Leprosy in Bengal, C. 1873-1956

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Leprosy is the oldest scourge of humankind and still being found in many parts of the world as the most crucial problem in public health. During the Company and the British Raj, the Bengal Presidency had become the place of cultural encounter between the colonial administration and indigenous elites that often profiled the colonial policies regarding public health problems. Eventually, the emerging health issues appeared to be problematic to the Raj. As the colonial government was initially concerned about the health of European population in the cities of India,[1] the early public health programs in Bengal were framed to protect the European enclaves from probable health hazards. However, this attitude was changed in the late nineteenth century when the germ theory had superseded the miasmatic theory. The putrefied air was no longer responsible for spreading the diseases; nevertheless, the medical academia now found the 'microbes' that could truly endanger the lives irrespective of Europeans and non-Europeans. The thesis selects 1873 as the point of departure when G.H.A Hansen discovered the causative agent of leprosy and changed the perceptibility about the 'contagiousness' of the '*disease*'. It ends with the Albert Victor Leper Hospital (Abolition) Act which was passed in 1956 to disband the operation of the hospital, situated at Gobra, Kolkata and dissolve the board of trustees. On the abandoned property of the asylum, the Government of West Bengal had established the Hospital for Mental Diseases, Gobra during the 1960s [later known as Calcutta Pavlov Hospital]. In India, the Raj retreated from drastic public health measures proposed by the Anglo-Indian medical officials. The hindrances, faced by colonial government in carrying out the public health

[1] David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993), 1-10.

programs in India, impelled them to move away from their initial stand.[2] Therefore, the Raj could not do much except providing financial assistance to the government and missionary leper asylums. Michel Foucault has rightly pointed out that in the eighteenth century France, most of the leprosariums had been converted into psychiatric clinics or 'madhouses'.[3] The mechanisms, through which the idea of *discipline* was manifested over the inmates of the asylums, remained unchanged even if the 'diseased' had been substituted by another one. What Foucault has largely overlooked is the subtle intricacies existing within the nature of colonialism, the imperial ideologies to rule over the 'unruly' populace, and the institutional encounter with the 'diseased' in the Raj. Here, the word *disease* is an expression reflecting the anxiety of the society about contagion. The leprosy asylums represented a sort of unique utopian world having atypical spaces of seclusion. Inside the asylums, the church, dispensaries, and the houses for recreations created a sense of belongingness amongst the leprosy patients. Sometimes, the incidents of escapes indicated towards the evil of disciplinary measures taken by asylum authorities and police. When it came to the question of constructing an identity of '*germed bodies'*, the missionaries, presenting themselves as 'caring minds' to the inmates of the asylums, played a pivotal role in institutionalizing the colonial hegemony over the 'confined'. Here, the 'leprous bodies' were the utmost concern not only to the Raj but also to the missionaries for 'purifying' the contaminated souls. This thesis also focuses on those 'caring minds' working among the leprosy sufferers in colonial Bengal; especially the works of the 'Mission to Lepers' and the Church Missionary Society (CMS) will be under the purview of analysis. The purpose of this

[2] Mark Harrison, *Public health in British India: Anglo-Indian preventive medicine 1859-1914* (Cambridge: Cambridge University Press, 1994), 2-4.
[3] Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (Abingdon: Routledge, 1989), 1-10.

thesis is to trace the dynamics of the interface between the state policies on leprosy and its implementations in Bengal from the late nineteenth to the first half of twentieth century.

Bengal was the only province in the British India where the degree of vernacularization of western scientific discourses was far greater and the colonization of medicine had been fused more with the indigenous ways of treatments than that of other regions. One of the principle premises of this thesis is to look at how far the idea of racial susceptibility to the tropical diseases was enmeshed with the colonial ways of medical knowledge production, especially about the 'Hansen's diseases' in Bengal since the late nineteenth century. The colonial officials had prioritized the binary supposition of 'racially immune' and 'racially vulnerable' to the contagious pestilences like tuberculosis, malaria, plague, pox, and leprosy. What was inimitable both in the approaches of the colonial governments in India vis-à-vis Bengal and the local administrative boards after the India Act of 1919 had been a sort of denial to the 'leprosy sufferers' on the one hand and racialization of *diseased* on the other. While racialization had an impact over the managements of the leprosy asylums in Bengal, the Bengali *hindu bhadraloks* did protest against the asylum authority regarding the treatment of '*hindu lepers*' in an Christened environment. However, the *bhadraloks* had frequently racialized the 'dietary', which either facilitated the prevalence of leprosy or reduced the affectability of the leprous bacilli. For example, the meat eating culture of Muslims made them more vulnerable to the disease than the 'vegetarian Hindus'. This typification, nonetheless, had generated superficial understandings, if not spurious, concerning the prevention of leprosy amongst the practitioners. Therefore, the thesis intends to investigate such invented discourses on the racial susceptibility or immunity to leprosy in Bengal by situating the inner dynamisms in a broader colonial framework of objectification, diagnoses and racialization.

