

---

**The Growth and Development of Public Health in the Hill areas of Darjeeling District and the role of the Colonial British Government (1850 to 1947): A Historical Analysis**

**Krishna Barman<sup>1</sup>**

<sup>1</sup>Assistant Professor  
Department of History  
Nakshalbari College  
P.O: Nakshalbari, Dist: Darjeeling,  
Email: [krishnabarmankb82@gmail.com](mailto:krishnabarmankb82@gmail.com)

---

***Abstract:**The historical study of public health has developed as a significant subject in ongoing historiography. Darjeeling was initially established on health consideration explicitly for British soldiers and regular citizens to recover from the insufferable hot climate of the plains and diseases. The ailments pervasive in the hills were malarial fever, hill diarrhoea and small-pox specifically. In consequence, western medical practices were introduced through the establishment of various charitable hospitals and dispensaries. Besides the opening up of several medical institutions, the colonial rulers additionally started cinchona plantation for commercial purpose in 1862 especially in the eastern side of the river Tista as more extensive part of the western medication. The objective of the government in maintaining these plantations and the factory was to supply the people quinine for malarial fever. The study also looks into the construction of various public health infrastructures in Darjeeling hills i.e. water supply, sewage disposal, proper utilization of vaccination etc.*

***Keywords:** Disease, fever, Hospital, Medicine, Malaria, Vaccination, Sewage, Water-supply*

---

**Date of Submission: 05-01-2023**

**Date of Acceptance: 11-01-2023**

---

**Introduction**

The historical investigation of medicine and public health has developed as a significant topic in modern historiography. For understanding the historical backdrop of a community and even of a

# **The Growth and Development of Public Health in the Hill areas of Darjeeling District and the role of the Colonial British Government (1850 to 1947): A Historical Analysis**

---

nation, the investigations of public health fundamentally go into consideration. In Indian setting, the investigation of medicine and public health during the British period had been firmly connected with colonialism. Medicine had been viewed as an amazing colonizing power and a vehicle for the transmission of western thoughts into India.<sup>1</sup>

The beginnings of colonial medicine and public health in modern India started fundamentally with the need to look after to the necessities of Europeans and colonial troops. Foundation of hospitals, dispensaries, and recruitment of personnel helped to the penetration of Western clinical thoughts to enter into Indian culture. The transfer of power to the Crown from the hands of the English East India Company brings a new period in the arrangement for medical care and sanitary provision. The Epidemic Diseases Act, (1897) enhanced spending on public health. It was notwithstanding, simply after the plague pestilences of 1896 onwards that medicine and public health turned out to be progressively worried with reaching the population all in all. By early 19th century hospitals were built up for Indians. Hospitals turned out to be progressively significant as an area for clinical training, clinical prevention, and research.<sup>2</sup>

The rise of Indian hill-stations was basically the concise European creation, closely related with the extension of British rule in India. This hill stations were mainly established on health consideration explicitly for British soldiers and regular folks to recover away from the agonizing sweltering climate of the plains and diseases. For the British, the plains of India were the places that were known for diseases and disorder. But in the mid of the nineteenth century they found the hill stations as an ideal place to recuperate from hot weather and to maintain social distancing. In the cool atmosphere of the hills, with their less populace, non existence of mosquitoes and “miasmatic” fevers, it got feasible for the English to reproduce a home away from home.<sup>3</sup> Apparently the establishment of Darjeeling hill was basically based on health consideration. The foundation of the town of Darjeeling as well as the extension of its trade was attained by seizes domains from Sikkim and Bhutan. The territory of Darjeeling and without a doubt the tracts where the vast majority of the other Himalayan hill stations in north India were situated were occupied from the rising Gorkha realm of Nepal. The fast victory of the hill territories by the Gorkhas as well as British aspirations in the trans-Tibetan exchange put Nepal into direct clash with the East India Company. Under the agreement of Sagauli (1816) among India and Nepal, the East India Company occupied a huge segment of the western Himalayan

# **The Growth and Development of Public Health in the Hill areas of Darjeeling District and the role of the Colonial British Government (1850 to 1947): A Historical Analysis**

