



Disasters as a Risk to Urban Health: A Case Study of Calcutta during Bengal Famine (1943-44)

Dr. Avirup Sinha

Assistant Professor, Department of History, Deshapran Mahavidyalaya
avirup.deshapran24@gmail.com

Submitted on: 11.12.2025

Accepted on: 25.12.2025

Abstract: In this paper, the primary objective is to establish a relationship between disasters (man-made and natural) and urban health in the context of Calcutta in 1944-45, a period when the devastating impact of War and Famine wreaked havoc on Bengal in general and Calcutta in particular. In this paper, first of all, an attempt will be made to understand the cause of famine - is the said famine man-made or natural. Then the focus will be on the health impact of Famine. As a consequence of the Bengal Famine of 1943-44 Famine destitutes gathered in Calcutta, and this affected the health infrastructure and broader urban health scenario of the metropolis. Finally, the study will examine Government policies and their reaction. This paper will contribute to the global debate on determinants of health issues.

Key Words: Famine, Destitute, Calcutta, Disease, Urban Health, Disaster

This paper will delve into the study of calamities like famine on urban health and hygiene. The case study will be the metropolitan city of Calcutta, and the time frame is 1943-44. During this time, famine destitutes flocked to Calcutta, and this had an impact on the health infrastructure of the city. However, for a better understanding of the topic, this paper needs to be divided into three sections. In the first section, a general discussion will be made on the cause of the famine of Bengal of 1943-44. The debate – whether Bengal Famine was man-made or natural will be the focal point of this discussion. In the second section, the discussion will focus on health conditions and health hazards faced by the famine destitutes and their impact on the health and hygiene conditions of the city of Calcutta. In the final section, the central point of discussion will be Government policies and measures to solve the crisis.

I

The general opinion is that Bengal Famine started in 1943 and continued for one year. But Paul R. Greenough showed that the famine at its widest extent began in December 1942 and continued till mid-1946.ⁱ However, the highest point of the Famine was 1943-44. High prices, starvation, epidemic outbreaks and unusual mortality were some causes of the Bengal Famine. Amartya Sen popularised the view that the famine was mainly due to war-induced market failure. He showed that Bengal contained enough food to feed everybody in 1943, but massive

speculation, prompted in large part by wartime conditions, converted a minor shortfall in food production into a disastrous reduction in market supply and thus, according to Sen, Bengal Famine of 1943 was essentially a man-made famine.ⁱⁱ Paul R. Greenough also held a more or less similar view. He opined that the colonial government, for military interests, tried to control the food market, and this created the background for the Bengal Famine. Madhusree Mukerjee, showed how the Bengal Famine was “manufactured” and for this, thanks should be given to the colonial government.ⁱⁱⁱ At present, the dominant opinion in historical discourse is that the Bengal Famine was “man-made” and that this scorched earth policy of the colonial government needs to be blamed.

The wartime situation created the context for the Bengal Famine. The Fall of Burma affected India in two ways. First of all, the supply of Burmese rice was cut off. Secondly, a great number of Indian-Burmese refugees arrived in the province. According to an estimate by May 1942, their number was as great as 300000 in Bengal.^{iv} The presence of refugees in such great number affected the resources of the province and strained it. At the same time, the colonial government was eager to defend India from Japanese aggression. Fear of invasion of Bengal through the lower delta region prompted the colonial authority to adopt a “boat denial scheme” in May 1942, according to which the authority removed or destroyed country boats capable of carrying ten persons or more in Chittagong, Noakhali, Tippera, Bakarganj, Khulna, Twenty-Four Parganas and Midnapur districts.^v This policy impoverished the lives of fishermen and boatmen and affected the rural community at large. Fishermen became unemployed, cultivators faced great losses and potters were unable to carry their goods to the market. Transportation costs also increased. The Government warned that if the cultivators would not sell their rice, then either the stock would be confiscated or the Japanese would rob them. The fear psychosis caused many cultivators to sell their rice without laying aside enough for their yearly needs.^{vi} This had an adverse consequence. On 8 August 1942, the Quit India Movement started. Tamluk and Contai subdivisions of the Midnapur district became its storm centres. People from various strata of society participated in this movement, and the colonial authority almost collapsed. In an attempt to re-establish colonial rule Government adopted a policy of massive repression. Mass arrests and imprisonment, rape of village women, encounters and destruction of the property of the rebels were common. This created panic, and it affected food transportation and distribution. In this scenario, on 16 October 1942, a massive cyclone hit Bengal and parts of Orissa. Midnapur was worst affected. Some losses were also incurred in the Twenty-Four Parganas Districts. The cyclone began at about 7 or 8 A.M. on the 16th, and devastation continued till the early hours of the morning of the 17th.^{vii} In the afternoon of the 16th, there was a high tidal bore forced up by the cyclone from the Bay, which broke into the mainland and ravaged a large portion of Midnapur and Twenty-Four Parganas Districts, and this was followed by heavy rain – at certain places, it was as heavy as 12 inches in less than 24 hours.^{viii} As a result, heavy floods occurred causing massive destruction. The Bengal Government estimated that 14,443 people died during the storm or in the week following, and at least 1100 lives were lost due to trauma, cholera and other infectious diseases.^{ix} It resulted loss of a good portion of the district’s *aman* crop.^x In this scenario, in 1942, a crop disease known as *helminthosporium* disease of rice affected paddy production in Bengal.^{xi} This disease is so-called because it is caused by a fungus named *Helminthosporium oryzae*. The disease often infects seeds and causes seeds or seedlings to decay and die, and when it infects mature rice plants, it causes the production of panicles with unfilled grains or fewer, smaller and lighter grains.^{xii} According to an estimate loss in grain yield in Bengal in 1942 due to this disease ranged from 50% to 90% in several cases.^{xiii} The colonial policy of scorched earth, repressive measures of the government in the face of nationalist upsurge, the cyclone of 1942, a great flood that accompanied the cyclone and *helminthosporium* disease of rice all contributed together to causing a crisis in the food market. Calcutta always remained a land of

