

## **Situating Plague Epidemic in colonial Bengal: The Response of the (Marginalized) Natives – An Analysis of the Literary Responses based on the Vernacular Health Journals**

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**Abstract:** *The essential theme of this paper is to locate the response of the poor natives during the plague epidemics in colonial Bengal. The English-educated middle-class Bengali intelligentsia through their writings in the vernacular health journals highlighted the miserable condition of the plague victims in Bengal and how the malady created an environment of fear and tensions. They often projected the helplessness of the poor natives who were marginalized both in terms of money and social prestige. The poverty-stricken masses were neglected both by the government and the Bhadrakol community as their lives did not matter and they were just the number figures in the census.*

*The present paper wants to prove that plague was the disease of the poor in colonial Bengal. The affluent did not suffer much due to their better standard of living. The natives who were underprivileged and illiterate in colonial Bengal also achieved their marginalized status in the eyes of the social scientists who wrote on public health except very few like Dipesh Chakraborty. The present author aims to harp on this specific flaw in the historiography of public health to have a better understanding of the history of epidemics in colonial Bengal.*

**Keywords:** plague, vernacular journal, natives, British government, Bengal

The relationship between history and literature is intimate. History deals with human emotions and literature is the mirror of society. Therefore literary pieces are valuable not only to explore the past but also to find out the socio-cultural and political lineages of a particular time. Here I would like to introduce the term medical literature to broaden the specific understanding of the present discourse. The term medical literature does not limit our thoughts concerning medical terminologies, rather if literature states something relevant in terms of health and medicine can be considered as medical literature.

If we review the historiography of public health by the national and international academicians all over the world we find binary versions of the colonial rule, indicating towards the demonic avatar of the British Raj or to some, the British rule brought a complete package of wellness uplifting our moral standard. Our reliance on western culture and language is not the legacy rather the tribute as perceived by many. The hypothesis which I have chalked out is prone to the ideas of Hegel and Gramsci and I also owe my indebtedness to Freud especially when decoding the vernacular texts on the plague.

Here, I am not that much keen to expand the discussion with the help of perhaps one of the most exhausting theories in the field of public health discourses that highlight the colonization of the earthly body of the natives. I believe it was an inevitability and at that moment there was no other option left. I found the advent of British rule tended to be a sophisticated form of the Mughal domination, or in other words, it continued the Mughal legacy.

With this backdrop, I would like to discuss my arguments on the health journals discussing plague epidemics in Colonial Bengal. As we all know that, the health journals in vernacular are important sources to know the topographies of the epidemic diseases like cholera, malaria, plague, smallpox, Burdwan fever and others. Here I would like to harp on certain questions to validate my arguments or the hypothesis. These areas (1) how can we reconstruct or deconstruct the social history of Colonial Bengal in the light of the vernacular health journals? (2) What made the educated middle-class people keen to publish such pieces of articles? (3) Was it an attempt to launch a health 'movement' or that consciousness was dedicated to invoking nationalism? Finally, how can you trace the voice of the natives who were poor hence marginalized?

I would like to answer the above-mentioned questions in this paper where my case study is based on plague epidemics and their consequences as witnessed under the colonial regime.

For my paper, I have chosen the Bengali health journals, for example, *Swasthya* and *Swasthya Samachar*, to show how these pieces of literature portrayed the health condition in colonial Bengal. I would also try to address the gender question. It is historically important to explore the background of these journals and to search for the impact, specifically on the educated middle-class Bengalis which perhaps helped them to establish a specific trend of writing on health and hygiene.

