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Introduction: Languages of Disease

The Coronavirus (COVID-19) pandemic, with its devastations and complexities, has generated a greater amount of public interest in histories of disease. It has also shown us the how experiences of the COVID-19 pandemic varied greatly from region to region, and also within regions. Given the pandemic's particularly terrifying effect on South Asia in general and on India in particular, a renewed interest has been sparked in older epidemics in the region, chief among them cholera and the plague. My own interest in the plague arose when I stumbled upon a description of the plague panic Calcutta, in a Bengali novel written by Rabindranath Tagore—the novel and the description in question is analysed in Chapter 4 of this thesis—and I noticed parallels between Tagore's descriptions of this older pandemic, and the way in which COVID-19 was spreading in my own city. This, in essence, formed my main research question—how does culture, region, and religion affect experiences, imaginations, and responses to a pandemic?

While the third bubonic plague pandemic was a global event, it, interestingly, occupies a seemingly amphibious and liminal space within the larger realm of disease histories of South Asia. After arriving to the city of Bombay, it soon spread to other cities of British India. As David Arnold argues, the significance of the plague pandemic lay "not in its demographic impact". Although "concurrent epidemics" like malaria and influenza caused greater mortality in any given year, the plague "posed important questions about the place of medical science and the authority of medical practitioners in the colonial order and about the political constraints on medical and sanitary intervention."[1] The bubonic plague has been revisited by several scholars over the last forty years.

[1] David Arnold, "Plague: Assault on the Body," in *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth Century India* (University of California Press, 1993), 200-240. 202.

I flag that although my thesis does not have a separate section titled "Literature Review", secondary works on the plague pandemic in the subcontinent have been discussed in this introduction. At the same time, secondary literature is also woven and worked into each individual chapter, depending on the aspect of the outbreak in question. My own method of research has been completely archival—except the final chapter, where I draw certain suggestive synergies between experiences of plague and the lives of the Coronavirus pandemic—and the archives I accessed include the British Library, the British Newspaper Archive, the archives of the Centre for Studies in Social Sciences Calcutta (accessed through the FID4SA server) of the Heidelberg University Library), and Indianculture.gov.in, the e-archive containing scanned documents from the National Library of India.

Therefore, in surveying the different ways in which the plague has been looked at by different scholars, the first issue that we are met with is the issue of *location*. Most analyses of the pandemic focus on the spread of the disease in Bombay. These include Prashant Kidambi's study of the plague and its conflicting aetiologies and its relationship to class[2], Abhijit Sarkar's brilliant study of plague hospitals, patients, and their photographs[3], as well as larger comparative histories of the disease (such as studies by Aidan Forth[4] and Myron Echenberg[5] and Emily Webster[6]) which also, mainly focus on Bombay for the Indian example. Some

[2] PRASHANT KIDAMBI. "'An Infection of Locality': Plague, Pythogenesis and the Poor in Bombay, c. 1896-1905." *Urban History* 31, no. 2 (2004): 249–67.
[3] Abhijit Sarkar. "Reflexive Gaze and Constructed Meanings: Photographs of Plague Hospitals in Colonial Bombay". Essay. In *Plague Image and Imagination from Medieval to Modern Times* ed. Christos Lynteris. Medicine and Biomedical Sciences in Modern History. (Palgrave Macmillan, Cham, 2021), 141-189.
[4] Aidan Forth, "A Source of Horror and Dread: Plague Camps in India and South Africa 1896-1901," in *Barbed-Wire Imperialism: Britain's Empire of Camps, 1876-1903* (University of California Press, 2017), 74-99.
[5] Myron Echenberg, *Plague Ports: The Global Urban Impact of Bubonic Plague 1894-1901* (NYU Press, 2007).
[6] Emily Webster, "Microbial Empires: Changing Ecologies and Multispecies Epidemics in British Imperial Cities 1837-1910," Dissertation, The University of Chicago, 2021.

other studies of the plague, such as those by Arnold[7] and Rajnarayan Chandavarkar[8] study the lives of the plague in mainly in Bombay along with its lives in Punjab (and Arnold does have some references to Calcutta). Ira Klein's study of plague panic mainly focuses the north and west of the subcontinent[9], while Ian Catanach, has analysed the plague in Bombay as well Poona[10]. Therefore, even in these studies, Bombay remains the anchor or the main city of the disease.

Thus, on the first level, we are met with an issue of *location*. As we shall see, although news of the pandemics travelled between cities, experiences of it varied from city to city and within the city, inflected by local customs, politics, and cultural realities. The *comparative absence* of other cities, and particularly of Calcutta, in existing historiography, is startling. Calcutta was, after all, the capital of British India until 1911 and, as such, an important node of imperial power. As Sumit Sarkar has argued, Calcutta was often described as the "second city of empire", and had not only political significance, but great cultural and economic significance for the Imperial Government[11].

The other issue is one of *sources* and *languages*. The bulk of sources consulted by these studies include, what historians refer to as, "official records" (Municipal reports, Plague Proceedings, Reports of Medical Gazettes and Medical Officers, etc). These sources were almost always in English, and although Arnold does refer to a non-official and vernacular

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[7] Along with *Colonizing*, Arnold also studies the plague by juxtaposing it with the influenza pandemic in David Arnold. "Disease, Rumor, and Panic in India's Plague and Influenza Epidemics, 1896–1919." Essay. In *Empires of Panic: Epidemics and Colonial Anxieties*, ed. Robert Peckham, (Hong Kong University Press, 2015), 111-130. In both cases, the focus is mainly on Bombay, with references to Punjab and even more slightly, to Calcutta.

[8] Rajnarayan Chandavarkar, "Plague Panic and Epidemic Politics in India, 1896–1914," in *Epidemics and Ideas: Essays on the Historical Perception of Pestilence*, ed. Terence Ranger and Paul Slack (Cambridge: Cambridge University Press, 1993), 203-240.

[9] Ira Klein. "Plague, Policy and Popular Unrest in British India.", in *Modern Asian Studies* 22, no. 4 (1988): 723–55.

[10] "Ian Catanach, "Plague and the tensions of empire: India, 1896-1918", in *Imperial Medicine and Indigenous Societies* edited by David Arnold (Manchester, 1988), 149-71; cited in Kidambi, "An Infection of Locality"

[11] Sumit Sarkar, "The City Imagined: Calcutta of the Nineteenth and Early Twentieth Centuries," in *Writing Social History* (Delhi: Oxford University Press, 1997), 159-186, 164.

newspaper reports, most of the other sources mentioned in the studies above rely largely on these "official records" and references to vernacular sources are quite scarce. Even Srilata Chatterjee, who moves the anchor away from Bombay by looking at the politics of plague in Calcutta consults mainly governmental records in her study[12].

These issues, of location, sources, and languages, are addressed in the scholarship of Kavita Sivaramakrishnan[13], Projit Bihari Mukharji[14], and Guy Attewell[15], who write on cities other than Bombay (Calcutta for Mukharji, Delhi, Lahore, and Amritsar for Sivaramakrishnan and Delhi and Hyderabad for Attewell), and about texts written in regional languages.
However, as my thesis will try to show, there were still many other ways in which the plague was imagined and experienced in the city of Calcutta The plague birthed a huge outflow of vernacular literatures, documents, articles, and fictions which *spoke* about the plague in languages outside English; and even where it was English, it was not strictly written by the colonial establishment or by report-makers. At the same time, *text* was not the only axiom through which experiential articulation took place. The plague was, as we shall see in the ensuing chapters, experienced, explained and understood through temporal narratives; it was characterised by violent protests, through goddess-mythologies, mistrust and even vigilantism; it was also understood and experienced through acts of social and gendered solidarity; finally, more than a decade and a half after the plague panic began in Calcutta, the plague was experienced in memory, through literary fiction.
These were, then, what I call some of the different *languages of disease*. My use of the word "language" here stands for any form of experiential articulation; it is a shorthand for

[12] Srilata Chatterjee, "PLAGUE AND POLITICS IN BENGAL 1896 TO 1898," *Proceedings of the Indian History Congress*, 66 (2005): 1194-1201.
[13] Kavita Sivaramakrishnan, "Recasting Disease and Its Environment: Indigenous Medical Practitioners: The Plague, and Politics in Colonial India, 1898–1910," in *Cultivating the Colonies: Colonial States and Their Environmental Legacies*, ed. Christina Folke Ax et al., 1st ed. (Ohio University Press, 2011), 191-213.
[14] Projit Bihari Mukharji, "Political Plague: Diagnosing a Neo-Hindu Modernity," in *Nationalizing the Body: The Medical Market, Print and Daktari Medicine* (Anthem Press, 2009), 147-177.
[15] "Guy Nicolas Anthony Attewell, "Contesting Knowledges: Plague and Dynamics of the Unani Profession." In unpublished PhD Thesis "Authority, Knowledge and Practice in Unani Tibb, c. 1890–1930." (London: School of Oriental and African Studies) 49–92" cited in Mukharji, 312.

imaginations, explanations, and the understandings of the pandemic. My thesis tries to cull out these other articulations, ones that do not run strictly in opposition to, but rather *aslant* to the "official" discourse on the pandemic. The attempt here, then, is not so much a supplanting of the dominant voices of the plague, but rather a *supplementation*. It is an attempt to both *provincialize* and *pluralize* the plague.

Before moving into short descriptions of the chapters of this thesis, I must alert the reader to one of the slippages of translation and a conceptual complexity I faced while working on this thesis. Although the word "pandemic" is now a part of our lexicon and our vocabularies due to the experiences of COVID-19, I struggled to find the word in the native sources (written by native Hindu subjects in Calcutta in Bengali and, in one case, Hindi) that I used for my research. The word used, instead, was "*mahamari*" [great killing, *maha*-great *mari*-killing]. The word "*mahamari*" (which is often translated to "epidemic") had Sanskrit roots, but was, as evident in my sources, widely used in Bengali and Hindi. In the two English sources written by Bengali Hindu native subjects, the word used to refer to the plague was "epidemic". This is not to say that the word "pandemic" was not being used to talk about the plague in this period; a newspaper article published in 1911, for example, called the plague "the present great pandemic in India". And yet, there were also instances in the same article where it argued that the disease became "epidemic" in certain parts of India during certain times of the year[16]. Given its global spread, I have used the word "pandemic" to refer to the outbreak.

In the first chapter, I look at some of the intellectual and institutional debates around the pandemic, situated in the realm of science and medicine. Comparing and contrasting colonial, indigenous allopathic, and *Ayurvedic* views on the pandemic, I show how writing and reconstructing *competitive histories* for the disease became ways in which different orders of

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[16] "The Plague in the East", *The Mail,* March 24, 1911, 4. Source: The British Newspaper Archive, www.britishnewspaperarchive.co.uk , © THE BRITISH LIBRARY BOARD. ALL RIGHTS RESERVED.

medicine vied for legitimacy and found themselves entangled in struggles for nationalistic futures. At the same time, I look at a book at an astrological treatise on the plague, written in Bengali, which contains a list of prophecies about the pandemic. Juxtaposing complimentary and competing histories with a series of prophecies (and one prophecy in particular), I suggest that *time* (the disease's possible pasts and its possible futures) was a language of disease, an important way in which the pandemic was explored and explained.