It also, simultaneously, delves into the treatments of leprosy [in India it is more commonly pronounced as '*kustha*'] that often were transfigured from 'original' English texts, written by American or British medical professionals, into Bengali. In this process of vernacularization, the western medical ethics seemed to have influenced the colonial minds of Bengali practitioners and physicians who were seamlessly treating the leprosy patients from the late Victorian period; although, the connotation or sense of the various English idioms, words, phrases, that were used to explain the nature and prophylaxis of the disease, was changed, disoriented or bemused in the translated versions. Nonetheless, the translators mostly had tried to appropriate the 'essence' of western medicalism in their texts with subjective conscience. Apart from the translated medical manuals on leprosy, there were 'other' medical narratives, i.e. homeopathy, '*ayurvedic*', and '*hakimi'*, dealing with leprosy or '*kustha cikitsha*' (leprosy treatment), which would come under the purview of analysis. The indigenous '*kaviraji'* medicine had immensely talked about leprosy and its cure, so was the '*hakimi'*. Surely, these *supposed* 'otherized' prophylactic measures seem to be much more popular due to their inexpensive nature and less tortuous functioning than that of allopathic treatments. Thus, the indigenous and traditional diagnoses of leprosy profiled the 'domestic physiomedicalism' of Bengali people that existed in sharp contrast to the performance of colonial medicine. As far as leprosy and leprosy sufferers are concerned, Gandhi often underscored the need of '*atmasuddhi*' and listening '*bhajans*' along with the medical treatment. Moral and physical ailments, to him, were the predicaments of purity; therefore, by treating the leprosy patients, Gandhi drawled on purification of mind, body, and soul connected to the regeneration of 'national health'. His idea of constructive program was based not only on village sanitation or education in health and hygiene but also on the eradication of 'lepers'. In this context, he received assistance from his associates like T. N Jagadishan, Vinoba Bhave, Baba

Amte, and Manohar Dewan.[4] Gandhi personally treated several leprosy patients amongst which Parchure Shastri, who was a Sanskrit scholar and freedom fighter, had been cared in Sevagram, Wardha district of Maharashtra.[5] Moreover, the '*Harijan*' often raised issues concerning leprosy sufferers and their problems in India with Gandhi's messages.[6]

Moreover, the nationalist narratives on health, body, and the prevention of disease would certainly provide an interesting approach to this thesis. The body was treated as territory happened to be the bone of contention both to the colonial authority and the emerging political society of British India. Thus, the nationalist conscience about leprosy prevention in Bengal, reflected in the Bengali medical periodicals and the '*ayurvedic*' journals, had inquired or criticized the 'colonization' of body, although, simultaneously it also favored of 'nationalizing' the body.[7] The appropriation of power turned into an unalienable part of the public health programs when this apparent difference between 'colonization' and 'nationalization' seemed to be nebulous.

Literature Review:

The existing literatures have dwelled on certain specific issues; Jane Buckingham has worked on colonial perceptions concerning leprosy in the nineteenth century South India,[8] whereas Sanjiv Kakar has taken up the missionary works among the leprosy sufferers and trajectories of colonial medicine in the late colonial period of South India. He has rightly opined that the structure,

[4] NMML, Private Paper Archives and Manuscript Section, Individual Collection, T.N Jagadisan, Acc. No. 1324**;** NMML, M.K Gandhi Papers, (Pyarelal Papers), XVth Inst., writings by him, File no. 83, year 1945; Hans Staffner S.J, *Baba Amte: A Vision of New India* (Mumbai: Popular Prakashan, 2000 third edition), 10-11

[5] Saurav Kumar Rai, "Leprosy, Gandhi and Parchure Shastri," https://www.livehistoryindia.com/history-daily/2020/10/02/leprosy-gandhi-parchure-shastri

[6] NMML, Microfilm Section, Harijan Collection, 1935-1946

[7] See Projit Bihari Mukharji, *Nationalizing the Body: the Medical Market, Print and Daktari Medicine* (New York: Anthem Press, 2011), 1-10.

