

Partition of Bengal and the Expansion of Healthcare Facilities in Eastern Bengal

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Abstract: As argued by British historians and publicists, the Partition of Bengal in 1905 was largely driven by administrative efficiency while most Indian politicians and publicists considered it a political measure under the guise of administrative reform. Whatever the reasons behind this partition, the new province of Eastern Bengal and Assam experienced administrative changes, infrastructural development, and opportunities for education and employment. This paper explores the medical supervision and the supply of free medicines provided to educational institutions in Eastern Bengal and Assam, focusing on hostels attached to government colleges and schools. The paper neither engages in the analysis in light of any theoretical insights nor formulate, support or reject any theory. Rather, using archival data, it aims to construct medical history in an area previously overlooked by historians. Findings of the paper suggest that healthcare facilities in Eastern Bengal and Assam were expanded and reorganized during the post-partition period. Moreover, a uniform and clearly defined healthcare policy was adopted for both portions of the province, i. e., East Bengal and Assam, except a special arrangement for the hostels in Dhaka.

Key Words: Eastern Bengal, Dacca College, Medicine, Medical supervision, Assistant Surgeon.

Introduction

The rationale behind the Partition of Bengal in 1905 has been the subject of intense disagreement. The general consensus among British historians and publicists has been that administrative efficiency was the driving force behind Bengal's split. However, the majority of Indian politicians and publicists have maintained that the partition was motivated more by political than by administrative reasons, and that the real intention of Lord Curzon and the British Government was to undermine and destroy Bengal's political life under the guise of administrative reform.¹ Regardless of the causes of this partition, the new province of Eastern Bengal and Assam witnessed a series of administrative changes, infrastructural

development, opportunities for education, employment etc. The aim of the paper is to explore the ways of bringing educational institutions in Eastern Bengal and Assam under medical supervision and services. Without debating how much of these supervision and services was to appease Muslims through the divide and rule policy and how much of these was to ensure administrative efficiency by the government, the article presents the extent and the nature of healthcare facilities in the hostels attached to the Government colleges and schools in Eastern Bengal up to 1911. The purpose of the paper is not to formulate, support or oppose any theory. Moreover, the data solely derived from archival documents has not been analysed in light of any theoretical insights or framework. The paper merely intends to construct medical history of an area that has previously not attracted historians. In doing so, several correspondences, which were exchanged between the government officials of various levels, have been analysed, classified and organized thematically.

Medical supervision and supply of free medicines in Eastern Bengal

As of 1908, students residing in hostels affiliated with Government colleges and schools in Assam received free medical care and medicines.² The arrangements in Eastern Bengal, however, exhibited significant dissimilarities. Regarding the various hostels associated with the institutions in Eastern Bengal, it was common for boarders to receive free medical care. However, the provision of free medicines to them was more of a rare occurrence than a regular practice. In 1908, initiatives were taken to formulate and implement an integrated policy to provide healthcare facilities in both portions of the province – Eastern Bengal, and Assam.³ H. Sharp, then Director of Public Instruction (hereafter DPI) proposed that with the exception of Dhaka⁴ and Rajshahi⁵, it seemed feasible to extend the same system of medical supervision and supply of free medicines to government hostels of all types, including those in colleges and schools in other locations.⁶ If there was no hostel nearby to

serve a specific community, non-government hostels were to be treated equally with government hostels; in that case, separate proposals would be made to the government as needed. Bell-Islamia Hostel in Barisal, the Muslim Hostel in Chittagong and the Muslim Hostel in Comilla were among others that fit this description or would fit once constructed. These are only instances of the kind of hostels that the DPI felt qualified for this concession.⁷

Medical Supervision

It has been mentioned earlier that the inmates of the hostels affiliated with Government colleges and schools in Eastern Bengal were under free medical supervision. Medical officers performed this duty in addition to their regular ordinary duties, and they received allowance for this work. The rates of allowance for medical attendance offered to the Assistant Surgeons throughout the Province were Rs.50 per month for 50 or more boarders; Rs. 30 for 25 to 50 boarders; and Rs. 25 for less than 25 boarders. On the other hand, Hospital Assistants used to receive Rs. 25 per month for 50 boarders; Rs. 15 for 25 to 50 boarders; and Rs. 12.8 for 25 and less boarders.⁸ The DPI submitted the following proposals to bring changes to the existing situation and introduce a uniform system for the entire province.