In the second chapter, I closely analyse the entangled causes behind and the public life of a "plague riot" (dubbed so by both the British press) which took place in May, 1898, in Bhowanipur, then a suburb of Calcutta. I try to show how despite these layered, complex intellectual debates about causation that were occurring, the public life (or indeed lives) of the pandemic in the city were marked by panic, violence, mistrust, and protest.

In the third chapter, I look at ways in which the plague and its attendant social work (what I call "plague-work") was explained, imagined, and deployed by two prominent social reformers of Calcutta— Swami Vivekananda, and Sister Nivedita. Focusing on the latter's call to young male students and "modern Indian women" to lead efforts against the plague, I trace how plague-work became a site of inverting cultural anxieties about the lazy Bengali Hindu upper class man, how it became a way to refashion "Indian" (read: Hindu) women into the fold of "national" service, and how, finally, it became a way to address the paradox of Hindu hygiene, and facilitate a complex form of Hindu revivalism.

In the final chapter, I look at the way plague formed an important backdrop in two Bengali novels published between 1915 and 1920. Written during the First World War (1914-18), both these novels recall the plague; it is this politics of this remembering that concerns this chapter. What, of the plague years, is remembered and reproduced in fiction by these two authors? How is the pandemic represented? What is retained in the sieve of memory? These are some questions that this chapter explores.

Lastly, in the conclusion, I try to trace some of the ways in which echoes of the plague and its resultant panic found uncanny similarities with experiences of COVID-19 in Kolkata. It is important to note that the point of my study of the plague is not to think of it as a transposable template for the COVID-19 pandemic, and my comparisons are merely suggestive. Tracing cultural, political, and institutional synergies and citizen-backed solidarities across time, my aim is, finally, to rekindle interest in plural sociomedical pasts of the region, its fragmented present, and its possible futures.

Chapter 1:

Claiming the Disease: Histories, Prophecies, and the Politics of Time

This chapter analyses, firstly, some of the competing histories that were written about the plague between 1896 and 1905. Secondly, it juxtaposes these many histories with several prophecies about the plague (and one prophecy in particular), compiled in a book published in 1899. At the outset, I recognise that all the primary sources that I have consulted here are documents written by men. While one of them is a European man, the rest are all Hindu men. Thus, this subject position colours their arguments. However, the debates between them shed light on the lack of a single, homogenised "Hindu" opinion about the diseases, and also how the imaginations of the disease differed within the city.

Linearity and Cyclicality: Time Perspectives at the Turn of the Century

The relationship between time and politics has been well documented. Christopher Clarke, for example, has written about the use (and abuse) of time by the Nazis, highlighting ways in the regime changed the ways in which the "past" was accessed by its people and how the regime's aim to promoting a certain kind of temporality resulted in the sharp rise in subjects such as archaeology and pre-history within research institutes and universities, schoolbooks, movies, and other forms of media[17]. Luke Kwong has written about the rise of the "linear perspective" (as opposed to cyclical narratives) of history-writing in China during the late 19th/early 20th century. The linear perspective, he argues, "rose not from academic speculation, but from a response to the exigency of the times", as a new way of making sense of the present, the past and the future, after the loss that China suffered in the Opium Wars

[17] Christopher Clarke, "Time of the Nazis: Past and Present in the Third Reich." *Geschichte Und Gesellschaft. Sonderheft* 25 (2015): 156–87. 176.

and in the Sino-Japanese War of 1894-5. However, the rise of the linear perspective did not, Kwong argues, imply a reduced, singular understanding of time, or a singular "worldview". There were variations, subcultures, and intersecting belief and values between different sections of the populations[18].

As both these studies make clear, moments of intense political and cultural turmoil in the present often led to changing views of time, and the ways in which the past was projected and understood. Coming to our region at hand, Ranajit Guha has written about the "temporal displacements" that the colonial experience created in Calcutta during the second half of the 19th century. According to Guha, "native time", characterised by diurnal cycles and seasonality, was rudely disrupted by the arrival of clockwork and calendars, or "master time"[19]. This, Guha suggests, created the "tangle of two braided temporalities", where each mode of time tried to resist and accommodate the other[20]. Sumit Sarkar has argued that invocations of the coming of "*Kaliyuga*" were rife in the imagination of Calcutta from the middle of the nineteenth century, up until the beginning of the twentieth century. *Kaliyuga*, the final cycle in the four-fold *yuga* system (before the cycle resets) in the Hindu idea of time, implied "the most degenerate of times, when Shudras (low-castes) dominate over high-castes and hierarchies of gender and age are reversed". This invocation of certain catastrophe, of an upturning, was made possible, as Sarkar suggests, through "two major innovations brought in by colonial rule", namely "clock time" and "print culture", leading to "diverse ways of thinking about time"[21].

[18] Luke S. K. Kwong. "The Rise of the Linear Perspective on History and Time in Late Qing China c. 1860-1911." *Past & Present*, no. 173 (2001): 157–90. 159- 173.

[19] Ranajit Guha "A colonial city and its time(s)". *The Indian Economic & Social History Review*, 45(3) (2008), 329–351. 330.
[20] ibid
[21] Sumit Sarkar, "Renaissance and Kaliyuga: Time, Myth and History in Colonial Bengal," in *Writing Social History* (Delhi: Oxford University Press, 1997), pp. 186-215, 188.

Building on Sarkar's argument, my attempt here is to cull out the ways in which the politics of time inflected the debates around the disease. I argue that recollections and reconstructions of the plague, of the disease's past and, at the same time, divinations about its future were fundamentally tied to questions of institutional legitimacy and the cultural politics of the present. The questions of whether the disease was old or new, of who explained it, and of *who suffered first*, were intimately tied to larger question of who spoke for the people.
It must be mentioned here that although Calcutta was declared plague-stricken in 1898, there was still "a strong suspicion that the disease had been transmitted to Bengal as early as 1896, or even prior to that date"[22]. My interest, in this chapter, is not in the details of when the disease *physically* arrived in the city; rather, as I show in the next sections, the disease, regardless of whether it really existed in the city before 1898, was still present in its *imagination* in late 1896. We start, then, with a difference in medical opinion. We start, with a letter.

***Plague and the Uninformed Native:* A Study of Ignorance**

On the 27th of October 1896, Ernest Walter Saxton (b.1866), an employee of the Indian Postal Service (I.P.O), sent a letter to Rose Sophia Goldswain, then his fiancé. Saxton, a lower-level employee in the Imperial machinery, had been stationed in Calcutta until earlier that year, and was transferred to Bombay in early October. Straddling two imperial cities, the letters captured a self that was strangely liminal. Writing from Colaba in Bombay, he said that "Calcutta folk" need not be worried about the plague, since the "latest opinion" was that the germ was "in the soil", and that "natives" contracted the disease when the germ entered their body through "cuts on their feet". He went on:

> "There have been various opinions given about the plague which seems to be distressing everybody, but I do not suppose the medical faculty have yet arrived at a definite decision. If

[22] Srilata Chatterjee, "Plague and Politics", 1194.

> the recent opinion, which I have told you, is correct, Calcutta need fear nothing, for the plague is not infectious. *No European has been attacked… "*[23] [italicization mine]

The "opinion" that Saxton referred to—of the "cuts" on the native's feet—sustained itself for the next few years. In an article published on the 20th September 1902, a correspondent, writing for the "*The Englishman*", argued, in a segment titled "*Allahabad Notes: Natives and the Plague*":

> "The plague is still with us; but I believe that among the Mohamedans, and those of the Hindus who take ordinary sanitary precautions, it is decreasing. It is said that the Mohamedans from the first have been freer from it than the Hindus owing to their more cleanly habits. The Hindu bathes and drinks (!) in the river—he walks home with *bare* feet; he may or not have an open wound on his body; he contracts the plague and the next day he is dead. And yet, in spite of these and other suicidal habits of his…he enquires why the Europeans don't die. It is useless to point out that they drink filtered water, *wear boots*, and live in clean, ventilated houses...[24] [italicization mine]

Assumptions such as these, while grounded in colonial racist bias, were also grounded in the knowledge of the innate lack of hygiene of the native (which, however, varied between different native groups), and the assumption that the natives were dealing with an alien disease. What is also of interest is the importance this short paragraph gave to the meanings of contact. It was the *bare* contact with the "outside" that mainly allowed for and spread the disease among natives. In contrast, one of the ways in which the "Europeans" escaped the plague was by wearing "boots". Haptic histories, as Constance Classen reminds us, are of vital importance in the study of culture. Classen's own study of the history of touch mentions how "contact" became an ideological rallying point in the politics of causation and blame during the Black Death in Europe[25]. One can infer, then, that a trace element of this older

[23] Ernest Walter Saxton to Rose Sophia Goldswain, 27th October, 1896. [Source: *The Ernest Walter Saxton Papers*]

[24] Correspondent. "Allahabad Notes: Natives and the Plague". *The Englishman*. 20th September, 1902. British Newspaper Archive. www.britishnewspaperarchive.co.uk , © THE BRITISH LIBRARY BOARD. ALL RIGHTS RESERVED. 8.

[25] Constance Classen. "Painful Times." In *The Deepest Sense: A Cultural History of Touch*, (University of Illinois Press, 2012), 47-70.

cultural history of contact-as-contagion percolated into the assumptions about the unsafe barefooted native and safe boot-wearing European.

Thus, this narrative argued that the disease was a newcomer to the subcontinent, and that the cause for its spread among the natives (especially Hindu natives) were their "suicidal" habits, and their cultural practices of contact. A subtext of this narrative was not the only the presumed hygienic (and therefore scientific) superiority of Empire, but also a knowledge that the Reason and Science were better equipped to deal with the disease, since a cultural memory of it already existed in Europe.

And yet, differences in opinion did exist.

Competing Histories: **The Indigenous Allopathic View**

Between 1896 and 1905—the period this chapter focuses on— several indigenous allopathic practitioners wrote their own treatises and essays on the plague. A common feature of almost all plague manuals or essays which came to be published in this period, began, interestingly, with a description of the *history* of the disease.

Thus, two months after Saxton wrote his letter, an essay titled *Bubonic Plague ba Mahamari* ("Bubonic Plague or the *Mahamari*") appeared in the second volume of *Chikitshak-o-Samalochaka*, a medical magazine published in Calcutta, edited by Dr. Satya Krishna Ray. Written by the editor himself, it began by arguing that although many people had been succumbing to the disease in Bombay, the bubonic plague was "not a new disease". In fact, "many in Europe and other parts of Asia" had succumbed to it in the past, and "the Chinese city of Hong Kong" had been "attacked by an epidemic [*mahamari*]" of the same. Further, it also suggested that it had been "observed in a few other places in India before this", but the "good news" was that one "never heard of it attacking Bengal". However, what would

happen in the future was "still uncertain". He even cited the wound theory (similar to the "Allahabad Notes"), but added that "such an argument is not convincing at all"[26].

