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Diseases, Patients, State and Social Distancing in the Colonial Era - A  
Historical Review based upon "Swasthyo" & 'Swasthyo Samachar'  
Patrika

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*Abstract: The emergence of diseases and epidemics in India during the colonial era has become a major topic of research in the world of thinkers. Although the British usually demanded that their rule was the best but the epidemic was probably the most severe in their time. They also distinguished between whites and natives in controlling epidemics. Many Indians died of diseases due to ignorance and lack of superstition. In this situation, medical related periodicals published in Bengali, such as "Swasthyo" & 'Swasthyo Samachar' Patrika, played a special role to make people aware of the causes of the diseases. This article tries to show how these two periodicals have helped to make people aware about health.*

**Key Words:** Diseases, Patients, Epidemics, State, Social Distancing, Periodicals, 'Swasthyo',

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### **Introduction**

When an infectious disease is transmitted to a large population very quickly, the disease is said to be epidemic. There have been countless epidemics in the world over the ages and billions of people have died from these diseases. Humans helpless to the epidemics have surrendered themselves to God, blaming fate. Plague and flu were the most common of these

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epidemics. It was often seen that an outbreak of a disease in a small area spread to a large area. Sometimes this epidemic takes the form of pandemic or world epidemic. There were many examples in the history of the world where a disease has turned into a global epidemic. Lack of treatment, lack of awareness or government negligence made these diseases a global epidemic. The Covid-19 epidemic has taken place in the history of the world's epidemics by 2020. It started in China's Wuhan Province and became a global epidemic. The horrors that have befallen the world today are unprecedented. Many peoples have died in different parts of the world. In our state, West Bengal the death rate by the corona diseases has increased dramatically. However, Bengal has been plagued by epidemics for centuries, one example of which is the epidemic of '1770' popularly it was known as epidemic of '76' in which about one third of the peoples of Bengal Province were died. Terrible forms of famine have appeared in contemporary literature. In this case, of course, we can mention Bankimchandra's Ananda Math novel written in the context of the famine of 1770s. We can remember the lines of famous poet Satyendra Nath Dutta,

‘মহান্তরে মরিনি আমরা মারি (মড়ক, সংক্রামক ব্যাধিতে ব্যাপক মৃত্যু) নিয়ে ঘর করি’<sup>1</sup>

(We did not die with Epidemics, we are live with epidemics)

Famous poet Rabindranath Tagore himself did not want to be too dependent on the government to deal with health disasters. The main reason for this is that the government of that day was a colonial government. By public health, this colonial government meant protecting white administrators, bureaucrats and the army from large-scale epidemics. The colonial government had no qualms about the health of the common people or the rules of public health<sup>2</sup>.

Many people in India have been attacked by epidemic since ancient times, but the prevalence of epidemics in the colonial phase has increased drastically. Outbreaks of malaria were not unknown to Indians. Indians have been acquainted with this disease for a long time. References to this disease are found in the Atharva Veda<sup>3</sup>. Initially, the lack of awareness among the native people as a reason for this, as well as greed, neglect of colonial power was

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also attributed to the spread of epidemics. In addition to this, the improvement of the transportation system during the colonial period and the increase in human-to-human communication were also attributed to the increase in the number of epidemics. During the colonial period, the old diseases such as cholera, small pox, plague, malaria, etc., used to form epidemic. These diseases took the form of epidemic, so the common man thought that these were the results of the political misery of the Colonial masters. Many times the growing economic exploitation of the colonial era was identified as the main cause of the epidemic in the writings of nationalist historians. Starting from epidemic of 1770 up to devastating famine of 1942-43 just before independence the exploitative character of the colonial government was blamed for this. At the same time conservatism and superstition among the Indians during the colonial period, blind faith in god became the cause of their ill health. Modern researcher David Arnold thinks that different deities were associated with almost all the epidemics in this country during the colonial period<sup>4</sup>.

People believed that the curse of God was one of the causes of the disease<sup>5</sup>. So then people would leave themselves in the hands of fate if they were afflicted with the disease. Sometimes the peoples would go to the local doctor, kabiraj, pray to god, or used to observe some local rituals to survive from epidemic diseases. However, there was a lack of government health centers at that time. There were some health centers in urban areas. There was a considerable lack of health centers in the countryside. And the facilities in the health centers were not developed enough. Many patients lost their lives due to not being able to diagnose the disease. Public health care was beyond the reach of ordinary people<sup>6</sup>.