If two or more hostels were to be affiliated with a single government institution, they should be regarded as one. In this context, the DPI referred the Chief Secretary to the paragraph 3 of the office note dated April 1, 1908. According to the note, one officer may be in charge of all the hostels and boarding schools at a particular station, and the acceptable allowance would be determined by adding up the number of boarders in all the hostels combined.⁹ It was up for debate whether or not these suggestions should apply to the government hostels in Rajshahi, or if distinct arrangements similar to those in Dhaka should be made. The DPI made no recommendations for special arrangements regarding medical supervision of Rajshahi hostels.¹⁰

The DPI raised the question of whether the officer-in-charge would be responsible for the general health of the boarders, in addition to the prescription of specific cases of illness. According to the existing rule, the medical subordinates overseeing hostels were not required to visit the hostels on a daily basis or make attendance of staff, students, and servants living there mandatory. The lack of clear regulations specifying their responsibilities resulted in highly irregular visits to hostels. The DPI had been informed that, unless instructed to do so in writing by the superintendents of these facilities, they did not visit sick boarders. The University Inspector recommended in his inspection memorandum on the Rajshahi College hostels that the medical officers in charge of the hostels visit the facilities on a daily basis. The DPI believed that this is crucial, as the medical officers should not only visit the facilities on a daily basis and provide regular medical attention to sick boarders, but also provide advice on the hygienic state of the hostels and their surroundings, as well as periodically inspect the food provided to boarders.¹¹

The DPI prepared a set of guidelines outlining the responsibilities of medical subordinates in charge of hostels in order to achieve this goal. The Inspector General of Civil Hospitals, Eastern Bengal, and Assam had accepted these regulations with a few modifications.¹² The regulations were:- (i) During the time when the hostel is open, the Medical Officer in charge of the hostel shall make at least one visit daily. It might be more convenient to schedule the visit in the morning. (ii) In addition to the designated hour as per the rule, he must also be present if the hostel's Superintendent reports a case of illness serious enough to need him. (iii) He should attend on the Superintendent and the staff of the hostel. (iv) Based on the inmates' health conditions, he should periodically check the food given to the boarders and provide advice on its appropriateness. (v) He is also expected to provide guidance on the hygienic state of the hostel and its surroundings. The hostel's Superintendent is required to implement all recommendations made by the medical officer to enhance the

hygienic conditions of the hostel and its environs.¹³ A copy of these regulations was forwarded to the Chief Secretary by the DPI. For the benefit of the public in general, the DPI requested the Chief Secretary for the approval of the Rules and have them published in the Provincial Gazette.¹⁴

Finally, the Chief Secretary communicated to the DPI the following Government orders regarding the arrangements for the medical supervision of the hostels attached to Government Schools and Colleges in Eastern Bengal and Assam. All Government hostels, except those in Dacca, will receive free medical care from the Civil Assistant Surgeon and Civil Hospital Assistant, as applicable. With the condition that the total earnings of the medical officer should not exceed Rs. 250 per month, the medical allowances for hostels will be:- (a) If the medical charge is held by a Civil Assistant Surgeon or an officer of equivalent rank - for 50 or more boarders, Rs. 50 per month; for 25 to 50 boarders, Rs. 30 per month; and for less than 25 boarders, Rs. 25 per month. (b) If the medical charge is held by a Civil Hospital Assistant, the scale should be reduced by half. Whenever feasible, all hostels located at a single station shall be under the medical supervision of one officer, and the permissible allowance shall be determined based on the total number of boarders. Non-Government hostels will be treated equally to Government hostels in situations where there is no hostel available to cater to a specific community. In such cases, the Director of Public Instruction (DPI) should submit separate proposals to the Government as needed.¹⁵