The natives especially the mass, who were marginalized in terms of wealth and privileges, though not always were driven by national consciousness but objected to the colonial intrusions aimed to disrupt their private space and made it exposed. The strict measures taken to impose quarantine were never being considered healthy in the eyes of the natives in

general. It was stated in *Swasthya*, one of the leading health journals in vernacular in 1898 AD-'

*'The outbreak of plague in Calcutta and the notice for a quarantine period of three days causing the spread of the rumor that the city dwellers had to leave the place – created havoc confusions amongst all. The natives were frightened with the thought of being examined, and their fear was perhaps greater than the chances of getting contaminated with the disease itself. The people who were assigned to detect the presence of the disease in the public, had the right to enter into the households and also to examine the women- generated an atmosphere of terror and distrust, as it was seemed to be an attempt of outraging the modesty of the house-bound female. The second fear which shook the confidence of the general public was the fear of being isolated during illness which could exceed beyond the limits as a plague victim even on his deathbed was not allowed to meet his family.*

*The third fear was related to the carriage transporting patients infected with plague. Many suffered from an irrational belief that this carriage was built in such a manner and its interior also smeared with such a deadly poison which could convert the healthy persons to corpses. The next fear was that the plague victims at the hospitals were forced to take poison in the guise of medicine. The fifth fear or the reason for panic was that of getting unreasonably captured or seized and forcibly taken to the hospitals. The whole array of fear psychosis was incomplete without the tension of being vaccinated. It was believed that the germ of plague was injected in the name of vaccination resulting death from this epidemic.'*<sup>1</sup>

We have seen through the above-mentioned passages that how people were asterisked with the various rumored fears linked with the plague epidemics. Their anxiety led them to become spiritual and they came down to the streets for chanting '*Harinam*'<sup>12</sup> or to recite the name of Lord Krishna or Hari through '*samkirtan*'.<sup>2</sup>

Here I would like to mention an article that was published in one of the leading vernacular health journals of Bengal in the 19th century and the article described how people took a resort to mysticism to enhance their mental strength amidst the grave crisis of the plague epidemics. The article which was published in *Swasthya* in the year 1900 wrote that, -

*'Since the last three years Plague has entered in Calcutta, when it gets lethal, we are compelled to address God. Last year when Plague became deadly, people started to perform samkirtan (worshipping God through songs accompanied by dance, an act by the disciples of a particular religious sect, here the Vaishnavs) to a great extent. Samkirtan usually ends with the remission of Plague. This year Plague has taken a terminal shape and again the mass are getting attracted towards samkirtan. Every day the mob from the different localities are coming out on the streets and performing samkirtan. Hundreds of people in groups are getting assembled at the various places and by chanting Harinam (the name of Lord Hari, Krishna) they were creating an aura of splendor for both the audience and the listeners. The Muslims in a large number are also participating in these naam kirtan (chanting the name of God through devotional songs).'*<sup>3</sup>

From this above-mentioned passage, it is pertinent that people's captivation in spirituality during the plague epidemics welcomed an inclusive approach to the religious plurality. Here *Hari* was not an emblem of a particular sect, rather his presence was omnipotence. This universal manifestation of *Hari* through music or *samkirtan* got a holy appreciativeness amongst the devotees. The adherents used to believe that through the chanting of the names of God they would be saved from the grasps of the ailment plague as their strength of mind could help them to overcome their physical and mental sufferings.

It was also published in *Swasthya*, how the illiterate people used to believe that the British empire brought injustice and tyranny and destroyed the peace and prosperity of the natives. The British Raj transformed the kingdom of Rama to that of Ravana and started the rule of anarchy. This distrust and hatred became more prominent during the time of the plague epidemics and made people unnecessarily panic-stricken and agitated. It was mentioned in the same journal that; a large number of sweepers, scavengers, water carriers, porters and labourers stopped working during the plague epidemics in Calcutta and fled the city. Therefore, '*...the capital of India, Calcutta...turned into hell-because of the stench of the filth which was heaped for two-three days. The ruffians and hoodlums flocked together in places at that time ...killed several vaccinators, beat numerous gentlemen and ...murdered them...They broke tram-cars, burnt down carriages carrying the plague patients and tried to damage the hospitals by setting fire.*'<sup>4</sup>

From the above-mentioned passage, it is evident that the plague epidemics as portrayed by the vernacular health journals in Bengal not only projected the virulence of this deadly ailment, also highlighted how a disease transformed an entire city into a city of terror where the illiterate mass became a rebel to end the tyranny of Ravana (the British government). Here we also find a subtle notion of nationalism though not refined or specific target-oriented, as the mass had a lack of education.

