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## **Cholera in Bengal and Assam: An Analysis of Its Rage in Nineteenth Century**

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### **Abstract:**

*In eastern India, cholera was one of the most fatal maladies which broke out in Bengal and Assam at periodical intervals. The disease turned into an epidemic in these two Provinces of British India at the onset of the summer and at the end of the rainy season every year causing huge loss of human lives. The medical system available in those days was inadequate for prevention or treatment of cholera. The initial epidemical outbreak of cholera in dreadful form occurred in the Districts of Nadia and Jessore in Bengal Presidency in the year 1817-18. Later the epidemic was brought to Assam by migrant labourers from Bengal and other parts of the country. The causes for the incidence of the disease were many. Unfavourable climate, consumption of polluted water, poor sanitary facilities and lack of knowledge about cleanliness were the major causes for the outbreak of Cholera in eastern India. Obstruction against free flow of surface water due to construction of railways and erection of feeder roads also contributed to the causes for the outbreak of cholera. In Bengal and Assam, a large number of common people died of cholera every year. Thousands of people were perished from these two Provinces on account of fury of the epidemic. Cholera in its most virulent manifestation in Bengal and Assam produced a crisis for the human society in India in nineteenth century.*

***Key Words: Epidemic, Hygiene, Manifestation, Mortality, Crisis.***

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In nineteenth century, various types of virulent diseases appeared in different parts of India. Cholera was one of them. It is a bacterial disease having primary symptoms of vomiting and dehydration. Cholera was known as *olaotha* throughout the Bengal Presidency. It was the most fatal disease in colonial India having higher proportion of mortality. The common people presumed that death was inevitable if affected by cholera. The native doctors were unable to prescribe curable medicine or standard treatment guideline in those days. That is why thousands of human population were perished due to the onslaught of cholera after it made its first visit in the form of an epidemic in 1817 in the Gangetic delta.

Cholera was known as a prevailing endemic disease more or less throughout all parts of the alluvial plains of Lower Bengal and Assam before the year 1817. It is a matter of great controversy where in eastern India epidemic cholera made its first appearance. J. Westland, the Magistrate and Collector of Jessore, reported that the first cholera case in the District occurred on 20<sup>th</sup> August, 1817. One or two days after that the whole Jessore town was seized in panic. The attack and spread of cholera epidemic in Jessore were exceedingly sudden and alarming.<sup>1</sup> It has generally been assumed that cholera epidemic in eastern India made its first visit at Jessore in August, 1817. But a fatal cholera case was reported from Fort William in March, 1817. It has also been known that the disease ravaged Krishnagar and Mymensing in the form of an epidemic in May and June, 1817. In July, cholera appeared at Sonargaon in Dacca District and as high up the river at Patna. The epidemic arrived in town Calcutta at the same time or a few days earlier than its sudden visit at Jessore.<sup>2</sup> J.H.E. Garrett reported that cholera appeared for the first time in India at Nabadwip town under Nadia District.<sup>3</sup> Frederick Corbyn referred that epidemic cholera appeared at Krishnagar, Nadia in May, 1817.<sup>4</sup> James Long also corroborates that the dreadful disease visited Nadia in May, 1817.<sup>5</sup> In spite of sharp controversy about the place of origin of cholera in eastern India, it may be said that the earliest severe attack of epidemic cholera occurred at Jessore in the year 1817.<sup>6</sup> In this year, cholera broke out at Jessore in a dreadful form. It was disclosed by a pamphlet circulated by Dr. B.D. Smith that 10,000 people died of cholera in two months in the District of Jessore. Since then, Jessore acquired a bad reputation for the outbreak of the disease and spreading it up the valley of the Ganges.<sup>7</sup>