The responsibilities of Medical Officers overseeing hostels shall be governed by the following regulations- (i) The Medical Officer responsible for a hostel must visit the hostel at least once daily while it is open. It is recommended that the visit takes place in the morning. (ii) In addition to being present at the designated time mentioned in Rule. (i) He is also required to be present whenever the Hostel Superintendent reports any illness that necessitates his presence. (iii) He is required to attend on the Superintendent and the staff of the hostel. (iv) He will

periodically examine the food provided to the boarders and offer guidance on its appropriateness. (v) He is additionally responsible for providing guidance on the hygienic state of the hostel and its vicinity. The Superintendent of the hostel is obliged to implement all reasonable recommendations made by the Medical Officer in order to enhance the sanitary state of the hostel and its surroundings. (vi) When there is an infectious or contagious disease, the Medical Officer must promptly notify the Civil Surgeon, who will then organise the isolation and treatment of the affected individuals.¹⁶

Supply of Free Medicines

The hostels affiliated with Government colleges and schools in Assam used to get free medicines, but hostels in Eastern Bengal rarely enjoyed this facility.¹⁷ Along with medical supervision, the DPI also proposed to supply free medicines for the hostels affiliated with Government colleges and schools in Eastern Bengal. R. Nathan, then Chief Secretary, requested the DPI to outline the recommended procedure for supplying medicines to the hostels of Dhaka, and to provide an estimate of the associated expenses in consultation with the Inspector General of Civil Hospitals.¹⁸ The DPI submitted his proposal in details :- (i) All other government hostels in this province, with the exception of those in Dhaka, may be provided with free medicine. (ii) Hostels in Rajshahi may be given Rs. 200 for medicines.¹⁹ (iii) The Inspector General of Civil Hospitals has calculated that the overall cost of the medicines will be Rs. 2,037. He proposed giving dispensaries yearly payments to help them with the cost of supply of medicines and suggested that the Medical Department ought to provide these grants. The total allowance would be Rs. 477.8 under the proposed scale, up from the current Rs. 277.8.. Thus, Rs. 200 would be the additional expense incurred due to the allowance. The DPI also suggested that prior to issuing any orders, the Medical Department may be consulted regarding the proposal.²⁰

The question of who should award the grant—the education or medical department—now arose. D. Wilkie, then Inspector

General of Civil Hospitals, suggested that the Financial Department would have to make a decision on this. However, since all hostels were supervised by the Education Department, which also bore the expense of maintaining them, it seemed reasonable that the Education Department would bear the cost of the medicine provided to the inmates of the hostels. Moreover, he believed this would be more practical from a financial standpoint.²¹ The Financial Department agreed with Wilkie's proposal.²² C. Tindall, then Under-Secretary, was inquiring as to the DPI's acceptance of this debt and, if so, how he plans to cover the expense.²³ The DPI replied that the Medical Department will make the indents and this Department will be charged by book debit for the costs. The Provincialised head "Medical Store" in the Education Budget will cover the expense.²⁴ The total procedure was summarised before sending the proposal to the Chief Secretary. The officers responsible for the hostels are required to produce an inventory of the necessary items. The Civil Surgeon will carefully examine the indent and then send it to the Inspector General of Civil Hospitals. The Inspector General of Civil Hospitals will forward it to the Government Medical Store Depot for compliance. The expenses will be covered by the Provincialised category "Medical Stores" within the education budget. The Inspector General of Civil Hospitals shall have control over all arrangements to the extent possible.²⁵ Having approval of Judicial (Medical), Inspector General of Civil Hospitals and Financial, the DPI sent proposal to the Chief Secretary for issuing an order.²⁶