Competing and complimentary claims on the history of the plague were also printed in other allopathic descriptions of the disease. In the same year, Dr. Debendranath Ray wrote an essay titled "*Bubonic Plague*" in *Vishak-Darpan*, another leading medical magazine. He, too, elaborated on the question of the disease's origins. Recognising that "no other country" had been affected by the plague of late as much as "Bharatvarsa" (the name that was ascribed to the subcontinent based on the *Mahabharata*) and "China", he argued that outbreaks had been recorded in other regions of the world in the past, such as "Egypt, the Levant and Jerusalem". In fact, he went on to argue, that "when there was an outbreak in the town of Pali—in the Mewar Province of Rajputana—, in the year 1836, many believed that the disease had arrived from the Levant." [27]

Ray continued his discussion of the disease with an essay in the next issue, published the following month. This essay, interestingly, shared the same title as Satya Krishna Ray's essay—"*Bubonic Plague ba Mahamari*". In it, he discussed a few more complexities of the disease, but ended by giving hope to the reader, by saying that the plague "has not recurred for centuries now in those places in Europe which had been plague-stricken in the past" [28].

Similarly, histories of the plague were also discussed in Radhagobinda Kar's [29]"*Plague*"[30] (1898) and two other manuals of the disease that were written around the same time. Both of

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[26] Satya Krishna Ray, ed., "Bubonic Plague Ba Mahamari," in *Chikitsak-o-Samalochaka* 2 (Calcutta: Chikitsaka-o-Samalochaka Office, 1896): 319-328, 319-21 [translation mine]

[27] Debendranath Ray, "Bubonic Plague," in *Vishak-Darpan*, ed. Zuhiruddin Ahmad, vol. 6, no. 5 November 1896 (Calcutta: Surendramohan Borat (Borat Press), 1897) 185-187, 185. [translation mine] [The entire volume was published in June 1897, but consisted of issues from July 1896 to June 1897; no5 and no.5 of vol. 6, therefore are November 1896 and December 1896 respectively],

[28] Debendranath Ray, "Bubonic Plague ba Mahamari," in *Vishak-Darpan*, ed. Zuhiruddin Ahmad, vol. 6, no.6 (Calcutta: Surendramohan Borat (Borat Press), 1897), 243-44, 243-44. [translation mine]

[29] Radhagobinda Kar (R.G Kar) (1852-1918) was an influential physician and philanthropist based in Calcutta. He founded the Calcutta Medical School in 1886, which was renamed as the R.G Kar Medical College and Hospital after his death.

[30] Radhagobinda Kar, *The Plague: Short Notes On, and Orders, Notifications and Regulations*, (Bengal Medical Library, 1898)

these manuals, interestingly, shared the same name—"*Plague Tattva*", and were published in the same year, 1899. While one *Plague Tattva* was written by a certain Bipibihari Sarkar in 1899[31] and published by the Brahmo Mission Press, the other *Plague Tattva* was written by a certain Amrita Krishna Basu (A.K Basu). While Sarkar began his history by arguing that the plague had "appeared in the ancient city of Athens almost 2,500 years ago"[32], Basu, a proponent of western scientific temper himself, began his history of the plague by arguing that the "symptoms of this terminal disease" were "described in the ancient religious texts of the Jews". He went on to say:

> "Aryan *Ayurvedic* texts also have chapters describing populations being annihilated, and although there is no doubt that these outbreaks are epidemics [*mahamari*] too, the lack of a symptomatic description makes it difficult to ascertain whether these were related to the plague at all …" [33]

Such histories, then, in the case of both the Rays, of Kar, Sarkar and Basu, began with an injunction of the disease's history, of familiarity, but familiarity, which was still located somewhere *out there*. There had been an "outbreak in Mewar in 1836", but the plague had already occurred and ended somewhere else, much earlier. In other words, the plague was a disease which had occurred somewhere else before this and had been conquered in that other place too, but conquered, nevertheless. However, the indigenous allopath's use of history was still grounded in the assumption that the "new" was better than the "old", that the newer a mode of treatment, the better its efficacy.

"A Time-Honoured Pedigree": **The *Ayurvedic* View**

Projit Mukharji argues that in the early years of outbreak, when many cases were still not officially categorises as plague cases, there were instances when patients showing plague symptoms were diagnosed to be suffering from *Baghi*; *Baghi*, a condition which caused

[31] Bipinbihari Sarkar, *Plague-Tattva* (Calcutta: Kartik Charan Datta (Brahmo Mission Press), 1899).
[32] Ibid 2-3 [translation mine]
[33] Amrita Krishna Basu, *Plague Tattva/The Plague: Its Short History, Etiology, Diagnosis, Symptoms and Complications, Treatment and Nursing Government Regulations for Its Prevention* (Calcutta: N. Banerji (Taruni Press), 1899). 3.

glandular swelling, was an affliction known to *Ayurvedic* practitioners[34]. At the same time, the disease was considered, by a certain Dr. Girishchandra Bagchi, as an instance of "*Ashangamik Brodhno"* (Non-Venereal Bubo), also a known *Ayurvedic* category[35]. However, as I shown in this section, just as many allopathic commentators on the disease wrote about the longer history of the disease, *Ayurvedic* commentators also wrote their own plague manuals, wherein they, too, wrote of the disease's history. One importance distinction between the histories invoked in both these sets was the fact that the *Ayurvedic* histories often tried to prove the presence of the disease in an "Indian" past.

How do we make sense of the native colonial subject's constant invocations of writing history, and especially in the second context, in writing what they perceived as their *own* history? These attempts were also, perhaps, a claim on historical agency. As Prathama Banerjee has argued, the project of colonial modernity involved the presupposition of a temporal position, wherein some actors (the "modern", the colonisers) were distinctively ahead in time than the others (the "non-modern" natives, the colonised), who were thus members of the "non-present"; the "non-present", being "chronologically past", had first to be "re-presented" as such. Thus, these temporal others were transformed from "being subject-agents of different histories to being objects of representational knowledge" (through the process of modernity). This, Banerjee argues, was the "complaint of the Bengali literate class (in the 19th century)", that they had been "turned into objects of colonial knowledge", while "being accused of never having produced a history of their own". The charge that the *historyless* non-modern could only be represented by those outside the fold of the non-modern (therefore by the "modern" coloniser), was challenged by Bengalis by the attempt to write to their own histories. In this process, however, they often had to deal with the

[34] Mukharji, *Political Plague*, 151
[35] Girischandra Bagchi, "Ashangamik Brodhno: Non-Venereal Bubo" in *Vishak-Darpan*, ed. Zuhiruddin Ahmad, vol. 6, no. 5(Calcutta: Surendramohan Borat (Borat Press), 1897), 194-201

"everyday proximities" with whom they considered their primitives, the "tribes" such as the Santhals (what Banerjee calls "the primitive within")[36].

At the same time, the second half of the nineteenth century, as Gyan Prakash has argued, saw "the emergence and functioning of science as a form of cultural authority". Western-educated upper-caste men published "tracts on science with or without government patronage", and "represented themselves as an Indian "aristocracy of intelligence" engaged in the liberal project of cultivating and spreading "new forms of living and thinking."[37] The rise of European science in the colonies also led to, in many instances, the systematic and systemic devaluation of indigenous healing. Seema Alavi argues, for instance, how, when the plague "raged in most parts of Awadh" in 1904, "and many hakims performed remarkable feats",

> "the issue of government apathy towards them once again became the focus of the Urdu Press…Government apathy was particularly shocking in view of the services the hakims had rendered in treating plague victims."[38]

In a similar vein, since the 1870s, *Ayurveda* and other traditional practices such as *unani* and homeopathy "surfaced in anxious governmental discussions of medical malpractice in Bengal"[39]. In this background, the attempted healing of the plague, through indigenous medicine now also became a way to cement its own validity. In the case of *Ayurveda*, it was not only an opportunity for validity, but also for pushing for the even the superiority of "Hindu science". The idea of "Hindu science" had originated in Orientalist discourse.

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[36] Prathama Banerjee, "Introduction." in *Politics of Time: 'Primitives' and History-Writing in a Colonial Society* (Oxford University Press, 2006), 1-39. 7. (p.6 of the PDF)
[37] Gyan Prakash, "Translation and Power," in *Another Reason: Science and the Imagination of Modern India* (Princeton University Press, 1999), 49-86. 52.
[38] Seema Alavi, *Islam and Healing: Loss and Recovery of an Indo-Muslim Medical Tradition,* 1600-1900 (Palgrave Macmillan, 2007), 260.
[39] Shinjini Das, *Vernacular Medicine in Colonial India: Family, Market and Homoeopathy*. (Cambridge University Press, 2019). 34.

However, over the course of the nineteenth century and early twentieth centuries, with the rise of anticolonial nationalism, the idea no longer came to symbolise a purely epistemic exercise about the East; rather, “Hindu science now nourished the idea of the modern Indian nation”. This argument (Hindu science for the “Indian” nation), however, also presupposed a sense of (forced) unity, as “the image of a universal and singular archaic Hinduism”, validated by “science”, now “forged difference into unity, multiplicity into singularity”. This, therefore, signalled an incumbent nation which was “homogenous, whole and Hindu”. Thus, as Prakash argues, many commentators in this period argued that it was the Hindus who had made great progress in science in their past. An important argument undercutting these narratives was the suggestion that Hindu science did not directly correspond to or equal to European science; however, the comparison was often drawn to the Greek civilisation, which, it was argued, had laid the basis of European science. *Ayurveda*, often characterised as non-scientific, was “spiritedly defended” by both its practitioners and those who considered it a form of Hindu science and also an “Indian” system of medicine. But, Prakash argues, whenever *Ayurveda* was touted to be an “Indian system”, this assertion “assumed a prior existence of a modern Indian nation”[40].

The persistent attempt, therefore, in these *Ayurvedic* plague manuals, of trying to prove a longer *local* history of the disease, corroborated through ancient, Hindu, “scientific texts”, coupled with the ability of the colonial (Hindu) subject to recall and write that past, was an attempt to challenge the argument that the natives neither possessed a scientific temperament, nor a history that could be represented.

