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The Healthcare System of Dinajpur District(1862 to 1961):An Assessment

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Abstract:*We consider health as wealth and public health is the key for social prosperity and economic growth of a country. Through this paper, an attempt has been made to give an idea about the healthcare system of Dinajpur district from 1862 to 1961. I have selected this specific period because in 1862, Maharaja Taraknath Roy of Dinajpur established Dinajpur Dispensary. After the establishment of the Dispensary, the modern healthcare system started in the district. Thus, the year of 1862 is a landmark in the healthcare sector of the district. On the other hand, The Planning Commission was established in India in 1950, this body subsequently formulated the Five-Year Plans. These plans set specific targets for the ensuing five-year periods. The year of 1961 marked the end of the second five-year plan. These plans played a significant role in improving the healthcare system of Dinajpur. According to various sources, the public health condition of Dinajpur has been very poor since the creation of the district. Horrible images of fever, cholera, malaria, and other fatal diseases can be seen in the district. However, there were some improvements of this situation during the twenty-first century. This paper will focus on the, prevailing diseases of the district, prevailing indigenous medicinal treatment and practices, role of the colonial Government in pre- independence era and the role of Bengal Government in post-independence to eradicate the diseases and improve the healthcare facilities of the district.*
Keywords*: Disease, Dispensary, Hospital, Vaccination, Zamindar etc.*

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Introduction

Dinajpur began its journey as a district in 1786. But after partition of Bengal in 1947, it was divided into two parts, East and West Dinajpur. East Dinajpur become the part of East Pakistan, present day independence Bangladesh and West Dinajpur Become the part of West Bengal. This district lies between 26°29'54" and 25°10′55″ north latitudes and between 89°0′30″ and 87°48′37″ east longitudes in the Jalpaiguri Division of West Bengal.[1] From its very inception, Dinajpur was notorious for its healthcare system and hygiene. Much like

other districts of Bengal, diseases such as cholera, malaria, kala-azar, and smallpox constituted the primary public health challenges in this district. Shortly before the establishment of Dinajpur as a district, a devastating famine struck the region. This famine triggered a catastrophic collapse in Dinajpur's economic and social conditions, leaving numerous villages across the district completely depopulated. Under these circumstances, consolidating the administrative and healthcare systems of the newly formed Dinajpur emerged as a formidable challenge for the ruling authorities.

The rulers have blamed the geographical conditions of the region for this unhygienic environment in Dinajpur. Major Sherwill, the Revenue Surveyor, writing in 1863, emphasizes the dread in which the district was held by strangers. *The climate*, he says*, is very unhealthy, and is justly held in great dislike by strangers, including Bengalis, on account of its insalubrity. When the Second Division, Revenue Survey, was ordered from Burdwan into Dinajpur, many of the oldest and best native Bengali Surveyors resigned, rather than face the dangers of so dreaded a climate.*[2] In the seasons of 1857-58 and 1858-59, they tried to make a revenue survey there. But due to the fever which took the form of an epidemic in Dinajpur, they failed to carry it out properly. During the survey 13 surveying parties were affected by the fever and became unfit for work. He also noticed that many villagers lost their lives in every year because of fever and cholera.[3]

This district abounds in pestiferous marshes of all size and everywhere intersected by rivers, dry water courses and small rivers, streams and ditches. During the rains most of the rivers overflow their banks, resulting in the country becoming one Bheel. During the dry season the greater number of the *bheels* dry up, the evaporation which take place in March and April cause great sickness.[4] Most of the people of this country belong to the lower class and their houses were usually made of mud. Though which are very much superior in comfort to those made of hurdles especially in cold weather. But during the rainy season this mud walls and even the mud floor became dumb and create a very unhygienic condition.[5]

Majore Diseases and Health Issues of the District

The unhealthiness of the district was mostly caused by malaria. In fact, Malarial fever was not unknown to the Indian people. India’s acquaintance with it can be dated back to the Vedic Past, for some of the earliest reference to this ailment occur in the Atharva Veda.[6]According to tradition fever was introduce into the district during the war between Krishna and Ban Raja about the time of Alexander’s invasion of India.[7]