Apart from the issues discussed above, some other matters remained unresolved and discussions were ongoing among the officials. What will be the date for the submission of the indent? Will compounding pose a challenge? Is there any need to discuss about infectious diseases? Will the annual lump sum allocated for medicines be adequate?²⁷ The Inspector General of Civil Hospitals suggested that the submission of these indents is required for the Eastern Bengal districts in March and for Assam in July. If this action is completed, a provision

should be made to deduct the expenses, similar to what was done in the situation of the Assam districts, as mentioned in Government letter 2035F, dated 22nd March 1906. Compounding will not pose a challenge if the drugs are stored and dispensed within the dispensary. When there are instances of contagious or infectious diseases, the Medical Officer must immediately notify the Civil Surgeon, who will then organise the necessary measures for isolating and treating these cases. The lump sum amount of Rs. 2,037 may be retained, and if it is found to be inadequate, it can be adjusted.²⁸

Finally, the Chief Secretary communicated to the DPI the following Government orders regarding the supply of free medicines for the inmates of the hostels attached to Government colleges and schools in Eastern Bengal and Assam. The procedure for obtaining the medicine is as follows:-

- (i) The Medical Officer responsible for the hostel shall compile a requisition of the necessary items and submit it to the Civil Surgeon of the district. If feasible, this indentation will be merged with the indentation of the closest Government dispensary where the drugs for the hostels will be stored and distributed.
- (ii) The Civil Surgeon will carefully examine the request and send it to the Inspector General of Civil Hospitals, who will then forward it to the Medical Store Depot for implementation.
- (iii) The expenses for the articles provided should be covered by the designated category "Medical stores" within the Education budget.
- (iv) The Inspector General of Civil Hospitals will supervise the overall organisation and management, to the extent possible. The Chief Secretary stated that these orders overrule all prior orders regarding the matter and will be effective starting from the 1st of March, 1909.²⁹

Medical Supervision and Supply of Free Medicines in Hostels in Dhaka

As mentioned earlier, government hostels and boarding houses were brought under medical supervision from the 1880s onwards. The Assistant Surgeons and Civil Hospital Assistants were in charge of these hostels and boarding houses in addition

to their regular duties, and they received allowances for this extra work. If an Assistant Surgeon or an official of equivalent rank was responsible for the medical care of 50 or more boarders, they would receive an allowance of Rs. 50 per month. The monthly allowance for 25 to 50 boarders was Rs. 30, while for less than 25 boarders it was Rs. 25. The scale was reduced by half when a Civil Hospital Assistant assumed responsibility for medical supervision.³⁰ After the partition of Bengal, a special arrangement was made for the medical supervision and the supply of free medicines to the inmates of the hostels in Dhaka, the capital of then East Bengal and Assam province.

Medical Supervision

In 1907, the DPI and the different departments of the Government of Eastern Bengal and Assam corresponded about the medical supervision of the hostels associated with Dacca College and the School of Engineering. The Government of Bengal Medical Department proposed that it would be more advantageous to hire a Resident Assistant Surgeon of the 3rd grade at a monthly salary of Rs. 100, rather than a visiting Assistant Surgeon with a comparable allowance. Finally, with effect from July 31, 1907, an Assistant Surgeon salaried Rs. 100 per month was appointed to oversee the two hostels.³¹

It was decided that the Assistant Surgeon was to supervise all the government-run hostels in Dhaka, except old Madrassa Hostel and Eden Female School Hostel. There were 8 hostels, including 2 hostels that were not constructed yet, assigned to the Assistant Surgeon.³² As a result of bringing a large number of boarders living in these hostels under medical supervision, the issue of allocation of extra allowance for the Assistant Surgeon came into discussion. Since the Assistant Surgeon is a full-time officer responsible for supervising these hostels, the Under-Secretary, Judicial did not think it necessary to grant him extra allowance.³³ However, Mr. Colin H. Browning, the Principal of Dacca College, requested an extra allowance of Rs. 50 for the Assistant Surgeon. The Director of Public Instruction declined to endorse Browning's proposal due to the fact that

the Assistant Surgeon is carrying out his regular duties rather than additional or extraordinary duties. He, however, recommended an extra allowance of Rs. 20 only for the additional labour. He notified the Chief Secretary that the Inspector General of Civil Hospitals also deemed his suggestion to be rational.³⁴