Researchers on the history of medical science say that the idea of 'public health' originated in Europe during the Enlightenment. Physicians noted that the prevalence of the disease was higher among the general population, the poor, the uneducated, the starving, and those living in unhealthy environments. Doctors were therefore emphasizing on cleanliness, on a healthy environment<sup>7</sup>. So far two models have been considered in public health discussions. The first model was introduced in the 1840s by Edwin Chadwick. Ultra-sanitarians like him used to say that the cradle of the epidemic was the filthy garbage situation. Lack of sanitation and sewage in the city or towns causes diseases and epidemics.

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A clean environment free from litter, excrement, dust or unhealthy things is needed to prevent epidemics<sup>8</sup>. The sociologist introduced an opposite model in the late nineteenth century. Here we are talking about the decline of agriculture and crop loss. As a result, there is talk of rising commodity prices, food shortages and diseases<sup>9</sup>. But the far-reaching evils of the way the British rulers actually introduced state-controlled full-fledged medical care were constantly undermining our national health system. The structure of the health system in British India was a special part of the strictly controlled bureaucracy. First, a medical department was opened in the military and doctors were given to it. Later the Civil Medical Department was established. Civil Surgeons were appointed at the district level. In most cases, the main function of these government physicians was to provide medical care to British and white people and high-ranking people in the government services. In the nineteenth and early twentieth centuries, it was not possible for most people to adopt the modern Western medical system introduced by the British at the public or private level due to the poor economic condition of the common people and inadequate communication system. According to Radhika Ramasuban, the Western medical system had no effect on the lives of the common people of the subcontinent until 1900 and beyond<sup>10</sup>. Each of the colonial powers has tried to establish their institutional and ideological subordination and loyalty through the system of governance, education, law, etc. introduced by them in their occupied colonies. In most cases they have succeeded. There was no clear evidence that in the nineteenth century the British tried to establish a very widespread and organized thought subordination and loyalty through the introduction of Western medical methods in the state administration of the subcontinent<sup>11</sup>.

However, the containment of epidemics did not depend only on the state action; it also depended on the public response. Sure enough, the very existence of colonial and 'native' autocratic structures is closely linked to the major tangible causes (mass pauperisation, primeval medical infrastructure, poor sanitation, scarcity of clean drinking water, educational backwardness, etc.) behind the massive reported fatalities. The colonial stereotyping of people as 'notoriously filthy', 'insensible' and 'savages' also played a vital part<sup>12</sup>.

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During the colonial period the condition of health and sanitary was not very impressive in India. The officials and administrators of the British Government in India had the tendency to blame the Indians or the native peoples for epidemics like Cholera, malaria, Plague, kala-zar etc.<sup>13</sup> On the other hand, in the vernacular journals and periodicals<sup>14</sup>, many articles were written with the aim to 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<sup>15</sup>. The subjects that were discussed in this periodicals were varied. In the year following the Great Rebellion of 1857, the British Government passed the Government of India Act and the power of the East India Company was transferred to the Queen. During the reign of Queen Victoria, it was claimed that India had become rich under British good governance. But at that time the shadow of famine and epidemic did not came down. In fact, between 1860 and 1930, malaria, plague, smallpox and cholera have plagued the country, including Bengal, the heart of British rule. The priority of the British rulers was to have their own army and try to protect the health of the Europeans. The condition of the public health of the subjugated people was deplorable. During the colonial period, public health measures were focused largely on protecting British civilians and army cantonments. The first and foremost duty of the colonial master was to keep the English officers and soldiers serving in India as safe as possible from the polluted weather and places of the Indian subcontinent. However, the public health policy of that time was mainly city or town-oriented. So the Military Cantonments Act was enacted in 1864 for this purpose. It is written in the Cantonments Manual of 1909 that we must remember that the main purpose of the Cantonments was to protect the health of the British troops, everything else is below it.<sup>16</sup> According to this policy, cantonments, civil lines, hill stations, etc. were born in various cities of India. The goal of the imperialist public health policy was to keep racism alive.<sup>17</sup> Then the army barracks were set up in an open and beautiful environment.