Unfavourable climate in some of the Districts of Bengal and Assam was one of the major causes for the outbreak of cholera. The conditions favourable for the spread of the disease exist not only in the climate and nature of the country, but in the habits and dwelling patterns of the people also. The manifestation of the epidemic was devoted to the increasing of jungles and heavy storage of water due to unusual heavy rainfall of these geographical tracts. Cholera as a fatal disease was known almost in every region of Lower Bengal. At the same time, the disease ravaged many parts of Assam during the nineteenth century. W.W. Hunter has recorded that cholera would make its appearance in Kamrup District of Assam during the rains and hot weather.<sup>8</sup> A Medical Board, constituted to ascertain the causes of cholera epidemic in Jessore, observed: "extreme humidity of the atmosphere, occasioned by the long-continued and incessant rains of the present season."<sup>9</sup> Civil Surgeon, Dr. Tytler noted an interesting but special observation regarding the spread of cholera. He observed that the autumn rice crop got an early maturity due to heat and humidity of the season imparting to it an unusual richness of flavour. The supply of this new rice was abundant and its price was cheap. Because of its cheapness and easy availability, the poor people devoured rice produced from paddy before being fully ripe. The excessive consumption of this rice was a predisposing cause for the outbreak of cholera.<sup>10</sup> The construction of railway tracks produced a disastrous change in natural drainage in many parts of the Gangetic delta of the country. Before the construction of railways, there were few roads in Bengal. Since

the number of roads was few, they could not impede the free flow of flood water across the land surface of the country. Flood water flowed through the open field choosing the natural channels of drainage and finally made its escape through the natural network of *khals* and channels which existed in all parts of the deltaic region. The natural process of passing the flood water in Bengal was destroyed with the construction of railways. The making of railway tracks required embankments and a network of feeder roads connecting the railway stations for conveying the railway passengers. In order to keep the railway tracks and connecting roads intact from the fury of flood, caused due to overflow of rivers during rainy seasons, the river embankments were secured against breaching. As a result, flood water could not reach the countryside. The shutting out of river water from the land surface of the Gangetic delta by maintaining well-protected embankments was marked by the simultaneous outbreak of malaria and cholera epidemics.<sup>11</sup>

Supply of safe drinking water by local bodies was not available to the people of Bengal and Assam in nineteenth century. Diarrhoea and cholera broke out in eastern Provinces due to large-scale consumption of contaminated water. Dysentery was another awesome scourge in eastern India. The root cause for the spread of these diseases was use of impure water for drinking purpose. The water level in the wells was too near the surface of the earth. On the other hand, majority of the natives of Bengal and Assam were dependent on water from stagnant, filthy, and ill-regulated tanks. In some areas, where tidal water became brackish in dry seasons, people were compelled to face much difficulty in fetching decent fresh water. It has been found from Government records that out of 3,881 deaths in the principal hospitals and dispensaries of Bengal, the number of deaths from dysentery and diarrhoea was 1,309 in the year 1871-72.<sup>12</sup>

The sources of drinking water in Nadia District were in very bad state. In dry seasons, people of this District, living far away from rivers, had to suffer from huge scarcity of water. There were many tanks in the District, but their condition was dirty and decayed. Some people could collect good drinking water from flowing rivers and well-maintained tanks, but their number was not many. There were few wells in the District. Water of these wells was impregnated with saline substances and not good for human consumption.<sup>13</sup> Due to absence of protected sources of water in Bakarganj District, most of the people were compelled to use water from tanks for drinking and cooking. These water-tanks were never cleaned. No legal system was enforced in order to keep those tanks free from pollution. All these water bodies were used for bathing, washing and a variety of other purposes. At the same time, they contained some quantity of vegetation in them causing pollution of water.<sup>14</sup> In Maimansinh, a large quantity of drinking water was drawn from the river, or from a dirty water course close to the *bazar*. People of this District living away from rivers got their drinking water from tanks polluted with all sorts of animal and vegetable filth. At the same time, these water-tanks were indiscriminately used for bathing and washing of clothes.<sup>15</sup> From the report of the Civil Surgeon of Birbhum, it was learnt that the causes of many diseases of the District were ascribed to the use of unwholesome water impregnated with mineral substances and every variety of rotten vegetation. The soil of some areas of the

District not only absorbed the dejecta and excreta of the cholera patients but also became saturated with the germs of the disease causing pollution of drinking water in the locality. As a result, cholera broke out in some parts of the District year after year for use of drinking water contaminated by percolation of these pollutants and other impurities through the soil.<sup>16</sup>

From the very beginning of its urbanisation, town Calcutta was built without proper planning. The colonial rulers were not careful enough to build its roads, drainage system, sanitary arrangements, municipal services like supply of healthcare facilities and safe drinking water. The lanes and roads of the town were dilapidated and turned into full of mud and dirty water during the rains.<sup>17</sup> The natives of Calcutta were not aware about pollution of the town. They were habituated to pass urine and evacuate their bowels in the open by the side of the uncovered drains.<sup>18</sup> The poor infrastructure of the town, dirty habit of its residents, and lack of supply of safe drinking water were the principal causes for the outbreak of epidemic cholera in Calcutta.