In 1872, the number of deaths in Dinajpur was greater than any other district of the Division. The cause of the death was fever. During the 1st half of the 1873 the death rate per mille was 40.00.[8] The year of 1877 was the unhealthiest year in the history of Dinajpur. In this year nearly 36,000 people perished due to fever.[9] Among 17 adult Europeans, 15 went out of the district during the year as a result of repeated attacks of malaria. One third population of the district were suffering from health problems, indicating unhealthiness of the inhabitants. While more than one and half had serious enlargement of the spleen.[10] Even the police have not been spared, the death rate among them was 46 and among the prisoners in jail was 74.6 per mile every year.[11] The situation had not changed so much in the preceding years. Data shows that the situation becomes worse yeah by year. In 1889 the date rate was 25.74 while in 1896 it was 41.54, in 1907 it was 39.22 in 1908 it was 36.75 and in 1909 it was 35.45 per mile.[12] But it may be possible that the increased death rate shown in recent years is due to better reporting and not to increase in unhealthiness.

The cause of the prevalence of malaria fever in Dinajpur has never yet been satisfactorily determined. According to the civil surgeons, the unhealthiness of the district is due to its water-logged condition. In response to controlling malaria in Dinajpur, Bengal officials started selling quinine among the people at post offices since1892.[13] But this measure was inadequate. As an alternative measure, an antimalarial campaign recommended by Major Ross was started in Dinajpur in January 1908.[14] Rubbish was removed from the neighborhood of the houses, ditches and thanks of the jungle were cleared and small tanks and pools were treated with raw kerosene. Besides quinine was distributed among the inhabitants of the town.[15]

In March 1909, Dr. Bentley, a malaria specialist, came to Dinajpur at the request of the Sanitary Commissioner.[16] He too suggested that instead of killing the anopheles' mosquitoes, it would be better to demolish the causes of destruction done by the mosquitoes. In 1926 antimalarial grants of up to a limit of Rs200 to Rs100 respectively were provided to the district boards to carry on the expenditure of previously adopted measures.[17] In 1940, a revised anti-malaria grant policy was introduced to fund long-term measures such as drainage, flushing, irrigation and other approved public health projects. From now the government offered half of the estimated cost of such scheme undertaken by the district boards. In municipal areas alike the government generally granted 50 p.c. of the cost of anti-malarial schemes taken up by a municipality.[18] As a result of these measures the death rate of malaria decreases to 5.3 per mile between 1941-1950. During the Bengal Famine between

1943-1946 the number of deaths from malaria was 16,623 and the death rate was 7.13 per 1000. This death rate was quite higher than the average death rate of the decade.[19]

Although cholera appeared annually in the district of Dinajpur, it did not assume a severe form of malaria. Outbreaks of cholera were typically observed at the end of winter and the beginning of summer, last for a month or six weeks at a time. But in years when rainfall is below average, cholera assume an epidemic form. In the district, cholera rarely took a serious nature because most of the inhabitants get their drinking water from wells in their own compounds. These wells, however, seldom deeper than 12 to 15 feet. But in a rainless season these wells used to dry up and people have to depend upon to tank or river water for drinking water, which were more contaminated than the wells, resulting in cholera took epidemic form. The death rate from cholera in Dinajpur was much lower than fever. But the year 1891, witnessed the sever form of cholera, it took away the life of 6,491 people or 4.7 per 1000. This death rate, though it seems quite higher for Dinajpur, but in comparison with the other district it is much lower of the province.[20]The average death rate of cholera in this district between 1901-10 was 0.57 death per 1000. Between 1941-50, 3287 people lost their lives due to cholera and the death rate was 0.5 per 1000.[21]

The next importance to malaria and cholera is Smallpox. Outbreak of small-pox fairly frequent, but the type is not virulent does little damage. The average death rate of smallpox in this district between 1901-10 was 0.41 death per 1000. Though the Bengal Public Health Report of 1930 shows that the mortality from this cause increased from 1926 to 1928. In 1928, 1,639 peoples had died due to smallpox. But it began to decrease from 1930, where only 187 people died due to Small-pox.[22] The census of 1951 shows the death rate of Small-pox disease was 0.2 per 1000.[23]

Except the above-mentioned diseases, diarrhea is another fatal disease that existed in colonial Dinajpur. Although the mortality from this is very small. Between 1941-50 the death rate was 0.5 per 1000. Besides, kala-azar, T.B. of lungs, Snake bite and respiratory diseases were prevalent in Dinajpur district.