opportunities. In this scenario, a large number of destitutes came to the city in search of food and livelihood. In the next section living pattern of the famine destitute in Calcutta and their impact on urban health and urban space of the city will be studied.

II

By mid-1943 streets of Calcutta were flooded by famine destitute. According to a Government estimate, by the end of August 1943, there were about 80,000 destitutes in the city, of which 40,000 may have come from outside.^{xiv} During this time, Calcutta witnessed a new form of dwelling – pavement dwelling. The destitute made footpaths their homes. Some sought shelter in public parks. A section took refuge in air raid shelters while others tried to protect themselves behind baffle walls. Many of these families spend the night in a fixed place. It was very common to find groups of 20 to 30 people, at night, lying on the pavement, side by side, sleeping beneath the sky.^{xv} Usually, families from the same village formed those groups. They developed a sense of unity and fraternity among themselves in this distressing condition. This was also essential for their protection and to save their women and children from rape or molestation. In the daytime, adult men with one or two children wandered in various parts of the city in search of food. A large section of these destitutes entered the city through the Ballygunge Railway station, and they spilt over into the Ballygunge station region.^{xvi} Wandering destitute was common in Howrah station and bridge region, by the side of the Lower Circular Road, between Dharamtolla Street and Sealdah Station region.^{xvii}

Tarak Chandra Das categorised the famine destitute who entered Calcutta in mid-1943 into three groups. The first group included those who had been ‘reduced to mere skin and bones’. The second group consisted of those who had ‘swollen limbs’. The final group included those who, though reduced in weight, looked more or less normal.^{xviii} A categorisation of these three groups shows how famine impoverished the bodies of individuals. The first two categories were real famine victims. The last category included those who were not starving, yet they flocked to Calcutta in search of free food. Most of the famine destitute came here from Twenty-Four Parganas and Midnapur, though some were from Balasore, Gaya and Tippera.^{xix}

These destitutes abandoned all sense of personal health and hygiene. A survey was conducted by teachers and students of the Department of Anthropology, University of Calcutta, on the famine destitute in this city in mid-1943. An extract from this survey will help to understand how the presence of destitutes in such large numbers in the metropolis posed a threat to the urban environment, health and hygiene of this city. The narration is given below:- “So far as personal cleanliness was concerned, they presented a scene of utter carelessness. As a rule, they did not bathe, there was no lack of water in Calcutta but most of them had no extra cloths to change over after bathing... Many of them suffered from fever, bowel-complaint, measles, etc and were naturally afraid of bathing. The single piece of *dhoti* or *sari* which covered their body when they left home could not be washed or cleaned for months together. The dirt and dust of the streets of Calcutta went on accumulating on them. The approach of a destitute could be easily detected by the terrible odour which he emitted constantly. Even this noxious smell came to be associated with the places where they lived for some time such as the Railway sheds, air-raid shelters, projecting verandas, etc... The street-sides and the open lands abutting on them in South Calcutta were indiscriminately used for the purpose of answering nature’s call. Indeed, it was difficult for the pedestrians, in those days, to move through the unpaved foot-paths of South Calcutta.”^{xx}