A. K Basu, as we saw, agreed that *Ayurveda* contained descriptions of epidemics [*mahamaris*], but denied that the epidemics mentioned in ancient *Ayurvedic* texts were the plague, due to the lack of a symptomatic congruence. And yet, it was Basu’s very charge of

[40] Gyan Prakash, “Image of the Archaic,” in *Another Reason: Science and the Imagination of Modern India* (Princeton University Press, 1999), 86-123. 90-105.

symptomatic incongruence that Durga Das Gupta (D.D Gupta), the editor of the influential medical journal *Svasthya*, countered. *Svasthya*, literally meaning "health" was a "periodical on medicine and public health started in 1897" which "documented the minute details of the plague epidemic in Calcutta in 1899"[41]. Gupta published an essay in the magazine titled "*Plague o Sarpabish Chikitsa*" (Plague and Snake-Venom Treatment), in 1899, wherein he argued

> "That the plague never arrived in this land (in any form), or never existed, is impossible to say, and there is no proof that *Ayurveda* did not proffer any treatment for it either. This disease resembles a kind of *Sannipata* [an ancient, fatal fever mentioned in *Ayurveda*][42] fever in its symptoms…"[43]

It was *Sannipata*, more than *Baghi* or *Brodhno*, which figured in the essays and manuals of *Ayurvedic* practitioners, between 1899 and 1905. Gupta continued his arguments about the ancient presence of the disease in India in a monograph titled "*Plague: Its Prevention and Cure*", which had been partly published in the "*Sahitya Sabha*" in the year 1900. This monograph, published in 1905, began with the argument that the word "plague" could not be found "in our native vocabulary" since it was a "foreign word". However, Gupta argued, the plague was not a "new-comer to our soil", and there was not "the least shadow of a doubt" that it was a "specific type of our dread *Sannipata*"[44]. He went on to argue that the plague's "origins" could be traced from the "slums of old Cairo", which had "enshrouded it with a myth of time-honoured pedigree", with "the glory of long descent". Citing a few more sources which mentioned the plague—among them the "Makhazal Ul Adaria, a Persian

[41] This information has been sourced from the entry on the publication as available on FID4SA, the University of Heidelberg

[42] *Sannipata,* as Gupta argued, quoting the *Charak-Sanhita* [an ancient Hindu text on medicine] was a form of fever that occurred when the three humours of the body (*vata*, *pitta*, and *kafa*) were disturbed. Its full name was *Sannipatika.*

[43] Durga Das Gupta, ed., "*Plague o Sarpabisa Cikitsa*," in *Svasthya*, vol. 3 no. 1 (Calcutta: G.C Bose and Co. Bose Press, 1899), 20-22. 20-21 [translation mine]

[44] Durga Das Gupta, *Plague: Its Prevention and Cure (Partly Published in the "Sahitya Sanhita", Falgun, 1307, B.S)* (Calcutta: The Elm Press, 1905). 1.

medical work of considerable repute"— he concluded that "there can be no doubt" as to the "*Sannipatika* (typhus) character of the disease" (*Sannipatika* was the full name of the *Sannipata* fever), and that "a comparison of characteristic symptoms" [of the plague], "with those which mark the several types of *Sannipatika* fever, would at once convince the reader that the Plague is but a modified form of the latter" [45]. The reference to the "Persian medical work of great repute" is interesting, since it showed that other medical traditions such as *unani* (or even the entire world of Islamic healing), was, for these Hindu *Ayurveda* practitioners an important source, but also a source of self-definition; *Ayurvedic* practitioners like Gupta acceded to and even mentioned the presence of these Islamic traditions. Yet, curiously, they used this reference to argue that the plague's presence in other pasts and other traditions did not change their assertion that "India" had suffered from it too, in their own ancient past. In contextualising this text, the most immediate event of political consequence was the partition of Bengal, which took place in 1905. Lord Curzon, the Viceroy of Bengal, declared his plan to partition the province of Bengal on the 19th of July, 1905. Even in the face of violent protests, the partition came to fruition on 16th of October of the same year. Although we do not know when in 1905 Gupta's monograph was published, it is difficult to divorce it from the rise of anticolonial nationalism and the Swadeshi sentiment that was brewing in Bengal during this period.

Another Kaviraj, Sri Jogindranath Sen, wrote a monograph on the disease in the year 1898. Titled "*Plague Sammandhe Ayurbeder Mat*" ("The *Ayurvedic* Opinion on the Plague"), he, too. began by attempting to trace a history, arguing that this "terrible disease" (the plague) had "destroyed many towns and villages in the ancient past", the "testimony" of which could be provided in the *Charak-Sanhita*, a "famous medical text". [46] Quoting report by a certain Mr. Nathan and "Taylor's Practice of Medicine" (which said "It's (the Plague's) history can

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[45] Ibid. 2-3.
[46] Jogindranath Sen, *Plague Sammandhe Ayurbeder Mat* (Calcutta: Kunjalal Bhisagrutma, 1898), 3 [translation mine]

be traced back to the second century of the Christian Era, but the first great Epidemic of Europe, the Plague of Justinian, occurred in the sixth century. The celebrated plague devastated London in 1665"[47]), Sen concluded that Taylor's statement made it clear that plague "was not a new disease" and had been "there on this earth for a long time" [48].

Both Gupta and Sen, however, agreed that the plague shared symptoms with "*Sannipata*" fever, mentioned in the *Ayurvedic* texts. In the case of the latter, Sen used an interesting method of comparison, comparing symptoms of different kinds of plague (among them bubonic plague) [from Taylor], with different kinds of the *Sannipata* fever [from "some of the main Ayurvedic texts"[49]]. Finally, he added a list of different kinds of plague, which corresponded to different kinds of *Sannipata* fever, and concluded:

"Now it is for the reader to decide whether the plague and the *Sannipata* fever are the same or not."[50]

The point, here, is to show how similar repositories of past evidence led to practitioners of different medical schools come up with radically differing conclusions. How do we make sense of these differing temporal habitations of the disease? Yes, some of the proponents of *Ayurveda* argued, the plague did exist in Europe and other parts of the world in the past, but how can one be sure that it did not exist in "our" past? The essentialism that such an "our" entails is another issue. It was also true, they argued, that no reference to "plague" existed in the ancient texts, but this, one of them argued, was a *semantic* issue, an issue of translation. In other words, their argument seemed to be—*the plague may not have existed, but it shares symptoms with something already known to us*.

Therefore, while one side of the medical establishment (the indigenous practitioner of allopathy) attempted to introduce the disease, the other side attempted to *reintroduce* it, arguing, instead, not so much on ignorance, but an amnesia of a past of great knowledge.

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[47] "Taylor's Practice of Medicine" cited in Sen, *Plague*, 7.
[48] Sen, *Plague*, 7-8. [translations mine]
[49] Ibid. 22
[50] Ibid. 23

Thus, the politics of the present mapped itself onto the past and assumed the shape of an epistemic debate.

Both the Rays and the other practitioners of allopathy placed their faith in the knowledge that the Western countries had experienced the disease much earlier, unlike Bengal. Gupta and Sen, their opponents, concede that other countries had suffered from the disease in the past, but not with the argument that their land had not. Gupta argued that it was the "time-honoured pedigree" which gave the scourge its aura and tried to establish that something sharing the same symptoms of the plague did exist in "our" past. As he went on to argue,

> "A careful aetiology of the several types of *Sannipata*, would land us into the irresistible conclusion that Plague is but a modification of the last-named fatal malady [*Sannipata*]. Diseases, similar to, and more dreadful than, the subject of our discussion, have been fully dealt with in the Medical science of our country and we find our Indian Therapeutics fully equipped with the remedial agents which are potent enough to bring them to a successful termination…"[51]

This final detail may also help us understand why it was *Sannipata*, and not *Baghi* and *Brodhno* that was picked up as ancient parallels of the plague. *Sannipata* did not merely have time on its side; rather, as Gupta's final argument suggests, by dint of a being a category of ancient fatal disease already mentioned in *Ayurveda* (the "Medical science of our country") which was practiced by "Indian Therapeutics", it presupposed and imagined an "Indian" nation which had already dealt with diseases "similar to, and more dreadful than" the plague, and had, most importantly, succeeded.

By calling it *our Sannipata*, Gupta *claimed* the disease. Claiming was, perhaps, the first step in conquering the disease. The competition of who spoke for the disease, therefore, also contained within it, an argument of who understood (or even recollected/reconstructed) its history better.

[51] Durga Das Gupta, *Plague: Its Prevention and Cure*, 4.

This intellectual debate had material consequences; for, the argument that the plague existed in a primordial Hindu past also implied that it was *Ayurveda*, not allopathy/western medicine that was better equipped to deal with it. Thus, many of these manuals written by practitioners of *Ayurveda* also contained lists of possible medicines against the plague. Additionally, and more, importantly, they contained letters and testimonials by "satisfied" customers to further prove the efficacy of their medicines. In the next section, I compare two sets of testimonials published in two different plague manuals, to show how regionality were important components of this debate on time.

Creating a Clientele:* Testimonials of *Ayurvedic* Plague Medicine*:

In this caveat, I will look at testimonials from two indigenous plague manuals, compiled by two practitioners of *Ayurveda*. The first, written by D.D Gupta, is one we have already discussed above. The testimonials in Gupta's manual speak about the efficacy of his medicines, but they are all written by Bengalis from specific neighbourhoods of the city; the second, on the other hand, is a Hindi manual on the plague, written and published in Calcutta. The testimonials/letters in this latter manual chronicle the experiences of the Marwari population of the city, who mostly lived near the Burra Bazaar area. Studies of the Marwari experience have been a significant blind-spot in the history of Calcutta, and the differences between these two sets of testimonials (both complementing the efficacy of *Ayurveda* during the plague) help one glean the schisms, cracks, and discrepancies within the "national medicine" narrative itself.

Gupta's testimonials were all written by "several eminent men of the metropolis", during the "last six plague epidemics in Calcutta". The manual contained five testimonials—from the Sovabazar Rajbati (The Royal House of Sovabazar), from Shailendra Nath Dutt (a "Zamindar"), from Jnanendra Nath Sircar, "a "vakil of the High Court"), from Guru Prasanna

Ghosh, (a "jamindar"), and from Bepin Vihary Dass, (a "merchant"). A carefully curated menagerie of "eminent men", Gupta's testimonials suggest that, perhaps *Ayurveda* was not only gaining mainstream traction during the pandemic, but also that it was not limited to those who could not afford allopathic treatment. Neither is this clientele, even among the elites, homogenous. Ranging from landlords (zamindar/jamindar), lawyers (vakils), merchants and royal patrons, the spread of *Ayurveda* had grown considerably during the plague.

Of the five testimonials, three of them contained addresses—Sobhabazar, Pathuriaghata, and Nimtolla. All these addresses were in the north of the city, a few kilometres away from Burra Bazar, where another story was unfolding. The Burra Bazaar area was home to the large Marwari population of Calcutta. As Sumit Sarkar argues, the Marwaris were a sizable and powerful economic community in Calcutta by the late 19th century. They were "entrepreneurs who had arrived from Rajasthan", and rose in economic power over the next decades; however, they were still perceived as immigrants, and "remained on the edge of the dominant image of the city"[52].

A plague manual titled "*Plague Chikitsa-Sagar*", published in 1904, by a certain Vamandasji Kaviraj, chronicled, in its final testimonials, the experiences of this very community in the city. The cover page of Vamandasji's text, containing the picture of Radha and Krishna, mentioned how Vamandasji was a "famous Kaviraj in *Bharata*" who had compiled the information about the plague in his book through his own experiences [*anubhava*], but also ancient texts [*prachin sadgranth*] such "*Unani* and *Ayurveda*"[53].

This text contained several testimonials in its last pages, but the subject-positions of Vamasdasji's clientele, although located close to Gupta's demographic (geographically), differed significantly from those of the Bengali *kaviraj*. Vamandasji's clientele included local

[52] Sumit Sarkar, "The City Imagined," 167.
[53] Sri Vamandasji, *Plague Chikitsa-Sagar*, Part 1, (Calcutta, 1904), cover page.

office employees, pundits, a postman and even a "*halwai*" (sweet-meat maker). The final letters were not only from the Burra Bazar area of Calcutta, but also letters from Ujjain, Kanpur and Jaunpur, in the North-West Province (N.W.P), and even from Lahore[54]. These were not only letters of recommendation and gratefulness, claiming that Vamandasji's medication was of use, but they were also of further orders from his pharmacy in Calcutta. Thus, what is of interest is that there was a parallel medical (*Ayurvedic*) route which connected the Marwaris of Calcutta to their compatriots in the West. Regionalism and cultural affiliations meant that members of this community seldom bought from or even consulted the Bengali *kaviraj*. Conversely, the Bengali *kaviraj* probably preferred and therefore printed the testimonials of the eminent Bengalis of North Calcutta, eliding the Marwari from view.

