

## Medical Education on the Colonial Periphery: A Study of Medical Institutions in Patna and Dacca

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### Abstract

The emergence of institutionalized form of medical education in nineteenth century gave birth of a general medical awareness, health consciousness and urge for medical education among the Bengalis. This medical socialization was not confined within the territory of Calcutta only. British initiation to impart western medical education was started from Calcutta, but it reached out shortly to the peripheral areas too. The demands from different parts of Bengal Presidency like Patna, Dacca etc helped to establish medical institutions in those places in the third quarter of 19<sup>th</sup> century for new medical knowledge and necessary experiments. Western medical science slowly reached the indigenous people throughout Bengal and the people adopted it with more confidence.

**Key words:** Dacca Medical School, Medical Education, Mitford Hospital, Periphery, Prince of Wales Medical College, New Medical Institutions, Temple Medical School

### 1. INTRODUCTION

The second half of the nineteenth century was flooded with new knowledge and experiments in the history of medical education in Bengal Presidency. It flourished and spread with its individuality and special characteristics. This article documents the amplifying process of medical education in the peripheral areas of the Presidency and its after effects in the society. In discussing this issue few simple but significant queries come, i.e. what does 'peripheral' areas mean in this context? Did this phenomena exist in India even before the British rule or was distinguished by them with new experiments? However the concept of core / centre and periphery is a spatial symbol which describes and attempts to explain the structural relationship between the advanced or metropolitan core and a less developed periphery which is especially based on the economic condition and dependency of one

place or country on another. But it also assumes that the underdevelopment is not a simple descriptive term that refers to a backward and traditional economy, but rather a concept rooted in a general theory of imperialism. We can find two folds of core and peripheral relationship in British India. One of course was England with her central power of imperialism and India as her periphery. The other one was rather more interesting with its indistinct but effective role in Indian society; the towns used by the British from their initial days of trading activities became centre or core places of India from nineteenth century onwards and the neighborhood places remained periphery. We will focus on the second type of core and peripheral areas to find out the similarities or dissimilarities between the nature of the first and the second type as far as the imperialistic attitude for medical education is concerned. One of the first examples was certainly Calcutta with

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its rapid economic growth and development in each sector<sup>1</sup>. With British attention on one place the other cities in Bengal Presidency like Dacca, Patna etc became less important. 'Periphery' in terms of growth and progress in economy, society, culture, and political importance of a particular place and stagnation of the others became prominent from late eighteenth century onwards. We know that in ancient times *Pāṭaliputra* i.e. Patna was one of the major centers of education and knowledge generation in India. Dacca used to be the capital of *Suba Bengla* in Mughal period (Karim, 1964, pp. 6-8). But gradually these places lost their glory and became the subservient of Calcutta.

Colonization or imperial expansion of a distant land required not only military strategy but more than that, which included the issue of preservation of health of the colonizers also. Moreover for ensuring proper commercial exploitation also, health considerations come up. So the importance of health issues was paramount in designing colonial expansion right from the days of trading companies. From eighteenth century onward, the European professionals, who came on different assignments, wrote about the health conditions in the tropics. The Company itself had established medical board to monitor health conditions and necessary requirements. But a constant resource of medical men from outside was becoming increasingly expensive proposition for the Company. So once the wars with Indian Princes were over and the Company had established its rule over the larger parts of India, decided to begin modern medical education and to train the local talents then available. The previous requirement of 'low cost' local assistants

never disappeared<sup>2</sup>. They continued to be attached with each regiments and civil stations even after the establishment of Calcutta Medical College (hereafter CMC). Interestingly one can observe the changing formation of 'medical education for the natives' issue in Bengal Presidency and its diverse conditions in dealing with different situations in different parts of it. Though the first concentration for medical advancement was obviously centered on Calcutta due to its political and economic consequence, but varied immediate conditions gradually made it possible to expand it to the peripheries of Calcutta too.

However, British had to take some medical or health policies to combat with the tropical environment and Calcutta thus automatically got benefitted. All medical education policies were related with providing minimum health facilities even in the peripheral areas. In giving best hygiene, sanitation and medical facilities to the military and civil population of their own, they thought for preventive medicines which gradually gave birth of public health policies. But these policies were primarily aimed at catering to the needs of civilians and soldiers (Ramanna, 2002, p. 234). Initially health policies were urban-centric and thus public health including medical facilities remained confined within the cities only. Whereas the rural areas having the bulk of population were to a large extent neglected (Palit & Dutta, 2011, pp. 16 - 17). But gradual interest and demand for western medicine from the indigenous society and also more need for serving the British civilians and military, medical education facilities were increased. Not only Calcutta, but the other places had also witnessed western medical institutions along with other health facilities over there.

<sup>1</sup> The British started the urbanizing process in Indian subcontinent from Calcutta only after getting the Diwani in 1765, but the urbanization process was started in nineteenth century only. As a result Calcutta witnessed the major and rapid development in each sector.

<sup>2</sup> These led the British to look for low-cost helpers in hospitals and Indians were the best option. By 1812 two of them were ordered to be attached to each regiment and one or more to each civil station (Harrison J.: "*The Origin and Progress of the Bengal Medical College*", Calcutta, 1857, P. 2, Later this publication was included in the "*Indian Annals of Medical Science*", Vol 5, 1958, pp 37-54). And two of them were ordered to attach with each regiments (Kumar Anil, *Medicine and the Raj*).