In this article, till now we have noticed the mass response in regard to the steps taken by the colonial government to prevent plague or the social impact of the disease creating a popular culture of resistance and the spiritual resort where both Hindus and Muslims came down to the streets to perform *Samkirtan*.

The Bengali intelligentsia through their writings expressed their grief regarding the administrative alertness for plague as they thought it was a mere exaggeration in comparison with the other diseases. This particular observation proved the native responses on the colonial health measures but the tendency to undervalue the virulence of plague, did not portray the genuine apprehensions for the plight of the people, especially the mass or the mob.

The native criticisms of the measures taken by the government were

addressed by the health journals *Swasthya*. It was written in the Bengali year 1305, (1899 AD), -

*'We have noticed that the disease plague grows in a dirty place and for this reason the municipality in Calcutta is trying to make the city clean. The municipality has appointed a large number of scavengers who are entrusted to perform dusting for cleaning the roads. As they do extensive and vigorous dusting, it becomes difficult to walk in the streets... Mr. Banian in his book, 'Pilgrims Progress' mentioned that, - 'we cannot totally remove the dust and dirt by using the broom stick. For this purpose the only effective method is the application of water'.<sup>5</sup>*

**It was also mentioned in the same journal,**

*'The factories, gas companies, the cow-sheds, laundries, hotels and residences are usually responsible for spreading diseases. We need to impose certain rules and regulations on these places and shall enable careful supervision of the activities of the employees. If anybody violates the law would be answerable to the authorities so that we can prevent further expansion of the ailments.'<sup>6</sup>*

The above-mentioned passage helps us to understand how the Bengali intelligentsia urged for the enforcement of legal obligations to check the spread of the diseases which is applicable not only for plague but for all epidemic diseases. There were certain acts in the colonial period to check smoke nuisance (refer Ray Kabita, *'History of Public Health: Colonial Bengal, 1921-1947'*, 1998). But the strict implementation of those acts was always under scrutiny. On the other hand, the quarantine guidelines were enforced with the help of the police force to ensure prevention.

**During 1800-1900, when Calcutta was witnessing the deadliest phase of the plague ever, the journal 'Swasthya' wrote-**

*'We need to be cautious regarding these four facts to prevent plague. These are such as- (1) cleanliness, (2) patient isolation, (3) disinfection and (4) vaccination. The bed room, dining room, living room, kitchen, store room, and the outer and inner courtyards- must be cleaned on a daily basis. All the rooms should be free from cobwebs. The inner and the outer walls are needed to be whitewashed during the plague epidemics. The drainage sanitation is another requirement to stop the spread of plague. Special arrangements must be made with the sweepers to ensure that drains and lavatories should be cleaned twice with the disinfectants like phenyl. The daily collection of the household refuse must be kept in a covered trash which can be placed in a specified location...'<sup>7</sup>*

It was also mentioned in one of the health journals (*Swasthya*) that the application of natural cleansing agents like water, air and fire is always preferable to the usage of the chemical disinfectants, available in the bottled containers in the markets. It was written that the dominant reasons for plague are rooted in the unhygienic habits of the natives, especially those who are not economically well off. The affluent people get less affected by the

plague as their houses are clean and properly sanitized. Like the rats, the carriers of this particular disease, stay in the dark, dirty and the foul-smelling areas of the houses, therefore, -'...special efforts should be taken to keep the below-mentioned places of a house clean and these are such as- 1) urinals, 2) lavatories, 3) the area for solid garbage disposal, 4) the place where utensils are being washed,...4) pantry and h) all drains leading out from the house.'<sup>8</sup>

