

MADHUSUDAN GUPTA

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Madhusudan Gupta (1800-1856) hailed from a high family. He joined the newly created Ayurvedic classes in Sanskrit College, Calcutta in 1926 and was promoted to the post of a teacher in the same Medical College in view of his great interest and enthusiasm. He was the first man who dissected cadaver in 1936 and created a sensation in the orthodox Hindu Society. Madhusudan made a consistent effort for the improvement of medical science in India. A summary of the salient features of Madhusudan and his activities is presented in this paper with extracts of original passages appearing in reports of different committees and works.

Towards the beginning of nineteenth century, the East India Company initiated a course on Ayurveda in the Sanskrit College and another on Yunani medicine in the Calcutta Madrasah. In order to obtain trained para-medical staff for the Military Department, the Company also established a 'School for Native Doctors' in 1822. But the results of these endeavours were soon found to be unsatisfactory. For the analysis and appropriate management of the condition, a Committee was appointed by the Company in 1833. It consisted of six members: John Grant, J.C.C. Sutherland, C.C. Trevelyan, Thomas Spens, Mountford Joseph Bramley and Ramkamal Sen. The Committee forwarded its lengthy report on 20 October, 1834. Complying with its suggestions, Lord William Cavendish Bentinck issued a Government Order on 28 January, 1835. The order abolished the Ayurvedic and Yunani courses, as well as the 'School for Native Doctors'. It also proposed to establish a full-fledged Medical College for the instruction of native youths in the art of healing¹.

The entrance examination of the proposed Medical College was conducted on 1 May, 1835². Exactly a month later, on 1 June, the classes commenced with 49 pupils. Initially, the institution was located in a house at the site of the present College Street Coffee-House. However, it was soon removed to an extinct building within the present campus³.

The furtherance of the scheme had so long been smooth. But with the inception of the anatomy classes, a practical problem was confronted. Anatomy is a subject which deals with the exact location and characteristics of the different organs within the human body. Until and unless a student relates his theoretical knowledge with practical dissection, it becomes impossible to memorise the huge corpus of intricate anatomical details. So far, the students were learning the subject through diagrams, models and handling of bones⁴. The organisers could soon conceive that such compromise was untenable. The need for the introduction of dissection was felt at every place. But the traditional Indian prejudice against cadaver dissection became a major bottleneck.

The college authorities and the well-wishers of this nascent institution then approached the native aristocrats for their approbations in favour of cadaver-dissection. The native gentry agreed to allow the dissection only if an approval was reaped from the Indian traditional literature. Obviously, it was quite difficult for the College-Council to gather such material from the Sanskrit texts. They depended for that matter on Madhusudan Gupta, the chief native teacher of their institution.

Madhusudan Gupta (1800?-1856) was an Ayurvedic physician. He hailed from a *Vaidya* family of Baidyabati, a village in the district of Hooghly. Madhusudan's ancestors held a high position in the feudal hierarchy. His great grandfather was adorned with the title of 'Bakshi', and his grandfather was a 'family-physician to the Nawab at Hooghly'⁵. In his early years, unlike his forefathers, Madhusudan had little inclination towards education or career. It is said that his aversion to studies aroused the anger of his father, who threatened to turn him out of the house. Moved by his father's attitude, Madhusudan left home⁶. His subsequent activities are obscure until we find him entering the newly started Ayurvedic class of the Sanskrit College in December 1826. Madhusudan exhibited exceptional merit in this curriculum and became a leading student of the class. In May 1830, he was promoted from the status of a student to the chair of a teacher⁷. He retained the post up to January 1835. On 17 March, 1835 Madhusudan was absorbed as a native teacher of the proposed Medical College⁸. He helped the other examiners to execute the first entrance examination of the Medical College, about which we have mentioned earlier⁹.