The Charter Act of 1813 was the immediate cause behind the beginning of medical education for the Indians apart from the other initiatives<sup>3</sup>. Of course this was an epoch-making step by the rulers at the outset of nineteenth century with the establishment of Native Medical Institution (1822-23). But this Act did not right away settle on the nature of education to be provided for the Indians. This clause was rather vague in its language issue and was open for interpretation. Thus within a short period was started the ‘language controversy’ at the official level in England<sup>4</sup>. As a result India had received an even bigger revolutionary landmark in the history of modern medical education, Calcutta Medical College. CMC was the first educational institution in India which was fashioned as Macaulay and Bentinck designed the future of education for India (Ghosh, 1995, pp. 31-33). The journey of organized medical education and also the rise of hospital medicine were made possible through the foundation and functioning of the CMC (Bhattacharya, 2014, pp. 231 – 264). Though, it had the facility of both treatment as well as education in one place, but the initial elitist character of education imparted in CMC and it’s still limited infrastructural scope created a perfect premise for the new non-Government organizations or institutions and medical schools (Government) in Calcutta as well as in the peripheral areas of the Bengal Presidency. There were some medical schools which started later in the suburbs of Calcutta by the British Government and we will find out the history of all these medical schools in connection with the bigger story of medical socialization and counter reaction of the

indigenous people of the Bengal Presidency. Some of these medical schools gradually turned into medical colleges also. It would be an interesting study of British perception of the medical field in Bengal where they hardly took any initiative later on, be it spreading of medical education or widening the scope of medical treatment, after the Calcutta Medical College.

It is always easier to answer questions to make a discussion clear. We will start with some relevant questions; what was the character of the new non-Government organizations? Was it a collective effort or individual initiative? Who were the people behind the foundation of non-Government centers of education in medical science? What was their motive behind such initiatives? Was there any question of difference of quality, governing body, recruitment perspective and affordability between Government and non-Government institutions? Was there any difference between the institutions of Calcutta and the peripheral areas like Dacca and Patna? And finally what was the reaction of the indigenous people to both of the institutions?

## 2. THE ROLE OF LANGUAGE IN MEDICAL SOCIALIZATION

Prior to the foundation of the additional medical schools in different parts of Bengal Presidency, the Calcutta Medical College was the sole institute where the native students were taught the western mode of medicine (Sinha, pp.170-3). Initially it started with a three years course with English as the medium of language. Meanwhile a secondary or military class was formed to instruct

<sup>3</sup> This Act provided the allocation of one Lack Rupees per year for two specific reasons: first, “the encouragement of learned natives of India and the revival of and improvement of literature; secondly, the promotion of knowledge of the sciences amongst the inhabitants of that country”. Cited from S.C Ghosh, *The History of Education in Modern India, 1757 – 1986*, Hyderabad, Orient Longman, 1995. P- 20.

<sup>4</sup> The language controversy was started with the question of the mode of instruction to be introduced in India. Though there was a huge protest from the Orientalists, but finally Anglicists won the battle. English language was introduced as the official language for mode of instruction. David Kpf, *The BrahmoSamaj and Intelligentsia and the Bengal Renaissance: A study of revitalization and Modernization in Nineteenth Century Bengal*, 1970.

Native Doctors. The Medical Board planned to improve the poor condition of medical education in the earlier educational institutions through CMC, but the students from upper class Bengali families and their high aspirations started restricting to join them to the primary hospitals in military bases or civil stations. So the need for the Native Doctors as dressers and assistants suddenly faced a severe crisis. Thus there was an immediate demand for a special training, which can also be called 'partial medical education' to meet up the crisis. The General Department of the British Government sanctioned the formation of a secondary school in connection with the CMC, for the instruction of native doctors for the military and civil branches of the service<sup>5</sup>. The plan for this kind of secondary class "for the instruction of native doctors for the army was instituted, with a staff of native teachers lecturing in the vernacular, with effect from 1st Oct., by G.O. No. 136 of 12th Aug., 1839", chiefly through O'Shaughnessy's exertions (Crawford, vol.2, p.441). Here the students were required to dissect, and were taught entirely on European principles and were employed, at the same time, on practical hospital duties<sup>6</sup>. This involved a lower level medical education through any of the vernacular languages as the preliminary education of the intending pupils would not warrant the methods of the English class. In August 1839, the General Department sanctioned the formation of a secondary school in connection with the Medical College. The order took effect from 1<sup>st</sup> October, 1839. Fifty students were selected for the first batch with a monthly allowance of Rs. 5. The students were required to read and write their own

language. They also had to live in the College precincts and amenable to a certain extent to the military law of this class. Madhusudan Gupta, Nabakrishna Gupta and Shibchundar Kumar were appointed as the faculty. In 1843 Madhusudan Gupta was made the Superintendent and thus given the charge of the whole military class. The period of study was prescribed for four years. This was the 'holy' beginning to include students in medical education going beyond the upper class of Bengal as well as beyond the territory of the city 'Calcutta'<sup>7</sup>.

The second half of nineteenth century started with a new urge to keep hospitals and dispensaries in a vital position. A gradual redirection and regeneration of the same motive towards making vernacular language as the medium of instruction also occurred during this period<sup>8</sup>. The two-tire medical education became three-tire in 1852–53 academic session when the classes were re-planned to start again in Bengali language. Four hundred applicants were presented themselves for the interview out of which forty were selected. Qualifications for selection and curriculum of study were the same as those of the Hindustani class<sup>9</sup>. Noticeable here is the remarkable participation of students and the sole reason behind this was of course language and also the lower standard of this course. Now the question comes that how the hospitals became important in this time of juncture? As the Bengali class was already in a high demand, the success of it was also mentionable. For instance the total strength of students at CMC in 1872 was 1226 of which the Bengali class alone accounted for 635 students.

<sup>5</sup> *Rules and Regulations of the Medical College of Bengal*, Military Orphan Press, Calcutta, December, 1848, p. 15.

<sup>6</sup> *Centenary Volume*, Calcutta Medical College, p. 17

<sup>7</sup> The majority of the students of the military class were from North Western Province and they were mostly Muslims. DPI Report, Bengal, 1850 – 51, n 35, p 80. See also (1855 – 56, 1859 – 60).

<sup>8</sup> The Native Medical Institution was started (1822-23) with the motive to train Indian talents Western medicine in their own language i.e. Bengali. The motive was to meet the need of the military demand of medical assistants in their regiments. But Indian medical systems (Ayurveda and Unani) were also been taught in that institution. Later it was abolished and the whole concentration was transferred towards English education.

<sup>9</sup> DPI Report, Bengal, 1852-53, 1853, p 61, Calcutta.

This growing demand and as well as huge participation compelled the authority to transfer this class from CMC to separate locations attached with 'regular, well-attended and well functioning' hospitals nearby (Kumar, Anil, p. 48). These hospitals became the precursor for new medical schools in Calcutta and gradually for the peripheral areas of Bengal Presidency.