In Bengal numerous religious and trading fairs were held in different seasons every year in large towns and villages. Thousands of people assembled in those fairs in the midst of all sorts of filth and abominations. The fairs were held without the minimum arrangement for sanitation facilities. As a result, cholera or some other diseases occurred and spread frequently from those fairs. Some people including pilgrims and traders of the fairs were affected with various types of contagious diseases.<sup>19</sup> In the District of Rajshahi, the principle fairs, where numerous people attended in the nineteenth century, were held at Manda in the Bengali month of Chaitra; at Khetur in the month of Kartik; at Budpara on the occasion of the festival of *Diwali*; at Kasimbazar having duration of a fortnight; at Taherpur on the occasion of the *rath jatra* of Lord Jagannath; at the Godagari police station, chiefly attended by Muslims; and at Bagha, on the occasion of the 'Id festival.<sup>20</sup> Bura-Buri was the most important village deity in Eastern Bengal. At Gola-Kandha near Sonargaon, a famous fair was held annually in the Bengali month of *Paush* in the honour of Bura-Buri where huge crowds of the Namasudras (Chandals) and all other Sudra castes assembled. Male goats and buffaloes were sacrificed there in order to satisfy the deity. Stains of animal blood turned the temple of this place and the roots, branches and leaves of the trees surrounding it horrid and odourous. Epidemical outbreak of cholera originated in the great Varuni festival of 1874 which caused many traders and buyers to flee from the site.<sup>21</sup> Five principal fairs were held every year in the District of Bakarganj. The largest among those fairs was attended by more or less five to six thousand people. Due to non-availability of sanitary arrangements in the fairs, cholera broke out from the sites of the fairs.<sup>22</sup>

In the Province of Assam, there was deficiency of safe drinking water. As a result, the natives suffered heavily and used water brought from polluted sources. Like other parts of the country, most people of this region were not aware about proper cleanliness and hygiene. They were in the habit of careless and indiscriminate use of sources for drinking water. Poor sanitary facilities, religious and trading assemblies, and import of cholera-

affected migrant labourers from Bengal and other parts of British India were some of the causes for the spread of cholera in Assam. But the principal cause for the outbreak of epidemic cholera in the Province was widespread consumption of polluted water. High incidence of epidemic cholera occurred in Darrang and Nowgong Districts of Assam because of drinking water brought from slow-flowing rivers or from contaminated water bodies.<sup>23</sup>

In the District of 24 Parganas, Cholera had a tendency to break out twice every year in the form of an epidemic – at the beginning of the summer and at the end of the rains. But, the scourge of cholera had never assumed much proportion of virulent intensity in the District.<sup>24</sup> Cholera was an endemic disease in the District of Nadia. There is a tradition in the District that cholera appeared here as an epidemic form around the early forties of the nineteenth century. Hunter also observed that cholera appeared in the District in 1842.<sup>25</sup> But there are other sources from where it appears that cholera had made its presence in Nadia District in 1817. It was estimated that the total population of Nadia District was around 13,00,000 souls in the year 1817-18. Between June, 1817 and July, 1818, epidemic cholera invaded the District in its dreadful form. Out of the total number of 25,400 persons affected by cholera, more than two-thirds, or 16,500 persons were perished.<sup>26</sup> Fever and Cholera were two maladies of Nadia which claimed thousands of lives in nineteenth century. Severe cholera epidemic occurred in the District from time to time. Cholera epidemic in its deadliest form attacked Nadia in 1895-96 when the daily number of deaths at one period was recorded as many as 300.<sup>27</sup>