From a recollection of Sreeram Chatterjee, we can learn that David Hare exerted much of his efforts for the introduction of anatomical dissection in India. Chatterjee's version also reveals the fact that Hare was much assisted by Madhusudan in fetching the Sanskrit precedence. Sreeram has described a relevant episode in the following manner:

'One evening as I was sitting with him, I saw Baboo Muddosudan Goopta, the then professor of the Sanskrit Medical Science of the Sanskrit College, entering the room in all haste. Mr. Hare viewing him said at once – Well Muddoo what have you been doing all this time? Do you not know what amount of pain and anxious thoughts you have kept me in for a week almost? I have been to Radhacant, and I am hopeful from what he said to me. Now what you have to say. Have you found the text in your shaster authorising the dissection of dead bodies?' Muddoo answering in the affirmative said " Sir! fear no opposition from the orthodox section of the community, I and my Pundit friends are prepared to meet them if they come forward which I am sure they will not do." Mr. Hare felt himself relieved at this declaration on the part of the Professor, and said he would see his Lordship tomorrow positively meaning as far as I can recollect Lord Auckland'¹⁰. All these preparations took about seven months' time. Then, the authorities arranged for an initial ceremonial dissection. But who would be the first modern Indian to incise the cadaver with a scalpel? It was again Madhusudan, who overthrew the fear of ostracism and executed the first dissection on 10 January 1836. J.E.D. Bothune has described the scene in an elegant way:

'I have had the scene described to me. It had needed some time, some exercise of the persuasive art, before Modusuden could bend up his mind to the attempt; but having once taken the resolution, he never flinched or swerved from it. At the appointed hour, scalpel in hand, he followed Dr. Goodeve in the Godown where the body lay ready. The other students, deeply interested in what was going forward but strangely agitated with mingled feelings of curiosity and alarm, crowded after them, but durst not enter the building where this fearful deed was to be perpetuated; they clustered round the door; they peeped through the jilmils, resolved at least to have ocular proof of its accomplishment. And when Modusuden's knife, held with a strong and steady hand, made a long and deep incision in the breast, the lookers-on drew a long gasping breath, like men relieved from the weight of some intolerable suspense'¹¹.

It is said that a gun was fired from Fort William to welcome the ceremony¹². But recent researchers have expressed doubts regarding the dependability of this hearsay¹³.

Madhusudan's exemplary endeavour stirred up the native society to a reactionary unrest. Sivanath Shastri¹⁴, Kshitindranath Tagore¹⁵ and other writers have recorded the consequences of the impact.

Madhusudan was subsequently ostracized by the orthodox section of the Indian society. Ultimately, an assemblage of pundits had to be arranged, where Madhusudan could quote the Sanskrit texts and establish the existence of human dissection in ancient India. Madhusudan's victory over the conservative leaders has been attributed to his knowledge of the scriptures by Sundarimohan Das. According to him, the debate was arranged by the Lieutenant Governor of Bengal at the initiative of J.E.D. Bethune. The Maharaja of Navadwip presided over the conference¹⁶.

Madhusudan Gupta's pioneering enterprise cleared all obstacles that were obstructing the path of human dissection. About nine and a half months later, on October 28, 1836, four leading students of the Medical College were initiated into this incisional science¹⁷. The subsequent success has been described by J.W. Kaye:

'When Lord Bentinck first arrived in India, men of sound judgement and long experience shook their heads and said that the natives of India, to whom the touch of a corpse is the deadliest contamination, could never be brought to face the science of anatomy as European students face it in the dissecting-room. But the experiment under his auspices was tried. It was tried and succeeded. The Medical College of Calcutta was founded; and Hindus of the highest castes learnt their lessons in anatomy, not from models of wax or wood, but from the human subject. The beginning was small; but the progressive advancement was striking. In 1837 – the first year of which a record was kept – sixty bodies were dissected before the students. In the next year it was precisely doubled. In 1844 the number had risen to upwards of 500. The College was highly popular. There was evidently a strong desire on the part of the native youths for medical and surgical knowledge...'¹⁸