A two-fold force was responsible behind the introduction of vernacular medical schools in the peripheries of Bengal. One was certainly the demand for low grade doctors for military bases and unfortunately inadequate supply from the military class and therefore their non-refusal for more opportunities. But the other one was within the society. The colonial science by then could able to reach to the mind of the receiving end. But were they still remained as the end of all colonial aspects? The answer should be no. The periphery (if West was the core as the motherland of 'modern science' or western science) now started the process of slow and cautious fusion of traditional and Western thought towards the rejuvenation of native society (Chakravorty, 2004, pp.1-26). The first effort towards institutionalizing Indian interest in Western science was Mahendra Lal Sircar's Indian Association for the Cultivation of Science (IACS 1876). But other initiatives were also come up in to small levels but with larger effects. Calcutta Medical School (1889) and Borishal Medical School (1892) were the two extremely important examples in this context. These schools were opened by individual initiatives. Dr. Radhagobindo Kar and Aswini Kumar Dutt were the founder members of these schools respectively.

Huge attraction towards the Bengali class reminds us of the same circumstance after the establishment of Hindustani class in Calcutta. For both the classes the common reason seemed to be

same, use of vernacular language. In the case of the former one, not only the Bengali people, but also the students from North Western Province came in a large number. Here distance did not make any obstacle. But we know that the scenario changed after the beginning of Agra Medical School (1853)<sup>10</sup>. This proved that the demand was not only for medical education, but was for medical education in their own language. In Bengal Presidency the public opinion was in favor for opening up the Bengali class from long ago. But by reverse, this Bengali intelligentsia was totally in support of English education in the initial days of this century. Why this contrast picture became evident? Of course it was not complete rejection, but a prominent inclination to adopt the new knowledge within their own cultural sphere superseded the earlier concept of total Europeanization.

### 3. PROLIFERATION OF INSTITUTIONS

From 1840s the students from the smaller towns like Dacca and Patna had started to attend the classes of Calcutta Medical College with scholarships. Alone CMC was not physically sufficient to meet the academic interest of the huge population of this Presidency. The condition of public health also demanded more qualified doctors. But when the demand was high, few issues like Entrance Examination of Medical College, new rules and regulations, growing cost of education etc. brought to the fore the limitations of medical education for the common people. However the Bengali classes became more popular due to these reasons also. With this growing popularity, demand and other troubles forced the Government to divert the focus towards producing more scopes in this field. As a result the latter half of the nineteenth century witnessed a considerable growth of medical schools in different parts of Bengal Presidency.

<sup>10</sup>Home Department, Pub, 17th December, 1870, No 17(A), National Archive of India. Cited from Anil Kumar, *Medicine and the Raj.s*

The colonial Government decided to shift the vernacular classes of the CMC to the new locations along with opening up some new medical schools also. It also planned to take geographical importance under consideration (Kumar, p.48). Therefore the Bengali class was initially shifted to Campbell Medical School at Sealdah<sup>11</sup> (1873) and was given the name 'The Vernacular Licentiate Class'. CMC generated another medical school at Dacca (15<sup>th</sup> June, 1875). Two more schools were established at Patna named *Temple Medical School* (23<sup>rd</sup> June, 1874) and at Cuttack (1876). The Military class of Medical College was transferred to the Patna Medical School<sup>12</sup>. A Committee was appointed to investigate and prepare a comprehensive curriculum for the vernacular classes. In 1878, a proposal was submitted by the Committee and was approved by the Government of Bengal. Greater emphasis was given to the acquisition of practical knowledge, clinical surgery, medicine and midwifery<sup>13</sup>. Another set of regulations was passed through a resolution by the Government on 1894. The main features of the resolution were; special restrictions on the admission to the schools at Patna and Cuttack for those who were not the natives of Bihar and Orissa respectively; requirement of at least an elementary English knowledge of all candidates for admission to a medical school; bonds for scholarships holders and free students to serve Government for a certain period, if called upon to do so were to be enforced in future; Stipend of Rs. 7 per month for each female student at a medical school<sup>14</sup>.

By the Government initiative several medical schools were formed in the decade 1870s. Campbell Medical School (November 1873) was

the first outcome of such matured situation of high demand for Western medical education in Bengal Presidency. Here classes were divided initially into two sections, i.e. Bengali class and Hindustani class. But later facing more pressure for growing interest on vernacular medical education, the Government was compelled to think for even more options. After four years of the establishment of the new school, the old Allopathy class was abolished and they concentrated on the training of vernacular medical licentiates. Two-three years later it was decided that the students aspiring for vernacular medical education should know English language of a primary level. And at the time of admission they had to provide a certificate signed by either Principal or Superintendent of a Government or Government affiliated school<sup>15</sup>. The passed students were intended to be either hospital assistants as Sub-assistant Surgeons or village doctors. In 1874 two more medical schools were opened one at Patna named Temple Medical School and another at Dacca named Dacca Medical School. Later in 1875 the Hindustani or military class was transferred to Temple Medical School. In 1876 in Cuttack also a new medical college was opened to 'cater to the needs of the Oriya-speaking people' (Kumar, Anil, p. 49).

#### 4. JOURNEY FROM A MEDICAL SCHOOL TO PRINCE OF WALES' MEDICAL COLLEGE

Temple Medical School (hereafter TMS) of Patna was a direct result of Government response to the demand for medical education in Bengal Presidency. It started on 23<sup>rd</sup> June, 1874. Surgeon-Major Boys Smith was the first Superintendent in academics of this school. The Hindustani or the military class of CMC was

<sup>11</sup> Sealdah is a suburb of Kolkata.

<sup>12</sup> *DPI Report*, Bengal, 1873-1874, Calcutta, p. 57.

<sup>13</sup> National Archive of India: Department-Home, Branch-Medical, July, 1880, No. 29.

<sup>14</sup> *DPI Report*, Bengal, 1894-95, Calcutta, 1895, p. 87.