In India compulsory vaccination was not so much popular because of religious superstation. small-pox vaccination in Dinajpur district was started in 1866-67, under a European superintendent.[24] Vaccination was compulsory within the municipal areas. The people recognize its utility and seldom raise objection to themselves and their children being operated on. By the end of 1909, no less than 113,766 people were vaccinated at Dinajpur

district.[25] Between the year of 1901-10, 7,91,512 people were vaccinated, from 1911-20, 6,95,536 people were vaccinated and in 1941-50, 9,76,882 people were vaccinated.[26]

Indigenous Healthcare Practices of the District

Dinajpur is the habitant of different religion, caste, culture and linguistic group of people. The principal communities are the *Rajbanshis, Paliyas, Santals, Oroans* etc.[27] These communities Practice their own healthcare system since the ancient times. There were two kinds of healthcare practice among the indigenous inhabitants i.e. folk medicine and Ayurveda, Unani and Homeopathy system of Medicine. Folk Medicine was mostly prevalent in village areas. In folk medicine, it was believed that all diseases were the result of disappointment or anger of God or the evil spirit. In the folk medical system, two types of treatment were prevailed, preventive and remedial or curative. Verious types of amulets, armor, herbal drugs etc. were used as a source of preventive medical system.[28] On the other hand, sacrifices, prayer, magic and offerings were part of curative healthcare system. For these purposes, local *Ojhas* were called. The *Ojhas* tried to satisfy the disappointed God or the evil spirit by chanting mantras and thus tried to recure the infected person. The people of Dinajpur used to worship *Bisahari* and *Manasa*, as a deity snake, in the Bengali Month of Sravana in the rainy season to prevent themselves from snakebite.[29] The Ayurveda, Unani and Homeopathy system of Medicine were popular in the municipal and town areas.

Hospitals and Dispensaries of the District

From the very beginning colonial rule and even before the establishment of their power in India they used to appoint medical officer to serve their natives. Dinajpur, too, was no exception, Mr. Ross was appointed as a surgeon in the district of Dinajpur to serve the European in 1786. His salary was Rs 300 per month with Rs 90 house rent allowance.[30] Similarly, there was a physician at the court of the Raja of Dinajpur. Though he was appointed to look after the member of the royal family, not to serve the subject.[31]

The first attempt to give medical facilities to the inhabitants of this district was taken by two indigo planters William Carey and Thomas.[32] The zamindars of Dinajpur made significant contributions toward improving the region's healthcare system. In 1862, Maharaja Taraknath Roy of Dinajpur, established a modern medical center, known as the *Dinajpur Dispensary*, thereby bringing modern medical care within the reach of the residents.[33] Following Maharaja Taraknath's death in 1865, his mother, Shyamamohini Devi, continued to drive improvements in the local healthcare infrastructure. In 1869, the Raiganj Charitable

Dispensary was established, and Shyamamohini Devi donated both land and funds to facilitate the provision of homeopathic medical care within Dinajpur town.[34] Maharshi Bhuban Mohan Kar served as a physician at the homeopathic medical center. Furthermore, with the aim of safeguarding public health in Dinajpur, he formed the 'Ghagra Commission' to divert the course of the Ghagra River and merge it with that of the Kakra River. Under his initiative, various physical training centers known as *Akhadas* were established across the town to promote the health and physical fitness of the youth. Following Maharani Shyamamohini Devi, Maharaja Girijanath Roy assumed the responsibilities of the Dinajpur estate in 1878. Under his patronage, the Dinajpur Sadar Hospital was established in 1896.[35]

The medical needs and requirements of Dinajpur district were overlooked. The authorities were not so much willing for the medical development of the town because the District Board was very much deprived of money and most of its funds were generally utilized for keeping up communications. There were a small number of dispensaries for such a large district. The railway dispensary at Parbatipur was set up only for railway servants and travelers by the line. It was not a charitable dispensary and there were only 11 such dispensaries in the whole district.[36] Among them only the dispensaries at Birganj and Phulbari had accommodation for in-door patients. Some zamindars carried out certain out-door dispensaries at Raiganj, Churaman, Ramganj, Haripur and Sitabganj. The hospital at Balurghat and the dispensary at Birganj were mainly managed by subscriptions and very little money was provided by the District Board.[37]

At the end of 1906, the Civil Surgeon of Dinajpur made a special appeal to the District Board for the increase in medical expenditure. He argued that as the district was very unhealthy, it became difficult with insufficient funds to cater to the medical requirements of the whole town and outlying areas. The District Board responded to the appeal and accordingly dispensaries were established in the years 1908 and 1909 at Patiram, Patnitola, Porsha, Gangarampur and Raiganj.[38] The private dispensaries of Raiganj and Churaman were probably the best attended dispensaries in the district. The hospital of Dinajpur also became popular.

