



INTERNATIONAL RESEARCH JOURNAL OF HUMANITIES AND INTERDISCIPLINARY STUDIES

(Peer-reviewed, Refereed, Indexed & Open Access Journal)

DOI : 03.2021-11278686

ISSN : 2582-8568

IMPACT FACTOR : 8.428 (SJIF 2026)

The Fatality of Burdwan Fever in Lower Bengal and its Terrible Impact on Indian National Movement (1865 to 1900)

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DOI No. **03.2021-11278686**

DOI Link :: <https://doi-ds.org/doilink/03.2026-45412836/IRJHIS2603035>

Abstract:

Around 1865 an awful epidemic was occurred in lower Bengal mainly in Burdwan, Nadia, Hooghly, Midnapore, Birbhum, Kolkata, 24 Parganas, Howrah etc. districts and almost 25 lakh people were died from Burdwan fever within 1870 to 1884. The procession of death made dangerous situation in village to village. The picture of crisis of food, money, medicine, help was very common over the lower Bengal. The growing anti British movement after the 1857 revolt became stopped over the southern Bengal. People did not paid attention on anti-British movement due to heavy sickness. The fatality of Burdwan fever had broken the backbone of the Indian national movement in lower Bengal in this period, because many village leaders of anti-British movement had been died in the terrible fever. So, there was no any anti-British movement in between 1865 to 1900 in lower Bengal.

Keywords: *Burdwan fever, Epidemic, National Movement, sickness, health*

Introduction:

A terrible epidemic was appeared in lower Bengal in the second half of the nineteenth century. Around 25 lakhs people were died from the epidemic fever. The fever was commonly known as Burdwan fever. Burdwan fever also known as Hughli fever (In Hughli). Nadia fever (In Nadia), Ola-Ota or Jor-bikar etc. In the 19th century, different epidemic fevers were appeared in India like Punjab epidemic fever, Assam epidemic fever, Burdwan epidemic fever etc. My study area is the epidemic fever in lower Bengal and a history of changing society, economy, environment, and the deep influence of Indian national movement. The British Government did not take immediate steps to destroy the fever, because the British was so tired to suppress the national movement of India like Santal rebellion, Sepoy mutiny etc. the Govt. took negligence policy for the remission of the epidemic fever. So, the fever was continued for 15 years with terrible condition. And the new growing national movement was stopped for 40 years (1860-1900). The Burdwan fever appeared in Nadia (1832-33). Then in Hughli

(1867-69). After that it occurred in Midnapore (1870), but it reached in Burdwan (1866). In Hughli district 650,000 people died and in Midnapore 250,000 people died from this epidemic fever. It made change socio-economic condition, environmental condition, health system, geographical situation, and stopped growing movement of the Indian National Movement in lower Bengal.

Literature Review:

Regarding the Burdwan fever and the epidemic in the districts of lower Bengal no proper books has been found. Some doctors who were engaged with the epidemic treatment wrote some articles on the Burdwan fever. Among these Dr. Gopal Chunder Roy wrote 'The Causes, Symptoms, and Treatment Burdwan fever', Surgeon Major J. G. French Endemic Fever in Lower Bengal, W. W. Hunter provided out in his A Statistical Account of Bengal Vol-III. L.S.S.O' Malley Bengal District Gazetteers, D. G. Crawford's (Hughli Medical Gazetteers) and some others writing provided the condition of epidemic and treatment methods but They avoided the changes of society, economy, geography, and health system due to Burdwan epidemic fever. Prof. Arabinda Samanta wrote 'Malarial Fever in Colonial Bengal, 1820-1939: Social History of an Epidemic', focussed on fever condition and its impact on socio-economic condition. Binata Sarkar in her thesis 'Malaria and Medical Intervention: Burdwan District 1860- 1947' emphasised on the health condition and the fatality of malarial fever in Burdwan district. They technically avoid the epidemic impact on Indian National Movement.