[8] See Jane Buckingham, *Leprosy in Colonial South India: Medicine and Confinement* (New York: Palgrave, 2002).

nature and the mechanisms existing in the leprosy asylums in colonial India appeared to be entangled with religious, rather Christian, teaching of the missionaries supported by colonial medicinal treatments.[9] The way in which colonialism shaped the thoughts regarding leprosy in the colonies is decisively introspected by Rod Edmond;[10] the works, however, have identified numerous approaches about the leprosy sufferers in British Empire, but there is hardly any empirical research on 'leprosy in Bengal' which has been explored in this thesis. Although, there have been studies on leprosariums, undertaken by many esteemed scholars (the work of Jo Robertson has to be mentioned here[11]), this thesis intends to focus on the management, structure and socio-political dimensions of the asylums in colonial Bengal what, to some extent, both Robertson and Kakar have done in their works but with different context and approach. Their narratives are largely dealing with the social and political encounter with the leprosy sufferers in the Raj within a imperial backdrop, though, the institutionalization of *medicalism* [a form of scientism established by supposed 'rationale' of western medicine] through tropical disease research is not adequately studied. Shubhada S. Pandya has explained that ostracizing the 'lepers' was not the custom in Indian families. It was only in the city where the outcast and vagrant 'lepers' swarmed and their encounters with the administration were observed. In the Bombay Presidency, the urban leprosy population had usually been the outcast migrants either from the coastal areas of the Presidency or from the lower social order.[12] Pandya has raised an important issue related to the social approach towards the leprosy patients that has been practiced in Indian families since pre-colonial period. 'Isolating' the diseased body, for Pandya, does not

[9] Sanjiv, Kakar, "Leprosy in British India, 1860-1940: Colonial Politics and Missionary Medicine," *Medical History* 40, no.2 (1996): 215-230.
[10] Rod Edmond, *Leprosy and Empire: A Medical and Cultural History* (New York: CUP, 2006), 1-12.
[11] Jo Robertson, "The Leprosy Asylum in India: 1886-1947," *Journal of the History of Medicine and Allied Sciences* 64, no. 4 (2009): 470-87.
[12] Shubhada S. Pandya, "Leprosy in the Bombay Presidency, 1840-1897: Perceptions and Approaches to its Control" (PhD thesis., Mumbai, 2001), 1-21.

necessarily mean ‘outcasting’ them. The former deals with the concept of prevention that was often required in the treatment of leprosy patients, but the latter is the way in which the leprosy affected person has been socially penalized. Pandya’s hypothesis, to some extent, is problematic when it delves into the elusive understanding of the word ‘outcast’. Pandya has failed to see the complexity of the ‘social isolation’, i.e. outcasting, that was perhaps exercised frequently in pre-colonial India. This was, of course, subject to change according to the local oddity. The intricate relations between colonialism, imperialism, and disease prevention, the development in medical treatment, the changing psyche of leprosy sufferers about the maneuvers of colonial state have not been adequately explored.

Research Questions:

Thus, the thesis raises a cluster of questions such as, what were the colonial perceptions about leprosy and the sufferers in Bengal vis-à-vis India and To what extent did ‘leprosy’, as a social disease, encounter with ‘purity’ of the body which was the growing obsession during the colonial period? Did the idea of segregation necessitate the colonial authority to take repressive measures against leprosy population or did it have multifarious impulse which problematized the ways in which policies were employed systematically to prevent the contagion? To what extent were ‘lepers’ objectified in these missionary and government asylums of Bengal? How far did the proselytization enmesh with the cultural practices of ‘lepers’ in missionary asylums? How did the nationalist propaganda in India on leprosy prevention seek to sanitize the mind, body and skin through the process of ‘purification’? These questions will be dealt with in this work. The thesis is divided into six chapters including introduction and conclusion.

Chapters:

1) **Introduction**

The first chapter is the introduction, dealing with the theoretical issues, literatures on leprosy and medical history, along with the research arguments and questions.

2) **Colonialism, Empire, and Legislation: The Problematic of Medico-Legalism and Colonial Laws on Leprosy in Bengal, c. 1890 to 1947**

The second chapter will discuss about how the idea of 'degeneration' and 'desolates' shaped the colonial legality and its persuasive configuration. The British Raj found it rather difficult to segregate the entire leprosy population, however, the 'purification' or 'sanitization' of the colonial minds, through legal enactments on leprosy in order to avert the 'fear of degeneration', affected the empire during the late nineteenth century. Degeneration, as an idea, was far more problematic than 'degenerates'. Starting with the Leprosy Commission of 1890-91 and the Lepers Act of 1898, the chapter shall delineate the complexities, intricacies and vitality of notions on 'segregation', of course not in a unilinear way, appearing in leprosy, vagrancy, and municipal acts in colonial Bengal vis-à-vis India.