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Two characters can be seen in the colonial cities and towns. The settlements of the Europeans were large, open, and healthy. On the other hand, the places of residence of the natives were crowded, confined, and unhealthy. Interestingly, although the city or town has a separate area for Europeans and natives, the epidemic did not confine the area to indigenous, poor, and working people.

The miserable conditions of the native peoples were reflected in the various periodicals published during this period. Along with this, various reports and news were published on various issues like health protection, health awareness, women's health, sanitation, garbage cleaning, safe drinking water supply etc. Bengali periodicals such as '*Bamabodhini*', '*Bharati*', '*Mitra Prakash*' etc. published various reports, articles and poems criticizing the British public health policy and also regularly wrote relevant articles to create health awareness among the women. In *Bamabodhini* of 1872, two poems were published explaining nutrition and vocal cords with pictures. In an article published in *Bamabodhini* in 1913, *Charumati* Devi highlighted the problems of light and airless, unhygienic maternity wards and maternal and new-born health in the society of that time<sup>18</sup>. Another article, published in 1875, warns housewives about the symptoms of asthma, colds, coughs, upset stomachs, fevers, haemorrhoids, diarrhoea, vomiting, etc., and their emergency home remedies<sup>19</sup>. A discussion on Basanta kumari Devi's book "*Kabita Manjari*" in *Mitra Prakash*, a newspaper published from Dhaka in 1872, reflected the fact that the medical infrastructure in colonial Bengal was inadequate, and that such treatment was rare even among well-to-do people, despite spending money like water<sup>20</sup>. Begum Rokeya Sakhawat Hossain preached the message of emancipation of Muslim women through her writings. Her advice to Muslim women was to emphasize the need to keep the body healthy, that there was no conflict between Islam and Western medical science, but that there should be respect for allopathic medicine as well as indigenous traditions<sup>21</sup>. In addition, many such periodicals were published in colonial Bengal in which various initiatives were taken to make the indigenous people aware besides criticizing the health policy of the colonial government. Of these periodicals significant were *Bibidharta Sangraha*, *Anubikashan*, *Vigan Darpan*, *Chikitsa Sanmiloni*, *Chikitsak-o-Samalochook*, and *Swasthya patrika*. The number of medical journals

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published in the 19<sup>th</sup> century was not a small one. These journals included data, translation and all else required to acquaint the common people with the progress in medical science. Just as there were different periodicals for home medicine there were also periodicals like *Bhisak Darpan*, so that doctors educated in Bengal were not deprived of scientific knowledge due to their lack of English. There were separate periodicals for the practitioners of homeopathy, but there were also periodicals like *Chikitsa Sammilani* committed to equal exchange between the different systems of medicine. But in the later years English became the medium through which Bengali people participate in the teaching and practice of medicine, hence the number of Bengali periodicals with this subject also began to decrease<sup>22</sup>. But among these periodicals 'Swasthya patrika' was one of the important one. Edited by Durgadas Gupta, this monthly periodical on health and medical treatment began its publication from B.S. 1304, *Kartik* (September-October-1897) and continued till B.S. 1308 (1901) after which it becomes defunct. *Swasthya* was published from 23 Modon Mitra Land, Calcutta and printed from Bharat Mihir Jantra at 25/1 Scott Lane. Many doctors and medical scientist regularly contributed to this periodical. Serious articles used to be published in its numbers, describing the various physical and mental causes of diseases and the changes brought about by them, along with their treatment and everyday hygiene<sup>23</sup>. Apart from that another important Bengali periodical related to health in the colonial period was 'Swasthyo Samachar'. The description on the opening page of 'The only illustrated health magazine published in Bengali' gives a clear idea about the character of this magazine. Edited by Dr. Kartik Chandra Basu, this periodical published various articles on health and health measures in colonial Bengal. The magazine also published various articles to educate the uneducated people of rural Bengal. A clear idea of what people should do to protect their health could be found in this magazine. Since the editor of this magazine was a physician, he was particularly knowledgeable about various health issues. A number of physicians were the regular columnist of this journal<sup>24</sup>. Notable among these writers and doctors were Dr. Nilratan Sarkar, Dr. Sri Rajendra Kumar Ghosh, Dr. Sri Braj Gopal Chattopadhyay, Dr. Sri Gopal Chandra Chattopadhyay, Dr. Sri Basanta Kumar Chowdhury, Dr. Yogesh Chandra Mukherjee and others. However, the fact that the countrymen were gradually abandoning