Object of the Study:

The study going to discover the history of Burdwan epidemic fever occurred in the districts of lower Bengal in British India. The epidemic fever brought the changes root and movement of the Indian National Movement in lower Bengal, as well as the vast change on society, economy, geography and health system. The study will help the policy maker of the present Government in future epidemic situation. The British Government took negligence policy to control the fever, because he tried to stop the new growing national movement through the epidemic. The fever damaged the health system of the of the habitants, no one paid attention for revolutionist activates etc. After nine years (1864-1872) the British Government opened a few dispensaries for relive the countrymen. It has been proven that the British Government brought the epidemic completely under control within two years (1872-1874) of showing goodwill. It's took the next three decades to make up for the number of people who died because of the epidemic. A lot of doctors took important role to invent medicine and provide remission. The study will point out the history of Burdwan epidemic fever and its various consequence including the British attitude on epidemic fever and the natives.

Research Methodology:

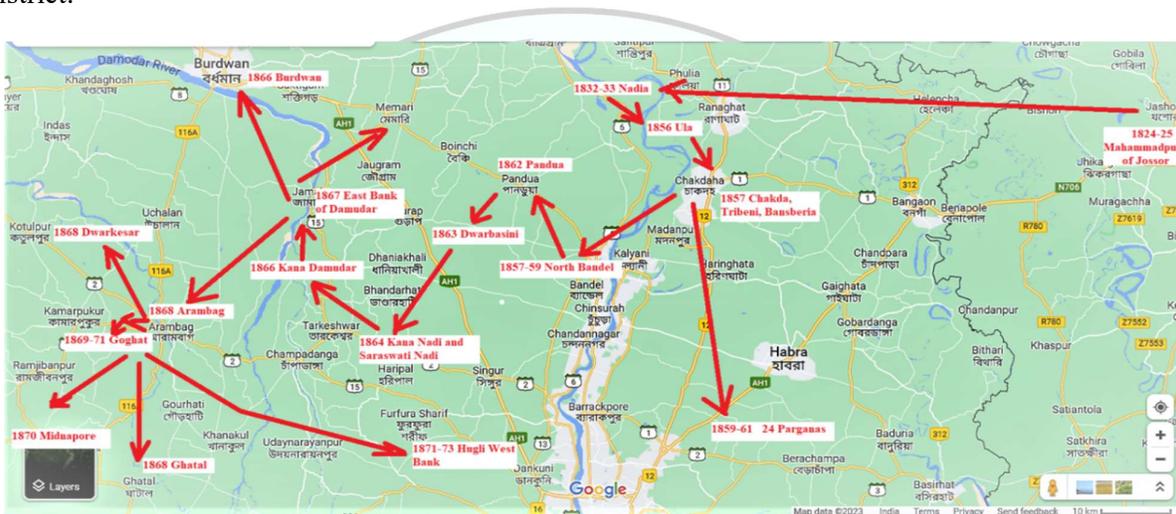
To fulfil my paper, I have applied qualitative research methodology, and collected data from various archival records viz., Indian Medical Gazettes (1870 to 1911), Hooghly Medical Gazetteers, Statistical Accounts of Bengal, other District Gazetteers, various reports of doctors like Dr. Gopal

Chundar Roy, Surgeon Major J. G. Franch and visited some villages of where the epidemic fever occurred and took interview some Villages. After collecting the data, I have analyses these and I have taken the decision.

Origine of the Epidemic Fever:

In 1862, the Burdwan fever entered the Burdwan district from Nadia, directly across the Bhagiruthee River to Poorbusthulli.ⁱ In 1862, the villages which suffered most were Poorbusthulli, Chupi, Bhandatikuri, Purulia, Shrikistopore, Salunto, Brajnagar, Puranpur, Kasthoshali.ⁱⁱ

In Birbhum district, the Burdwan fever was first started in April, 1871. By October 1871 it had spread to most of the village east of the railways as far north as the Labpur thana.ⁱⁱⁱ It rapidly increased and during the cold weather of 1872-1873.^{iv} In July 1872, this fever appeared in the south of the district.