Jessore was the place of bad reputation where the early epidemic outbreak of cholera began in 1817 and later spread up across the valley of the Ganges. The severity of the disease in Jessore town was so severe that everybody left the place who could do. The judge closed his court acting on the concerns of the lawyers. The collector also stopped his official work. It has been reported that 10,000 persons of Jessore died from cholera epidemic in two months after it made its appearance in September, 1817.<sup>28</sup> Epidemical outbreak of cholera had also occurred in Jessore District in 1842, 1843, 1845, 1846, 1847, 1848, 1849, 1853, 1855, 1858, 1864, 1867, and 1868-69. No data regarding the affected people or rate of mortality due to the disease in those years is available other than the last two outbreaks. In March-April, 1867, out of the total 201 cases reported in Jessore town, 94 persons recovered, 59 cases were fatally terminated, but the result of the remaining 48 cases were unknown. In the ongoing epidemic between December 1868 and the first half of January 1869, 55 persons recovered and 84 persons died out of the total 139 reported cases in the town.<sup>29</sup> Medical records of the District of Jessore reveal that cholera occurred in Jessore almost every year since 1880. In 1882, cholera in dreadful form devastated extensive areas falling under Jhenida and Kotchandpur police stations of the District with a high mortality rate of 17.47 and 11.92 respectively per thousand people. In 1883, epidemic cholera severely attacked several places under Bangaon, Gaighata and Garapota thanas of the District where death-rate was registered at 10.47, 7.30 and 6.55 per thousand respectively. The epidemic arrived again in 1885 and spread in tracts under Bangaon, Garapota and

Gaighata police stations. Cholera death-rate in Bangaon *thana* was 13.13 per thousand whereas in Garapota and Gaighata the rate was 7.48 and 5.45 respectively per thousand of population. In the years between 1891-1900, not less than 60,000 people of Jessore lost their lives due to cholera alone.<sup>30</sup>

Midnapore was the sea-facing District bordering with Orissa. During hot seasons cholera became an endemic disease in the District. The epidemic history of Midnapore commenced from the year 1860. Cholera broke out in Midnapore town as well as across the whole District in a severe epidemic form in that year. In the jail, 140 cholera cases occurred out of which 66 cases proved fatal. Epidemic cholera appeared in its virulent form in 1868 and 1869. In the police returns, it was reported that 1,605 cholera cases were occurred in 1868 out of which 1,273 cases terminated fatally. The great high road leading to the Puri temple of Lord Jagannath passed through the District. The pilgrims of Puri who crossed the District during their outward and return journeys were blamed for importing the disease in the District.<sup>31</sup>

The geographical location of Hooghly District was on the western bank of the river Hooghly. In nineteenth century, cholera ravaged Hooghly like many other Districts of Bengal. Dr. Ross, the Civil Surgeon of the District, recorded in a report dated April 28, 1853 that cholera had raged dreadfully in the District of Hooghly every year during his five years' stay at the station. He further reported that the disease turned into 'more virulent and extensive' in the District partly because of the bad sanitary condition of the station. The reference of cholera in Hooghly was also found from a report drawn by the Sanitary Commissioner where it was recorded that 649 cholera deaths were registered in the District in 1872 in comparison to 621 deaths in 1871.<sup>32</sup> Cholera ravaged Hooghly throughout the 4<sup>th</sup> quarter of the nineteenth century. From the following tabular data, the mortality due to dreadful cholera in the District between the years 1879-1888 can easily be understood:

**Table-1: Mortality in Hooghly District due to cholera  
(from 1879 to 1888)<sup>33</sup>**

District: Hooghly											
Year	1879	1880	1881	1882	1883	1884	1885	1886	1887	1888	Total
Mortality	459	754	1416	1473	1352	1380	1738	1403	933	1620	12528

The above decennial mortality report due to cholera was supplied from the office of the Inspector-General of Civil Hospitals for the Hooghly District. It was found that in the initial year 1879, the total number of cholera deaths in the District was 459 whereas in the year 1888 the number went up to 1620.<sup>34</sup> The huge strength of mortality numbering 12528 cases from cholera within a period of ten years in a single District indicates that the medical system during those days was inadequate to cope with the epidemic. The second decennial period between the years 1889 and 1898 gave a total number of 18,796 cholera deaths with an increase of 50% over the previous ten years. It has been stated that the higher figures in the second decennium were mostly due to improvement of registration which was in its

primary stage in the first period.<sup>35</sup> The following monthly mortality data in tabular form represents the scourge of cholera in Hooghly District between the years 1889-1898:

**Table-2: Mortality in Hooghly District due to cholera (from 1889 to 1898)<sup>36</sup>**

Month	Year and Death										Total
	1889	1890	1891	1892	1893	1894	1895	1896	1897	1898	
Jan	81	145	125	48	68	150	350	189	102	18	1276
Feb	67	94	290	90	36	338	184	268	125	53	1545
Mar	64	79	408	439	32	261	196	1350	429	84	3342
Apr	128	174	241	1121	30	163	627	1327	388	102	4301
May	46	49	34	715	79	70	133	651	105	69	1951
June	57	12	31	260	44	59	25	326	76	16	906
July	83	32	23	310	31	167	103	138	38	43	968
Aug	55	11	23	124	28	184	49	43	24	37	578
Sep	56	6	52	16	44	74	88	28	11	8	383
Oct	96	4	235	31	189	37	95	13	41	1	742
Nov	199	8	202	102	173	83	103	6	117	0	993
Dec	314	151	232	159	182	273	339	37	117	7	1811
Total	1246	765	1896	3415	936	1859	2292	4376	1573	438	18796

In Bankura District, cholera registered its presence in a sporadic form and occasionally broke out as an epidemic. The disease attacked the District severely in 1855. But its proper record has not been preserved. In the year 1860, cholera occurred in Bankura jail. The disease spread in the jail by some prisoners who were taken at Bankura on their way from Cuttack to Ranchi. The proportion of deaths in the jail was estimated to be 6.44 per cent of the daily average prison population. Another outbreak of the disease took place in Bishnupur town at the end of the famine of 1866 when mortality caused by the disease was very high.<sup>37</sup> Cholera became an endemic disease in Birbhum and occurred in some parts of the District year after year. In some particular tracts of the District the disease originated and spread in epidemic form.<sup>38</sup>

Cholera visited Dacca District occasionally in the form of an epidemic. In 1817, the disease appeared in the District together with Jessore and Nattore in the form of an epidemic. Sonargaon Pargana was the region where the epidemic first broke out and later spread to other places in the District. In 1825, 427 persons died from cholera in Dacca town.<sup>39</sup> It has been reported that 6,354 persons were attacked by cholera in Dacca District from August, 1817 to January, 1819 out of which 3,757 persons or more than half of the patients died.<sup>40</sup>

Cholera was an endemic disease in Bakarganj District which would increase in number during hot seasons and at the onset of the cold weather. Cholera often turned into an epidemic character and spread from village to village causing a great panic.<sup>41</sup> The onslaught of cholera turned into much more virulent in early part of the nineteenth century. The

mortality due to cholera in the year 1825 was registered to be more than 20 per thousand. The peasants of Bakarganj refrained from drinking water from wells. The outbreak of cholera in the District occurred due to dependency of people upon tanks for their drinking water. All these tanks were indiscriminately used for the purposes of bathing and washing besides drinking.<sup>42</sup> The District of Faridpur was almost free from epidemics though sporadic cholera cases were reported during the hot-weather months. Colonel J.E. Gastrell conducted a geographical and statistical survey in the Districts of Jessore, Faridpur and Bakarganj around the sixties of the nineteenth century and observed that a lesser number of cholera cases were noticed in Faridpur and Bakarganj Districts than in Jessore.<sup>43</sup>

In Maimansingh District sporadic cases of cholera made its presence throughout the whole year and occasionally turned into an epidemic. In this District, cholera raged for the years 1817 and 1818. According to the Police Report, cholera deaths in those two years were 10,714 souls. In the first year the disease occurred mainly among the lower classes. But in 1818, the disease attacked all irrespective of caste, religion, age and sex.<sup>44</sup> During the period between 1871 and 1881, huge mortality was registered in Dacca Division. Highest cholera deaths were enrolled in Bakarganj District in comparison to the Districts of Dacca, Faridpur and Maimansinh. From the following data, alarming spread of cholera cases and high rate of mortality in Dacca Division can be understood:

**Table-3: Statement showing the annual total deaths registered from cholera among the Civil Population of four Districts of Dacca Division for the years from 1871 to 1881**<sup>45</sup>

District	Year and Death											
	1871	1872	1873	1874	1875	1876	1877	1878	1879	1880	1881	Total
Dacca	427	770	1869	392	571	977	7927	3409	4061	1339	3213	24955
Bakarganj	288	1080	2726	91	177	415	19177	2610	4293	965	1606	33428
Faridpur	519	429	303	162	85	723	4070	2459	4457	924	2180	16311
Maimansinh	255	881	1508	208	404	947	7979	2628	2504	659	839	18812
Total	1489	3160	6406	853	1237	3062	39153	11106	15315	3887	7838	93506