This narration clearly explains how pathetic the daily life of the destitute was. They were forced to lead a life which was below human standards. One can imagine how difficult it is to spend months in one piece of cloth. The problem was more difficult for women. They in their menstrual days faced severe difficulties. The destitute eat anything and everything that they can get. Consumption of vegetable skins and rotten fruits was common, and the

receptacles of street garbage were regularly haunted.^{xxi} The destitute often collected food from free kitchens in tree leaves and dumped them in open streets.^{xxii} The dumping of garbage in such large quantities polluted the urban environment. Licking liquid food from the dusty pavement and drinking rainwater that had accumulated in the road, were a common sight in those days.^{xxiii} The number of public toilets in Calcutta was limited. So destitute were either forced to use a toilet which was utterly unhygienic or they were forced to satisfy nature's call in the open air. Later actions harmed the urban environment as a whole.

The above description makes it clear that the destitute were forced to lead a pathetic life. Acute starvation, eating perished items, living an unhygienic life, and using an unhealthy space for excretory activities destroyed the body's immunity system of these destitutes. This made them easy prey for various diseases and at the same time converted their living space into disease zones. This harmed the broader urban environment. A great number of destitutes died because of starvation. Starved people often suffer from various diseases. Famine diarrhoea was the most common. Unsuitable food, which remains indigested and leads to irritation of the intestine; infection with dysenteric organisms and changes in the intestinal wall due to malnutrition, leading to intestinal problems, were some of the contributing factors of the famine diarrhoea.^{xxiv} Other medical problems include oedema or dropsy, anaemia, etc.^{xxv} Rickets were very common among the destitute. Calcutta streets were filled with living skeletons and rickety children. Tropical ulcer or *naga sore*, which was an ulcer of the skin and subcutaneous tissues situated in the ankle, was also a common disease.^{xxvi} At the same time, diseases like cholera and malaria also affected the starving destitute. An investigation carried out in Calcutta towards the end of 1943 showed that some 40% of destitute patients harboured malaria parasites.^{xxvii} In early 1943, places under Begumgunj, Ranigunj, Laxmipur and Raipur Thanas recorded an increase in cases of smallpox.^{xxviii} A tragic incident was reported on 05.12.1943 in Shidhiganj village under Narayanganj in the Eastern part of Bengal. Here, out of a total population of 1200, the number of perished persons due to starvation, malaria and other diseases was 800.^{xxix}

III

This section will discuss how the government tried to solve the problem in Calcutta. Coming of destitute in large numbers was a threat to Calcutta's urban space in the sense that, in many cases destitute became carriers of several infectious diseases. It also strained the resources of the city and put pressure on the authorities of civic administration. The main object of the Government was to evacuate the destitute from this city. The authority took definite measures in this direction from late August 1943. In a press release Government spokesperson declared that two centres with accommodation of 700 to 800 persons have been arranged at 10, Nalin Sarkar Street and 55 Haris Chatterji Street. In addition, 1 Air Raid Relief Centre with accommodation of about 200 persons was being equipped.^{xxx} The authority also intended to take over Lady Brabourne College and the Shakhawat Memorial High School to open additional centres for the collection of the destitute. These centres will remain in operation until the destitute are sent out from Calcutta.^{xxxi} The government also decided to open relief centres outside the city. Accordingly, in a press release made in the first week of September 1943 the Government declared that it intended to open eleven evacuee relief centres for accommodating 57,200 persons, and it was decided that in the first instance, 13,500 persons would be sent by 3rd or 4th September.^{xxxii}

Secondly, the Government took the initiative to feed the destitute. On 20 August 1943, the Government of Bengal issued a circular by which it fixed the quantity of food to be supplied as free doles of uncooked grains or in the form of gruel in kitchens. It stated that kitchens should provide free gruel at 2 *chataks* (4 oz.) of food grains per day per head.