---

Terai from Nepal. Here, Shimla, the biggest hill station and the summer capital of the viceroy, was made. Under a different understanding, the tract of Darjeeling (treaty of Titalya, 1817) was offered over to the lord of Sikkim to make a buffer state among Nepal and India.<sup>4</sup>

The possibilities to establish a sanatorium in Darjeeling was first noticed by the British administrators. In 1828, Captain G.A. Lloyd, a military authority, and J.W. Award, the commercial resident at Malda in northern Bengal, came at Chongtung close to Darjeeling, and thought that it was perfect as a sanatorium town. In 1829, Captain J.D Herbert, the deputy surveyor General was sent to the site by the government of British India to investigate the probability for the establishment of a sanatorium for the British soldiers. In 1835, Lloyd had leased the region from the ruler of Sikkim for a yearly payment of Rs 3000.<sup>5</sup>

As the main purpose for the creation of Darjeeling was the health consideration mainly to make the area free from illness and in which the British soldiers and European civilians could recover and be revived, however the colonial rulers couldn't overlook the interest of other health related viewpoint by living just in the climatic suitability of the area. With the progression of time to help the health project effectively the colonial government attempted some new infrastructural activities supported by the medical understanding. It merits calling attention to here that the start of western medicine to this Himalayan tract was feasible both by the endeavour of the state supported clinical administration and the Christian missionaries. In this way the act of western medicine officially entered in the Darjeeling hills.

By 1850 Darjeeling accomplished the status of municipality and started to give the public health administrations dependent on a European model. From that point onward, Darjeeling hill turned into the summer resort of Lieutenant-Governor General of Bengal (1872). The diseases prevalent in the hills were malarious fever, hill diarrhoea and small-pox in particular. Besides the opening up of tea industry, the Eden sanatorium, (an improving home for European patients from the tea gardens and invalids from the plain), the first of its sort was built up in 1883 followed by Lowis Jubilee sanatorium (1887) for locals and the Victoria Memorial hospital for Europeans and locals and numerous others. In the hills especially in the Kalimpong, hospitals and dispensaries likewise came to be set up by the Church of Scotland Mission. Adjacent to state activity, the Christian missionaries likewise assumed a prominent

## **The Growth and Development of Public Health in the Hill areas of Darjeeling District and the role of the Colonial British Government (1850 to 1947): A Historical Analysis**

---

role in the spread of western medicine as the area additionally went under the impact of western education.

Initially there were three medical institutions in the town of Darjeeling – the Eden Sanitarium, the Lowis Jubilee Sanitarium and Victoria Memorial dispensary. The Eden Sanitarium was established in 1883 for the Europeans. It was Sir Ashley Eden, Lieutenant-Governor of Bengal who played an important role in the establishment of the Eden Sanitarium. It was he who realised the necessity of giving a convalescent home for European patients from tea gardens of the district as well as for invalids from plains. It was the only institution in Bengal at which Europeans requiring treatment in a cool atmosphere, and convalescents after illness in the plains, could acquire the accommodation, care and attention they require.<sup>6</sup> The Eden Sanitarium consist 64 beds:-8 for first-class, 8 for intermediate and 24 each for the second and third classes, the last being accommodated in a dormitory. In the year 1912 as many as 126 adults and children could get accommodation in the Sanitarium.<sup>7</sup>

The need of an institution similar to the Eden Sanitarium exclusively for the Indians only, first realised by the Sir Franklin Prestage. But he failed to obtain the necessary funds owing to the fact that the journey to Darjeeling was not only expensive but it also took a big portion of the amount of the leave available by the middle or working classes before the opening of the railway. The idea to establish Sanitarium for the natives was again taken up by Mr. Edmund Elliott Lowis, the then Commissioner of the Jalpaiguri Division.<sup>8</sup> A donation of 90, 000 which was given by the Maharaja Gobind Lal Roy of Rangpur for the some work of public utility, was decided to use for the construction of Sanitarium for the Indians who had no convalescent home in the hill to which they could resort.<sup>9</sup> The site comprising 7.5 acres on which the Sanitarium now stands was given by the Maharaja of Cooch Behar. The Sanitarium was established in 1887. By April 30th, 1912, comprehensive of the Government grant-in-aid of Rs. 16, 000/- towards the erection of an annexe called the Edward VII House, the absolute aggregate of Rs. 3, 54,134/- was gathered, viz. - by donations of Rs. 2, 60,656/- and by yearly Subscriptions of Rs. 93,478.<sup>10</sup> O'Malley stated that it was the most popular institution where the number of admissions was about 650 per annum.