Chittagong District was never free from the outbreak of cholera. But, the epidemic was very severe during the latter part of 1868 and the first six months of 1869. Out of 14,882 deaths registered during 1868 and 1869, at least 4,192 deaths were ascribed to cholera. Sporadic cases of cholera were occasionally found in Noakhali District in cold seasons. Tipperah had suffered severely several times from the epidemic of cholera. In November 1868, cholera made its appearance in Tipperah in the form of an epidemic and caused heavy damage till May 1869. Between November 1868 and May 1869, 2,623 cholera deaths were reported in Tipperah District. In 1873, cholera broke out twice in the District which claimed 2,276 lives, probably far less than the actual number.<sup>46</sup>

The main cause for the manifestation of cholera in Maldah District was the lack of sanitary facilities in large gatherings in *melas* and fairs of the District. In Maldah, outbreak of epidemic cholera occurred at regular intervals in outlying areas of the District and then extended to the central and more highly cultivated tracts. There were two separate seasons

for arrival of the disease in the District, i.e., in October-December and again in March-May. Cholera often appeared suddenly in Maldah District to claim lives of few persons and then departed with equal suddenness. Cholera made its presence in Rangpur District in two seasons, namely, April-May and November-December. In second half of 1872, severe outbreak of cholera was marked in different parts of Rangpur in which 1,830 persons died. In the District of Dinajpur, 60 deaths were reported from cholera in 1869.<sup>47</sup>

In Rajshahi, cholera occurred extensively in some parts of the District in the year 1869, but nowhere in an epidemic form. Cholera was reported to be present in the District throughout the whole year of 1871. In the District of Bogra, cholera visited very often in south-western part of it which was not far away from the Chalan *bil*.<sup>48</sup>

Cholera was the disease which visited Murshidabad District in all seasons of the year. In 1871, a severe outbreak of cholera was reported in the District which claimed 525 lives in two months. On the other hand, 442 cholera deaths were reported in 1872. Cholera appeared sporadically in the month of October in the neighbourhood of Azimganj due to the consumption of rotten *hilsa* fish. Cholera usually broke out in Pabna District in the spring and at the end of the year.<sup>49</sup>

Town Calcutta and its suburbs could not prevent the outbreak of cholera. On the other hand, this epidemical disease had made its dreadful presence in the town. It can be observed from a report published in the *Samachar Darpan* dated 21<sup>st</sup> March, 1840 that many patients had been dying of cholera in and around Calcutta since nearly the past two months. The same issue of the *Samachar Darpan*, quoting the police report, enumerated the death toll in the Capital due to outbreak of cholera in twelve months in the year 1838 as under:

**Table-4: Cholera Deaths in Calcutta<sup>50</sup>**

Mortality: 1838													
Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Total
Hindu	61	74	657	1267	660	122	43	7	150	39	56	126	3322
Muslim	15	36	226	130	58	13	11	8	11	16	20	24	568
Total	76	110	883	1397	718	135	54	5	161	55	76	150	3890

Cholera became one of the principal epidemic diseases of Assam in nineteenth century. It has generally been assumed that the source of cholera outbreak in Assam was always related to the arrival of a gang of migrant labourers from Bengal who have brought the disease with them. The spread of cholera in Assam followed certain well-defined channels. The disease in Assam travelled along the banks of the Surma and Barak up to the Civil Station of Silchar from where it spread to all directions along the channels of numerous streams and brooks tributary to the Barak.<sup>51</sup> Sporadic cholera cases were frequently occurred in Assam. In 1825, the disease raged the Province with uncommon mortality among the in-service troops. Several thousands of the natives were also perished by cholera in 1829. The disease re-appeared in the Province in 1833 and then in 1835. Cholera made its appearance in Assam again in 1838 which proved very fatal for the Province. In 1839,

cholera became very prevalent and turned into highly dreadful in the Muttuck country and in all the neighbouring northern and southern hills.<sup>52</sup>

Bad sanitation was a major drawback in the Province of Assam. Even in the year 1874-75, the sanitation in Assam was in a very backward state. The backwardness of sanitary arrangements was partly due to the natural conditions of the province.<sup>53</sup> At the same time, the colonial rulers were not careful to improve the sanitation facilities of Assam.