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their superstitions and becoming enthusiastic about modern medicine and becoming interested in reading *Swasthya Samachar* can be found in the various writings of this periodical<sup>25</sup>.

A major contribution of this periodical was that of bringing into public view the real picture of plague in Calcutta and Bombay. In its articles, details of the disease including its causes, treatment regimens and the way to avert it were published not only during the crisis but when it was over. It was even vocal on the failures of the government in eradicating the plague and rational criticism of government policies was published too. The *Swasthya* pioneered the publication of articles related to health and social dimension of treatment. Different types of articles were published in various issues of *Swasthya* magazine to make the masses aware<sup>26</sup>. Some famous experts, thinkers and physicians of that time used to write in different issues of this magazine. Lack of pure drinking water was a major problem in rural Bengal at that time. In the absence of clean drinking water, the disease spread rapidly, often taking the form of epidemics. So various articles on how the lack of pure drinking water spreads disease or how to keep the water clean were published in these periodicals. What are the ways to prevent water contamination? (কি উপায় দ্বারা জল দূষিত করা হইতে নিবৃত্ত রাখতে হইবে), What method to use will not contaminate the water (কি প্রণালী ব্যবহার করলে জল দূষিত হইবে না), The relationship of the body with water (জলের সহিত শরীরের সম্বন্ধ), How to water is polluted due to natural causes (প্রাকৃতিক কারণে কি প্রকারে জল দূষিত হয়), Condition of drinking water in different parts of Bengal (বঙ্গদেশের ভিন্ন ভিন্ন স্থানে পানীয় জলের অবস্থা)<sup>27</sup> these were some major publications published in the '*Swasthya Samachar*'.

Malaria was also one of the most feared diseases in Bengal during the colonial period. The disease took the form of epidemics and spread from village to village. A large number of people died of this disease. The only cure for this disease was quinine. Many people were again afraid to take this medicine due to lack of awareness. There were many writings were published in the *Swasthya* and '*Swasthya Samachar*', magazine. Various articles like, History of Malaria (ম্যালেরিয়ার ইতিহাস), Accessory Causes of Malaria Fever (ম্যালেরিয়া জ্বরের আনুষঙ্গিক কারণ) Types of Malaria (ম্যালেরিয়া রোগের প্রকারভেদ), Ways to prevent Malaria (ম্যালেরিয়া নিবারণের উপায়), Changes in the Body in Malaria (ম্যালেরিয়া রোগে শরীরের পরিবর্তন), Effects of



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Quinine on Malaria Bacteria (ম্যালেরিয়া জীবাণুর উপর কুনাইন এর প্রভাব), Diet of Malaria fever (ম্যালেরিয়া জ্বরের পথ্য) etc. These magazines published a variety of articles that sought to allay people's fears of Western medicine in the same way that they described the horrors of malaria<sup>28</sup>. Topics included Cholera, Malaria, Tuberculosis, Plague, Fever, Dental Diseases, and Brain Diseases also published in these periodicals. In addition, various important articles on the treatment of women and their internal problems of body were published in these two periodicals. Thoughts were also expressed on child care. Many times the origin of various diseases and their spread in the anatomy were revealed through pictures which made it more acceptable and visually pleasing.