<sup>15</sup> West Bengal State Archive, Department *General*, Branch *Medical*, 1877, July, No. 6, File No, 55. Kolkata.

transferred to this school and thus the lectures were delivered in Hindustani language<sup>16</sup>. The initial necessary requirements like accommodation, class rooms, books etc of this school were looked after by the Government in communication with the local civil authorities<sup>17</sup>. The Junior Secretary of the Government of Bengal, S Cotton sanctioned a total Rs. 5000 for the necessary accommodation<sup>18</sup>. Instead of erecting new buildings it was ordered to utilize the Mission House compound for the accommodation purpose immediately. Cotton further stated that the classes would be transferred to Patna at the end of the year 1875<sup>19</sup>. Initially it was decided to attach the medical school with Bankipore Dispensary which had 50 to 60 beds. According to Campbell Brown this initial arrangement of the dispensary would be sufficient for the chemical instruction for the new school and the lecture arrangements were also not bad. They planned to enlarge the accommodation and other facilities according to necessity and demand<sup>20</sup>. They did not prepare any separate lecture room for the new students of the school. The students had to go to a separate College for some lectures (the name of the college was not mentioned) which was about a mile from the hospital. Shortage of dissection room in the hospital and also need for larger dead-house compelled them to think about making temporary sheds for dissection purpose<sup>21</sup>.

TMS was started with six members as faculty apart from the superintendent; one

demonstrator of anatomy, two native doctors, one chemical assistant, one anatomical assistant and one injector. Dr. Smith made a scheme for the school and fixed six subjects for this course; Anatomy, Surgery, Chemistry, Medical Jurisprudence, Materia Medica and Medicine. But Campbell Brown added two more to it i.e. Physiology and Midwifery. He tried to combine Physiology with anatomy class and gave the fourth sub-assistant surgeon the responsibility to teach midwifery. Thus the course of the school became rich than the earlier one<sup>22</sup>. Nandolall Ghosh (teacher of Materia Medica and Chemistry, Nagpur School) and Doyan Chunder Shome (teacher of surgery, Agra School) were appointed as faculty in TMS. Brown fixed a monthly stipend for the 'native medical pupils' i.e. Rs. 4 per month and they had to come through a competitive examination for that. The other rules and regulations of the students like preliminary examination, course of instruction, fees and final examination etc were followed as per the rules of Calcutta Vernacular Medical School<sup>23</sup>. The rates of fees in every year, set by J. Crawford., were: Rs. Two for entrance examination, Rs. One for first year, Rs. Two for second year, Rs. Three for third year and Rs. Ten for License<sup>24</sup>.

However the participation of students in TMS provides us a different story than Calcutta. Towards the end of 1870s a large number of Muslim students started applying for this course

<sup>16</sup> General Department, Education Branch, B Proceedings, no, 527 from H.J.S Cotton to the Commissioner of Patna, February, 1875, Bihar State Archive (hereafter BSA)

<sup>17</sup> Ibid

<sup>18</sup> General Department, Education Branch, File no. 122, A Proceeding, 1875 (from H.J.S. Cotton to the Commissioner of Patna), BSA

<sup>19</sup> General Department, Education Branch, File no. 122, A Proceeding, 1875 (from H.J.S. Cotton to the Commissioner of Patna), BSA

<sup>20</sup> General Department, A proceedings, Letter from Campbell Brown, the Surgeon General, Indian Medical Department to the Secretary to the Government of Bengal, General Department, December, 1873, pp 1. BSA

<sup>21</sup> Ibid

<sup>22</sup> Ibid. A Proceedings, 1873, pp 2, BSA

<sup>23</sup> Ibid, A Proceedings, 1873, pp 3, BSA

<sup>24</sup> General Department Education Branch, File no. 125, A Proceeding, July, 1874, letter no 2329, (from J Crawford to the Commissioner of Patna), BSA

in Patna. Among 165 students three fourth of them were Muslim. This was quite unusual in terms of Muslim participation in higher education in Bengal Presidency. It is known that Muslims were reluctant in accepting higher education offered by the British Government or rather their accepting process was slow than the Hindus throughout India. But according to the Government officials and observers, this attitude was not only due to the intense interest of the Muslims, but a negative attitude of the higher caste Hindus of Bihar for medical education. This made a difference in the ratio of Hindu – Muslim participation<sup>25</sup>. Here lies the difference between the Core and the periphery. The Hindu society in Calcutta was interested and enthusiastic about medical education from the initial stage and they were the majority in CMC and the other medical schools, where the periphery proved the opposite. Now the question comes that whether the modernization process through education which was started from Calcutta was still limited in nature in terms of awareness and logical thinking of the general populace?

It is necessary to discuss the question of quality of the school here to give a proper picture of medical education throughout Bengal Presidency. The quality of the TMS was low of course in terms of courses and syllabus, infrastructure, accommodation, medical tools and equipments and also in number of faculty members than the medical college. Thus it is expected that the standard of the students would also be low than the students of the college. It is true that the medical schools were opened up to produce local assistants, not good doctors. There was gradual process of modifying and uplifting the standard of the medical school and finally it reached to the status of a college in 1925. The journey from a

medical school to a medical college of TMS was not easy. It was impeded several times in different circumstances. The 1905 instance for making TMS a college is important here. Babu Saligram Singh's speech delivered on 31<sup>st</sup> March, 1905 gave an apparent picture of a demand to raise TMS to the status of a college<sup>26</sup>. He sent the petition to the Inspector- General of Civil Hospitals for consideration. But in reply the Inspector-General replied in negative tune and gave three major points in support of this argument; basically he was worried about the standard of education in Bihar and gave an example of the ratio of F.A examination pass out students in 1904. The number of Bihari (resident of Bihar) students was 72 against the 1882 students in Bengal proper. Furthermore he said that only ten natives of Bihar had been studying in CMC for the last five years and among them only three were successfully passed the final examination. Out this example he wished to mean that the present standard of education in Bihar did not seem perfect to start a university degree course there. Opening of a medical college did mean to compromise with the standard of education in the college. Not only the standard, the Inspector- General was also concerned about the expected expenditure for the establishment of a proper medical college because as per his observation the infrastructure of the existing medical school was actually inadequate in terms of faculty, buildings, laboratories, museum, classrooms etc. as well as the condition of the hospital attached to TMS<sup>27</sup>.