Thus, the politics of time, which was often used to promote *Ayurveda*, had material ramifications, and was used to better the practitioner's economic prospects and social standing. The *Ayurvedic* plague manual, containing histories, testimonials, and alternative medicines, was thus the point at which anticolonial nationalism, the politics of time, cultural (read: Hindu) rebirth, and (regional) business practices coincided.

However, this did not imply a rise of a single, homogenous *Ayurveda* against allopathy. Rather, as the dissonances between the two sets of testimonials show, it signalled the parallel growth, or the *competitive growth* of *Ayurvedic* circuits during the pandemic.

***The Liminal Priest and the Tantric Doctor:* Haridas Haldar, Girishchandra Bagchi and Acts of Mediation**

While there were some practitioners who believed that the plague was new, and others who argued that it was old, an interesting compromise was brokered by the nuanced approach of Haridas Haldar, who, resorting to different habitations of history, complicated this very

[54] Ibid 165-236.

question of origins. Haridas Haldar, a "priest of the Kali's Temple at Kalighat", began his own manual of the plague[55] by tracing a history of the disease, arguing that the plague "is a very ancient disease which had devastated Philistia and Athens long before the Christian Era."[56]

He qualified this claim of a longer history by quoting from *Nature*, one the most influential journals on the sciences, started in 1869. However, while discussing modes of combating the disease, Halder argued that according to the advice given by "Surgeon-General Cleghorn" (a high-ranking colonial official), the arrival of plague must be followed by swift removal of "healthy inmates", and the house should be converted "into a family plague hospital for the time being". Having said this, he mentioned how the advice that "healthy persons should cut of all communications with those suffering from any infectious or contagious disease" was also mentioned in "*Nidan*, that celebrated work on the ancient Hindu system of medicine". He then said,

> "It is needless to say that the modern theories of isolation and segregation are in accord with this sound principle…"[57]

What is of interest here is the subtle balance that Halder is attempting to broker. As a subject of the Empire, his allegiance, he makes clear, is to "His Most Gracious Majesty", and his aim is to "persuade some of my fellow countrymen to cooperate with the authorities in their strenuous endeavour to root out this fell disease from our fair land." [58] However, his juxtaposition of an "ancient Hindu text" and their "accord" with "modern theories of isolation and segregation" brings to light a split subject, who speaks both as a rational follower of western science, and an upholder of ancient texts. Interestingly, in contrast to the *Ayurvedic*

[55] It is important to note that the version of the text that I have used in the second edition; Haldar mentions some differences in the two editions, claiming that the second is "revised and enlarged". Due to the paucity of sources, one is left to reconstruct what the first edition didn't have.
[56] Haridas Halder, *The Plague and How To Stamp It Out*, 2nd ed. (Calcutta: The Standard Press, 1901), 4.
[57] Ibid 12-13
[58] Ibid ii

argument, Haldar bases this balance on a similitude of *methods of outbreak control*; his argument of accordance nullifies, in some senses, the hierarchies assumed on either side.

Similarly, within the pages of *Vishak-Darpan*, Dr. Girishchandra Bagchi, an allopathic doctor, wrote an article where he argued that the plague was an instance of "*Ashangamik Brodhno*" (Non-Venereal Bubo). There had already been debates, as argued earlier, among *Ayurvedic* practitioners, whether the plague was an instance of *baghi* or *brodhno*. Although Bagchi argued that it was the latter, he suggested treatment with arsenic, drawing upon diagnoses from a few European doctors. But most interestingly, he began his essay by quoting the *Tantras* [an ancient set of esoteric beliefs, practices and texts in Hinduism and Buddhism] and the *Charak-Sanhita* [an ancient Hindu text on medicine][59].

These two short examples show that the debate about the disease's history, origin, causation and, finally, which form of medication was best equipped to deal with it, was not always a debate of opposites; there were instances of mediation, of liminality, and of characters who resorted to apparently opposing modes of medicine and thought, at the same time.

Of Divinations, Astrology and Prophecies: **Plague and the End of the Century**

Competing constructions of the past, of histories, were not alone. The plague also led to varying divinations and astrological narratives. The relationship between astrology, spirituality, and pandemics, particularly the plague, is an old one. Karel Černý, for example, has written about the presence of both magical and non-magical amulets in early modern plague treatises in Europe[60]. Birsen Bulmuş, on the other hand, has written about the "Ottoman cabalistic and astrological understandings of the plague" in the "early modern era"[61]. At the

[59] Bagchi, "*Ashangamik Brodhno*", 194.

[60] Karel Černý, "Magical and Natural Amulets in Early Modern Plague Treatises." *Sudhoffs Archiv* 97, no. 1 (2013): 81–101.

[61] BİRSEN BULMUŞ, "MAGIC AND PLAGUE IN THE OTTOMAN EMPIRE." In *Plague, Quarantines and Geopolitics in the Ottoman Empire*, 68–96. Edinburgh University Press, 2012.

same time, as Mark Harrison argues, although astrology "lost the respect it commanded in medical circles" after 1700, the "belief that the heavens influenced bodily health persisted…well into the nineteenth century". There were attempts to amass "statistical evidence which purported to prove the importance of the Moon upon fevers and other diseases". These ideas, interestingly, "flourished in the colonies and in the medical services of the armed forces, but their exponents were not marginal men" [62]. Thus, it was not as if the relationship between astrology, divination and disease was completely forgotten by Europeans in this period.

In 1899, Tarini Prasad Jyotishi published a monograph titled "*Plague-Sanhita ba Aryaswasthabidhan*" (The Plague-Sanhita or The Aryan Hygiene[63]). Prasad, a *"jyotishi*" (Hindu astrologer) began his text with a foreword, which mentioned several "prophecies" (*bhavishyaganana*: *bhavishya*= future, *ganana*= telling) [64] about the plague, some of which, he said, had been paid heed to, while others needed to be reiterated. He argued there had been "a *ganana* about the plague" that been "printed in all the newspapers last year". This *ganana* claimed that the "plague will reach Calcutta through the coasts, through the ships", and that it would not arrive through the railways. "Today", he argued, "we see that it has come true", and hence "everyone is praising this *ganana*". But, he added, there were a few more prophecies that he needed to reprint for "our reader's information". They were:

"If the Plague reaches Calcutta the same way it reached Bombay, it will not be of the fatal kind."
"The Plague will roam around different parts of *Bharatvarsa* [India?] for six years"
"The Plague will attack the coasts of *Bharatavarsa*, not any other places."
"The Plague vaccine will be of no use."
"The Plague will turn into one of the permanent-diseases [*sthayii-roga*][65] of *Bharata* [India?]."

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[62] Mark Harrison, "From Medical Astrology to Medical Astronomy: Sol-Lunar and Planetary Theories of Disease in British Medicine, c. 1700-1850." *The British Journal for the History of Science* 33, no. 1 (2000): 25–48. 25.

[63] The English translation of the title is printed on the cover page.

[64] The word "*bhavishyaganana*" can be used to mean both "prediction" [of the future] and "prophecy" [about the future]. The plurality between a prediction (a secular form) and a prophecy (linked to the world of nonsecular time) complicates the way(s) in which the word may have been intended.

[65] Did Tarini Prasad mean that the disease will turn into an endemic disease? The slippage implied in the phrase "*sthayi roga*" [lit. "the disease which is here to stay"] makes it difficult to focus on one translatory equal.

"Those who will survive the Plague will not live long."
"The Plague *Shatabdi* will bring chaos to *Bharatvarsa*."

The readers are asked to keep these prophecies in mind. What we learn from these futures of the plague makes it clear the plague or the *mahamari* is not something to be feared after all…life and death accompany us humans wherever we go…but mental weakness and fear of the *mahamari* make one more susceptible to it…"[66]

Our interest here is with the word "*shatabdi*". Frequently translated as "century", Prasad's prophecy seemed to suggest that the subsequent century, would, in fact be a "plague century" ("Plague *shatabdi*"). Thus, commentators on the plague were both trying to construct histories and prophecies on the disease. The invocation of the plague "s*hatabdi*" bringing "chaos" takes us back to Sarkar's argument mentioned at the beginning of the chapter. *Kaliyuga* was in the air, the new epoch was believed to descend soon. Coincidentally, being the turn of the century, this was also a period of transition according to the Gregorian calendar. Plague, then, was the point at which the two calendars clashed, the point at which the two orders of time coincided.

What do we make of the astrologer's monograph? Kwong argues that fortune-telling was an activity that "linked the linked the philosopher's cosmological expectations, the local astrologer's business practice and the illiterate peasant's anxieties about the future in a common cultural experience"[67].

Kwong, of course, is speaking about late 19th century China, but I argue that his analysis of fortune-telling as a web of related concerns can be applied here. Prasad's monograph, in reminding its readers of the prophecies on the plague, sought to link philosophical and cosmological explanations to the spread of the disease. And, by claiming that it was the prophecies in his monograph that could dispel fear of the plague, worked toward increasing his own business practice, while embalming the anxieties of an agitated populace. The point

[66] Tarini Prasad Jyotishi, *Plague-Sanhita Ba Aryaswasthabidhan/ The Plague-Sanhita or The Aryan Hygeine* (Calcutta: Keshablal Ray, 1899). 12-13 [of the pdf] [translation mine]
[67] Kwong, *Rise of the Linear Perspective*, 160.

that the *mahamari* was “not something to feared” is perhaps the undercurrent of all these narratives. While gaining legitimacy in the present was an important motive, the other motive was also dispelling fear. In their own ways, indigenous practitioners of allopathy, practitioners of *Ayurveda*, the priest of Kali’s temple, and our astrologer all tried to quell the paranoia around the plague. While some tried to dispel fear by arguing that the disease could be conquered by following modern medicine (the medicine of the “now”) and because it had been conquered elsewhere, some others tried to quell fear by arguing that it could be conquered since it had existed in a single, primordial Hindu past, and that it was a variation of something already conquered in the past. In the case of Haldar, the disease could be conquered by following both “modern theories of segregation” and the principles of the ancient *Nidan*. Finally, according to Prasad, the disease need not be feared since it had already been conquered in prophecy.

***Conclusion:* Public health and public opinion**

Reading these texts, one is also moved to think about the intended readers these texts were targeting. How *public* were these discussions on public health? Who could read them, or even afford to buy them? Historically, this was the period, as Sarkar mentions, of a booming print culture in the city, with printing technology on the rise. Questions of intended readership are difficult to extract, given the paucity of written reviews of these works. One method, however, could be to reconstruct a possible readership [both who *could afford* to read, and conversely, who *couldn’t*] by comparatively analysing the prices of these monographs.

Therefore, while one volume (12 issues) of *Svasthya* was priced at 2 Rupees, one volume of *Vishak-Darpan* was priced at 6 Rupees. This was quite a steep difference and makes one wonder of the comparative difference in the intended readership of the two journals. R. G Kar’s book, by contrast, was priced at 8 annas (50 Paise/ half a Rupee). D. D Gupta’s monograph, A.K Basu’s book, and Tarini Prasad’s monograph were all priced at 1 Rupee.

Others, such as Haridas Haldar, Jogindranath Sen and Bipinbihari Sarkar did not price their respective monographs. Sarkar's book, although unpriced, was published at a "Brahmo" press, thus helping us infer the intended audience (the cultural Bengali elite) to some extent.