By the end of the 1st half of the 20th century there were a total of 37 hospitals and dispensaries.[39] Among them two were rural healthcare centers, one at Hemtabad police station called Dhirail Health Centre and another at Kumarganj Police station named Chapra Health Centre. There were only two hospitals, one Raiganj A.G. Hospital at Raiganj and Balurghat Sadar Hospital at Balurghat. Among the 37 hospitals and dispensaries, 6

dispensaries were private aided, 7 were private unaided and 21 of them were maintained by local municipal funds.[40] Besides all these hospitals and dispensaries there is a charitable dispensary at Rajibpur, maintained by the Catholic Missionary in Gangarampur police station. This dispensary was started in 1930 and give services to on an average 380 people per day.[41]

Healthcare System in the Post-Independence Period

Bengal gained independence at the cost of partition of Bengal. Consequently, following independence, a large number of refugees from the other side of Bengal began settling in the border districts of this side. This led to a massive surge in the population of Dinajpur.[42] Along with this population growth, the prevalence of diseases such as cholera, Malnutrition-related diseases and diarrhea intensified.

The context for formulating health policy in the post-1947 era was primarily influenced by the report of the 'Health Survey and Development Committee' known as the Bhore Committee named after its chairman, Sir Joseph Bhore. This committee gives immense importance to rural healthcare. It suggested that there should be a Primary Health Centre with 75 beds for every 20,000 people with two or three Subsidiary Health Centre at every block.[43] The Central government implemented this proposal with effect from 1955. Accordingly, six Primary Health Centre were established in the district within six years, one at Hilli police station, one at Gangarampur police station, one at Kaliyaganj police station, one at Hemtabad Police station, one at Karandighi police station and one at Itahar police station.[44] On the other hand, there were total 25 Subsidiary Health Centre in this district. Besides, there were two leprosy clinics at Raiganj, Ramkrishna leprosy clinic, it was a private clinic and Raiganj leprosy Treatment Centre founded by State Government. The government also established three Family Planning Centre at this district by the end of 1960.[45]

After the independence the power to govern the country passed from the hands of foreigners to the hands of its own people. A Chief Medical Officer was appointed to look after the responsibilities of preventive and curative side of medicine of the district, whereas previously the District Board was responsible for the preventive medicine. In 1960, Balurghat Hospital was relocated to a new building, which provided 136 indoor beds, of these, twenty beds were

allocated for tuberculosis patients. Meanwhile, the patient capacity of Raiganj Hospital was also increased from 20 to 58 indoor beds.[46]

The Planning Commission established in 1950, empowered the central government to affect health and other policies, even in areas that were constitutionally the exclusive domain of the states. In the first five-year plan from 1951-56, it launched the national Malaria Control Program.[47] The government of West Bengal participated in this program. A Malaria Control Unit covering West Dinajpur was established in 1953.[48] During this period, two rounds of spraying of D.D.T. were being done each year. The first round of D.D.T. spraying starts from the middle of May and the second round starts from the middle of August, to kill the mosquitos responsible for Malaria.[49]

In the second five-year plan emphasize being laid on malarial education and School Health. After that a Malaria Eradication Program was launched in all over India as well as in West Dinajpur. As a result of this program the death rate of malaria reduce to 0.4 per mile in 1959. The government of West Bengal also launched a school health program in this decade to promote the physical, mental and social health of students, prevent diseases and detect them at an early stage, promote health education, reduce malnutrition, create a healthy school environment, and provide necessary medical services to the students. In Dinajpur District there were a total of 25 School Health Clinics, where between 1959-60, 3705 students attended the school clinics.[50] To prevent the spread of blindness among the inhabitants of this district travelling Eye Dispensary was set up. These Dispensaries used to travel to different places of the district and provided treatment to the people. In 1957, this dispensary worked in Raiganj and Kaliyaganj police station from September to December and treated 7,562 patients. Similarly in 1958 this dispensary camped in Balurghat where they treated 5,142 people.[51]The preventive measures such as inoculation and vaccination increased rapidly during this period. As a result, the prevalence of diseases such as cholera, tuberculosis, and smallpox declined significantly in Dinajpur district. It can be seen in the following table