A Map of Spread of the Burdwan Epidemic Fever

Burdwan, Nadia, Birbhum, Bankura, Hughli, Midnapore, 24 pargana districts were suffered from an awful epidemic fever known as Burdwan fever which rife in 1860s and 1870s^v. The Fever first started at Muhamadpur in the Jessore district in 1824-1825, attacked Nadiya district first in 1832 or 1833, causing great mortality at Ula in 1856, then reached Chogda in 1857 and affected the villages on the east bank of the Hugli, in the 24parganas, from 1859 to 1861. It crossed the river from Chogda to Trebeni, Bansbaria, and the villages north of Bandel in 1857-59, reached Pandua in 1862 and Dwarbasini in 1863, spread along the Kana Nadi and Saraswati in 1864 and reached the Kana Damodar in 1866, and the east bank of the Damodar in 1867, having taken about ten years to cross the area lying between the Hugli and Damodar. It spread across the Jahanabad (now Arambagh) thana in 1868, reaching Jahanabad town on the east bank of the Dwarakeswar, in that year. It reached at Goghat thana in the years 1869. It made epidemic situation in the west bank of the Hugli in Serampur subdivision in 1871.^{vi}

Dr. J. E. Eliot (Civil Assistance surgeon of Hugli) also remarked same and said that “the

epidemic was first started at Mahamadpur in the Jessor district, in 1824 to 1825 in the form of peculiar fever, called by the natives ‘Jar bikar’^{vii}.

Epidemic Condition in Lower Bengal:

Before the epidemic fever in Hughli, Burdwan, Birbhum, Bankura, Mednapore, Nadiya districts people dependent on mainly native vegetables drugs and local *Kabiraj*, *Gunins*, etc. Dr. T.A. Wyse (civil surgeon of Hughli 1845) explain deeply in his famous book “commentary on the Hindu system of Medicine” (published in Calcutta in 1845) regarding the Indian Medical system.^{viii} He highlighted the various Shastras, regarding the treatment system like Charaksamshiata, Yunani or Musalman medicine system and other religious treatment system etc. people depended on gods and deities to get cure from various diseases^{ix} for example Sitala for Small pox, Manasa for snake bite etc. Dr. Wyse wanted to say that the Burdwan fever was increase day by day due to for this type of native treatment system. The native treatment was not suitable to get relief from the epidemic fever. At the result high mortality occurred in every district. According to Surgeon Gopaul Chunder Roy “the skulls of human beings now (1875) strew the fields at every few yards’ distance”^x. The death conditions are pointed bellow in district wise. In Burdwan district, the death rate occurred due to the Burdwan epidemic fever. According to the W.W. Hunter about 22,947 deaths from this fever in 1872.^{xi} In Katwa Subdivision (Burdwan District) the population was 14,982 before the appearance of the diseases, no less than 6243 or 41.7 per cent in 1870-71.^{xii} Death condition due to epidemic fever of Birbhum district was also fatal. L.S.S.O’ Malley has motioned in his Birbhum district Gazetteers about the death condition of Birbhum district by Burdwan epidemic fever which was very dangerous. He pointed out more than 3,50,000 people were died in Birbhum district by the fever.^{xiii} About 250,000 people died in Midnapore due to this fever.^{xiv} In 1871, W.W. Hunter visited northern part of the district like Daspur, Ghatal, Narazol, Bhawanipur and other places. He remarked “*I arrived at Daspur thana on the 3rd of December (1871). I found that malarial fever had been prevalent for last two months, that numerous deaths had taken place by in Daspur and surrounding villages. And the people one and all declared that the sickness and mortality were far in excess of anything of which there was any record.*”^{xv} Before the entrance of Burdwan fever into Burdwan district, it was known as Nadia fever in the district of Nadia. The characteristic of the fever was so fatal. According to Mr. C. E. Buckland- “*A very fatal epidemic had of late years shown itself in some of the Villages of the presidency and Burdwan district, but the steps taken to afford relief, viz, the appointment of native doctors and the gratuitous distribution of medicine.*”^{xvi} The mortality of many villages of Nadia district were 60% of the total population by Nadia fever (i.e., Burdwan fever).^{xvii} In Hughli district, the highest death rate occurred due to the epidemic fever. According to L.S.S.O’ Malley about 650,000 people were died in Hughli district by the fever between 1860 to 1872.^{xviii} In the census of 1872 total population was 974,992 persons. Around 66.66% people were died by the epidemic. The condition of

common people was very awful and mortality was too high by the fever.