Cholera epidemic repeatedly made its appearance in Goalpara District of Assam. The epidemic visited Dhubri Subdivision of the District in October, 1868 along the banks of the river. Among the cholera patients, the strength of men was higher than that of women. The poor and undernourished classes of people of Dhubri were the chief target of the disease. Native doctors were called from Calcutta in order to protect from the fury of cholera. A hospital was erected at Dhubri for detention and treatment of the immigrant coolies attacked by cholera.<sup>54</sup> Goalpara District registered cholera death at 4.9 per mile in the years 1884 and 1886. In later years, higher death-rate was recorded in the District. Death-rate on account of cholera in Goalpara was reported at 6.4, 6.7, 10.4, and 5.1 per mile in the years 1891, 1895, 1897 and 1899 respectively.<sup>55</sup>

There was no place in Garo Hills which could properly be called a town. Tura was the site of the Headquarters of Garo Hills with an estimated population of only 2,000. In May 1871, epidemic cholera broke out at Tura in the months of May and June attacking eighty persons. Among the people affected by cholera thirty-two patients died. The local administration took precautionary measures to prevent the spread of the disease. The cholera patients were segregated and their huts were properly cleaned.<sup>56</sup>

In Sylhet District of Assam, cholera and small-pox visited frequently in the form of an epidemic. In the Province of Assam, water for domestic use was obtained from the rivers and tanks. There were only a few wells in the District. The natives in this Assam District preferred river water and those who lived near the rivers invariably used water collected from rivers. Most of the tanks of the District were polluted by bathing, washing of clothes and cleaning of cooking vessels. These tanks were also filled with the filth of the neighbourhood being carried by rain water. The four sides of the tank were covered with bamboos and varied species of trees. Dead leaves of these trees falling into the tanks would contaminate water to a large extent.<sup>57</sup> Drinking of polluted water was the major cause for the widespread outbreak of cholera in Sylhet. Cholera appeared every year in the Subdivisions of Habiganj, Sunamganj and North Sylhet and at places under Police Stations of Jagannathpur, Dirai, Beniyachung, Nabiganj and Biswanath. One of the major causes which contributed most for the spread of cholera through contaminated water in the District was bad practice of the villagers to fling carcasses and dead bodies into the *haors* and rivers. In 1870, there was such a violent outbreak of epidemic cholera in the District that the Magistrate closed courts for seventeen days.<sup>58</sup>

In the District of Cachar, cholera was one of the two major epidemics. Cholera appeared in the District in the form of an epidemic in February, 1866 at Katigora. It was believed that the disease broke out soon after the arrival of several bands of collies from Calcutta among

whom cholera was prevalent on their outward journey.<sup>59</sup> Cholera epidemic produced a high mortality in the District of Cachar breaking out with unusual severity. During the years 1889, 1891, 1893 and 1897, the mortality due to the attack of cholera was 6.9, 6.1, 6.9, and 6.3 per mile respectively in Cachar District.<sup>60</sup>

In Assam, cholera was prevalent in the Districts of Kamrup, Goalpara and Cachar to a lesser degree. But the disease was found in an epidemic form in Darrang and Nowgong Districts.<sup>61</sup>

In Kamrup District of Assam, sporadic cases of cholera occurred during rainy seasons and hot summer. In seasons when the epidemic broke out, the poorer classes suffered the most due to their dirty habits and scarcity of proper food, shelter and habitual negligence of sanitary precautions.<sup>62</sup> Ordinarily cholera was an endemic disease in Kamrup. But the disease occasionally broke out with exceptional violence and high mortality. In 1897, the recorded death-rate in Kamrup District from cholera alone exceeded the death-rate from all reasons in England in 1901. Though cholera visited all parts of the District, its attack was especially common near Palasbari and Rani. Kamrup District recorded cholera death-rate at 5.6 and 4.9 per mile in 1884 and 1890. But the years 1882, 1886, 1892, 1895, and 1897 registered higher death-rate in the same District. Cholera death-rate per mile in the District of Kamrup in those years was returned at 12.2, 8.8, 7.4, 8.8, and 17.5 respectively.<sup>63</sup>