The Resident Assistant Surgeon was initially appointed to provide medical supervision for the Dacca College and Engineering School Hostels. As proposals to expand his responsibilities arose, the matter of allocating a carriage allowance for him became a prominent issue. Since the Assistant Surgeon must cover several miles every morning, the Principal of Dacca College Mr. Browning proposed a carriage allowance of Rs. 35.³⁵ If the Assistant Surgeon is not granted any extra allowance, the Civil Surgeon of Dhaka suggested providing a carriage allowance of Rs. 50 to the Assistant Surgeon.³⁶ However, the Judicial Secretary expressed in a letter to the Chief Secretary that he saw no justification for providing a carriage allowance, as the Assistant Surgeon was already permitted to engage in private practice.³⁷ Agreeing with the argument of the Judicial Secretary, the DPI did not recommend carriage allowance for the Assistant Surgeon.³⁸

The appointment of a new Resident Assistant Surgeon also prompted discussions regarding his residential arrangements. As per governmental regulations, an Assistant Surgeon was eligible to receive either free accommodations or rental housing.³⁹ Mr. Browning suggested a housing allowance of Rs. 40⁴⁰ while the DPI proposed a monthly housing allowance of Rs. 30 starting from July 31, 1907, until the construction of the residential quarters was completed.⁴¹

Finally, the Chief Secretary informed DPI that the Lieutenant Governor has sanctioned a monthly allowance of Rs. 50 for the Assistant Surgeon, acknowledging the additional responsibility assigned to him. The allowance is granted under the condition that the Assistant Surgeon, or their successor, will be required to visit both the existing hostels in Dhaka and any future

hostels that may be established for which they will not be entitled to any further allowance. The allowance he has received does not prohibit him from private practice allowed by Government Order No. 7562C, issued on June 25, 1907. If it is found that his private practice is impeding his official responsibilities, the Government will issue the appropriate directives to put an end to it.⁴²

The Chief Secretary regretted to sanction any carriage allowance to Assistant Surgeon Maulvi Fazlur Rahman Khan because it is the responsibility of a medical professional, who receives salary and allowances, to provide own means of transportation for his professional duties.⁴³ The Chief Secretary also communicated to the DPI that according to Government order, the Assistant Surgeon is entitled to free housing, which should be built in close proximity to the Arts College. Prior to that time, it is necessary for the Government to grant him a monthly housing allowance of Rs. 30, starting from July 31, 1907. He instructed the DPI to provide necessary plans to the Municipal Department of Government for the construction of the officer's quarters.⁴⁴ Thus, the total pay and allowances of the Assistant Surgeon amounted to Rs. 180, comprising of a basic salary of Rs. 100, a housing allowance of Rs. 30, and an extra allowance of Rs. 50.

Supply of Free Medicines

The issue of providing free medicine along with medical supervision in the hostels of educational institutions was first raised by the DPI in 1907.⁴⁵ He submitted a proposal to provide medicine to the hostels affiliated with Dacca College and its associated institutions, as well as to recruit a skilled compounder to ensure proper dispensing of medicines. Both of these matters were urgent, and he requested early issue of orders.⁴⁶ The DPI stated that the information revealed in a recently received letter from the Principal of Dacca College indicated a pressing need for the provision of a compounder. The students grouped together to purchase a common supply of medicines, and the Resident Assistant Surgeon's written

prescriptions were filled by a Hostel Superintendent who, despite having a first-class M.A. in Physics and a working knowledge of Chemistry, was otherwise quite unqualified. The Principal prohibited this procedure in all cases where any poisonous substance was included in the prescription. The Hostel Superintendent was permitted to prepare other prescriptions, while those containing poisons were sent to a nearby dispensary. The Principal's directive was forwarded to the Civil Surgeon of Dhaka and obtained his endorsement. However, it was evident that this was only a temporary solution, and the requirements of the situation would not be completely fulfilled until a compounder is appointed. The DPI urged that a compounder be appointed for the hostel without delay. The individual would receive the salary corresponding to their own rank and would be provided with lodging in one of the hostel's rooms.⁴⁷