Thus, this chapter has argued for different articulations of the disease centred around competing claims of the past and, in one case, the future. As crises grew and deepened, there were efforts to imagine both pasts and futures for the disease. Therefore, *time* became the one of the many crucibles on which the many experiences and imaginations of the plague were written and inscribed, a "language" in which the disease was articulated.

Chapter 2:

Reading a "Riot": Pestilence, Panic, and Protest

While debates on causation and origin raged across intellectual circles, the lives of the plague on the ground were quite different. Panic and paranoia gripped the city of Calcutta, manifesting as violent irruptions, which were often dubbed "riots" in some newspaper reports. This was another form of articulation, another "language" of disease.

Commentators on the bubonic plague in India have often argued that plague panic was caused by a combination of fears, chief among them the segregation scare. There were also other, entangled fears around the plague vaccine. In Punjab, for example, the inoculation against the plague led to a fear of loss of virility among men and of sterility among women[68]. Another cause for opposition, that travelled across regions, was the alleged maltreatment of women by plague inspectors on their routine inspections of native quarters. This maltreatment had social and gendered implications. In "a town in the Bikanir [Bikaner] state," for example, it was alleged that an Assistant Surgeon examined women "in a most offensive manner"[69]. Similarly, an article titled "*The Alleged Sufferings at the Chakradharpore Plague Camp*", published by a certain Nivaran Chandra Mukherjee in the *Amrita Bazar Patrika* on the 25th of August, 1898, contained first person accounts of the lack of respect that "suspects" faced, and the way in which native women were 'searched' and 'checked' at these camps.[70].

However, as we shall see in this chapter, a series of public "disturbances" and "mischiefs" in Calcutta sent alarm signals and shock waves across the Imperial Government, not only

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[68] "E. Wilkinson 1904a. *Report on Plague in the Punjab from October 1st, 1901, to September 30th, 1902*. Lahore: Punjab Government Gazette, 28," cited in Arnold, *Colonizing the Body,* 202

[69] "Alleged misbehaviour of an Assistant Surgeon on Plague duty at a town in Bikanir" published in *Anis-i-Hind* on 25th April, 1900, sourced from "Selections from the Vernacular Newspapers Published in the Panjab, North-Western Provinces, Oudh, Central Provinces and Berar." *Selections from the Vernacular Newspapers Published in the Panjab, North-Western Provinces, Oudh, Central Provinces and Berar*, May 8, 1900. 214.

[70] Nivaran Chandra Mukherjee, "Alleged Sufferings at the Chakrahdharpore Plague Camp" *The Amrita Bazar Patrika*, August 25, 1898, 5.

because Calcutta was the capital of British India, but also because there was a premonition that the "mob rule" in Calcutta would soon spread to other places. These disturbances culminated to what the British press termed as "plague riot", in Bhowanipur, in 1898, articles on which were published by both the native press and British newspapers. My aim in this chapter is to engage in an analysis of some of the potential causes leading up to this "riot", and an analysis of the lives of this "riot" in the public sphere, through reports published in British newspapers and a newspaper of the native press.

On the first level, I trace how the Bhowanipur "riot" was not an event in isolation, that the seeds of it had been planted by the general political condition of the region through the early 1890s, and by a few events in 1897 and 1898. After suggesting the entangled and layered causes for the riots, I argue that plague riots symbolised a different form of identity formation, one that did not just accrue around religion, caste, class, race, and gender, but also around competing claims of community health, and on competing claims on justice.

***The Bhowanipur "riot":* A Case of Conflicting Reports**

On the 21st of May, 1898, a certain "plague riot" rocked the city of Calcutta. It broke out in Bhowanipur, a "suburb" of the city, and was heightened when a doctor fired at a large "mob". The event was widely covered by British newspapers, which termed it a "plague riot"[71]. *The Morning Post* published an article on the riot on the 23rd of May, sourced from *Reuters*, which chronicled the events of the 21st and the 22nd of May. It argued that "after many instances of murderous assaults on supposed inoculators for the plague and attacks on ambulances for removing plague cases", a "serious riot" had broken out in "Bhowanipur", in the suburbs of Calcutta. The report suggested that a particular doctor had been "mobbed and pursued" when selecting an isolation site, and, eventually, "after giving fair warning", he

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[71] A search by keyword phrase "plague riot" on the British Newspaper Archive trimmed down to May of 1898 shows that many newspapers reported the event as a "plague riot". An example of another British newspaper which reported it so is "The Plague Riot Near Calcutta", *St. James's Gazette,* May 23, 1898, 6. The British Newspaper Archive, www.britishnewspaperarchive.co.uk , © THE BRITISH LIBRARY BOARD. ALL RIGHTS RESERVED.

fired at the mob, "killing one person and wounding two". A mob then formed "around the Health Office of the Municipality" and demanded the "surrender of the doctor to them". Adding the report of the next day, it continued:

> Calcutta, May 22: Three thousand rioters took part in the disturbance at Bhowanipur yesterday, which lasted two hours. Many persons were maltreated by the mob, who finally dispersed on the arrival of a force of armed police. The incident caused intense excitement among the natives. A meeting of peons and darwans [lower-class guards] was to have been held in the Maidan to-day, but was forbidden. The people who had assembled dispersed with the intention of meeting again at Howrah, but a large force of European and native police promptly intercepted them on the way. A riot appeared imminent, but the crowd, which numbered several thousand, eventually dispersed.[72]

A slightly different account of the riot was published in the *Amrita Bazar Patrika* [hereafter *ABP*], three days later, on the 26th of May. While British newspapers had not named the Englishman who had fired, simply calling him the "Doctor", and, choosing, instead, to focus on the build-up to the firing, the *ABP* article argued:

> "The badmashes who meant mischief, escaped; but two lads, aged 12 and 18 respectively, fell victims to the revolver of Dr. Laing….while on this subject, we deeply regret the policy allowing these European Municipal Doctors to roam in the native quarters with revolvers in hand, when their presence is apt to inflame an unreasonable and unpersuadable populace like a red rag acting upon a bull…."[73]

A few arguments are of vital interest and importance here. Both these articles buttress a few key facts. First, that a mob had coalesced in Bhowanipur, and second, that a European doctor had fired at said mob, killing one (or two) natives. It is also interesting that in its May 26th issue, the *ABP did not* call the event at Bhowanipur a "plague riot", but "the tragic incident at Bhowaneepore" [74] [another spelling of the same place], and a few pages later, contained a headline which read "The Disturbance at Bhowanipore [another spelling of the same

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[72] Reuter's Telegram, "Calcutta Plague Riot," *The Morning Post*, May 23, 1898, 3. The British Newspaper Archive, www.britishnewspaperarchive.co.uk , © THE BRITISH LIBRARY BOARD. ALL RIGHTS RESERVED.
[73] "The Lower Classes and the British Government", *The Amrita Bazar Patrika*, May 26, 1898, 3.
[74] "Lower Classes," ABP

place]"[75].

However, although both the *Post* article and the *ABP* one seemed to take opposing views vis-à-vis the "riot", both of their arguments were grounded on the assumption of the ignorance of the lower-classes, who were involved in the attack. In the case of the former, it was the "murderous assault" on "suspected inoculators", and the fact of the matter was that the doctor had fired after giving a "fair warning". The *ABP* article, on the other hand, while arguing that it was the very presence of a European doctor, armed with a gun, in native quarters which caused the problem, still acquiesced to the view that the populace was "unreasonable and unpersuadable". Although the *ABP* article had realised that one of the causes behind the riot was not malintent but potentially, fear, it still viewed the cause of the riot to be incendiary and purely reactionary, i.e., due to the very presence of a European doctor in native quarters. However, as we shall see in this next section, similar "disturbances" had been taking place around the city that very year itself.

A Case in Isolation or a Culmination? **Laying the Background:**

On the same day, the 26th of May, an essay titled "*Mob Rule in Calcutta*" was published in *The Englishman*. It began by suggesting that "Britain's ascendancy in India" had been maintained not only by its "foot soldiers and horsemen", but also by "that moral power which a just and liberal government must always possess" over its people. However, it also lamented that this second [moral power] source had been undermined, during "recent years", by the "wicked and lawless" who were misguiding and spreading misinformation about the Government, and by the "foolish" who were believing such falsities. The ulterior motive of this chaos was, finally, the creation a situation of lawlessness against the plague regulations in the city. It went to say that since the "moral ascendancy" of the state seemed now to be

[75] "The Disturbance at Bhowanipore", *ABP*, 5.

"lost", the time had come, as far as the "Calcutta authorities are concerned" to exercise the "real and physical forces" which lay behind this moral power[76].

Over the past three weeks, there were "Hideous murders at Shalimar and Barnagore… disturbances at Pathariagatta, Sukea, Chitpur, and Howrah, and attacks on plague parties, and lastly this affair at Bhowanipur…"[77]. In all these attacks, it argued, the "provocation" had come entirely from the mob, which attacked "innocent men, Europeans and respectable natives". Speaking of the Bhowanipur case, it argued that "no Englishman cares to use a revolver" unless in dire need. Further, it argued that the "Calcutta budmash" (lit. the "bad man", who was, of course, from the "lower classes"), "does not fear the prison, but is mortally afraid of physical hurt". It suggested that in the place of legal precedence, the Calcutta budmash needed to be publicly flogged and whipped, which would have a good "moral" effect on the "cruel, cowardly ruffian", and, its "publicity" would also "impress bystanders and sympathisers" much more than a trial in a police court could[78].

One is accosted by the paradox of colonial morality at play here. On one hand, the article argued that the actions of a few "ruffians" from "lower classes" had been tainting the "moral strength" of Empire. However, the punishment it suggested to those disturbing this "moral strength" was profoundly violent, which would be performed in the name of good morality. The imposition of good morality, then, required the exercising of "real and physical forces" that lay behind the facade of liberty. At the same time, there were issues of political and symbolic legitimacy at play here. Why were *Calcutta* riots so important, so alarming? The Calcutta plague "disturbances" were *public* acts of defiance by lower class natives in the *capital* city of Empire. Their reprimand, therefore, had to be done by altering the circumstances of their defiance in the very space of their defiance. Just as the "mob" had

[76] "Mob Rule in Calcutta," *The Englishman,* May 26, 1898, 3. The British Newspaper Archive, www.britishnewspaperarchive.co.uk , © THE BRITISH LIBRARY BOARD. ALL RIGHTS RESERVED.
[77] Ibid.
[78] Ibid.

asked that the doctor be "handed over to them", thus, articulating a form of extra-judicial action, the Calcutta budmash, too, had to be *publicly* flogged *outside* of the law. The article ended by declaring that "the Government…cannot allow the Capital city of the Empire to be thrown into disorder and confusion at the bidding of a few wire-pullers and hired ruffians."[79]

The Bhowanipur case, then, as *The Englishman* article suggested, was not an event in isolation, but the final straw, in many ways, of similar "disturbances" which had taken place over the last few weeks itself, but events which, until then, had been taken as small, isolated incidents of little consequence. However, this was not the full picture.