Proper assessment of Madhusudan's credit needs a deep probe into the scene. His challenging gesture drew the antagonistic authorities to a debate and ultimately shattered their resistance. Unless this result was achieved, it was impossible for the College Council to compel the students to dissect a human body. The guardians would have objected in fear of social excommunication. To protect the students and relieve the college-authorities, Madhusudan carried the entire yoke of risk and responsibility. Apart from ostracism, he was also vulnerable to physical assault in the hands of the fanatic conservatives. But Madhusudan's progressive zeal helped him to overcome the dreads of such dangers. During his training in the ayurvedic course of the Sanskrit College, he had to handle human bones and dissect animal corpses.¹⁹ Those practical classes were perhaps the infusing source of this anatomical zeal and scientific outlook.

Madhusudan's pioneering role in the introduction of medical science in India found recognition in the contemporary reports of the General Committee of Public Instruction. One such report quotes Professor Goodeve and concludes:

'Men of high caste and good family are now found pursuing a study, which but a very short time since was nearly an insuperable barrier to the acquisition of Medical Knowledge as taught among the more civilized and enlightened nations of the Western world. Much of this good result was attributed by Professor Goodeve to the valuable aid and assistance which he received from the Native Demonstrator, Pundit Moodhoosooden Goopto, whose high caste, extensive acquirements, and unremitting attention to his duties entitled him to the unqualified approbation of the Council²⁰.

The introduction of this novel incisional science and the resulting social turmoil created a public interest about human dissection. In 1838, Ramgopal Ghose, Ramtanu Lahiri, Tarachand Chakravorty and some other members of the 'Young Bengal' group established the 'Society for the Acquisition of General Knowledge'. In one of its meetings, Prasannakumar Mitra gave a lecture on the 'Physiology of Dissection'²¹. Such sensational popularity was, however, transient. With passage of time, dissection lost its fresh appeal and consequently, the interest ebbed. From 1845 onwards, the attendance of pupils in the dissecting rooms followed a downward curve²². Perhaps strenuous monotony was the underlying reason of this unpopularity.

In Sanskrit College, Madhusudan's promotion from the rank of a student to that of a teacher had incited the indignation of his fellow pupils, who refused to be taught by him²³. Probably a similar situation was about to arise in the Medical College also. Madhusudan was no doctor; he was a mere 'Kaviraja'. For fear that the students might refuse the instructions of a 'Kaviraja' teacher, the college authorities requested Madhusudan to appear in the final examination and acquire a formal degree. He consented to the demand. Although his performance in English was not quite praiseworthy²⁴, he was smoothly converted from a 'Pundit' to a 'Doctor'. The English portion of his trilingual certificate reads:

'We the undersigned having fully and carefully examined Modhoosoodan Gupta

of Boydobatty on the 26th of November 1840 do hereby certify that he possesses an intimate knowledge of Anatomy, Physiology, Chemistry; and Materia Medica, and that he is sufficiently versed in the Principles and Practice of Medicine and Surgery, to qualify him for holding public Medical employment or for commencing independent practice. We have further received satisfactory proof of his diligence and good conduct, during his education at the Medical College of Bengal.'

The same version was written on the certificate in Persian and Bengali scripts also²⁵.

Before the establishment of the Medical College, the 'School for Native Doctors' produced the necessary para-medical staff for the Military Department. With the hope of filling those posts by the successful students of the Medical College, the Company had abolished the 'School for Native Doctors'. But the students of the Medical College, who received a training comparable to that of English doctors, refused to accept the para-medical posts. For obvious reasons, they demanded more honourable appointments. This led the Company to a double peril. On one hand, it had to pacify the qualified students of the Medical College. At the same time it had to pacify the qualified students of the Medical College. At the same time it had also to solve the dearth of para-medical personnel in the Military Department.