Findings:

The Epidemic fever in lower Bengal in the second half of the nineteenth century fell a very bad influence on the Indian National movement. In 1857 the Sepoy Mutiny and the Santal Rebellion of 1855, the Indigo revolt 1869-64 or blue mutiny took a vital role to rise the Indian nationalism. The continuous growth of Indian freedom movement has been fall down by the epidemic fever in lower Bengal. Almost all the people were affected by the epidemic fever and the attention of all was to get survive from the fever. The fever took dangerous action from 1864 and the British Government took negligence policy for relief from the fever and made delay for batter treatment. At the same time, the British Government increased of land revenue (tax) despite of high price, poverty of common people and deplorable condition of epidemic.

Santal Rebellion of 1855:

In the Santal rebellion of 1855 Sindhu and Kanhu proclaimed the 'Hul' revolt against the British Government and the local Zamindar who were associated with the British. Poverty was the shadow companion to the Santal and other villagers. Oppression, snatching land from poor, increase of land revenue, highhandedness, cheating etc. were main allegations from the villagers. A great anti-British sentiment was organized among the common people. That is why, a lot of common people (other than Santals) were associated with the Santal rebellion. They were kumar (potters), telis (oilmen), kamar (blacksmiths), momins (Muhammadan weavers), chamars (shoe-makers), doms, Gwallas (milkmen), and some other castes people were joined by self with the Santal rebellion in 1855.^{xix} They associated collectively and killed a lot of oppressor Mahajans including some police officers like Mahesh Lal Daroga, Manik Choudhury, Gorachand Sen, Sarthak Rakshit, Nimai Datta, Hiru Datta, Zamindar Dindayal Roy, and others^{xx}. They took a challenge to evict the British Govt. and his companions. Birbhum, west Burdwan, Purulia, Bankura took place a great role of the revolt. Around fifty thousand people were direct active in the revolt many were supporter. It is very clear that a anti British sentiment organization was being made in lower Bengal and it was preparation of the nationalism for freedom movement. The British Government stopped the Santal rebellion with great murder and brutality. More than twenty thousand revolutionists became martyr in fighting. Then the masses were waiting to take revenge ejecting the British.

Sepoy Mutiny of 1857:

After the Santal rebellion the great revolt was Sepoy mutiny of 1857 which was recognized as the '*first war of independence*' of India. According to Dr. Ramesh Chandra Majumder all the people of the society Hindu and Muslim were involved in the mutiny.^{xxi} Common people were supported to the soldiers and increased the nationalism of India. It may be said that the time of first half of the nineteenth century was the age of beginning of the revolution in India. Great revolutions were started

consecutively. But the epidemic fever of lower Bengal was started about in 1862 as a dangerous character and reduced the revolutionary movements in south Bengal.

Indigo Rebellion:

The Indigo revolt (1859-1862) in Bengal took an important role against the British Government. Blair B. Kling in his *'The Blue Mutiny Disturbance in Bengal (1859-1862)*, Ananda Bhattacharyya his *'Indigo Rebellion'*, and Sarah Biggs her *'Indigo Rebellion: Change the System, Change the World'*, all of them have explained that both of Hindu and Muslim indigo farmers organized strike against the European indigo planters over the Bengal and became successful. The movement was popular in Nadia, Dinajpur, Barasat, Jessor, Khulna, Rajshahi, Malda, some parts of Midnapore and Burdwan etc. places. A great anti-British agitation was gradually growing up in village to village over the Bengal. Sailendra Nath Sen wrote that "The intensity of the movement unnerved The British Government. Instead of sending troops to quell the movement the Government appointed a Commission on 31 March 1830 to investigate the whole system of indigo cultivation."^{xxiii} The continuation of peasant unrest was very common in the middle of the 19th century in Bengal. But, around 1864 an epidemic fever arrived in Nadia and then spread over the lower Bengal. Anti- British agitation was suppressed by this epidemic fever and no movement was rise until 1900 in lower Bengal.

