion of human settlements. This inevitably resulted in the growth of human settlements nearer to the rice fields. Thus, these rural settlements were under the ravages of malaria during the colonial period. Many historians have expressed the view that there is a close connection between establishment of railway lines and outbreak of malaria. Some have argued that during 1860s, the government constructed a huge dam from Calcutta to Raniganj with the aim of construct railway lines. This had a negative impact on the course of rivers of the region and also blocked the natural drainage system. These stagnant waters were the breeding pools of mosquito larvae and the spread of malaria. Acharya Prafulla Chandra Roy had provided some invaluable insights on this which can be found in the pages of the *Bankura Lakshmi*.[40]

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[31] The proposal adopted by Bankura Municipal Board on 12th September, 1927.
[32]W.W. Hunter, *Bankura District Gazetteer*, 1968, p. 477.
[33]*Ibid*, pp. 138, 477; F.W.Robertson, *Final Report On The Survey And Settlement Operations In The District of Bankura, 1917-24*, Calcutta, 1926,p. 6.

[34]RamanujKar, op.cit, p. 48.
[35]Durga Chattopadhyay,Bankura *Pourosabha: Ateeter Prishtha Theke*, in *Bankurar Kheyali*, 2006, Bankura, p. 135.

[36]*Ibid*, p. 134.
[37]*Bibidha Prasanga*, in *Prabasi*, Sravan, 1330 B.S, p. 567.
[38] *Bankura Lakshmi (Tri-monthly)*, 1329 B.S, 1st& 2nd Issue, pp. 3-6.
[39]*Amader Uddeshyo—Jalabhabe Bankura Jelar Abanotir Pradhan Karan, Bankurar Sankhipto Bibironi,* in *Bankura Lakshmi (Tri-monthly)*, 1329 B.S, 1st& 2nd Issue, pp. 3-6.
[40]*Bankurai Acharya Prafulla Chandra Roy*, in *Bankura Lakshmi (Tri-monthly)*, 1329 B.S, 1st& 2nd Issue, p. 15.

The Bankura Municipality was described as 'unprogressive' during the colonial period.[41] The gradual expansion of British authority was accompanied by an almost simultaneous increase in the movement of the army between Fort William and Bankura. The same route had long been used by Hindu pilgrims to visit Puri. These pilgrims who always resorted to travelling in groups were the chief cause of the spread of cholera in this route.[42] Bankura also faced acute water shortage during this period. *Bankura Lakshmi* published a number of articles on the water shortage and its effect on the spread of various diseases in the area. Most notably, solving the water crisis was one of the most important responsibilities of the district board.[43]

Western Medicine in Bankura District

Records reveal that *kaviraja* Ramchandra Sen was appointed for treating the ailments of prison inmates on July 7, 1808. Two more *kavirajas*were appointed in the following years, namely Ramchandra Kaviraja on April 29, 1813 and Govardhan Kaviraja on July 4, 1820, on a monthly salary of rupees ten.[44] The policy of recruiting native doctors was continued for some time even after the arrival of Dr. Thomas Leek, who joined as the Chief Surgeon in 1812, and Dr. G.N. Cheek, who joined as the Assistant Surgeon in 1821.[45] Notably, Hunter in 1876 had referred to the *kavirajas* of the district as 'Native Medical Practitioners.'[46]

The British introduced western medicine in Bankura; the compulsion to protect the health of the prisoners, the necessity of treatment of the indigo labourers, administrative workers and soldiers coming from England, civilians living in India and also that of the indigenous labourers prompted such a move. During the colonial period there was one charitable dispensary in each of the three towns under the jurisdiction of the district municipality of Bankura. There were also seven more charitable dispensaries in the outskirts, which brought the total number to ten. Thus, there was only one charitable dispensary in every 262 square miles in the district of Bankura and the total number of doctors in the entire district was a meagre 45.[47] Ramanuj Kar initiated a vigorous campaign aimed towards Bankura's development and among the many demands raised by him was the demand for a leprosy clinic and a medical college for Bankura.[48]

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[41]Sekhar Bhowmick, *Engrej Amoler Ak Unprogressive Pauro Sabhar Kahini* in Sekhar Bhowmick,(edited), *Sampratik Itihas Charcha*, Calcutta, pp.116-125.

[42]Radhika Ramasubban, *Public Health and Medical Research in India: Their Origins Under the Impact of British Colonial Policy,* Stockholm, 1982, p.19.

[43] *Bankura Lakshmi*, 1st Year, 1329 B.S, 1st& 2nd Issue, pp. 6-7.