Table 1 -Inoculation and Vaccination Against Cholera, Smallpox and T.B. between 1951-1960

Particular	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Anti Cholera	93,936	105,534	54,985	74,718	134,549	158,797	129,430	137,570	132,751	175,905
Anti	361,4	254,1	276,6	275,3	229,0	..	376,5	535,2	413,5	398,4

Smallpox	53	92	56	24	78		60	54	89	24
B.C.G. vaccination	..	..	..	..	12,090	25,332	100,271	..	6,461	19,816

Sources: Ray, B, *Census 1961 West Bengal District Census Handbook West Dinajpur,* Calcutta: Sree Saraswaty Press, 1965, pp.290-291

Among the various issues facing the district, the problem of drinking water was significant. To address this, 2,307 tube-wells and 1,258 ring-wells were constructed under various schemes between 1959 and 1960.[52] Alongside this, 280 and 167 latrines were constructed on a trial basis within the Kaliaganj and Gangarampur police station areas, respectively. Subsequently, the scheme was extended to the Raiganj police station area, where approximately 108 latrines were built, while the highest number 355 latrines were constructed in the Hemtabad police station area.[53]

As a result of these measures taken by the Government of West Bengal and the Government of India following independence, the mortality rate from various fatal diseases was reduced significantly during the first decade of post-independence era compared to the preceding Decade.

Table-2, Comparison Between two Decade 1941-50 and 1951-60

Diseases and	Deaths	1941-1950	1951-1960
Cholera	Number of deaths	2980	150
Fever	Number of deaths	85,804	41,327
Malaria	Number of deaths	29,118	8,908
Kala-azar	Number of deaths	5,802	2,080
Smallpox	Number of deaths	1,403	2551
T.B. of Lungs	Number of deaths	574	1,112

Dysentery, Diarrhoea and Enteric Group of Fevers	Number of deaths	2,905	3,148
Respiratory Diseases other than T. B, of Lungs	Number of deaths	16,859	11,526
Childbirth	Number of deaths	2,512	2,246

Sources: 1. Mittra, A, *Census 1951 West Bengal District Handbook West Dinajpur,* Calcutta: Thackers's Press & Directories, 1953, pp.89-91. 2. Ray, B, *Census 1961 West Bengal District Census Handbook West Dinajpur,* Calcutta: Sree Saraswaty Press, 1965, pp.271-272

Conclusion

From the above discussion, it is abundantly clear that an unhygienic and inadequate healthcare system prevailed in Dinajpur during the period of study. Diseases such as *Cholera, Malaria, Fevers, kala-azar, Smallpox, and Tuberculosis* became constant companions of the district. While the physical environment of Bengal was partly responsible for the recurrent outbreaks of these ailments. The colonial rulers took very few substantive measures to protect the district's residents from the scourge of these diseases. They introduce inoculation of cholera in the district. Besides, the zamindars played an important role in the development of healthcare system of the district. They established various dispensaries and provide economic assistance in establishing hospitals and dispensaries. Until the eve of independence, only two hospitals existed in the district. However, some improvements in the district's healthcare system can be seen after independence. During this period, the number of beds at Balurghat and Raiganj hospitals was increased. Alongside, numerous Primary and Subsidiary Health Centers were established in the district. Beds were reserved for specific diseases, such as T.B. To control the population growth of the district Family Planning Centers were established. Beside School Health Clinic were established in the district to promote good health among the school student. This institution along with inoculation and vaccination drives by the government, helped to curb the outbreaks of various severe diseases to some extent. Furthermore, an increase in the number of indoor beds in the hospitals made it possible to provide healthcare facilities to a larger number of people than before. Though the rate of this expansion was negligible compared to the rate of population growth. On the other hand, since these medical centers were predominantly urban-centric, ordinary rural residents remained largely neglected by the healthcare system. Moreover, the majority of the people consisted of impoverished peasants, resulting in expensive medical systems such as Allopathy was

completely beyond their financial reach. So, for their medical needs, they were compelled to rely on local village *Vaidyas* (traditional healers), quacks and *Ojahs* (folk practitioners). Furthermore, many among the rural population still belief in superstitions, so they refused to avail themselves of modern medical facilities. Resulted in, a section of population of the district remained outside the ambit of the modern healthcare system during that period.