Spatial Causes: **The Poona Outrage and its Possible Echoes in Calcutta**

To understand the deeper roots of the riots, one needed to travel back in time, to the year 1897. As David Arnold argues, in February of 1897, at the International Sanitary Conference in Venice, Britain was threatened with an international embargo against shipping from Indian ports, unless the government took effective measures to bring the plague under control. This led to the Imperial Government passing the Epidemic Diseases Act in the same month. The Act was "one of the most draconian pieces of sanitary legislation in colonial India", since it authorised "compulsory hospitalization of plague suspects, destruction of houses and infected property, the physical examination of rail travellers, and the banning of fairs and pilgrimages." [80]

The Act caused widespread alarm, and although it was comparatively relaxed over the next two years, Bombay, the first Indian city which had been attacked by the plague, soon saw its own share of violent disturbances, including an attack on Mr. Rand, its plague commissioner. *The Scotsman* published an article on the 5th of July, 1897 (sourced from Reuters), where it

[79] ibid
[80] David Arnold, *Science, Technology and Medicine in Colonial India* (New York: Cambridge University Press, 2000), 143

said that as of the 3rd July, "Mr. Rand, the Plague Commissioner, has died from the effects of the wounds received by him at Poona"[81]. The article was titled "The Murders at Poona".

Five days after this article, (10th July, 1897), an interesting report was published in the *British Medical Journal* (hereafter *BMJ*). Titled "*The Unpopularity of the Safaiwallah*", its main argument was that the "*safaiwallah*" (the cleaning-man) had always been an unpopular figure in native Indian society, and this aversion to cleanliness was what was fuelling the anti-plague regulation sentiment among the natives. However, it also set up the background in which resentment was simmering. It argued that the present had been a "very eventful year in India" since there was a "serious outbreak of plague in Western India", a "terrible famine in Central and North-West India", and an "earthquake of unusual gravity in Bengal and Assam". These "physical disasters", it argued, "created a feeling of unrest" in "an excitable population". Added to these disasters, the "drastic measures" against the plague had been met with opposition since they had "rudely disturbed the cherished prejudices and deeply seated instincts of the indigenous races of India"; however, it argued, the "Poona murders" had been the "first and only signs of criminal resentment" during the plague."[82] It continued:

> "The simultaneous occurrence of a serious riot in a northern suburb of Calcutta has imparted to the Poona outrages a more serious character than they would otherwise have had. But it is quite certain that the Chitpur disturbance [the simultaneous riot in Calcutta] had nothing in common with the Poona incidents except the violent element. The Calcutta row was precisely similar and similarly caused due to a Mohammedan outbreak which occurred a few years ago in Entally, another suburb of the city, not far from Chitpur, and neither of them had any relation to pestilence or sanitation." [83]

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[81] "The Murders at Poona: Death of Mr. Rand" *The Scotsman*, July 5, 1897, Source: The British Newspaper Archive, www.britishnewspaperarchive.co.uk , © THE BRITISH LIBRARY BOARD. ALL RIGHTS RESERVED

[82] "The Unpopularity Of The Safaiwallah." *The British Medical Journal* 2, no. 1906 (1897): 97–98. 97.

[83] Ibid

It then went on to ask a few "questions" regarding the Poona murders, the second of which was whether these outrages were "more or less isolated or limited expressions of resentment", or were they signs of a more "widespread and deeply-seated political disaffection?"[84]

The *BMJ* article was, perhaps, one of the few essays which hinted at a possible *connected history* of plague riots in British India. But the Chitpur riot, which apparently took place almost simultaneously with the events in Poona and was blamed on the "Mohammedans", was said to have "nothing to do with pestilence and sanitation"; however, as we shall see in this next section, the 1890s was a decade in flux—Calcutta was going through a large demographic shift and there were a number of riots in this period, whose causes were often the culmination of many related anxieties.

***A Decade in Flux*: Calcutta of the 1890s**

Dipesh Chakrabarty argues that the 1890s was a period of precipitating class consciousness in the city of Calcutta, and the city saw several riots by different labour groups. Chakrabarty observes that several riots which took place in this decade was caused by a complex combination of sociological and socioeconomic flux which was taking place in the city's demographic in this period. Religious conflict aside, riots were rarely purely socioeconomic. Taking the instance of the Talla Riot of 1897, he argues that Haji Zakaria, the man who assumed the "social leadership" of the Talla rioters, was a "pan-Islamist". Globally, the second wave of pan-Islamism was prompted during the Greco-Turkish war of 1896. However, as Chakrabarty argues, this second wave of pan-Islamism had a decidedly anti-British element to it, because the British and the Caliphate were on opposing sides during the war. This was coupled with falling wage rates, which coincided with the plague segregation scare. Finally, since many of these "labourers" who took part in these riots were often

[84] ibid

migrants, the attempt at wresting control of places, often deemed "illegal", also meant an articulation of settlement[85]. These issues coincided with the anxiety around the Epidemic Diseases Act which called for the Haj pilgrimage to be suspended.

The politics of religious pilgrimages, especially Haj, has been well studied. Saurabh Mishra argues that politics, pestilence, and pilgrimage were curiously entangled from the middle of the 19th century, till the early decades of the 20th century[86]. The pilgrimage route to Mecca was seen as a trail of contagion, and as a result, Haj was severely hamstrung by a series of decrees. On the 25th of February, 1897, the *Madras Weekly Mail* published an article stating that the Haj had been suspended that year, owing to the plague fear[87]. As Chakraborty argues, the Anti-Haj directives under the Epidemic Diseases Act was "interpreted by Muslim labourers as an action which ran counter to pan-Islamism"[88]. Therefore, during the Talla riot, the rioters had been goaded by the argument that

> "the plague regulations were a myth, and [that] the Government had an ulterior object in view in preventing them from going to Mecca. The Government, they said, feared that if the Musalmans of India went to Mecca, they would come in contact with the soldiers of the Sultan; and the result would be that the Indian Musalmans would come to this country, reinforced by the Sultan's men, and thus the British-raj would come to an end!"[89]

Perhaps, because of this very tumult, the Government, a few months later, as an article in *The Englishman,* suggested, eventually altered its position slightly. Under the revised pilgrimage rules, the Government was said to be taking "highly elaborate precautions" against the spread of plague "as a result of the pilgrimage". Under these revisions, the only ports accessible to pilgrims would be "limited to Chittagong and Karachi". It further argued that prior to the boarding of the Mecca-bound ships from these ports, the pilgrims would have to be kept in

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[85] As argued in Dipesh Chakrabarty, "Communal Riots and Labour: Bengal's Jute Mill-Hands in the 1890s." *Past & Present*, no. 91 (1981): 140–69.

[86] As argued in Saurabh Mishra, *Pilgrimage, Politics, and Pestilence: The Haj from the Indian Subcontinent, 1860-1920* (Delhi, 2011; online edn, Oxford Academic, 20 Sept. 2012)

[87] "Suspension of the Haj," *Madras Weekly Mail*, February 25, 1897, Source: The British Newspaper Archive, www.britishnewspaperarchive.co.uk , © THE BRITISH LIBRARY BOARD. ALL RIGHTS RESERVED

[88] Dipesh Chakraborty, "Communal Riots and Labour", p. 164

[89] "*Amrita Bazar Patrika*, 2 July, 1897, 4" cited in Dipesh Chakrabarty, "Communal Riots and Labour", 164.

camps, under medical supervision, to make sure that they do not carry a risk of infection. These camps were located on the outskirts of the main cities (in our case Calcutta) and they had to take a circuitous route to these ports, in order to avoid spread into the city. [90].

These impositions, couple with a steady anti-Caliphate attitude of the Government, were a legitimate cause for anger by the Muslim population of the city. Given this chaotic flux in the city, Chakrabarty reads the Talla Riot as an instance where labour politics, resentment against the plague regulations [and, for the Muslims, perhaps the Anti-Haj directives], socioeconomics and demographic shifts were coalescing into one[91].

The Talla Riot started on the 29th of June, 1897, almost at the same time as the "serious riot" in Chitpur [sometime in early July, 1897], which, the *BMJ* claimed, had "nothing to do with pestilence". However, as the timing suggests, "pestilence" must have, in all probability, influenced the Chitpur riot, having occurred almost simultaneously with the plague murders in Poona, and on the heels of the Talla Riot.

"The City Doomed for a Great Sacrifice": **Rumours, Whispers, and the Tale of Two Vaccines**

Thus, there were several background factors—similar riots, anti-Haj sentiment, famine, and earthquake— which may have contributed to the plague riots in Calcutta. However, this was still not the full picture. There were many rumours on the ground about the dangers of inoculation and segregation circulating in the city.

Rumours, as Ranajit Guha suggests, were one of the important ways in which subaltern articulation took place in colonial India. Calling it a form of "rebel articulation", Guha argues

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[90] "Plague Precautions and the Haj," *Englishman's Overland Mail*, December 9, 1897, 3. Source: The British Newspaper Archive, www.britishnewspaperarchive.co.uk , © THE BRITISH LIBRARY BOARD. ALL RIGHTS RESERVED

[91] Dipesh Chakrabarty, "Communal Riots and Labour", 164

that rumours possess, simultaneously, both anonymity and transitivity. While "anonymity gives rumour its openness, transitivity its freedom". As a result, rumours are characterised by a degree of amorphous, even generative "plasticity". This does not mean, however, that rumours are completely free when it comes to improvisation; rather, "a rumour can be improvised only to the extent that the relevant codes of the culture in which it operates permit" [92]. Influenced by, but often running aslant to official narratives, rumours signal a shadow self of regulatory, official discourse; not completely alienated from but also not completely free, they also show the limits of colonial control of narrative and communication, as well as the pervasiveness of cultural codes. In this context, Kim Wagner's study of the Revolt of 1857 (also called the Sepoy Mutiny) illustrates, how, unofficial networks of communication such as rumours had a vital role to play in the formation and fuelling of passions and actions during the revolt, and, how, the State and the administration often failed to fully comprehend these forms of articulation[93]. Similarly, Ishan Mukherjee's study of war rumours in Calcutta during the Second World War shows how "war rumour", as a separate archival category was politically constituted in contradistinction to "anti-war propaganda", and how, in the absence of a particular intended audience and the difficulty of finding a single "source" of its origin, rumour-quelling became an "elusive and self-defeating project". It therefore formed a persistent thorn at the side of the colonial administration[94]. Anwesha Roy, in her study of the Quit India Movement and World War II and its effect of Bengal, has, similarly, shown the importance that rumours had during this critical period[95]. Building on this critical role that rumours play in demarcating the limits of colonial discourse

[92] Ranajit Guha, "Transmission," in *Elementary Aspects of Peasant Insurgency in India*, New (Oxford University Press, 1986), 220-278. 261-264.
[93] Kim A Wagner, *The Great Fear of 1857: Rumours, Conspiracies and the Making of the Indian Uprising*. Past in the Present (Oxford: Peter Lang, 2010).
[94] Ishan Mukherjee, 'The Elusive Chase: 'War Rumour' in Calcutta during the Second World War', in *Calcutta, The Stormy Decades*, ed. Tanika Sarkar and Sekhar Bandyopadhyay. (New Delhi: Social Science Press, 2015) pp. 65-93

[95]Anwesha Roy, "World War II and the Prospect of 'Quit India' in Bengal: Perceptions, Rumours and Revolutionary Parties", South Asia: Journal of South Asian Studies (2021), 44:1, 16-32.

and giving physical shape to historically constituted sociocultural anxieties, this section interrogates a few rumours that were circulating in Calcutta during the plague panic in 1898.