[44]Girindra Sekhar Chakraborty, *Bankuray Sekaler Chikitsa Byabostha* , Suchanapatra, 2nd year, 3rd Issue, 16th July, 2009, Bankura.

[45] Sukumar Sinha and, Himadri Banerjee (edited), *West Bengal District Records, New Series, Bankura District Letters Issued*, 1802-1869, Calcutta, 1984, pp. 4, 70, 79, 124, 177.

[46] W.W. Hunter,*A Statistical Account of Bengal*; Vol. IV, London, 1877, first reprinted in India 1973, Delhi, pp. 302,303.

[47] Ramanuj Kar, op.cit, p. 547.

[48] Ibid, Pg 549.

The system of allopathic medicine was introduced in Bankura, sometime before 1809; this year was important also for the establishment of the Army Barrack Hospital in Bankura.[49] It was as a result of the efforts of Dr Thomas Leek, the erstwhile civil surgeon of Bankura, that the 'Criminal Prison Hospital ' was established for the prisoners of the district. In 1827, Captain Bell, the magistrate of Bankura established a separate hospital for the prison inmates. A morgue was founded in this prison hospital well before 1847. In 1865 the morgue was shifted outside the boundaries of the prison hospital.[50] It was entirely a selfish motivation that compelled the British to introduce western healthcare in this particular area. The colonial government was compelled to safeguard the health of the prison inmates. Moreover, western medicine and health care were also introduced to serve the medical needs of the Indigo farmers and workers, British settlers, administrative and military officers and indigenous soldiers. Nevertheless, the arena of public health care was the most neglected of all.

The educated young men of the district showed increasing interest in taking up western medicine as a profession. In 1839, the 'Bankura Charitable Dispensary' was established with the help of government grants.[51] But there was no medicine shop in Bankura in 1865.[52] In 1865 there was only one government aided charitable clinic in the Bankura headquarters.[53] This dismal picture remained unchanged in 1866, but individual donations also began to be accepted by the clinic along with the government aids.[54]After the establishment of Bankura Town Committee in 1869, later Bankura Municipality, the Bankura Dispensary was opened. The proceedings of the Bankura Municipality of that period revealed that a clinic named 'Bankura Dispensary' was established by the Municipality.[55] But it failed to gain much popularity among the masses. 'Lady Dufferin Zenana Hospital' was established in Bankura in 1895. There were 12 charitable dispensaries in the district of Bankura by 1925.Bankura Municipality also achieved significant successes in the vaccination programmes. The vice-chairman of the district adopted a different strategy in this regard. He wanted to establish vaccination centres in the vicinities of religious centres. This is because people showed great reluctance in getting vaccinated in other places.[56] Out of the fourteen vaccination centres of Bankura, thirteen were opened in the religious places. Notably this measure brought significant success.

Bankura Sammilani and Bankura Sammilani Medical School and Hospital

The health scenario thus in Jungle Mahal, especially in Bankura in the colonial period was not so good. There was no notable initiative by the colonisers to set up sufficient and good quality health facilities for the colonised. The only large scale initiative was taken by the indigenous people for the interest of their own men and country. But the imperial forces showed little responsibility, zeal or will to improve the health care scenario of their colony, especially in the rural areas. Whatever initiative was taken, was due to commercial and political interests.

[49]Girinrda Sekhar Chakraborty, *op.cit.*
[50]*Ibid.*
[51]W.W. Hunter, *A Statistical Account of Bengal*; vol. IV, London, 1877, first reprinted in India 1973, Delhi, p. 302.
[52] Bankura Municipal Board Proceedings, 1st April, 1871.
[53] Judicial Department Proceedings No.62, September, 1865, WBSA.
[54] Judicial Department Proceedings No.4, September, 1866, WBSA.
[55] Proceedings of Bankura Municipality, 6th June, 1871.
[56]Minutes of the Councillor, Bankura Municipality, 17.01.1883.

The role of the government in the health care scenario of Bankura was highly inadequate, when compared to individual efforts and private enterprise in this field. The government efforts in raising health awareness amongst common people were not sufficient as well. The overall impression of the government pertaining to the urban centres of Bengal was indeed a negative one.[57]

Origin of the Bankura Sammilani

Bankura Sanmilani played a very crucial and important role in the sphere of private enterprise in the healthcare scenario of Bankura. Bankura Sammilani was founded in the year 1911 by some residents of Calcutta who were originally indigenous inhabitants of Bankura. They were the NRBs, i.e.,the Non-resident Bankris. Bankura Sammilani was registered in 1919 as per Article 21 of the Society Registration Act of 1860.[58] It was an apolitical social welfare organisation spearheaded by Ramananda Chattopadhyay, the editor of *Prabasi*.[59] The primary objectives of this organisation were to further the advancement of health and educational movements in the backward district of Bankura. On the eve of its platinum jubilee the organisation mentioned a number of 'noble objectives' in its promotional letter which were crucial reasons for its foundation.