The third important initiative on the part of the Government was to provide destitute medical facilities. Bengal Government's press note in early September 1943 stated that

accommodation was arranged for the sick destitute in Behala Hospital (300), Campbell Hospital (250), Lake Club Buildings (120), Kamarhati Hospital (300), Uttarpura Hospital (430), Konnagar Hospital (150) and Suresh Chandra Road Hospital (150).^{xxxiii} Arrangements were also made to bring sick, destitute and orphan children to hospitals and relief centres by using the Air Raid Precautions ambulances.^{xxxiv}

Conclusion

From this entire discussion, it is clear that calamities and health are interconnected. Famine diarrhoea, famine oedema, rickets, anaemia, scabies, kala-azar, malaria, cholera, smallpox and psychological issues like mental disorientation, mania, etc. were common among the famine destitutes. The presence of famine-stricken individuals in large numbers affected the broader urban health condition of the city, straining its resources and almost collapsing its urban health infrastructure. It is noted that epidemic diseases like malaria, cholera and smallpox ruled the city in 1943-44 and 1944-45. Between 1925 and 1944-45 highest number of deaths by malaria took place in the year 1944-45, with a death rate (per thousand) of 1.70.^{xxxv} In 1944-45, smallpox claimed 8,325 lives in the area under the Calcutta Municipal Corporation. This was the highest between 1911 and 1947-48.^{xxxvi} The Japanese air raids and Bengal Famine ravaged the city's infrastructural facilities, exhausted its resources and posed a threat to the broader health condition of this metropolis.

REFERENCES:

- ⁱ Greenough, Paul R. *Prosperity and Misery in Modern Bengal: The Famine of 1943 - 1944*. New York, Oxford University Press, 1982, p. 139-141.
- ⁱⁱ Sen, Amartya. *Poverty and Famines: An Essay on Entitlement and Deprivation*. Oxford, Oxford University Press, 1981.
- ⁱⁱⁱ Mukerjee, Madhusree. *Churchill's Secret War: The British Empire and the Ravaging of India during World War II*. Delhi, Random Books and Tranquebar, 2010.
- ^{iv} Greenough, Prosperity, *op.cit.*, p. 88.
- ^v Ibid., p. 89.
- ^{vi} Narayan, T. G. *Famine Over Bengal*. Calcutta: The Book Company Ltd, 1944, p. 14.
- ^{vii} *Amrita Bazar Patrika* [hereafter *ABP*], 3 November, 1942, p. 1.
- ^{viii} Ibid.
- ^{ix} Greenough, *Prosperity*, *op.cit.*, p. 93.
- ^x Narayan, *Famine*, *op. cit.*, p. 44-45.
- ^{xi} Chakrabarti, N. K. 'Epidemiology and Disease Management of Brown Spot of Rice in India'. *Major Fungal Diseases of Rice: Recent Advances*, edited by S. Sreenivasaprasad and R. Johnson, Dordrecht: Springer, 2001, p. 293.
- ^{xii} Tauger, Mark B. 'The Indian Famine Crises of World War II'. *British Scholar: Vol I, Issue 2* (March, 2009), p. 178.
- ^{xiii} N.K. Chakrabarti, 'Epidemiology and Disease', *op.cit.*, p. 293
- ^{xiv} *ABP*, 2 September, 1943, p. 3.
- ^{xv} Das, *Bengal Famine*, *op. cit.*, p. 3.
- ^{xvi} Greenough, *Prosperity*, *op.cit.*, p.145.
- ^{xvii} Das, *Bengal Famine*, *op. cit.*, p. 3.
- ^{xviii} Das, Tarak Chandra. *Bengal Famine (1943): As Revealed in a Survey of the Destitutes in Calcutta*. Calcutta, University of Calcutta, 1949, p. 4.
- ^{xix} Greenough, *Prosperity*, *op.cit.*, p.145.
- ^{xx} Ibid., p. 5.
- ^{xxi} Greenough, *Prosperity*, *op.cit.*, p. 231-232.

^{xxii} Das, *Bengal Famine*, *op. cit.*, p. 5.

^{xxiii} *Ibid.*, p. 5-6.

^{xxiv} Greenough, *Prosperity*, *op.cit.*, p. 117.

^{xxv} *Ibid.*

^{xxvi} *Ibid.*, p. 118.

^{xxvii} *Ibid.*, p. 116.

^{xxviii} *ABP*, 17 January, 1943, p. 6.

^{xxix} *ABP*, 7 December, 1943, p. 1.

^{xxx} *ABP*, 1 September, 1943, p. 3.

^{xxxi} *Ibid.*

^{xxxii} *ABP*, 2 September, 1943, p. 3.

^{xxxiii} *ABP*, 1 September, 1943, p. 3.

^{xxxiv} *ABP*, 2 September, 1943, p. 3.

^{xxxv} Report of the Health Officer of Calcutta for the year 1944-45 Calcutta: Corporation Press, p. 64.

^{xxxvi} *Ibid.*