## **The Growth and Development of Public Health in the Hill areas of Darjeeling District and the role of the Colonial British Government (1850 to 1947): A Historical Analysis**

---

In the hills division of the district, there were two charitable dispensaries, one at Darjeeling and other at Kurseong. The Darjeeling dispensary which was also known as the Victoria Memorial Hospital, established in 1864. It was under the charge of a Sub-Assistant native Surgeon.<sup>11</sup> It was the first dispensary to be begun in Darjeeling at the structure of late used as the Police Lines. It was in the classification of class III-B, oversaw by a committee under the management of the local municipality. The dispensary was predominantly kept up from the municipal funds yet contributions from Europeans and also from the Indians additionally helped it impressively to run the dispensary.<sup>12</sup> The Victoria Memorial Dispensary was the Darjeeling Municipal hospital. Other than the main building containing 45 beds, there was a cottage hospital as well as an infectious diseases hospital, and an excellent operating room. It was model of what mofussil hospitals ought to be, it was gaining popularity consistently and it was greatly appreciated by the people. In excess 10,000 patients were treated at it in 1905, and no less than 389 operations were performed.<sup>13</sup>

The Hospital for infectious diseases was established in 1920 in a separate camp for small pox cases. In 1933 it was enlarged. An annual average of 70 and 80 numbers of patients were treated in the hospital up to 1944. The hospital was maintained by the municipality. In 1936 a Tuberculosis Hospital was built with 11 beds but subsequently it become enlarged which then accommodate 26 beds. Apart from this the Martin Charitable Dispensary which was opened at Ghum in 1932, treated more than 10,000 patients per annum during the decades of fifty. For the welfare and treatment of the pregnant women and especially of the children two Maternity and Child Welfare Centres had been established one in Darjeeling and other at Ghum.<sup>14</sup>

Apart from the Hospitals and dispensaries under the Darjeeling urban area, medical and other health facilities were also developed in Kurseong. Despite having an elevation of 4,864 the region consistently had a tension of illnesses on account of its little distance from the Terai which was portrayed as the “darkest Africa” by the contemporary physicians. Charitable dispensary was built up at Kurseong. In 1905 total 4,000 patients were treated at Kurseong.<sup>15</sup> The area was developed as the schooling education mainly due to its temperate climate like that of Darjeeling. A good numbers of government and missionary schools were set up there. Due attention was given to the health care of students attending the school. Due to the yearly

---

## **The Growth and Development of Public Health in the Hill areas of Darjeeling District and the role of the Colonial British Government (1850 to 1947): A Historical Analysis**

---

endemic of mumps, measles and fever, children were held under adequate clinical management and for this each school had their own hospital run by the school council. For example an up-to-date hospital which had an accommodation for a nursing staff and 20 beds for patients was maintained by the Goethals Memorial.<sup>16</sup> There was a Kurseong town Hospital which was maintained by the Kurseong Municipality. In 1937 The S.B.Dey Tuberculosis Sanitarium was established at Kurseong in the philanthropy of R. Bahadur and S.B. Dey. An outdoor dispensary which was associated with the St. Mary's College was opened in 1889 at Kurseong. The number of patients dealt with in the dispensary was 22,000 in 1943.<sup>17</sup>