1) Spread of education in the Bankura district.

2) Development of healthcare services in Bankura.

3) Fostering brotherhood amongst people

4) Engaging in various social welfare and relief activities during various natural calamities and disasters like droughts, floods, epidemics etc.[60]

Bankura Sanmilani Medical School and Hospital

Due to the efforts of the said organization, the Bankura Sammilani Medical School was established in Bankura in 1922. The establishment of the Medical School and Hospital in Bankura was the outcome of the efforts of Bankura Sammilani which was very concerned with the lack of inadequate medical facilities and registered practitioners in Bankura. Their concern and relentless efforts resulted in the establishment of Bankura Sanmilani Medical School and Hospital in

[57]R.D. Mangles, Secretary to the Government of Bengal, Fort William to Secretary to the Government of India, Judicial Department, 7th December 1836 in Proceedings of the Judicial (Criminal)Department, 27th December, 1836, No.217, WBSA.

[58] 'Bankura Sammilani Medical College, Calcutta', '*The Medical Colleges and Training Institutes in India'*, Directorate General of Health Services, Ministry of Health, New Delhi, printed in India by the Manager, Government of India Press, Faridabad, 1961, p. 316.

[59]Arabinda Chattopadhyay, *Bankura Sammilani(1911-1951); Gouri Sender Bismrito Itihas* , in *Bankurar Kheyali/ Bankura Bishoyok Prabandha Sankalan*, 2006, p. 89.

[60] Pamphlet published and distributed by 'on the eve of Platinum Jubilee Celebration of Bankura Sanmilani', compiled on behalf of the Bankura Sanmilani by Assistant-Editor Samiran Sengupta and distributed by Editor Dr. Debabrata Dey, p.1.

1922.[61]Records have mentioned 1922 as the foundation year of the hospital.[62]The *Prabasi* published a report on the Bankura Medical School where it discussed the truly appalling health scenario of Bankura and argued in favour of building a medical school to alleviate the existing conditions. It also appealed for donations in this regard.[63]The medical school could accommodate the admission of 50 students every year. The hospital adjacent to the medical school had 150 beds.[64] Several dignitaries and notable personalities made donations to Bankura Sanmilani for the establishment of the medical school. Amongst them was Rishibar Mukhopadhyay the erstwhile deputy-chairman of the organisation, Bhootnath Kole, an eminent businessman, Trikamdas Kuberji, a Calcutta businessman, Mangala Dasi and *Mahila Samity*, Raibahadur Hariprasad Bandopadhyay, a member of Bankura Sanmilani etc. The anatomy building, the classroom of the medical school and hostel were built with the financial help of Bengal government.[65]

We can find some accounts on the Bankura Sanmilani Medical School in the writings of Ramanuja Kar.[66] According to him, a medical school was opened in Lokpur on the then outskirts of Bankura with the efforts of Bankura Sanmilani. Rishibar Mukhopadhyay, an ex-judge of the state of Kashmir, had decided to settle in Bankura after retirement. Rishibar Mukhopadhyay was not only the retired head judge of the state of Kashmir but he also headed the silk department of the state.[67] He, along with his elder brother Nilambar Mukhopadhyay had accumulated huge wealth from their trade of silk and lacquer. Later when they settled in Bankura, they donated a significant amount of their wealth to Bankura Sanmilani for the establishment of the medical school.

Students from 20 districts of Bengal studied in the Bankura Sammilani Medical School. Mr. Brown, the then Principal of Bankura College was the superintendent of the School. Ramanuj Kar specifically draws our attention to the fact that this medical school was opened without any expectation of government grants. He also made appeals to the people of the district, the Maharaja of Burdwan and the government for help.[68]

Initially 14 beds were set up in the Bankura Sanmilani Medical School and 4 European medical officers were appointed with the organisations' own funds. An indoor section was also built. Gradually anatomy and gynecology classes commenced in the settlement building of the Bankura Sanmilani College. The Anatomy Hall and the hostel were built in the Haritoki Bagan. This medical school received a temporary registration from the Bengal Medical Council in 1927 and in 1930 it received permanent registration.[69] Records of the Bankura Municipality reveal that a capital grant

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[61] Pamphlet published on the eve of Platinum Jubilee Celebration of Bankura Sammilani, compiled on behalfof Bankura Sammilani by Assistant- Editor Samiran Sengupta and distributed by Editor Dr. Debabrata Dey, p.1.

