

Preface and Acknowledgement

The structure, development and the role of healthcare sector in post-1947 India has been for some time an area of academic interest.

Social scientists from all over have been opening up new dimensions on various aspects of social history of medicine and have looked into the social, economic and political basis of health sector organization. And the development and growth of the Indian healthcare sector (both private and public) has been widely discussed from various angles. Though the health and healthcare scenario in the colonial Bengal has commanded scholarly attention, there was a striking dearth of research on this issue in post-Independence Bengal (West Bengal). And Kolkata (Calcutta), the metropolitan component of the state of West Bengal, has been no exception. Apart from certain official documents, Government manuals, newspaper reports and some articles on medical journals, there has been hardly any serious historical effort focusing on the issue of healthcare in post-Independence Kolkata. Yet statistical data on public healthcare exist in Government records and documents, although the data fall severely short in terms of quantity, quality and range.

It is with the object of filling the existing vacuum that I, the present researcher, undertook to trace the growth of healthcare institutions in Kolkata during the post-Independence period. There were essentially three reasons for my zeroing in on Kolkata:

- (i) Doing a similar study for West Bengal as a whole would be immeasurably difficult, if not impossible, for a normal Ph.D. tenure.
- (ii) Kolkata, as one of the leading metropolises of independent India, offered a sufficiently rich field for study.
- (iii) Being based in Kolkata offered many obvious advantages.

In following the developments it became apparent that there was a radical and fascinating change in the pattern and profile of private healthcare in the post Independence period – from 1947 to the present. And this phenomenon therefore was chosen the subject of inquiry. The researcher has found that it is not only possible to

understand and analyse the changes in the nature and scope of private healthcare in Kolkata but that doing so is essential for anyone interested in health history and policy. I, aided by my supervisor, have tried my best. Whether my efforts have really succeeded in illuminating an important aspect of our post-Independence past is for others to decide.

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