This was quite enough for a Government officer to express his negative attitude towards giving TMS the status of a college and also it was a signal to make the lower standard of education of Bihar more apparent in front of the natives. But

<sup>25</sup> Report, Administration of Bengal, 1875-76 (VII Instruction of Education), page 425, BSA

<sup>26</sup> Municipal Department, Medical Branch, File no. 25/7, issue no 137 T.M, no 3, 13<sup>th</sup> April, 1905 Letter to the Inspector-General of Civil Hospitals, Bengal, , BSA

<sup>27</sup> Municipal Department, Medical Branch, File no. 25/7, 28<sup>th</sup> April, 1905, Darjeeling, Letter from Inspector- General of Civil Hospital, Bengal to the Secretary to the Government of Bengal, BSA.

in reverse Babu Saligram Singh showed few very solid loop holes in the system itself. He stated that it was regrettable and doubtful that from the birth of CMC till date there was not a single Bihari Assistant Surgeon in Government service. According to him it was not due to the 'incapacity or inaptitude' of the Bihari students that they were failed to enter into the Government service. It is possible to improve this condition if the Government would bring opportunities and advantages to the doors of the Biharis. Regarding the expenditure issue his opinion was that proper distribution of money in education sector was not made by the Government in Bihar<sup>28</sup>. Though there was a strong demand to give TMS a status of college within the society with their own explanations and expectations but unfortunately was not considered by the Government initially. With the passage of time the scope and standard of TMS increased and finally in 1925 it turned into a medical College. After the establishment of Prince of Wales Medical College, the TMS was shifted to Darbhanga.

The Prince of Wales Medical College (hereafter PWMC) was opened on 1<sup>st</sup> July, 1925 to commemorate the visit of Prince of Wales to Patna in the year 1921. With the new construction of cold storage plant (it was capable of turning out one ton of ice daily) and quarters for the Professors by the Public Works Department, the college started with some existing detached buildings separated over an extended area. Apart from that one dissection room and one chamber (kept at a temperature of 22 degree for vaccine and bacteriological specimens) were provided to the college<sup>29</sup>. The anatomical museum contained a collection of human skeletons and bones, anatomical preparations, fine wax models and

diagrams. This had a lecture room of its own. The medico-legal block of the college had a post-mortem room, demonstration rooms and lecture theatre. The Pathology and Physiology Department were separated in a different building. The ground floor was occupied with experimental Physiology, Pathological museum, mounting room, two lecture theatres, engineering workshop and artist's room. Chemical Physiology, Morbid Histology, Research and Bacteriological laboratories were situated in the second floor. Pharmacology, Biology and Organic Chemistry departments were housed in an old school building.

Course of study and teaching standard of PWMC were satisfactory in terms of its range and quality. Gradually it had increased according to necessity. The college started with six major subjects; Biology (Prof. S S Choudhury), Anatomy (Prof. H. Hyder Ali Khan), Organic Chemistry (Dr. Bagchi as chemical Analyst of the Public Health Laboratory), Physiology (Dr. B Narain and Dr. Prasad), Materia Medica and Pharmacology (Dr. T N Banerjee as the faculty of Pharmacology with Dr. P C Ray as senior demonstrator), Pathology (Junior assistant S P Verma). Surgery, Midwifery, Medical Jurisprudence, Hygiene and Public Health and Medicine were introduced later on<sup>30</sup>. Many more faculties, demonstrators and assistants in different stream started joining from the next year, 1926. Thirty one students were admitted to the college in the first year by the selection committee. Among the total students thirteen were Hindus (Bihari), six were Muslim, five were Oriyas, five were Domiciled Bengalis and two were Aborigines<sup>31</sup>. In the first year twenty two students succeeded the M.B.B.S. examination. One casual student joined the class for three

<sup>28</sup> See Municipal Department, Medical Branch, File no. 25/7.

<sup>29</sup> Annual Report of Prince of Wales Medical College Patna, Superintendent, Government Printing, Bihar and Orissa, Patna, 1925, BSA

<sup>30</sup> Ibid

<sup>31</sup> Annual Report of Prince of Wales Medical College Patna, Superintendent, Government Printing, Bihar and Orissa, Patna, 1925, BSA

months from the beginning of the third term and worked in Practical Anatomy. The average daily attendance of the students was 24.7% during the first year.

The next few years witnessed some significant developments in the course, curriculum faculty and other sectors of the college. Sir Norman Walker visited and inspected the college in 1926 as the representative of the General Medical Council of the United Kingdom along with two local private medical practitioners, Dr. R N Chakraverty and Dr. Ali Ahmed. Government sanction for extension of Pathological Laboratory, establishment of the Department for Anti-rabic treatment, introduction of post-graduate training, plot sanction for botanic garden were the major initiations taken for the this newly established medical college<sup>32</sup>. All the departments started working from the year 1926 and 76 students were transferred from CMC to this PWMC in the same year. It is great to notice that within a very short time the teachers, students and of course the governing body became so enthusiastic that few students were sent to Bangalore for training in midwifery<sup>33</sup>. With the gradual growth of medical equipments like microscope, pathological specimens, extension of more departments like bio-chemistry, bio-physics, extension of laboratory and library, facility of hostel and staff quarters PWMC started its journey for more betterment in coming years<sup>34</sup>.

##### 5. FOUNDATION OF MITFORD HOSPITAL AND DACCA MEDICAL SCHOOL

The best examples of diffusion of knowledge towards the peripheral areas are the Dacca Medical School and the Temple Medical School. Through the amiable history of these

institutions, the contemporary social aspects of medical education other than the core areas like Calcutta could come out. Interestingly the story behind the foundation of a medical school in Dacca was different from the other medical schools established in 1870s. Student accommodation difficulty in CMC was not the sole reason to give birth of Dacca Medical School (DMS). The situation in which it was born is noticeable here. It was also the socio-economic, geographical and of course the cultural forces which morally helped it. In this regard one should remember that the consciousness of the native people played an important role. Therefore there was a both sided pressure for a new medical school; Government wanted to release the added burden from CMC and the people demanded better educational opportunity which would be more convenient to them. But even before that the premise of western medical treatment among the people was already made by the Mitford Hospital in Eastern portion of Bengal. It might be an incomplete history, if this paper would discuss the history of DMS without the history of Mitford Hospital.