[62] 'Bankura Sammilani Medical College', Calcutta', *'The Medical Colleges and Training Institutes in India'*, *op.cit*. p.316.

[63]*Prabasi*, Sravan, 1330 B.S, pp. 567-68.

[64] 'Bankura Sammilani Medical College', Calcutta', *'The Medical Colleges and Training Institutes in India'*, op.cit. p.316.

[65] Pamphlet published on the eve of Platinum Jubilee Celebration of Bankura Sammilani, compiled on behalf of Bankura Sanmilani by Assistant- Editor Samiran Sengupta and distributed by Editor Dr. Debabrata Dey, p.1. This argument is also available in the comments of Arabinda Chattopadhyay and Ramanuj Kar.

[66] RamanujKar,*op.cit*. p. 63.

[67] Arabinda Chattopadhyay, *op.cit*. p. 100; Ramanuj Kar, *op.cit*. p. 52.

[68] Compiled by RamanujKar,*op.cit*. pp.176 & 52.

[69] Pamphlet published on the eve of Platinum Jubilee Celebration of Bankura Sammilani, compiled on behalf of the Bankura Sammilani by Assistant- Editor Samiran Sengupta and distributed by Editor Dr. Debabrata Dey, p.1

of Rs.5000 was sanctioned for the construction of a separate maternity block and another grant of Rs.1000 was being considered for setting up a facility of 16 beds in this separate block.[70] During 1915-16 there were 15 medical schools in total in India, two of which were in Bengal.[71]

The overall picture did not improve much even after seventeen years, as in 1933-34 only nine medical schools in Bengal were sanctioned by the State Medical Faculty of Bengal, the most notable among them being the Bankura Sanmilani Medical School. In 1931, 13 students of the Bankura Sammilani Medical School sanctioned by the faculty had passed the Medical Exam (Four years LMF).[72] In 1932- 33, the number of students in the Bankura Sanmilani Medical School were 236 and in 1933-34 it was 227.[73] According to government documents there were 179 students (all male) in 1931-32 and the number had increased to 227 in 1933-34. There were no female students at that time.[74] Records also inform us about the conspicuous absence of Muslim students in the academic year 1933-34 of the Medical School. In this academic year, all 227 were Hindu males out of whom only 23 cleared the LMF final exams. Out of 227 Hindus all except two were Bengalis. All of the 23 students who had passed belonged to the Bengali community. There were two non-Bengali students, one Bihari and one Punjabi, none of whom passed the finals. There were no female students from any of these three communities.[75] In 1932 the Radiology Department was opened and X-Ray was introduced. In this year there were 83 beds in the hospital but the hospital was plagued by a lack of trained nurses just like the Serampore Wales Hospital and Burdwan Fraser Hospital.[76] Gradually the number of beds rose until it was 150 in 1935.[77] By the first half of the twentieth century Bankura Sammilani Medical School had produced almost one thousand doctors who had spread western medical service not only amongst the people of Bankura and adjoining districts but also in the coal mining regions of Dhanbad and also amongst the people living in remote villages.[78] According to one estimate, almost 1200 doctors had honourably passed out of Bankura Sammilani Medical School between 1922 and 1947 and had dedicated themselves for providing medical treatment not only to Bengal but all across the country.[79]*Prabasi,* the acclaimed journal, had raised the issue of the dearth of medical schools in India when compared to other countries; in one volume it stated,

Owing to the type of education imparted in medical colleges, it's highly qualified doctors are reluctant to choose villages as their field of work. Doctors who have received lesser education but

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[70] The Letter of superintendent of Bankura Sammilani Medical School for sanctioning a capital grant of Rs.5000/- for construction of a separate maternity block and an additional recurring grant of Rs.1000/- for 16 beds in the same was also considered. Proposal adopted by Bankura Municipality on 29th May, 1936.

[71]*Report on Sanitary Measures in India in 1915-16*, p.100. WBSA

[72]Arabinda Chattopadhyay, *op.cit.* pp. 101-102.

[73] Annual Reports of the Medical Schools in Bengal for the Year 1933-34 with a Review by Major-General D.P.Goil, Surgeon-General with the Government of Bengal, Bengal Govt. Press 1935, pp. 97-98, Table-A& B.

[74]*Ibid.*

[75]*Ibid*, p. 98.

[76]Kabita Ray, *History of Public Health: Colonial Bengal*, 1921-47, Kolkata, 1998, p..219.