In the interior of the district, there were charitable dispensaries at Kalimpong, Pankhabari and at Pedong. In 1905 in Kalimpong the attendances of patients reached the high figure of 15,000, at Pankhabari an average of 2,300 patients were treated per year and at Pedong 6,000 out-patients were treated annually.<sup>18</sup> The medical organisation of government was splendidly enhanced by the Church of Scotland mission. The Charteries Hospital of Kalimpong, aided by the Government but maintained and managed by the Mission. It contained 26 beds and it was under the charge of a medical missionary. A dispensary at Nimbong of Kalimpong subdivision was also maintained by the same Mission. The dispensary at Kizom, a village in Karmi estate of the late Raja Tenduk Palger, where 1,200 patients were treated yearly maintained by the Mission. A small independent medical mission was established at Sukiapokhri where more than 10,000 persons were treated annually by the missionaries.<sup>19</sup>

Outside the town area, the district was by and large well provided with hospitals and dispensaries. Outdoor dispensaries with a Medical Officer were maintained by most of the tea gardens. Some tea gardens also maintained hospitals with beds up to 10 in number. Dispensaries primarily for the people who work on the road but in general for all was maintained by the Communications and Works Department at Kalijhora and Tista Bridge. The Cinchona department also maintained dispensaries at Mangpu, Munsong and Kumai. In addition to this there were some Rural Health Treatment units in the district which provided treatment to the local people.<sup>20</sup>

The responsibility for Public health in the Darjeeling region was under the District Board from 1922 to 1932 and the Civil Surgeon who was under the District Board controlled

## **The Growth and Development of Public Health in the Hill areas of Darjeeling District and the role of the Colonial British Government (1850 to 1947): A Historical Analysis**

---

public health as well as medical organisation. In 1930 the proposal for appointing a District Health Officer and a District Public Health Organisation on the model accepted for other districts in the province were forwarded to Government and the result was the appointment of a District Health Officer in 1932. The District Health Officer first to study the particular health problems of the district and after that to make proposals. The combine medical and public health activities were accepted in the proposals but the requirement for correction in certain details, and change in departmental policy and the constitutional changes delayed the start of the Rural Health Scheme till September 1942. The scheme was thus adopted in 1942 and it covered the major part of the District with 15 Health units.<sup>21</sup>

In the Darjeeling town, albeit a conservancy department had been in presence before 1920, it was not up to that point that a Medical Officer of Health and a Sanitary Officer were engaged. A public health laboratory was built up in 1922 which had a Bacteriologist and Chemist and dealt with clinical work and with the assessment of food and water samples. Other sanitary inspectors were later employed and afterward the scope of work of the municipal health department incorporated the following:

*(1) Prevention and control of epidemic disease, management of the Infectious Disease Hospital and a Charitable Dispensary at Ghoom; (2) Anti-Tuberculosis work and management of the Tuberculosis Hospital; (3) Control and supervision of two Maternity and Child Welfare centres; (4) Scrutiny of building plans and execution of a sanitary survey; (5) Control and inspection of slaughter houses, of the sale of meat and fish and of cooked food in hotels and eating houses; performance of the duties of Public Analyst under the Bengal food Adulteration Act; (6) Examination (bacteriological etc.) of samples of water, sewage and of pathological specimens for diagnosis; (7) Record and check of vital statistics relating to public health; (8) Management of the conservancy system.*<sup>22</sup>

The following sums had spent by the District Board annually on Public Health and Medical items of the District:

## **The Growth and Development of Public Health in the Hill areas of Darjeeling District and the role of the Colonial British Government (1850 to 1947): A Historical Analysis**

Sectors	Total Amount
Medical ( Establishment)	Rs.4,700
Medical (Hospitals)	Rs.21,100
Vaccination	Rs.8,000
Sanitation	Rs.37,400
Water- supply	Rs.4,600

(Source: Dash, A.J, Bengal District Gazetteer, Darjeeling, Bengal Government Press, Alipore, Bengal, 1947, Reprinted by N.L. Publishers, 2011, Siliguri, West Bengal, 2011, p.92.)