In the Chaitra edition of *Swasthya* (Bengali year 1305, 1899 AD), a list of disinfectants was mentioned in the following manner- '1) pure air, 2) hot air, 3) water, 4) carbolic acid, 5) carbolic lotion, 6) carbolic power, 6) chloride of lime, 7) other disinfectants – coal, dry mud, quick lime etc...'<sup>9</sup> The same journal mentioned some guidelines to prevent plague. These were such as –

- a) 'Do not stay on an empty stomach and do not stay hungry.
- b) Avoid fasting.
- c) Avoid stress and fatigue.
- d) Do not get the extreme exposure to the sun, rain and the cold.
- e) Wear clean clothes and maintain personal cleanliness.
- f) Have a healthy lifestyle.<sup>10</sup>

#### Concluding remarks:

In this article, I have discussed the various aspects of the plague epidemics as reflected in the vernacular health journals which also highlighted the response of the mass. The excerpts from the journals, *Swasthya* and *Swasthya Samachar*, showed the fact that how sanitation was important to prevent plague. The scientific steps towards a clean and germ-free environment were not that much easy in colonial Bengal as the poor natives had minimal hygiene sense and their low economic status did not allow them to buy bottled disinfectants from the markets. On the other hand, the rich '*Bhadralok Sampraday*' was mostly far from the clutches of plague due to their well-managed lifestyle. The plague victims frequently exposed the harsh truths about the class discrimination in the society based on wealth and how were they deprived to receive adequate health services because of their unawareness and marginalized status. The journals wrote a lot to spread consciousness but their voices failed to reach the ordinary people as mass education was scanty. The educated people talked about the over –alarming initiatives of the Government to prevent plague but did not give any solution to the persisting problems. The vernacular medical literature on plague mostly was descriptive and tended to give certain guidelines to aware people without considering the reality. For example, when a large section of the people was being deprived of getting proper shelter and food under the British, then how would they avoid fasting as having a meal three times a day was deemed to be a luxury. Did the Government or the philanthropists take

any reformatory measures to provide the downtrodden people good housing? It is also important to see how the Government and the educated Bengalis did react to the need for having scientific laboratories. The protuberant gap between the theories and the practices was very common if we analyze the crux of these pieces of literature.

The educated middle-class Bengalis showed tremendous confusion regarding their understanding of the plague. Their foremost ambiguity was—how to prevent plague? Was it possible through broomstick or disinfectant or by forcefully enforced quarantine? Secondly, the fear psychosis as created by quarantine made native people from all the sections of the society more skeptical about the nature of the disease as inspecting humans especially females of the household was not socially accepted. This kind of behavior fueled the native agitation as it was related to the concepts of sin and chastity. People started to flee from the city of Calcutta, scavengers stopped working and as it was mentioned earlier that the situation was compared to the rule of Ravana. Sporadic violence was witnessed to end British rule. These attempts never got support from the elite *Bhadralok* class as the protests were coming from the people who were marginalized in terms of wealth and social hierarchy. Here the disease plague allows us to reassess the social consequences of the same.

In this connection, I would like to put my third argument. The plague was a disease for the poor as the rich could avoid the ailment by taking some precautions. Therefore for some of the educated natives, the government's concern for the plague was underrated in terms of the annual death rate. Here plague has become a metaphor to expose the segregation in the society which was not always created by the colonial hegemony. Fourthly, it was also thought-provoking to situate *samkirtan* in this particular discourse to portray how spirituality made people strong enough to overcome the fear of death and the pain of losing near and dear ones. The indigenous people irrespective of their religious identities performed '*Hari naam*'. In malarial fever, there was the presence of *Jwarasur*, for smallpox Goddess *Sitala* was there, for plague the name of *Hari* used to be chanted to replenish sorrow with transcendental joy. But the mass participation was more prominent in the case of plague as *Samkirtan* involved many.