Regarding the medicines, Mr. Browning, after consulting with the Civil Surgeon, stated that the average annual cost of medicine per student would be Rs. 1-4. He estimated the current cost to be Rs. 610 per year. However, he mentioned that this amount would need to be increased when more students join due to the expansion of the Engineering School Hostel building and the construction of a Moslem Hostel. The projected rise in student numbers will result in a total cost of Rs. 823. According to the Civil Surgeon, the initial expense for buying medicine and other essential items for the hospital would be significantly higher. Mr. Browning estimated the amount to be Rs. 1,000 for the first year. But the DPI did not recommend the sanction of Rs. 1,000 at this time due to the imminent conclusion of the year and the current absence of storage facilities for medicines. In his opinion, a grant of Rs. 250 should be provided specifically for the acquisition of medicines and hospital expenses will adequately fulfill the needs of the present year. Therefore, he requested the Government to approve this amount.⁴⁸

The Inspector General of Civil Hospitals, Eastern Bengal and Assam, was consulted regarding this matter. He agreed with the suggestions made by the Civil Surgeon, Dhaka, that it was not advisable to obtain medicines from the Government Medical Store Depot. This was because the Depot did not stock a significant number of drugs that are currently being used. It was recommended that these items could be acquired from the Government Stores Depot, sourced from firms in Calcutta. However, this option would come with a significantly higher price. It was implied that the most cost-effective approach would be to directly order them from England. As of the current year, it was clearly too late to place an order from England. The DPI recommended granting permission to the Principal to procure goods either directly from Calcutta Firms or, if preferred by the Inspector General of Civil Hospitals, through the Government Store Depot. Regarding future years, while it would indeed be possible to save money by purchasing directly from England, the savings on the small quantities to be purchased would be minimal, and the delay in obtaining the drugs may cause significant inconvenience. Therefore, the DPI recommended that the same procedure be consistently followed in the future. Regarding the construction of the hospital building and its out-houses, he informed that he had requested the Superintending Engineer, Eastern Bengal Circle, for the plans. However, he had not received the plans yet. The matter of providing entertainment for the staff of lower rank still remained unresolved, and it was not necessary to address this issue until the construction plan has made more progress.⁴⁹

The Government tentatively approved the appointment of a compounder and menial staff, the establishment of a small hospital, and the provision of medicines and hospital supplies. However, the Chief Secretary requested the Medical Department to provide guidance on the suggestions put forth by the DPI in order to partially implement the aforementioned directives. Regarding the compounder, he was not sure about whether the charge should originate from his department or

from the Medical Department. Additionally, he was unsure if the charge should be related to education or medicine. In both cases, he assumed the latter. He requested the Medical Department to provide a statement and recommendations regarding the pay rate and any additional directives that may be required. Regarding medicines, there were three inquiries:- (i) The issue of the procedure to be adhered to when dispensing medications. (ii) The projected cost. (iii) The recipient to whom the charge should be allocated. He anticipated that the Medical Department would potentially provide guidance, and if needed, referrals could be made to the Financial Department.⁵⁰

The Inspector General of Civil Hospitals proposed a grade pay structure for compounders, starting at Rs. 10 and increasing to Rs. 15 through annual increments of Rs. 1 every two years. In very few cases, the amount of Rs. 20 per month may be attained. Since the Education Department is responsible for paying the compounder, it is necessary for the Education Department to make the appointment. A compounder can likely be acquired from the Superintendent of the Dacca Medical School. All government dispensaries are required to obtain their medicines and instruments exclusively from the Government Medical Store Depot located in Calcutta. If the Government agrees with the suggestion of the Civil Surgeon, endorsed by the Inspector General of Civil Hospitals, the Local Government will need to grant special permission for the procurement of medicines from Messrs. Burgoyne Burbidges & Co., London. Government of India does not need to obtain permission, as it is considered a privilege for civilian institutions to acquire medicines from the Store Depot, which is primarily intended for military needs. The initial estimate provided by the Civil Surgeon and Principal may be approved for the first year. However, subsequent budgets must strictly adhere to the necessary requirements.⁵¹