Epidemic Fever Stopped the Freedom Movement:

Around 25 lakhs people were died in lower Bengal from the Burdwan epidemic fever. Surgeon Gopaul Chunder Roy (Surgeon of Burdwan) pointed out the dangerous condition of deaths by the fever. Looking the deaths and sickness of the villages revolutionists were forgotten the nationalism sentiment and give up the anti-British activities. They always prayed to the God for survive from epidemic. After the great mutiny of 1857 a big anti-British sentiment was organized among the natives. They also waiting a golden chance of great revolt again, but a dangerous malarious fever which was known 'Hughli fever in Hughli district', 'Nadia fever or Ola ota' in Nadia, Burdwan fever in Burdwan, Birbhum, Purilia and Midnapore districts. The fever damaged the total health system of lower Bengal and it affected on Indian national movement, economy, education, agriculture, and environmental change.

The Negligence Policy of the British to Provide Battered Treatment:

The British Government in India was tired to suppress the revolt of the anti-British sentiment. To bring down the Santal rebellion and the Sepoy Mutiny the British Government was become puzzled and no sympathy was there to the native men. The Govt. wanted the decline of native people and thus the anti- British sentiment will be down automatically. So, the Government took negligence policy to take the immediate steps for treatment of the affected people from epidemic fever. The fever took fatal character in 1862 and thousands of people were deaths occurred in every day and weeks. But the British Government did not paid any attention regarding the treatment of countrymen. When the kabirajs were

not sufficient for the fever and looking deaths condition of lower Bengal specially in Hughli, Nadia and Burdwan districts, the local Zamindars and Mahajans appealed to the Government to take alternative better treatment. The Government had delay for that. After few years when the situation became more worsen and the news of this fever circulated over the country, then the Government took a step for treatment. Firstly, the epidemic commissions were made by the native Zamindars like the epidemic commission in 1863-64 for Hughli district by Zamindar of Uttarpara Babu Joy Kissen Mookherjee,^{xxiii} a special commission for Nadia fever was formed in 1863-64 influenced by a Zamindar of Nadia and some rich people,^{xxiv} etc. The British Government took active steps for the treatment since 1871 and onwards. Several dispensaries were opened for some months in Burdwan, Hughli, Midnapore and Birbhum and others districts. In Burdwan district 25 dispensaries in 1871 and 80 dispensaries in 1872 were opened to provide medicines and medical aids.^{xxv} But after the open of the dispensaries the fever had been reduced within few months. And within the 1874 the fatal character of the epidemic fever was almost finished from the lower Bengal. It may be said that, the British Government intentionally made the terrible condition of Burdwan fever.

Increase of Revenue During Epidemic Condition:

Many regions the death rate was over 50% and few were 75% of deaths from the epidemic fever but the British Government was collecting the land revenue ruthlessly by forced. No rebate was noticed in collecting the land revenue and other taxes. Around 25 lakhs people were died from the epidemic fever in between 1862 and 1875 in lower Bengal. In Burdwan district in 1850-51 the total revenue was collected £ 322,218 but in 1870-71 the total revenue collected £388,7712.^{xxvi} In Midnapore district total revenue was collected in 1850-51 £194,887 but in 1870-71 the total revenue was collected £ 262,578.^{xxvii} In Bankura district land revenue increased £ 50,736 in 1850-51 to £ 60,072 in 1860-61 and £ 69,130 in 1870-71.^{xxviii} On the other hand, in Birbhum district the total revenue was collected £ 893,007 in 1850-51 but in 1870-71 the total revenue was collected £ 1,028,41. Moreover, in the Hughli district the total revenue was collected £ 116,496 in 1850 but in 1870 when the epidemic fever was more fatal character the British Government collected total revenue amounted £ 145,462.^{xxix}

Geographical and Environmental Change:

The consequence of the Burdwan fever was so fatal and it made various change on the region like geographical change besides socio-economic and environmental changes. The British government took an important decision for construction various canals, *khal*, drain, *jhil* and embarkment to supply fresh water on the epidemic places. Because, due to fresh water supply and good drainage system epidemic fever was increased in different places. The British Government passed different Drainage Acts and granted big amount of money to reduce the epidemic fever. These were-

The first Drainage Act [Act V (B.C.) of 1871] was put in force in the Hughli district only.