Fifthly, the colonial construction of the plague which was full of rumors made the appearance of the ailment more demonic. The apathy for taking medicines in the hospitals was a great difficulty where the medicines were considered as poison. Even the carts to carry the plague patients to the hospital were full of poisonous air which was also believed by the natives as I have mentioned earlier. The punitive colonial approach to eradicate plague by showing merciless behavior was more relatable than consoling the mass who were mostly poor and uneducated. Neither the British nor the educated *Bhadraloks* took an attempt to be more humane to the marginalized especially at this time of crisis.

Sixthly, we also need to resituate the gender issues in this matter. The role of household women was not mentioned regarding keeping the kitchens sanitized. It may be noted that kitchens were the known breeding grounds of the rats. The views emphasizing the clean and hygienic household seemed to be patriarchal for this specific disease as the instructive writings were general, and no request was placed in front of the household women so that they could take care of sanitation or the male members of the family who must be made the females aware of. This particular mentality indicated the praxis of male domination where women were marginalized in terms of getting importance. It may be mentioned that through various writings the Indians have praised the efforts of Sister Nivedita along with some young volunteers to work on public sanitation of the streets of Calcutta during the plague epidemics. Sister Nivedita and Swami Sadananda worked very hard in 1899 in Calcutta to conduct relief works and they also attempted to spread the message of Swami Vivekananda through '*Plague Manifesto*', a note on awareness written by Swamiji himself.<sup>11</sup> We did not notice any initiative taken by the middle-class Bengali intelligentsia to divulge a similar orientation like Sister Nivedita to their mothers, wives and daughters.

The vernacular health journals of colonial Bengal help us to a great extent to revisit the colonial times and to reassess the socio-economic and political conditions which were instrumental to invoke patriotism amongst the colonized. Secondly, perhaps the educated middle-class Bengali *Bhadraloks* while writings on health never thought of launching health movements like the enlightened citizens of England who came forward with the poor health issues of the working class people during the industrial revolution. The *Bhadraloks* were moderate in their approach as the villagers and the poverty-stricken natives were the utmost victims of the deadly epidemics. Thirdly, the vernacular writings on health were not always colored with sophisticated nationalism; some of these pieces were also an attempt dedicated to self-criticisms. The *Bhadralok* writers having a Bourgeois mentality most of the time did not indicate any concrete solutions due to their unknowingness of the harsh realities as they were not rooted in the soil.

The plague epidemics in colonial India as well as in Bengal were mostly man-made. The problems of dirt, dust and lack of sanitation were more visible in the poor countries. The government and the educated middle-class *Bhadraloks* most of the time blamed the downtrodden illiterate mass for their minimal hygiene sense and poor habits. But the government did not take any step to uplift their standard of living and the middle-class intelligentsia seldom tried to make them conscious so that they could be free from superstitions and misconceptions. So everything resorted in the name of *Hari* unless the disease started becoming ineffective.



**Notes and References**

1. Bose, Pradip Kumar (ed.)- '*Health and Society in Bengal*', 2007, New Delhi, p. 213 (4.4)
2. *Samkirtan* - worshipping God through songs accompanied by dance, an act by the disciples of a particular religious sect, especially amongst the Vaishnavs.
3. *Swasthya* – 3rd Volume, 11th edition, Chaitra, 1306 BS (Bengali year), pp-351-354.
4. Pradip Kumar Bose, op.cit., p. 214.
5. *Swasthya*, Baishakh edition, 1305 BS (Bengali year).
6. *Ibid.*
7. Pradip Kumar Bose, op.cit., pp. 199-209.
8. *Ibid.*
9. *Ibid*, p. 219 (4.7)
10. *Ibid*, p. 219 (4.6)
11. <https://www.organiser.org/Encyc/2020/3/12/Swami-Vivekananda-s-Plague-Manifesto.html>, accessed on 22/3/2021 at 12.01am