[77]Rathindra Mohan Choudhury, *Noya Bankurar Gorapattan o Bikash*, 2007, Bankura, p.140.

[78]*Ibid*, p.140.

[79] Pamphlet published on the eve of Platinum Jubilee Celebration of Bankura Sammilani, compiled on behalf of Bankura Sammilani by Assistant- Editor Samiran Sengupta and distributed by Editor Dr. Debabrata Dey, p. 1-2.

were trained in modern scientific manner seem ideal for the medical service in villages. One such medical school has been opened in Bankura. Its Professors are all college educated and held degrees, and Mr. Brown the Principal of Bankura College is serving as its unsalaried superintendent. Such a school is suitable to receive help from the general public and the government.[80]

Bankura Sanmilani College began its journey in 1948 with only intermediate Science Department.[81]Contextually the Bankura Sanmilani Medical College and Hospital began its journey in the post-independent India on 6August 1956 with just 50 students. It was taken over by Government of West Bengal in 1961 in the month of October.[82]Thus it cannot be denied that had Bankura Sanmilani not come forward to improve the health system of Bankura, had it not taken initiatives in the building of medical school and hospital and had it solely depended on the government, the establishment of the 'Bankura Sammilani Medical School and Hospital' would not have been possible. This is because not only was Bankura a backward district, it was in the far end of Rarh Bengal where the spread of western medical system was a far-fetched dream. We also find that when the people of this district came together to build a fully equipped medical school, it failed to receive sympathetic attention of the colonial government owing to the fact that it was situated in the remote corner of Rarh Bengal. There was very little possibility for the British government of procuring any profit out of this medical school, which is why the Bankura Medical School was never properly promoted to the position of a medical College and it became a medical College only after gaining independence. This makes it clear that the attitude of the colonial government towards the issue of healthcare in Bengal, particularly in rural Bengal, was incredibly negative and apathetic.

Conclusion

Very little interest and insincerity of the colonial government in building a proper health infrastructure and hospitals in the remote regions of *Rarh* Bengal is easily discernible. The role of non-governmental organizations and various individuals is undeniable in this respect. The colonial government concentrated their entire attention towards their commercial, military and political aims. Apart from that the medical issue of public health did not really concern them. Not only did they exhibit extreme neglect in the field of public health, they mostly used western medical systems as a 'tool' to strengthen their imperial aims. In these circumstances, the role of individual and non-governmental initiatives in the healthcare system in *Rarh* Bengal proved to be very crucial, and it often exceeded the government initiatives in this regard. Therefore, these private and individual initiatives proved to be the only recourse for the people in remote parts of rural Bengal which could not be brought under the governmental healthcare system, either due to their incapability or deliberate inactiveness. There was only one factor that proved to be a major obstacle for the local initiatives, and it was the dearth in the supply of doctors. This is because they lacked the favourable conditions or proper authorization for opening of Medical Colleges for making doctors. What was

[80] 'Bankura Medical School', *Prabasi*, *Asarh,* 1330 B.S. p.424.

[81] Pamphlet published on the eve of Diamond Jubilee Celebration of Bankura Sanmilani College from 29th August, 2009 to 1st September, 2009, titled *Bankura Colleger Hirok Jayanti Udjapan Anusthan Upolokhhe Procharito Sorbostorer Sikkhanuragi Manusher Proti Abedan*; 'Bankura Sammilani Medical College, Calcutta', '*The Medical Colleges and Training Institutes in India*', *op.cit.* p.316.

[82] Pamphplet published on the eve of Platinum Jubilee Celebration of Bankura Sammilani, compiled on behalf of Bankura Sammilani by Assistant- Editor Samiran Sengupta and distributed by Editor Dr. Debabrata Dey, p. 2.

needed for this were governmental support and grants. It was indigenous initiative which helped in building the medical infrastructure and provided healthcare services in rural Bengal. Without the help and assistance of these individuals, it would have been impossible for the colonial government to build a medical infrastructural network throughout the country. They were mainly led by their sense of responsibility towards their own health needs and that of their own countrymen, especially in view of sheer untrustworthiness of the colonial government. It was not only the famous and the influential, the rich and the powerful, the rajas and the zamindars, who had come forward in this regard, but the mass of the population did so as well. Thus, the role of individual and private initiatives needs to be assessed with great importance while studying the regional history of the healthcare system of *Rarh* Bengal in the colonial period. In this context the role of Bankura Sammilani is very important but it is indeed surprising that the colonial government had not upgraded Bankura Sammilani Medical School to the status of a Medical College in spite of the fact that this institution had produced sufficient numbers of doctors during the colonial period and played a vital role in the healthcare system of the district.