Under this Act the Dhankuni drainage scheme, in Serampur subdivision, was carried out. Act VI (B.C.) of 1880 was also applicable to the Ilughli district, including Howrah, only. This Act is still in force. Under it have been carried out the Howrah drainage project, and the Rajapur drainage project, both in Howrah.^{xxx}

Act II (B.C.) of 1882 is another Drainage Act, which has been put in force in the 21-Parganas, and utilized in the Charial khal and the Bali bhil drainage projects.

Act VIII (B.C.) of 1895, the Sanitary Drainage Act, for rural areas outside municipalities, may be put in force in any part of the province, but has not yet been utilized in this district.

Act III (B.C.) of 1876. Under this Act canals are divided into two great classes— “Major irrigation works” and “Minor works and navigation.” Under the head of “Major irrigation works” come four canals—the Orissa project, the Midnapore project, the Hijli tidal canal project, and the Sone canals. “Minor works and navigation” are again divided into three sub-heads: —

- (i) Canals, the capital expenditure of which has been charged against revenue; the Saran canals, the Calcutta and Eastern canals, and the Orissa Coast canals.
- (ii) (ii) Canals, as in the former class, of which revenue accounts are kept; the Nadiya Rivers, the *Gaighata khal*, and the *Baksi khal*. The Gaighata khal is in the Howrah district. The Baksi khal is also in Howrah. It joins the Damudar and Rupnarayan rivers.
- (iii) (iii) Canals, as in class (i), of which neither capital nor revenue accounts are kept ; the Madhubani canal, the Orissa tidal creeks, and the Eden canal. The last mentioned is chiefly in the Bardwan district, but extends into Hughli. Its water flushes some of the “dead ” rivers in the Bardwan and Hughli districts with water from the Damudar, the object with which it was constructed being the improvement of the water-supply of the villages along the banks of these rivers. The Eden canal has been described in Chapter I.^{xxxii}

Embankments Acts:

These have been regulated by several successive Acts, Act VI (B.C.) of 1873, and Act II (B.C.) of 1882, the latter being that now in force. This Act is not special to the Hughli district, but is also in force in several other districts, as the 24-Parganas and Midnapur, where rivers are embanked to save the land behind the embankment from floods. The following rivers in this district are embanked under this Act : — The Dwarkeswar and the Sankra, the latter being the name of one of the two branches of the Dwarkeswar in the lowest part of its course, before it joins the Rupnarayan. The Rupnarayan, The Damodar, The (Damodar) Kana Nadi, The Kana Damodar, The Saraswati.

In 1881, the Eden canal was open which took off from the Damodar above Burdwan town and falls into Kana Nadi (Kana Damodar) at Jamalpur. The Canal named from a former lieutenant Governor of Bengal Sir Ashley Eden. The object of the canal was sanitary improvement, not for irrigation. But it became helpful for irrigation later and a large amount of money was collected as land

revenue after getting good crop nearby canal areas in 1901 and onwards.^{xxxii} In December 1894, the District Board submitted a scheme for Kousiki canal which was 18.66 miles long and estimate cost was Rs 72,000. The board was unable to pay the amount. Then a wealthy Calcutta merchant named Babu Bama Charan Dhar of Haripal contributed Rs. 30,000 looking the epidemic situation and finally the canal completed.^{xxxiii} According to the report of Mr. O' Malley that "the ravages of Burdwan fever having drawn attention to the unhealthy state of the district, Mr. Adley, C.E., was deputed by Government in 1869 to report whether want of drainage had caused or intensified the prevailing fever."^{xxxiv} After that a number of canal, khal, jhil, drainages were constructed and the Baidyabati khal, Bally khal, Dankuni khal etc. were very important in this regards. It may be said that the river system of Hooghly district had been changed in various ways after the Hooghly fever.