The disturbed Company and the embarrassed college authorities finally solved the problem by introducing a para-medical class in the college 1839²⁶. The medium of instruction being Hindi, it was called the Hindusthani Class'. Since it provided personnel for the Military Department, it was also known as the 'Military Class'²⁷. The class did not thrive in the beginning. So, it was remodelled in 1843-44 and Madhusudan was selected its now Superintendent. So long he had been the demonstrator of the English section, but now he was connected with the Hindusthani section also²⁸. Under his able supervision the class soon progressed and the significance of his role lies recorded in a report in the following language:

'They [the students] answered very satisfactorily upon the whole, and in a manner which reflects the highest credit upon their excellent teacher of Anatomy and Physiology, Babu Madhusudan Gupta; indeed it gave me a sincere pleasure to observe in my daily visit at their dissections, that the zeal and exertions of the Baboo are quite as successful here in this first attempt to carry out regular dissections by the military class, (chiefly Mahomedans) as amongst the Hindoo students of the English Class'²⁹.

In 1843, F.J. Mouat, a professor (later principal) of the Medical College, in conjunction with Ramkamal Sen, proposed the introduction of a Bengali class³⁰. It took about nine years for the proposal to pass through the meshes of red tapism. On 15 June, 1852, the plan was put into effect³¹. Madhusudan had to accept the charge of this new section also³². In the meantime, on 27 January, 1849, he was ranked as a first class sub-assistant surgeon³³.

While he was attached to the Sanskrit College, Madhusudan translated Hoper's '*Anatomist's Vade-mecum*' into Sanskrit and received a thousand rupees³⁴. In 1849, he translated the '*London Pharmacopoeia*' into Bengali. The translation work was hindered by the deficiency of proper medical terminology in the Bengali language. Madhusudan created and introduced his own terminology, as and where applicable. He had to face the same problem again in 1853 during the compilation of a textbook of anatomy in Bengali. Here also, he met the situation in the same fashion. This pioneering enterprise makes Madhusudan a memorable personality of the Bengali literary domain.

When the Medical College was being founded, a surgeon named James Ranald Martin described the derogatory health situation of Calcutta in a booklet entitled '*Note on the Medical Topography of Calcutta and its Suburbs*'. To organise a move for betterment, he invited almost all the respectable European and native citizens of Calcutta to a meeting on 20 May, 1835. The discussion engendered a committee, which obtained official recognition on 3 June 1836, and was named the '*General Committee of the Fever Hospital and Municipal Improvements*'³⁵. It consisted of 12 members: Sir Edward Ryan, Sir J.P. Grant, C.W. Cockerel, A. Rogers, Ramkamal Sen, Rustomjee Cowasjee, Dwarkanath Tagore and Rasamoy Datta³⁶. Fever was then the most rampant ailment which was ravaging the local population. The committee intended to establish a 'fever hospital' to redress and remedy the problem. To make the planning and management purposeful and flawless, it interviewed many responsible persons. As a medical practitioner of repute, Madhusudan Gupta was summoned and interrogated by the Committee.

Madhusudan was obliged to appear before the Committee on four days: 27 February, 4 March, 26 April and 29 May, 1837. On the first day, Madhusudan started his statement by narrating his background:

'I have practised Medicine in Calcutta for twelve years among the Native population. I was educated in the Sanscrit and English College for six years. I was afterwards Professor of Sanscrit Medicine there. I had before coming to the College been instructed in the Native System of Medicine, under Khableram Kobeeraze, a learned Native Doctor. I also visited patients in the villages under his instructions. While attending the Sanscrit College, I attended the lectures of Dr. Tytler and Dr. Grant upon Anatomy and the theory and practice of Medicine, and Surgery. I attended their lectures for about five years, during the two last of which, I was their Assistant. The duty of assistant was to explain to the students (who were all Natives) the English terms in Sanscrit and Bangallee. It is now two years since I left the College. Before entering the College I had begun to practise, and I continued to practise during all the time I was in the College, and have done so since.