Darrang was one of the most cholera prone Districts in Assam. It has been reported that around four per cent of the population of the District were died of cholera in 1865. But, Hunter observed that the estimate was much higher. In 1870, epidemic cholera ravaged the District causing death of about eight persons per thousand. The police personnel of Tejpur town also suffered severely due to cholera in 1870. Cholera again appeared in Darrang in 1874 and prevailed in the District throughout the whole year. The populous Mangaldai Subdivision suffered heavily due to cholera that year. Death rate in the District due to cholera epidemic was returned at 12.6 per thousand in that year.<sup>64</sup> In the years 1878, 1886, 1889, 1891, 1892, 1895, and 1900 high mortality rate on account of cholera epidemic was recorded in Darrang District. The death-rate in those years was above six per mile. But higher mortality was returned in the years 1878, 1889, 1891, and 1900. The District registered cholera deaths in those years at 17.6, 9.0, 11.9, and 9.6 per mile respectively.<sup>65</sup>

The people of Nowgong District fetched polluted water from stagnant pools for the purpose of drinking. The colonial authorities paid little attention to the improvement of public health of the District by drainage of swamps or adequate sanitary efforts. As a result, cholera occurred frequently in an epidemic form once in every four years on an average. Severe outbreaks of cholera occurred in 1866, 1869 and 1874.<sup>66</sup>

Sporadic cholera cases occurred in Sibsagar District of Assam nearly every year during the months of April and May in places where sanitary rules were most neglected. The disease in Sibsagar usually attacked the lowest classes of people suffering from the basic needs like food, clothing and proper shelter in healthy condition. The mortality rate in Assam due to cholera in Sibsagar was high. Various causes contributed to increase the

mortality rate in cholera cases. One of the major causes was the eating of thick cakes produced from unboiled rice and sitting up for several nights in succession singing and clapping hands in order to avert the disaster.<sup>67</sup> Death-rate in Sibsagar District due to cholera epidemic was 4.1, 5.3, and 5.7 per mile in 1886, 1888, and 1894 whereas higher death-rate was returned in the years 1884, 1890, and 1897. In those years, rate of death on account of cholera epidemic was recorded at 6.2, 11.6, and 9.8 per mile respectively in the District of Sibsagar.<sup>68</sup>

Cholera in epidemic form appeared in Lakhimpur District in the year 1834 after the British took possession of Assam. After that the epidemical disease visited the valley in the years 1838-40 and subsequently in the years 1852-53 and 1861-62. The cholera outbreak in Lakhimpur had been occurring almost in every year with lesser or greater severity throughout the months of May to July. The severest cholera attack in Lakhimpur District occurred in the year 1861. It has been reported that more than fifteen per cent population of the District comprising Assamese, Bengalis, and Hindustanis were assaulted by cholera and about ten per cent people died. The European community of Lakhimpur escaped the fury of cholera.<sup>69</sup> During the years between 1871 and 1881, huge mortality due to cholera was registered in Assam. A total number of 45,270 cholera deaths were reported in the Province only in the years 1874, 1877 and 1879. The following tabular statement represents the cholera deaths in Assam in eleven years starting from 1871:

**Table-5: Statement showing the annual total deaths registered from cholera among the Civil Population of Assam for the years from 1871 to 1881<sup>70</sup>**

Assam												
Year	1871	1872	1873	1874	1875	1876	1877	1878	1879	1880	1881	Total
Death	5873	8225	5691	16478	6618	8615	11377	6732	17415	2803	5010	94837

The people of India had been suffering from poverty and poverty-related distresses under foreign rule during the nineteenth century. In eastern India, the common people of Bengal and Assam were also under severe economic hardship. The colonial rulers paid very little attention to the welfare of the natives of British India. Due to their negligence and aversion towards public welfare activities and public utility services, the indigenous people of India, including those belonging to Bengal and Assam, were compelled to drink polluted water and live in huts located in unhealthy environment. The poor, illiterate and undernourished people were also unaware about proper hygiene. They used water from tanks for drinking and cooking purposes. At the same time, they washed their clothes, cleaned their utensils and bathed indiscriminately in those tanks. Due to consumption of polluted water, negligence of civic bodies under British rule and lack of proper knowledge of the natives about cleanliness, epidemic cholera broke out in Bengal and Assam throughout the nineteenth century. Thousands of people died of cholera in these two Provinces in every year because the available medical system in those days was inadequate. The misrule of the colonial authorities produced hardship and misery for millions of people of British India. At the same time, widespread and rampant outbreak of epidemic cholera yielding thousands of

irresistible death for the common masses of Bengal and Assam brought about a human crisis in nineteenth century.

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