Mitford Hospital, the ever large-scale health institute in a western sense in the eastern portion of Bengal, was established on the first of May, 1858, Dacca. Just three months after its establishment Queen Victoria took over the rule of India from the hands of the East India Company. Born in this historical year, Mitford Hospital itself turned to be a historical landmark in forthcoming days. Dacca, a tattered city, holding back the last faint rays or even none of its former glorious days, was reigned by hunger, impoverishment and malignity. Most of the local crafts got extinct or in the verge of becoming extinguished since the East India Company's regime set forth and the

<sup>32</sup> Annual Report of Prince of Wales Medical College Patna, Superintendent, Government Printing, Bihar and Orissa, Patna, 1926, BSA

<sup>33</sup> Ibid

<sup>34</sup> Letter from the Inspector-General of Civil Hospitals, Bihar and Orissa to the Secretary to the Government of Bihar and Orissa, Local Self Government Department, no. 7901/E-138-28, Patna, 18<sup>th</sup> August, 1928.

‘drainage of wealth’ had begun. This nullified jobs, money and food gradually made Dacca an inferno (Dani, 1962, pp.1-24). The British having found Dacca terribly unworthy of residing immediately felt an urge to establish hospitals over there.

In 1803, the first hospital in Dacca, the ‘Native Hospital’ was founded as a branch of Native Hospital of Calcutta. The Government allowed a grant of Rupees 150 per month for the hospital. To make the hospital thrive local tycoons and some other Europeans donated the sum of Rupees 20,000. This was created chiefly for the poor, so that it was not capable of serving a good number of patients. James Taylor, a British Civil Surgeon, remarked in his *A Sketch of the Topography and Statistics of Dacca* about the condition of the hospital in 1830s that the hospital could only keep forty patients at a time. It had an 864 sq. feet ward and two 8 feet broad verandas. An average of 2160 patients got admitted to the hospital every year. This condition did not fit with the purpose of the establishment of such a hospital exclusively for the poor people. The only good thing was that with the initiation of Magistrate, Mr. Henry Walter and Mr. J Grant the department of dentistry and the outer ward had opened recently. Interestingly the major portion of the patients were ‘beggars’, ‘incapable men’, ‘strangers’ ‘boatmen and helmsmen’ etc and they came from more or less different village areas.

Here the most noticeable part is the terms used by James Taylor about the class composition of the patients and their trend of origin. It proves several things. First of all, the poor condition of public health of these places other than the city areas like Calcutta. It was under developed and neglected. Secondly, the major portion of the

patients of the hospital was from poor and uneducated background. Now the question comes that whether the treatment procedure of the educated and relatively affluent families differed from the poor section? Is the answer of this question is hiding into a more broad and complex question of societal condition and political underdevelopment? Is it a question of city based growth of every aspect like health issues?

Unfortunately the condition of this hospital was not satisfactorily good. Realizing that the Native Hospital was induced by gross medical ineptitudes, the contemporary rulers decided to found another hospital capable of admitting at least hundred more patients. Taylor established such a hospital in Dacca with two new outdoor dispensaries in 1839 with almost a solo initiative that succeeded at eclipsing the drawbacks of Native Hospital to some extent (Asaujjaman, 2004 p.299). In this very important juncture of time, Government announced for the ‘Mitford Bequest Fund’ for East Bengal. Though initially there was no plan to utilize this fund for a hospital but later Governor General Lord Dalhousie (1848 – 1856) took this decision (Ahmad, 2007, p. 19).

According to *The Dacca News* the amount of the grant of Robert Mitford<sup>35</sup> was five to six Lacks of Indian Rupees<sup>36</sup>. After a long debate regarding the proper utilization of the fund between the local elites, the Municipal Committee and in the official level, the Commissioner of Dacca finally sent all these proposals to the Governor General in 1851<sup>37</sup>. In 1852, 4<sup>th</sup> October, Dalhousie took the historical decision to set up a hospital with more facilities, which according to him would be the best utilization of the fund for the native people of Dacca. In 1858, 31<sup>st</sup> May,

<sup>35</sup> Robert Mitford (born in 1782) was the District collector of Dacca, who later became the Judge of Provincial Court of Appeal and Circuit of Dacca (Bengal Medical Department Proceedings, January 1864). He came to Dacca on September 1816. He was a sibling of the famous Mitford family of County Northumberland.

<sup>36</sup> *The Dacca News*, 26<sup>th</sup> April, First Issue, P. 1, cited from *Mitford Hospital O Dhacca Medical School: Itihas O Oitijhyo*, by Sharifuddin Ahamed, Shahina Rahman Press, 2007, p. 18-19.

<sup>37</sup> Ibid.



Fig. 1. Mitford Hospital, 1852

Mitford Hospital was inaugurated with great joy in Dacca city<sup>38</sup>.

Dalhousie planned to situate a medical educational institution also in Mitford Hospital, so that some preliminary knowledge could be given to the local students. And this was the footing stone of Dacca Medical School which came into existence in 1875. In 1880s, the Bengal Government decided to hand over the duties concerning Mitford Hospital to Dacca Municipality. This act of transferring of duty had content concerning law and order.