Notes and References

1. Sengupta, Jatindra ch. *West Bengal District Gazetteers West Dinajpur.* Calcutta: Sree Saraswati Press, 1965, p.1
2. Sherwill, Majore J. L. *A Geographical and Statistical Report of the Dinagepore District.* 1863, p.20
3. Ibid, p.4.
4. Buchanan, Francis Hamilton. *Geographical and Statistical and Historical Description of the district or Jila of Dinajpur in the province Subha of Bengal.* Calcutta: Baptist Mission Press, 1833, p.74.
5. Ibid, p.74.
6. Samanta, Arbinda, *Living with Epidemics in Colonial Bengal,* New Delhi: Manohar Publisher & Distributors 2017, p.24.
7. Strong, F.W, Eastern Bengal District Gazetteers Dinajpur, Allhabad:The pioneer Press, p.44.
8. *Report on The Administration of Bengal, 1872-73 with A Statistical Summary*, Calcutta: Bengal Secretariate Press, 1883, p.371.
9. Srabani, Ghosh, *The History of Medical and Healthcare System of North Bengal from 1869-1969.* Unpublished Ph.D. Thesis, University of North Bengal, 2011, p.64.
10. Ibid, p.64.
11. Ibid, p.64
12. Strong, F.W, Op. cit., p.46.
13. Ibid, p.48.
14. Ibid, p.48.
15. Srabani, Ghosh, Op. cit., pp,65-66.
16. Strong, F.W, Op. cit., p.48.
17. Srabani, Ghosh, Op. cit., p.66.
18. Ibid, p.66.
19. Mittra, A, *Census 1951 West Bengal District Handbook West Dinajpur,* Calcutta: Thackers's Press & Directories, 1953, p.91.
20. Strong, F.W, Op. cit., p.49.
21. Mittra, A, Op. cit., p.89
22. Khambata, R.B, *Government of Bengal, Public Health Department, Bengal Public Health Report Reports of the Bengal Sanitary Board and the Chief Engineer Public Health Department for the Year 1930,* Calcutta: Bengal Secretariat Book Depot, 1932, p.105.
23. Mittra, A, Op. cit., p-90
24. Srabani, Ghosh, Op. cit., pp.83-84.
25. Strong, F.W, Op. cit., p.50.
26. Sengupta, Jatindra ch, p.202.
27. Sengupta, Jatindra ch. Op. cit., pp.67-68.
28. Srabani, Ghosh. Op. cit., p.116.
29. Ibid, p.116.
30. Walter. K. Firminger. *Bengal District Records Dinajpur Vol.-i 1787-1789.* Shillong: Assam Secretariat Printing Office, 1913, p.4.
31. Sengupta, Jatindra ch. Op. cit., p.201.
32. Smith, George, *The Life of William Carey,* London: John Murray, 1885, p.104.
33. Roy, Dhananjoy, *Dinajpur Jelar Itihas*, Kolkata: K P Bagchi & Co. 2000, p.262.
34. Ibid, p.263
35. Ibid, p.263
36. Strong, F.W. Op. cit., p.50.
37. Ibid, p.50

38. Ibid, p.50.
39. Mittra, A, Op. cit., p.121.
40. Ibid, p.121.
41. Ibid, p.121.
42. Sengupta, Jatindra ch, Op. cit., p.206
43. *Report of the Health Survey and Development Committee Vol-2 Recommendations,* New Delhi: Government of India Press,1946, pp.23-24.
44. Ray, B, *Census 1961 West Bengal District Census Handbook West Dinajpur,* Calcutta: Sree Saraswaty Press, 1965, pp.290-291
45. Ibid, p.290
46. Sengupta, Jatindra ch, Op. cit., p.204.
47. Jeffery, Roger, *The politics of health in India.* London: University of California Press, 1988, p.x
48. Sengupta, Jatindra ch, Op. cit., p.206
49. Ibid, p.206
50. Ray, B, Op. cit., p.292.
51. Ibid, p.292.
52. Sengupta, Jatindra ch, Op. cit., p.208
53. Ibid, p.208.