'... I have practised among all classes in every part of the Native Town, very little in the subarbs, but I receive everyday statements of the diseases and treatment of the Natives in the villages from the Native Doctors.

'I am now Pundit of the Medical College; my duty is to assist the Professors Drs. Goodeve and O'Shaughnessy in explaining to the Students the Anatomy which has formed the subject of the lecture, after the lecture is over. I explain the names of the diseases in Bengallee, and the qualities of Native Medicines, according to my experience. Two or three times in a month I go to my native village, When I go there, I practise among the native inhabitants. I think from the various sources of information I have mentioned, I can give the Committee a pretty accurate and full account of the diseases prevalent among the Natives in Calcutta'³⁷.

After enumerating his own experience in this way, Madhusudan delivered a description of the diseases prevailing in Calcutta. According to him, fever, diarrhoea, dysentery, dyspepsia, rheumatism and general diseases were the most widespread ailments of contemporary Calcutta. He went on to elucidate the course and complications of each of these diseases. The day's discourse was concluded with a brief introduction to the health problems of the female moiety of the urbanfolk.

On the second day, the main topic for discussion was the puerperal customs of the Hindus. Madhusudan analysed and criticized the dark aspects of the system. He attributed the high incidence of fever, teases and the consequent mortality among the mothers and neonates, to the unhealthy atmosphere of the indigenous 'labour room' and the injurious practices associated with delivery.

Madhusudan did not restrict his observations to a directionless narration. In search of a solution, he expressed the following opinion:

'If we had a sufficient number of well qualified female Hindoo Midwives, whose charges were very moderate, I think they might accomplish a great deal by good advice.

'... If an (Sic) Hospital with a lying-in ward were established, with proper Hindoo Midwives and attendants, a great number of married women of the interior castes would be happy to avail themselves of it, and many lives would be saved by this means.

'Such an (Sic) Hospital united to a class in which Native Hindoo women might be instructed by an European Professor of Midwifery, well acquainted with the vernacular language, would be attended with extensive beneficial effects.

'Employment would be afforded for a great number of Midwives in such an (Sic) Hospital. The number of women taking advantage of the institution would be such, as to afford employment for a great number of Midwives.

'Such women so instructed and employed, would readily find employment at a moderate charge among Hindoo women of all castes and ranks, at their own houses, by which I am well assured, many of their lives, and those of their children, would be saved'³⁸.

Madhusudan also delineated the preventive medical system that was in vogue at that time. About the vaccination of children, he said:

‘The Government maintains a certain small number of Native vaccinators under the superintendent. They vaccinate Native children in Calcutta, at their parents (Sic) houses without any expense. The Natives had originally a great prejudice against vaccination. The children were almost all inoculated (Sic) for small pox before these Native vaccinators were established, by Brahmins generally, who went about for that purpose.

‘The prejudice against vaccination in Calcutta has almost entirely subsided since the establishment of Native vaccinators about twenty years ago in Lord Minto’s time – the Brahmins are now hardly ever seen’³⁹.

On the third and fourth days of the interview Madhusudan was asked specific questions, to which he had to provide precise answers. The interrogation of the third day was mainly about the public-health status of Calcutta. That of the terminal day consisted of determining the ideal nature of the proposed ‘Fever Hospital’.