The colonial rulers additionally started cinchona plantation for commercial purpose in 1862 especially in the eastern side of the river Tista as more extensive part of the western medication. The objective of the government in maintaining these plantations and the factory was to supply the people quinine for malarial fever. This was done through the different dispensaries of the district and imprisons and later on through the post office.<sup>23</sup>

A great advance in attitude towards public health was happened in nineteenth century. The filth was identified as both cause of disease and vehicle of transmission and the resulting accentuation on cleanliness was a focal segment of ‘sanitary awakening’ that took place during the period. This followed on the revelation of the ‘Germ theory’ of ailment which led to emphasize on sanitation, public health and cleanliness. It changed the manner in which society thought about health. Sickness came to be viewed as an indicator of poor social and environmental condition and cleanliness was viewed as a way both to physical and moral health. During the nineteenth century this changing thought towards public health was also experienced in India.<sup>24</sup> In Darjeeling district the colonial government also had given its attention on the development of other infrastructural things such as implementation of vaccination, proper water supply and proper disposal of sewage for the betterment of the public health infrastructure of the region.

One of the important zones where the western medicine was able to put its significant impact on the lives of the general masses was small pox vaccination. The great horror of small pox was present among the inhabitants of the hills. But unlike Terai they welcomed



## **The Growth and Development of Public Health in the Hill areas of Darjeeling District and the role of the Colonial British Government (1850 to 1947): A Historical Analysis**

---

vaccination. The vaccinations were given through the dispensaries located in Darjeeling hills. Because of these measures, the commonness of small pox had been almost ended. In 1905 O'Malley recorded that no other region in Bengal could show such a record of vaccination or claim immunity from the scourge of little pox as Darjeeling.<sup>25</sup> In 1928 total 16 deaths was occurred from small pox, 6 deaths was reported from Darjeeling town and 10 deaths was reported from the rural areas. The mortality rate from small pox in the district was also decreased. The rate of mortality from small pox in the year 1928 was 0.04 percent per mile<sup>26</sup> and in 1935 it became to .01 percent per mile. In 1935-36 primary vaccination was given to 9,180 persons and re-vaccination was given to 45,666 persons. During the year 1935 nearly the whole population of the municipal area was vaccinated on account of the outbreak of smallpox.<sup>27</sup>

One of the most significant functions of the Municipality was the generation and arrangement of water from the Senchal Lakes. It should be noticed that a good water supply had been the most significant single reason for the extraordinary improvement in the mortality rates over the mid nineteenth century in the Western World. The triumph of nineteenth century medicine was mainly depending on prevention and the supply of clean water. The authorities had done all that could be desired for the supply of better water, and as pure a water-supply as was possible had provided both Darjeeling and Kurseong.<sup>28</sup> An excellent water supply was provided to the Darjeeling urban area. Water was collected from more than thirty natural springs of the Senchal catchment area and then flow by gravity to two lakes upon Ghum on the Senchal hill. After that water passed through pressure filters to three service reservoirs and from the reservoirs it distributed to the town. The filtering was nearly unnecessary because the spring catchment area was fenced and protected from contamination. Since 1912 after completion of all work good potable water with high standard purity had been supplying to the town. On the other hand the Kurseong municipality also maintained the supply of filtered water in Kurseong<sup>29</sup>. The public health department maintained the water-supply of the Kalimpong and the Kalimpong Bazar throughout the year. The supply was steady and the quality of the water was good.<sup>30</sup> It is very interesting to note that in order to prevent water borne diseases like typhoid and dysentery the Commissioner of Darjeeling (Dr. Greer) with the collaboration of the

# **The Growth and Development of Public Health in the Hill areas of Darjeeling District and the role of the Colonial British Government (1850 to 1947): A Historical Analysis**

---

Bacteriological Research of India had introduced the Pauster filter into the water supply mains in Darjeeling.<sup>31</sup>

The sewage disposal system which connected most of the houses in Darjeeling town was managed by the municipality. The most of the houses however were served by a hand collection system dumping into 6 chutes. All the sewages were treated in septic tanks and the effluent was released into Jhoras (dumping ground) at a distance from the inhabited areas. However, in rural areas, the absence of appropriate sewage removal brought about insanitary conditions and the outbreak of worm malady.<sup>32</sup> The drainage system unlike the sewage disposal system, in Darjeeling town was very good and was slowly further developed year after year.<sup>33</sup> The Colonial government had established the Darjeeling hill for their own interest and benefit. But in order to make overall development of the hill they could not ignore the medical infrastructure of the region. In order to make the region a healthy one they had to look after the public health of the area. Though the development of public health in Darjeeling hill was totally based on the policy of colonialism but we can have to admit that an effective development of public health was occurred in Darjeeling hills under the British government. Not only the Europeans or people associated with colonial service but also the common citizen were greatly benefited by the development of public health.