Role of Zamindars and Rich men to provide Relief from Fever:

The local Zamindars and rich persons thought that they have a duty to provide relief the people from the epidemic fever. Poor and illiterate people rushed to the village kabiraj, but most of the kabiraj were unable to get proper diagnostic and supplied suitable medicine. So, the death rate was too high. When the epidemic commissions suggested to dig canal, or preventive measures from Burdwan fever. In this case some Zamindars and merchants took dedicative role. According to W. W. Hunter the Burdwan Raj has always been famous for charity,^{xxxv} and expensed big amount of money for relief to the people who affected from Burdwan fever. Maharaja Mahatab Chand (1832-79) of Burdwan took several beneficial works during the time of epidemic fever. He personally appealed to the Government to take steps for epidemic situation. For medicine, food, and dress he donated a big amount of the money. Foods from his Golabari store were supplied to the people from different village and localities. He tried to bring good doctors and Surgeons from Europe to Burdwan and the expanse was provided by him. On the other hand, as the suggestion different canals and khals were constructed to ride on the epidemic fever like Eden canal, Baidyabati khal, Bally khal, Dankuni khal etc. In December 1894, the District Board submitted a scheme for Kousiki canal which was 18.66 miles long and estimate cost was Rs 72,000. The board was unable to pay the amount. Then a wealthy Calcutta merchant named Babu Bama Charan Dhar of Haripal contributed Rs. 30,000 looking the epidemic situation and finally the canal completed.^{xxxvi} Almost all the local Zmindars took the very initial measures to reduce the fatality of the epidemic.

Conclusion:

In the epilogue it may be said that the epidemic fever stopped root of Indian National Movement for 35 years in lower Bengal, beside the change a vast of health system, economy, and the environment. The British Govt. did not paint attention to remove the fever fast. Although the fever first appeared in jails of Hughli and many of prisoner (revolutionists) were died from the fever. The Govt. wanted to suppress the movement without any police action and he did. Legacy of the revolt of

1857, Santal rebellion, Indigo rebellion, different peasant movement etc. had been destroyed by the Burdwan epidemic fever. If it had not been for this epidemic fever, the history of the Indian Nation Movement would have been very different. It could have been that India would not have been wait until 1947 for its independence.

This research project is vast and most important, which is required enough time and Ph.D level research to fulfil the entire project. Within a short time and in an article, I am paid my full attention what is possible. Before the Burdwan epidemic fever the health system of the districts of lower Bengal was Kabiraj centric or Hindu treatment system. Kabiraj sometimes were not proper trained. They did wrong diagnostic and provide wrong medicine. So, mortality rate of the patients was so high. No hospital almost was established in the districts before the epidemic except Imambara hospital but the Burdwan fever epidemic made the change treatment system in the districts. A lot of dispensaries and some hospitals were established after the epidemic situation. People were introduced with vaccination and western medicine. Economic condition was also changed due to epidemic. Most of the people attacked in fever and agricultural production badly affected consequently. The price of essential commodities was too high. But British government did not provide any relief or exception in land revenue and other taxes. The crowded hamlets were depopulated in fortnight due to panic and rumour. Several drainages, Canal, *bhill*, river, jhil were constructed as like Minapore canal, Kousiki canal, Bally canal, Baidyabati canal, Dankuni canal and others. So, a lot of jungles were cleaned due to unhygienic. So, the environment and geography were change in various ways. I think in future a lot of scholars will pay attention to write the unknown history of Burdwan epidemic fever and will fulfil the history of health system of Bengal.

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^{xxxvi} L.S.S O'Malley, Bengal District Gazetteers Hooghly, Bengal Secretariate Book Depot, Calcutta, 1912, p. 161.