Finally, the Chief Secretary conveyed the Government sanction to DPI. A compounder was to be appointed with a starting salary of Rs. 10, which increases to Rs. 15 every two years with

an increment of Rs. 1. The actual date on which the compounder is being entertained should be directly reported to the Accountant General, Eastern Bengal and Assam. Until the required hospital buildings are built, the compounder should be housed in one of the rooms of the hostels. Procurement of medicines etc. should be made directly from the companies located in Calcutta. A disbursement of Rs. 1,000 would be made for the acquisition of medicines, etc., in the present fiscal year. The expenditure under this category was expected to fluctuate annually. Therefore, the DPI was authorised to allocate funds in his future budgets based solely on the necessary expenses. The government would wait for the proposal of DPI at the appropriate time for the entertainment of the subordinate employees. All expenses related to the hospital, dispensary, staff, medicines, and other related items should be debited to the Education Department. The expenses for the current year would be covered by approved transfers from the grant allocated under the category "Government Colleges-General-Allowance to Assistant Surgeon" in the Education Budget for 1908-1909.⁵²

Conclusion

The provision of medical supervision was further expanded and reorganized after the Partition of Bengal in 1905. The policy related to medical supervision had also been amended and made clearer. In addition to medical duties, medical officers were also entrusted with inmates' health, food quality, and sanitary condition of the hostel and its environs. Previously, only hostels affiliated with colleges and schools in Assam received free medicines, while hostels in East Bengal were not provided with this facility. However, following the Partition of Bengal, this service was also made available to the hostels in Eastern Bengal. In addition, a detailed and well-defined policy regarding the supply of medicine to all the hostels of the entire province was formulated.

Regarding medical supervision and the supply of free medicine to the hostels in Dhaka, a special arrangement was made by the Government. A Resident Assistant Surgeon was appointed for the medical supervision of the hostels attached to the Dacca College and its allied institutions. Moreover, it was decided to recruit some low-ranking staff including a compounder to give free medicine to students living in Dhaka hostels. In addition, the policies related to procurement, supply and financing of medicine were finalized.

It cannot be said with certainty whether the expansion of medical facilities in the Eastern Bengal and Assam can be attributed solely to the Partition of Bengal, or if it would have occurred regardless of the partition. However, the partition of Bengal can be attributed to the initiatives taken in both Eastern Bengal and Assam regions to bring uniformity in the provision of medical services to inmates of hostels in government educational institutions. Prior to the implementation of province-wide initiatives, the hostels of Dhaka were brought under special measures. Dhaka appeared to have been brought under such a unique arrangement because it was the capital of the province of Eastern Bengal and Assam. As the paper was written solely based on the Government documents, it leaves room for the future researchers to corroborate with other primary and secondary sources. Moreover, it may be interesting for future researchers to investigate whether these healthcare facilities continued after 1911.

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29. Nathan, R. R. Nathan to the Director of Public Instruction, Eastern Bengal and Assam. No. 32 No. 397ET, Dacca, February 7, 1909. Letter. In Government of Eastern Bengal and Assam. March 1909. Nos. 23-33. NAB.
30. Sharp, H. H. Sharp to the Chief Secretary, Government of Eastern Bengal and Assam. March 31, 1908. Letter. In Government of Eastern Bengal & Assam. "Arrangement for the medical supervision of the hostels attached to the Dacca College and its allied institutions". Education Department.

Education A. June 1908. Nos. 78-87. (hereafter Government of Eastern Bengal & Assam. Education Department. June 1908. Nos. 78-87) NAB.