Corona disease has emerged as one of the most deadly diseases in the present era and which has taken the shape of an epidemic. Lots of people are dying from this disease. Few days back India is facing the fourth wave of corona disease. The only way to avoid corona disease is to maintain social distance and keep our self under house. But the principle of quarantine that is being applied at present is not the only one that has been applied in the present Corona situation. In the case of India, history has shown that the idea of segregation came to an Indian-educated society in the colonial era, especially after the outbreak of the plague. The idea that the plague was a highly contagious disease and that contact with this patient can lead to the death of anyone was found in several literature or newspapers of that time. However, several cautionary instructions were found in these. In this case, we must mention the name of a magazine i.e. 'Swasthyo'. An issue of *Swasthya Patrika*, published in the Bengali year 1305, has instructed not to come in contact with the plague patient, to keep the plague patient under the house quarantine, to sanitize the house of the sufferer in various ways, to keep the patient's house on fire to disinfect his house or to use various antidotes. Some caregivers have been told how to get rid of the disease in different ways. As stated in an issue of *Swasthya Patrika* that,

If anyone at home is infected with the plague, they should be isolated immediately. On the other hand, the patient should be kept in the adjoining room in such a way that he has no connection with other rooms in the house. Care should be taken to ensure that the infected person does not come out of the room and contaminate the air and

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surrounding area. If there is any obstruction of air circulation in the patient's house, there will always be a fire in the room. A small fire should be lit outside the house to burn unclean clothes and anything used by the patient. Doors and windows should be kept open so that a large amount of light and air can enter the patient's room. Any type of service will be soaked in the mixture and a curtain will be hung on this door. Don't let anyone go home except the patient's nurse. This nurse should change her clothes when going out and clean her hands, face and feet thoroughly. Anything that should be removed from the patient's home should be cleaned immediately by a filter. If there is any stench in the house, it can be removed by opening the window and circulating air. The patient's stool, urine and saliva should be mixed with the same amount of mercuric chloride lotion or carbolic lotion and kept outside the house. The bed sheets, pillowcases and other fabrics used by the patient should be washed with all the filters mixed in the tub or bucket<sup>29</sup>.

However, there were various references in these newspapers of the fact that the general public did not accept the principle of segregation in the plague disease. Until the outbreak of the plague in Kolkata, there has been a sharp dispute between the government and the public over the segregation of plague patients. The masses are fiercely opposed to the system of segregation. However, the people are strongly opposed to the policy of separation. There was no doubt that isolation of the plague patient was one of the ways to prevent the plague. However, the separation system introduced by the government in Bombay without any judgment of country, time, or caste-based justice did not serve the purpose of segregation. Due to the strictness of the law, many householders were hiding their diseases. So despite the separation measures, the results were not found to come. In this situation, the government has an important responsibility in terms of the separation of Plague patients. However, the periodical specifically supported the government's policy of segregation to prevent plague. According to the *Swasthyo* magazine,

“In our opinion, the policy adopted by the lieutenant-governor in the North West Province is appropriate and broad. A plague is a highly contagious disease - if one

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person is infected at home, it can spread from one person to another and destroy the whole family. Fearful and wealthy people can arrange to keep the patient in their home independently at their own risk. The Government may carry out such other arrangements as may be prescribed in respect of such other classes of persons. It is a common practice in our country to keep the patient separate from infectious diseases. It seems that the government is trying to protect the issue by enforcing strict rules because it is ignorant of the issue.<sup>30</sup>

This issue also feared that if the other members of the patient's house did not maintain the social distance then they can be infected with the contagious plague. Therefore, it is not possible to provide services to the aforesaid plague-affected patients at home while maintaining social distance. In this case, *Patrika* advised that the plague patient should be admitted to a government hospital. In this case, no matter how untouchable it was for them to be treated in a European system in a hospital established by the British government, the Indians adopted the European medical system in the interest of survival and left the indigenous treatment system and became accustomed to European medicine. As stated in an issue of '*Swasthyo Patrika*' that,

But keeping the patient in the house as mentioned above, taking care of him, and treating him was not impossible for all households. For this, it is a good arrangement for the disabled householder to keep the patient in a government-established hospital.<sup>31</sup>

However, in this case, various writers of the '*Swasthyo Patrika*' have left the countrymen to survive from the contagious disease on their good conscience. Such an article raises question, it is a common practice in our country to keep the patient isolated for infectious diseases. Perhaps the government is trying to keep it separate by strict rules because government does not know about it. If the householder is told that the disease is highly contagious, should he not try to isolate the patient with all due care out of a desire to defend himself?<sup>32</sup>