On the third day, Madhusudan accused the narrow streets and the obstructed, offensive drains for the insalubrity of Calcutta. According to him, Barabazar, Machnabazar, Kalutola and Jorasanko were the most unhealthy localities of the city. On the other hand, he reckoned Bagbazar, Bahir Simla and Shyambazar as the most healthy parts of the native quarter. The Ganges and the tanks, the main local sources of drinking water, were declared by Madhusudan as unwholesome. Although contemporary Calcutta had a swarming multiplicity of tanks, Madhusudan could afford to praise only the Lal Dighi (the tank of the present B.B.D. Bag), some of the Chowringhee tanks and the tanks in Nabin Singh’s and Sookeas’ gardens. He felt that an arrangement for proper ventilation, drainage and wholesome water would make Calcutta a healthy place. Madhusudan’s description of the local markets is startling:

‘The Native bazars are only for fish and vegetables – they are very dirty, and full of putrefied fish and vegetables.... The provisions in the bazars are generally bad – the shopkeepers cheat in rice, dhall, ghee, &c., by mixing. ... many [purchases] would give a good price, but they cannot obtain unadulterated provisions – sweetmeats are bad and unwholesome, the old are mixed up with fresh, &c. .. new rice is mixed with old, which is very unwholesome – new rice is difficult of (Sic) digestion. ... There is no difficulty [in detecting the adulteration] by washing, but the purchasers do not generally take the trouble’⁴⁰

The striking similarity between the present markets and those of Madhusudan’s time, leads us to surmise that they have been little improved in the past one and a half centuries.

On the last day of his interview, Madhusudan stated his opinions regarding the

proposed 'Fever Hospital'. He observed that a number of dispensaries, provided with indoor-beds, would be more conducive for the patients than a central hospital.

Madhusudan's 'decentralisation scheme' was not accepted by the Committee. It retained its plan and established a central 'Fever Hospital', that is, the 'Medical College Hospital', pressure on the hospital has been great and ever-increasing. So, a need is now being felt to replace the elegant building with a 'high rise' sky-scraper with greater accommodation. The corinthian pillars, the gargoyles peeping from the parapets and the famous broad staircase, all await an inglorious extinction.

Madhusudan had drawn a dependable picture of contemporary Calcutta. Standing on the realm of a separate century, we Machnabazar, Kalutola and Jorasanko have failed to fetch improvement. On the contrary, the areas commended by Madhusudan have fallen from their glorified status. Laldighi, which was certified as a source of wholesome water, has become shallow and stinking. The other tanks have been erased by land-hunger and procuring water during the city-fires is now a difficult problem. Further comparison augments our frustration. Had Madhusudan's suggestions been followed, and observations admired, such despair would have been nipped in the bud.

Madhusudan was a diabetic. Physicians had advised him to abstain from dissection, to which he did not yield. Ultimately he contracted an infection from a corpse and died of diabetic gangrene of the hands. In the administrative records, his demise was reported in the following language:

'Baboo Maddosoodun Goptu, Lecturer on Anatomy to the Bengali and Hindustani students, after twenty-two years' service in the college, died on the 15th November 1856. To him a debt of gratitude is due by his countrymen. He was the pioneer who cleared a space in the jungle of prejudice, into which others have successfully pressed, and it is hoped that his countrymen appreciating his example will erect some monument to perpetuate the memory of the victory gained by Muddosoodun Gooptu over public prejudice, and from which so many of his countrymen now reap the advantage'⁴¹.

Time has tarnished much of Madhusudan's memory. But his exemplary gesture at dissection, pioneering contributions to Bengali scientific terminology and unique observations on the public health situation of Calcutta, especially his courage to get over public prejudice is something to remember.

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15. Tagore, Kshitindranath *Dwarakanath Thakurer Jibani* (Calcutta, 1970), 168.
16. Das, Sundarimohan 'First Indian Anatomist: Pandit Madhusudan Gupta and Medical College', *Amrita Bazar Patrika*, Sunday, January 27, 1935, Supplement section.
17. Some writers have accepted this date as the first day of human dissection in India. According to them, the four students accompanied Madhusudan in the execution of the dissection. For an analysis and refutation of these fallacies, see *Ekshan* (a Bengali journal), 17, 5 22-25.
18. As quoted in *Binaya Krishna*, 88, footnote.
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20. As quoted in *Early Years* (September), 214
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