31. *Ibid*
32. Nathan, R. R. Nathan to the Director of Public Instruction, Eastern Bengal and Assam. No. 1264E. May 29, 1908. Letter. In Government of Eastern Bengal & Assam. Education Department. June 1908. Nos. 78-87. NAB. The old Madrassa Hostel and Eden Female School Hostel were subject to separate arrangements. Since 1899, Assistant Surgeon Rai Gopal Chandra Chattarji, Bahadur has been receiving an allowance of Rs. 50 for medical care of the old Madrassa Hostel. The arrangement for the Eden Female School Hostel could not be known.
33. Milne, G. G. Milne to the Judicial Secretary, Government of Eastern Bengal and Assam. November 6, 1907. Letter. In Government of Eastern Bengal & Assam. Education Department. June 1908. Nos. 78-87. NAB.
34. Sharp, H. H. Sharp to the Chief Secretary, Government of Eastern Bengal and Assam. February 1, 1908. Letter. In Government of Eastern Bengal & Assam. Education Department. June 1908. Nos. 78-87. NAB.
35. Browning, Colin H. Colin H. Browning to the Director of Public Instruction, Eastern Bengal and Assam. No. 989. January 22, 1908. Letter. In Government of Eastern Bengal & Assam. Education Department. June 1908. Nos. 78-87. NAB.
36. Sharp, H. H. Sharp to the Chief Secretary, Government of Eastern Bengal and Assam. No. 762T. February 20, 1908. Letter. In Government of Eastern Bengal & Assam. Education Department. June 1908. Nos. 78-87. NAB.
37. Webster, J. E. J. E. Webster to the Chief Secretary, Eastern Bengal and Assam. November 1907. Letter. In Government of Eastern Bengal & Assam. Education Department. June 1908. Nos. 78-87. NAB.
38. Sharp, H. *op. cit.* February 20, 1908. In Government of Eastern Bengal & Assam. Education Department. June 1908. Nos. 78-87. NAB.
39. Sharp, H. *op. cit.* March 31, 1908. In Government of Eastern Bengal & Assam. Education Department. June 1908. Nos. 78-87. NAB.
40. Sharp, H. *op. cit.* February 1, 1908. In Government of Eastern Bengal & Assam. Education Department. June 1908. Nos. 78-87. NAB.
41. Sharp, H. H. Sharp to the Chief Secretary, Government of Eastern Bengal and Assam. September 23, 1908. Letter. In Government of Eastern Bengal & Assam. Education Department. June 1908. Nos. 78-87. NAB.
42. Nathan, R. R. Nathan to the Director of Public Instruction, Eastern Bengal and Assam. No. 1264E. May 29, 1908. Letter In Government of Eastern Bengal & Assam. Education Department. Education A. June 1908. Nos. 78-87. NAB.

43. *Ibid*
44. *Ibid*
45. Sharp, H. H. Sharp to the Secretary, Eastern Bengal and Assam. No. 128. February 26, 1908. Letter. In Government of Eastern Bengal & Assam. "Supply of medicine to the hostels attached to the Dacca Colleges and its allied institutions." Education Department. Education A. June 1908. Nos. 88-92 (hereafter Government of Eastern Bengal and Assam. June 1908. Nos. 88-92). NAB.
46. *Ibid*
47. *Ibid*
48. *Ibid*
49. *Ibid*
50. R. Nathan. April 6, 1908. Letter. In Government of Eastern Bengal and Assam. June 1908. Nos. 88-92. It was not clear to whom the Chief Secretary wrote the letter. NAB.
51. Wilkie, D. D. Wilkie to the Secretary, Judicial. Eastern Bengal and Assam. April 28, 1908. Letter. In Government of Eastern Bengal and Assam. June 1908. Nos. 88-92. NAB.
52. Nathan, R. R. Nathan to the Director of Public Instruction, Eastern Bengal and Assam. No. 137IE. Shillong. June 6, 1908. Letter. In Government of Eastern Bengal and Assam. June 1908. Nos. 88-92. NAB.