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Thus, it can be seen from the discussion that 'Swasthya' and 'Swasthya Samachar', published in Bengali for health and hygiene, played a very important role in discussing health in colonial Bengal, raising awareness and informing the natives about health. *Swasthyo*, A Bengali Monthly Journal for Health and Sanitation and *Swasthya Samachar*, Illustrated Monthly journal for health and hygiene played a vital role in made aware the native peoples about health, hygiene and good sanitation. New Ideas about social distancing emerged in these two periodicals. Although various periodicals related to health have been published before, they were written in foreign languages and beyond the comprehension of the common man. But these two Bengali language periodicals played a significant role in raising health awareness. At that time some famous Bengali Physicians were regular columnist and experts of these two periodicals. The writing of these two periodicals was also varied and unique. Topics included Cholera, Malaria, Tuberculosis, Plague, Fever, Dental Diseases, Brain Diseases and other topics such as water purification, water problems in rural Bengal, drainage problems, lack of sanitation, environmental awareness, women's diseases and awareness, children care, places of health care etc. like various useful and knowledge-enhancing topics were also the theme of these two periodicals. However, the main purpose of these periodicals was to increase the health awareness of the people of the country. *Swasthyo Samachar's* editorial rightly argued that "*Swasthyo Samachar*" is regularly publishing articles written by various authors on body keeping, food judgment, disease prevention, etc., and readers are also regularly reading those articles. But there are special doubts about the extent to which they are able to adhere to health policies in their casual activities. Ignorance and prevailing superstitions are the main obstacles in protecting women's health. We urge our clients to ask or read 'Swasthyo Samachar' to the women of their own family. Special good will be achieved in this. In our decrepit poverty stricken country, when young and old are able to maintain their health, disease, grief, famine, death and poverty will be eradicated. With the blessings of God, the soil of Bengal, the water of Bengal, the air of Bengal will be blessed<sup>33</sup>. This statement may express the real purpose of the monthly periodical related to treatment and medicine published firstly in Bengali language.

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20. Ibid.
21. Ibid.
22. Bose, Pradip Kumar, Health and Society in Bengal, 'A Selection from the Late 19<sup>th</sup> Century Bengali Periodicals', *Sage Publication in India Pvt. Ltd.* 2006, . 22.
23. Ibid., p.280.
24. Published in Bengali year 1322 (fourth year issue) it was said that "Swasthya Samachar has published about 182 articles on various subjects in three years. Of the 73 articles in the first year, 22 were written by 17 outside experts. Out of these 17 people, 10 are doctors at work. In the second year, out of 45 articles, 15 articles were received from 11 outside authors. 7 out of 11 authors are doctors. Out of 66 essays in the third year, 35 essays were written by 26 outsiders. Only 6 of them are doctors. Ordinary writers in Bengal are concentrating on writing essays on health in this regard and are also writing well-thought-out essays. This is a sign of the country's welfare", Dr Kartik Chandra Basu, 'Swasthya Samachar', Illustrated Monthly journal, 1322 BS (fourth year issue), p.24.
25. A published issue of *Swasthyo Samachar* said that the popularity of *Swasthyo Samachar* was increasing among the people of the country and many people have realized the need for such a magazine. The editors of almost all the newspapers and monthly magazines of Bengal have extended special encouragement to the publishers in their respective newspapers wishing *Swasthyo Samachar* well to do. It is hoped that this will pay off in the future, *ibid.*, p.35.
26. Ray, Kabita *Press and Public Health: Bengal 1921-1947*, Corpus Research Institute, 2009.
27. Basu Kartik Chandra, *Swasthya Samachar*, 1319 (BS) , First Publication, 45 Amharst street, Calcutta.
28. Ibid.
29. *Swasthyo*, A Bengali Monthly Journal for Health and Sanitation, D.D. Gupta (Ed.), Calcutta, 1305 (BS), Volume II, Number One, pp. 16-17.
30. Ibid., p.17.
31. *Swasthyo*, *Ibid.*, pp.12-13.
32. *Swasthyo*, *Ibid.*, p.17.
33. *Ibid.*, *Swasthya Samachar*, Illustrated Monthly journal, 1322 BS (fourth year issue), p.1.