## **Notes & References**

1. Arnold, David, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India*, University of California Press, Berkeley Los Angeles, 1993, p. 12, 13, 14 & 17.
2. Saha, Sudip, *The Colonial Trajectory of Medicine and Public Health in Darjeeling Hills, 1835-1947*, Unpublished M.Phil Dissertation, Department of History, School of Social Sciences, North-Eastern Hill University, 2012, p.7& 8.
3. Ibid, p.16
4. Bhattacharya, Nandini, 'Leisure, economy and colonial urbanism: Darjeeling, 1835–1930', *Urban History*, 40, 3 (2013) C Cambridge University Press 2013. The online version of this article is published within an Open Access environment subject to the conditions of the Creative Commons, Attribution licence <http://creativecommons.org/licenses/by/3.0/>; doi:10.1017/S0963926813000394, First published online 12 April 2013, p.446

# **The Growth and Development of Public Health in the Hill areas of Darjeeling District and the role of the Colonial British Government (1850 to 1947): A Historical Analysis**

---

5. Ibid, p.446

6. Malley, Lsso', Bengal District Gazetteers Darjeeling, Logos Press, New Delhi, Second Reprint 1989, p.58.

7. Dozey, E.C, *A Concise History of the Darjeeling District since 1835 with a complete itinerary of Tours in Sikkim and the District*, Calcutta, 1922, p.131

8. Ibid, p.131

9. Malley, Lsso', op.cit. p. 59

10. Dozey, E.C, op.cit. p.132

11. Hunter, W.W, *Statistical Account of Bengal, Volume-X, Districts of Darjiling and Jalpaiguri, and State of Kuch Behar*, Trubner & Co. London, 1876, p. 200.

12. Saha, Sudip, op.cit, p.28

13. MALLEY, LSSO', op.cit, p. 59

14. Dash, A.J, Bengal District Gazetteer, Darjeeling, Bengal Government Press, Alipore, Bengal, 1947, Reprinted by N.L. Publishers, 2011, Siliguri, West Bengal, 2011, p. 96.

15. MALLEY, LSSO', op.cit, p. 59

16. Sudip Saha, op.cit, p.47, 48.

17. Dash, A.J, op.cit, p.96, 97.

18. Malley, Lsso', op.cit, p. 59

19. Malley, Lsso', op.cit, p. 60

20. Dash, A.J, op.cit, p. 95.

21. Ibid, p.91.

22. Ibid, p. 91.

23. Saha, Sudip, op.cit, p.5.

24. Saha, Sudip op.cit, p.76.

25. Malley, Lsso', op.cit, p. 58.

26. Dr. Bentley, C.A. Bengal Public Health Report, Reports of the Bengal Sanitary Board and the Chief Engineer Public Health Department, For the year 1928, Calcutta, Bengal Secretariat Book Depot, 1930,p.38.

**The Growth and Development of Public Health in the Hill areas of Darjeeling District and the role of the Colonial British Government (1850 to 1947): A Historical Analysis**

- 
27. Dr. Sur, S. N., Bengal Public Health Report, For the year 1935, Superintendent, Government Printing, Bengal Government Press, Alipore, Bengal,1937,p.42,105,107.
  28. Dozey, E.C, op.cit. P, 126
  29. Dash, A.J, op.cit, p.93
  30. Dr. Bentley, C.A., Public Health Report, for the year 1928, op.cit, p. 84.
  31. Pasteur Filters at Darjeeling, The British Medical Journal, vol.2, no.1805 (August 3, 1895), P.307.
  32. Dash, A.J, op.cit, p, 94.
  33. Saha, Sudip op.cit, p.90.