3) **Objectifying 'Lepers', Constructing Identity: The Colonial Gaze with 'Caring Minds' towards the Leper Asylums in Bengal, c.1873 to 1956**

The third chapter will be on the works of missionary organizations, especially the Mission to Lepers and Church Missionary Society (CMS), amongst the leprosy sufferers in Bengal since 1874. How far the missionary asylums were different from that of government asylums like Albert Victor Leper Asylum, Gobra or whether the management mechanisms, based on race, sex, and gender, had been identical in both forms of institution. In leprosy asylums of India, the

management of leprosy sufferers was equally not uniformed, even if there had been certain commonalities, persuasions, and aphorisms in the rules and regulations. The Madras Leper Hospital had followed segregation on the basis of race and gender by the end of nineteenth century. It was the first hospital which set up separate accommodation for European and Indian patients. In 1890, such arrangement was proposed in Calcutta.[13] Sometimes, the inmates of the asylums protested against the segregation policies and disobeyed the rules which resulted into excommunication by the missionaries.[14] It is true that both confinement and medical intervention had worked together in colonial India since the twentieth century, but, the missionary activities formed a sort of linkage between colonial administration and medicalism perhaps in a subtle way from 1890s.

4) Institutionalization of Medical Research: The Leprosy Research in the Calcutta School of Tropical Medicine (CSTM) from 1914 to 1955

The fourth chapter will delineate the interlacing issues of colonialism, tropical medicine and leprosy research since the foundation of Calcutta School of Tropical Medicine (CSTM) till 1955 when the National Leprosy Control Program (NLCP) was finally launched by the postcolonial state. In this section, the internal history of leprosy diagnosis, treatment and cures will be discussed while contextualizing the CSTM and the contemporary politics.

5) Nationalizing the Disease: '*kustha cikitsha*' and '*kustha rogi*' in Bengali Vernacular Print Media and Health Periodicals, c. 1880 to 1955

The fifth chapter takes the manifold ways of nationalization of '*kustha cikitsha*' into account by analyzing the Bengali vernacular medical journals, newspapers, and articles. The way in which

[13] Buckingham, *Leprosy in Colonial South India*, 48
[14] David Hardiman, "Introduction," in *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa,* ed. David Hardiman (New York: Rodopi, 2006), 33-35.

the ‘national’ remedies, i.e. largely ‘*ayurvedic*’, along with the allopathic biomedicine created an environment of medical pluralism in late colonial Bengal is brought under the discussion. Nevertheless, how far the ‘lepers’ or ‘leper beggars’ became the social threat to the Bengali *bhadralok*s rather than leprosy and in what ways the disease was seen as the degeneration of ‘health’ are also to be conferred in this segment. These four chapters, thus, put forth the socio-medical and political narratives of leprosy in a dynamic way with an aim to explore the processes of objectification of leprosy sufferers, the disease and public health in colonial Bengal vis-à-vis India.

6) Conclusion

The sixth and the last chapter is the conclusion, summing up the arguments and focusing on the research gaps of the thesis. The conclusion will emphasis and substantiate the social and political dynamism of leprosy in Bengal by analyzing the indigenous response to the western medical tradition. The denial of facts leads the postcolonial health to nowhere, but fortunately the world of digitization, declassification of the personal correspondences, and the archival materials have enabled us to access some of the rarest documents and reports on the health policies of post-independent governments which definitely unwrap the new vistas of understanding in the sociology of public health. It is really problematic to perceive the postcolonial health as complete departure from or mere continuity of the colonialism, rather, the scholars should tease out the skimpy dynamisms of public health which are often hidden within the crowd of ‘significant’ records. Leprosy, in this case, has literally bridged the fissures between the great and little ‘histories’ of disease. Being an apparent ‘less threatening’ trouble to the public health, the disease supposed to be an uncomfortable glitch both for the British Raj and the post-independent government. It raises series of concerns, spanning from ‘disciplining the diseased individual’ to

the ‘multitudinous cures’, that have intrigued the scholars to delve into the mind and body of the leprosy sufferers considering the political and social responses. Therefore, the colonial and (post) colonial understandings of leprosy have been undoubtedly one of those enthralling affairs which require more studies in future so that the miseries of the sufferers could be reduced to a great extent.

This work is primarily based on archival sources which include Public Health Proceedings, department of Home, DGIMS (Director General of Indian Medical Service), Local-self Government (Medical) and Education and Private Papers or Personal Correspondences. The archival materials at the National Archives of India, Bhubaneswar and New Delhi, the Odisha State Archives, Bhubaneswar and the West Bengal State Archives, Kolkata, the Private Papers of Nehru Memorial, New Delhi, and Visva Bharati Archive, Shantiniketan are extensively studied during the fieldwork. For the contemporary Bengali periodicals, newspapers, medical and non-medical journals and primary texts, the National Library, Kolkata and Bangiya Sahitya Parishad, Kolkata are worth exploring. The governmental and medical reports, for example the reports of Indian Research Fund Association, journals on leprosy and other contagious diseases are largely available in the libraries of All India Institute of Hygiene and Public Health and Calcutta School of Tropical Medicine that have been also to a large extent reviewed.

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