## 6. FOUNDATION OF DACCA MEDICAL SCHOOL

Prior to the introduction of the western mode of medicine, the *Hakims* and the *Kavirajs* were the sole refuges of public health issues. Even in 1830s, there were nine Hakim families and sixty nine *Kaviraj* families in Dacca city only. It is easily understandable that in spite of the introduction of the western medical system, a big portion of the people showed their dependency and trust on the indigenous mode of treatment. But by contrast from very early stage of the introduction of

Western medicine in Bengal, a large number of people had been showing their interest on western medical education also. For instance, among the Indian students of CMC a notable portion was from Eastern Bengal, especially from Dacca. It is earlier mentioned that the vernacular course in Calcutta was in all respect inferior to the main course of CMC. Here the point is, in spite of all these back draws of the Bengali course, the students of Dacca were used to admit themselves there only. If anybody examines the reason behind this, could understand one very simple but most important angle. First and foremost, their consciousness guided them to obtain better education in Calcutta. But financial ineptitudes of the majority of the populace deprived the new generation from quality medical education in CMC. On the other hand, the distance from Dacca to Calcutta and the geographical obstacles due to the presence of huge number of big rivers kept the majority of the inhabitants aloof and indifferent from the facilities of Calcutta. Thus felt the need for a new option in this side of this presidency.

Here a question comes that despite knowing the fact that Bengal Presidency was area

<sup>38</sup> Bengal Municipal Proceeding, July, 1886 (p not found) National Archive of Bangladesh (hereafter NAB). Interesting to note here that even before the establishment of Mitford Hospital there existed two more hospitals of Western medicine. *Native Hospital* and *Government Charitable Dispensary*, run by the Government and private initiative respectively.

wise a big province, the facilities of education were not necessarily spread out. Till 1916 there was only CMC, which alone had the supreme authority to make doctors with Honours degree. Gradually, medical schools were established in some places like Patna, Dacca and Cuttack. It is noticeable that Dacca was the city where not only the people of East Bengal but the people from Assam and Tripura also used to come for job, education health treatment etc. But the opportunities were not up to the mark. *Dacca Prokash* published in 1863 that in this crisis moment Dacca really needs a medical educational institution to give the local students good opportunity<sup>39</sup>. Civil Surgeon of Dacca and the Magistrate supported this proposal. They added that according to necessity and utility the course and curriculum of this institution should be restricted to a preliminary level<sup>40</sup>. But this plan was adjourned up to 1873. In this year, when there was an outburst of pupils in the CMC, Lieutenant Governor Sir George Campbell (1871 – 1874) announced the foundation of two new medical schools in Patna and Dacca along with the Campbell, Medical School in Calcutta. According to Campbell the Dacca Medical School (here after DMS) would be able to serve one crore and thirty lacks of people of East Bengal and Assam<sup>41</sup>. The course, curriculum, mode of instruction and the amount of fees of this new school were fixed as it was prevalent in the Bengali Class in CMC. After a three years course the students would be permitted for private practices. In 1875 the *Calcutta Gazette* (14<sup>th</sup> April) published an article on the syllabus of the DMS. It was like this (Table 1)<sup>42</sup>.

**Table 1.** Syllabus of Dacca Medical School, 1875

First Year	Second Year	Third Year
Anatomy	Anatomy	Anatomy
Chemistry	Chemistry	Chemistry
Meteria Medica	Meteria Medica	Meteria Medica
Dissection	Dissection	Dissection
Practical Pharmacy	Medicine	Medicine
Surgery	Surgery	Medical Jurisprudence
Medical Jurisprudence	Midwifery*	Midwifery

\*Midwifery was kept optional subject in the preliminary years.

On 9<sup>th</sup> April 1875, the Bengal Government officially declared the foundation of Dacca Medical School. *Dacca Prokash* wrote that not only the whole city but even the people of remote places of East Bengal would be affected by this decision<sup>43</sup>. Fifty four students from Campbell Medical School (Calcutta) were transferred to DMS. The Bengal Government gave fifteen more free students for the first year. It was decided that the students should pass the examinations like Vernacular Scholarship, Minor Scholarship or the University entrance Examination<sup>44</sup>. In the first year the school admitted 384 students. In the year 1877-78 the number of students fell into 143, while in the previous year it was 247<sup>45</sup>. There was no explanation from the authority, but according to the General Report of Public Instruction the cause was due to the fact that a second year class of 169 in 1876-77 had dwindled to a third year class of 65 in the year under report.

The monthly fee was three Rupees. The classes were taken in a local school. The Normal

<sup>39</sup> *Dacca Prokash*, 4<sup>th</sup> June, 1863, (22 Jaisthya, 1270, pp not found.

<sup>40</sup> *DPI Report*, 1868-1869, (CCCXXXII), 10<sup>th</sup> July, pp 50, IOLR (BEC) cited in *Mitford Hospital O Dhacca Medical School*, by SharifuddinAhamed, Shahina Rahman Press, 2007, p. 263.

<sup>41</sup> *Letter from Bengal Government to the Indian Government*, 1873, 18<sup>th</sup> August, BEC, December, 1873, File no, 72-36, 214, NAB.

<sup>42</sup> BGD, *Education Branch (Medical)*, February 1879, File—LVII, No 1, p not found, NAB

<sup>43</sup> *Dacca Prokash*, 1875, 10<sup>th</sup> January, (BS- 27 Poush, 1281), p not found.

<sup>44</sup> BGD, *Education Branch (Medical)*, June 1875, File- 31, 34, 36, Vol-1, NAB

<sup>45</sup> *General Report on Public Instruction in Bengal* for the year 1877-78.

Surgeons were appointed as professors. They were Dr. Kashi Chandra Dutta (taught anatomy and surgery), Dr. Surya Narayan Sinha (taught medical jurisprudence and therapeutics), Dr. Durgadas Roy (taught medicine and midwifery) and Dr. Priyanath Bose (taught material medica, pharmacy and elements of chemistry)<sup>46</sup>. The first three had a salary of Rs 250 while the last had a salary of Rs. 100 only. Besides them, there were two demonstrators for anatomy, two helpers for the professors of anatomy and material medica and a clerk<sup>47</sup>.

There were tests for the students at each year after the sessions were over. The eligibility criteria for the final examination in the third year were; Students who had not attended more than one fourth of the numbers of total lectures were not eligible of attending the tests; Students who had missed more than one eighth of the total classes taken in the Mitford Hospital would not be permitted to attend the tests; Students who could not dissect corpses satisfactorily (every student had to dissect the first twelve of the total thirty two dissections) were not eligible for the tests and slackers were strictly prohibited. Finally the students with less than 50% marks were considered as failed. Unfortunately, between 1875 to 1879, the medical school admitted 526 students and out of them only 84 did manage to pass (Ahamed, 2007)<sup>48</sup>. The next ten years statistics of students' admission and the pass rate are like this (Table 2)<sup>49</sup>.

Before the permanent building of the medical school was to be made, the Government proposed a temporary building with the two lecture theatres (each spacious enough for two hundred students), a museum, a laboratory, a library and a room for the Principal. There were also proposed

**Table 2.** Ten years statistics of students' admission and pass rate

Year	New Admission	Percentage of Pass in the Final Examination
1880-1881	46	17
1881-1882	75	14
1882-1883	66	16
1883-1884	53	34
1884-1885	75	31
1885-1886	83	37
1886-1887	127	44
1887-1888	88	40
1888-1889	60	60
1889-1890	60	39

rooms for dissection and post-mortem with capacities of four hundred and one hundred and fifty respectively. By 24<sup>th</sup> August 1889, the permanent building for the Dacca Medical School was built. It was mainly funded by donations both public and private ones. People of Eastern Bengal donated the sum of Rs. 64,000. The Raja of Bhawal, Rajendra Narayan gave Rs. 20,000; Raja Suryakanta Acharya of Maimansingha donated Rs. 10,000; the Zamindar of Dacca Babu Raghunath Das donated Rs. 15,000. In this way there were plenty of donations for the new medical school. DMS became Dacca Medical College in 1<sup>st</sup> July, 1946.

## 7. CONCLUSION

Two types of peripheral relation did exist in India at that time; the mother land as the centre of all the power and India was its periphery. The other one was inter - peripheral relationship of Indian cities like Calcutta as the core of economic, political and cultural developments and the small towns like Patna and Dacca. Both Patna and Dacca had had their own characteristics and uniqueness

<sup>46</sup> According to *Dacca Prokash* Durgadas Dutta, who was previously appointed to the Nagpur Medical school might be transferred to DMS for additional Professor, Dacca Prokash, 10<sup>th</sup> January 1875, (BS—27 Poush 1281), pp 475.

<sup>47</sup> *Report on Vernacular Medical Schools of Patna Dacca and Cuttack*, BGD, Education Branch, 1879, Bundle 12, p. not found.

<sup>48</sup> *Mitford Hospital O Dhacca Medical School*, by Sharifuddin Ahamed, Shahina Rahman Press, 2007.S

<sup>49</sup> The Yearly Reports of the Superintendent of Dacca Medical School.

in terms of gradual growth in the latter half of the nineteenth century as the peripheral areas of Bengal Presidency. The establishment of medical schools in those areas reveals a contrasting picture of knowledge diffusion. Temple Medical School was a direct result of Government effort to reduce the pressure on CMC due to a high demand for medical education among the Bengalis and others (as pupils used to come from central province also) as well. Though they tried to spread these opportunities evenly in the other parts of the Presidency, but it was the after effect of official intervention and popular demand. The small hospitals of Bihar got impetus due to this step and gradually was born the Prince of Wales Medical College. In contrast the situation of Dacca was slightly different than Patna. There was a medical consciousness already existing among the people. It was not about education only they gave thrust on sanitation, vaccination and public health issues also. We can mention about the popularity of *Dacca Prokash* journal among the public which published from the very beginning (1863) many good and interesting articles on different medical issues. This created more awareness because of the vernacular language of the journal and made the philanthropists more enthusiastic to force the Government<sup>50</sup>. Not only the intellectual class but the less educated poor people were also involved into this process. The awareness and demand in health, hygiene, domestic health, public health and education eased the process of transferring medical facilities towards this area including educational institutions. Before the establishment of Dacca Medical School people used to come to CMC which again remind the medical authority about the limited space and equipment of the college. Though we are talking about the Government initiative for medical schools to spread up the opportunity and also due to the

demand from the masses, but according to Anil Kumar the British were more conscious about their own need of native assistants to the military bases and the upper class and caste Hindu students of CMC started opposing the compulsion of joining to the military bases.

However, this cyclic process of demand out of middle class consciousness and need and supply out of un-fulfilment of aspirations of the masses at a particular place was unique in nineteenth and twentieth century history of medical education impartation in peripheral areas. Though the Government had her own perception behind the establishment of medical institutions in these areas but what attracts us more is the better understanding of need and implementation of western medicine partly emerged from within the indigenous society.

Calcutta Medical College was not sufficient to meet the academic interests of the huge population which gave the birth of medical schools in different places and later on medical colleges as well. It is not the consciousness or responsibility on the Government side which acted as a catalyst for the establishment of medical institutions in the peripheral areas but it was the result of a pressure from a progressive or restless society. Rather we can say that a constructive mentality was seen among the Indian people. Starting from the event of Madhusudan Gupta the so called Indian orthodox society could overcome their prejudices and came forward towards the 'modernization' process. In the latter half of the nineteenth century this phenomena became more prominent through these small institutions in the even smaller towns or cities. Here small city can be described as more orthodox than the core area, because all the enlightenment process was naturally started from the core or central area only.

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<sup>50</sup> *Dacca Prokash* published an editorial in 1869 after the report of Catcliff, the Government official appointed for making a thorough sanitary improvement plan for Dacca, where they had shown their own demands and need for sanitation of the city. They had provided their plan for this sanitary improvement. This proved that how much conscious the people had become at that period.

Even in these areas and cities in which the local guardians gradually understood the necessity and benefit of the new rational education. The orthodox social 'institutions' finally gave up their tenacity and of course the young generation did not waste time to understand their bright future in accepting the newness in every sector of education, including medicine.

History tells us that it had been a natural historical process that a superior power conquered and dominated the other one with arms and technology. The use of gun powder brought Babur victory against Ibrahim Lodi. In the case of British it was not only the higher technology which they had used in conquering many places initially, but their advanced scientific knowledge which helped them in colonizing the Indians. Knowledge gives strength, power and confidence. After a certain time when Indians became educated, how British wanted them to be, the situation reversed. The new knowledge generated consciousness, logic and power among Indians to ask question against colonial authority's activities. Indians now learnt to present grievances and demands, this time as they wanted to perceive themselves.

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