On the 27th of June, 1899, a "Lady Correspondent" wrote an article on her experience of a plague riot in Calcutta. The article, published in the *Dundee Advertiser*, recalled a day in "early May, just a year ago", when a riot had gripped the city. The account began with a reference to the "unusual quiet" of the Calcutta streets, which reminded the author remember "various rumours" that she had been hearing from her ayah (native midwife/ a native woman who acted as the caretaker for children in European households). One of these "stories" suggested that the Viceroy had visited a "famous fakir in the Himalayas", asking him[the fakir] whether it was "true that the British rule was soon to close", and on being told that that it would, was informed by the seer that that the only thing that would save the British Raj was the appeasement of the gods by a "great human sacrifice". Since the Government had already abolished Sati and the murder of female children, they now planned to propitiate the "bloodthirsty gods" without "open murder". They would "import the plague from China, and inoculate the people with the plague-serum!" [96].

A similar rumour, of the Viceroy meeting a yogi in the Himalayas to save British India, is cited in a report by J. Neild Cook, the Health Inspector of Calcutta during the period. But this report also added that the Viceroy had met the yogi "and made a compact with him to sacrifice 2 lakh of lives to the Goddess Kali", which would be done, it was suspected, by "distributing white powders and black pills and by administering lethal injections"[97].

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[96] A Lady Correspondent, "Plague Riots in Calcutta: A Dangerous Crisis," *The Dundee Advertiser*, June 27, 1899, 8. Source: The British Newspaper Archive, www.britishnewspaperarchive.co.uk , © THE BRITISH LIBRARY BOARD. ALL RIGHTS RESERVED.

[97] J. Neild Cook, health officer, Calcutta, "Report on plague in Calcutta, 31 August 1898," *Report of the Epidemics of Plague in Calcutta* 1900, 23 cited in Arnold, *Colonizing the Body*, 222. Arnold also mentions that although there is a claim that the Viceroy had gone to the yogi to save British India, it "is not clear" from what the saving had to be done.

Rumours were, by no means, limited only to Calcutta; rumours of the collapse of British rule had caused a riot in the Kaira district of Gujarat in January of 1898 as well[98].

A Goddess Reborn: The Two Faces of Kali

A small caveat must be inserted here. The particularity, perhaps even the peculiarity of the Calcutta rumour (if one were to combine the information from the Lady's account and from Cook's report) lay in the fact that it was Kali who was being invoked. Kali, the mother goddess heavily influential in Eastern India, had been undergoing a resurgence from the middle of the 18th century in the region, culminating to the rise of Saktism[99] (Sakta—the cult of Sakti, another name of Kali).

However, seven months later, another imagination of the pandemic and of the vaccine was proffered, this time in an article published in *Janmabhumi*, a leading nationalist magazine, in the Bengali month of *Poush*, in the Bengali year 1305. The Bengali month *Poush* fell between 16th December and 16th January; therefore *Poush* 1305 would be dated between 16th December 1898 to 14th January 1899 according to the Gregorian calendar.

Here, the author argued that references to the "*mahamari*" were present in the *Puranas* as well as the *Vedas*, and that the *mahamari* itself was the Mahakali [the Great Kali] of the *Puranas*. Depending on the epoch, she [Kali] was either the creator (*sristikarini*), the one who sustained (*palanakarini*) or, in her *tamarupa* (dark form), the destroyer (*nasakarini*); and, when she was the *nasakarini*, she took the form of the *mahamari*. This implied a cosmological system wherein everything was a manifestation of the goddess herself, and that destruction/death was not an end, but another form, a return, a re-consuming of everything by the goddess who produced it in the first place. The article also argued that according to the *Devi-Bhagavatam*, another ancient Hindu text, Kali had been created by the god Brahma, and

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[98] *Mahratta*, 23 Jan. 1898, 1; Lely 1906, 29 cited in Arnold, *Colonizing the Body*, 222.
[99] As argued in Rachel McDermott *Mother of My Heart, Daughter of My Dreams: Kali and Uma in the Devotional Poetry of Bengal* (OUP, 2001).

that she had been given the task of cleansing the world of sin during *Kaliyuga* (the present yuga, where everyone was rife with sin)[100] in the form of the *mahamari*. Interestingly, it ended with the following assertion:

> I almost forgot to mention something. The *Markandaya Purana* mentions *Raktabeej* [*Rakta*- blood, *beej*- seed] too. The one [*asura*] who was born from blood (*rakta*), that's why he was called *Raktabeej*. The plague's *beej* [seed/germ?] is born in the blood as well, and is more terrifying than any *asura*! Therefore, the *Raktabeej* of the plague and the *Raktabeej* of the *Markandaya* are one and the same. The one who had killed that *Raktabeej* [in the past] has been reborn in the *Kaliyuga* as a vaccine in Haffkine's lab…[101]

Thus, we have two—contradicting yet complimentary— narratives about Kali arising here. On the first level, the rumour of 1898 seems to suggest that the plague in Calcutta was seen as a "*mahayagna*" (a great ritual sacrifice) for Kali, the most influential goddess in the region. However, by late 1898/early 1899, the narrative seems to have, at least from the *Janmabhumi* article, altered significantly. While in the beginning the article claimed that the plague was the *mahamari* form of Mahakali, it ended by suggesting that the goddess was reborn "as a vaccine" in "Haffkine's lab". Wademar Haffkine (1860-1930) was the French-Ukrainian bacteriologist who had been developed the plague vaccine in Bombay.

This apparent paradox (Kali-as-pandemic and Kali-as-vaccine) can be answered by the complex philosophical underpinnings of Kali worship itself, which made the goddess a simultaneous locus of hope and despair; Kali was chaos, but also deliverance from that very chaos. The mythological tale being alluded to was also interesting. In the mythological tale of *Raktabeej*, the goddess destroyed the *asura* by consuming every drop of blood that sprang from it. In other words, she could only defeat the demon by *becoming* him; similarly, the *mahamari*, a form of Mahakali, could only be defeated by Mahakali herself. The article was, perhaps, attempting to explain the vaccine in mythological terms. Kali became the cause of

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[100] We come back to the argument of temporality explored in the first chapter.

[101] "Mahamari-Mahakali," in *Janmabhumi* (Bangabasi Steam Machine Press, 1899), vol. 9, no. 1, 1-2. [author unknown, translation mine] The article mentions that the goddess had been reborn in Haffkine's "ghar". "Ghar" normally meant house, but in this context, I took it to mean "lab".

the chaos but also its cure, both punishment and deliverance, the weakened microbe, injected into the bloodstream that would develop immunity and kill off the actual disease. The two faces of Kali (as pandemic and as vaccine), show that goddess-mythologies were another "language" of disease, another imagination, a different vision of the world, a different cosmological articulation.

"The City Doomed for a Great Sacrifice": (Contd.)

But coming back to the description of the riot—The lady mentioned that the whole situation reminded her of the "mutiny"; the comparison drawn with the Mutiny is of interest. The reference, of course, was to the Sepoy Mutiny of 1857. A little more than forty years had passed since then, but the memory of the mutiny had not died down. Now, it had metamorphosed into allegory and trope; thus, just as, according to Wagner, the mutiny had been affected by and had itself generated rumours surrounding the end of British rule and signalled, to the authorities, a world of chaos, the plague riot was explained, understood, and perhaps even experienced in the same way. In many ways, it was a symbolic inversion; the "meek coolies" turned violent and angry, the streets full of life were deserted, the outsiders were infiltrating the world of the *sahibs* and the *memsahibs* [the European gentlemen and ladies in colonial India], and two worlds, uneasily lodged at a razor's edge, were colliding. The narrator then heard a "tremendous yell outside". A "native in a European dress" was being "mauled mercilessly" by a crowd of "half-clad human beings, armed with sticks, and apparently mad with rage." The cook explained that he was one of doctors sent to inoculate the people, and that the crowd had turned on him. When the narrator informed her husband of them same, he said that the native was one among the many "scoundrels", who were using the plague fear to extort money from "their fellow countrymen", by pretending to be "doctors sent by the Government to inoculate them [their fellow countrymen]". They would then offer

to “exempt” them for a lot of money and were thus making “large sums” [102].

Soon after this, the narrator noticed a drummer who arrived with a Government Proclamation, claiming that no one would be inoculated against their will, that “every convenience will be afforded to those who wish it”, and that anyone claiming to be sent by the Government compelling inoculation is an “imposter”. The drummer further claimed that if one such imposter is taken to the “nearest thana (police station)”, one would receive fifty rupees.[103]

A new set of complexities arise here. In contrast to the first rumour, the conflict now no longer remains between the Government and the people, between the Viceroy and his subjects, but also *within* the people. The prospect of “imposters” within one’s own community compounded the conflict, as they were either seen as agents who pilfered, or as collaborators. This fear of and anger towards fake inoculators was noticed in Bombay as well. As Rajnarayan Chandavarkar has noted, the plague scare in Bombay was compounded by the similar profiteering of imposters who claimed to be inoculators and exploited the people[104].

After hearing this declaration, the narrator was informed by the ayah that despite the Government declaration, doubts remained. The ayah had, apparently, heard a “Moola” at a “Mohammedan mosque”, addressing a crowd, who declared that the Proclamation had only been a “lure”, and if someone were to take an imposter to the local police station, they would be seized, injected with poison, and then killed. This made the crowd shout, “Kill the doctors” and “Down with the Belati” (foreigner)[105]. When the Lady asked the ayah why she refused to take the vaccine when many Europeans had already applied for it and since it gave one a better chance at recovering from the plague, the ayah replied:

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[102] Plague Riots in Calcutta,” *The Dundee Advertiser*
[103] ibid
[104]Chandavarkar, *Plague Panic*
[105] “Plague Riots in Calcutta”, *The Dundee Advertiser*

> "Memsahib, you are unbelieving. I told you that the great Lord Sahib (the Viceroy) wants to slay us. He loves the Belati log, and they are not inoculated with the poison, but with some other harmless stuff. We fear not the plague, for the gods have permitted it, but we will not have our bodies defiled with the Companee's vile poison….[106]

The authorities, it seems, had caught wind of this narrative of two vaccines. Cook mentioned in his report that when inoculations were performed on Europeans or prominent natives without any fatal effects, it was believed that rosewater was being used, and the real poison being kept for less-fortunate natives[107] (the "us" in the Ayah's story).

What is of interest is the fact that as the ayah's story makes clear, vaccine hesitancy and the inoculation-fear was not merely an aversion to the idea of the vaccination in general. Rather, vaccine hesitancy was a combination of political distrust, racial anxiety, and the fear of deliberate misdiagnosis.

Upamanyu Mukherjee argues how natural disasters such as famines and epidemics led to the growth of a ideology of "palliative imperialism"; under this rubric, imperialism was seen as a way of caring for and saving the inferior native; at the same time, Mukherjee also explains how epidemic diseases, with their devastations and the resistance against the reality of many of their control mechanisms also showed the deeply limiting nature of such a project[108].

Further, as David Arnold suggests, colonial interventions which led to the abolition of Sati and the banning of female foeticide were "preliminary instances" of the "arrogation of corporal power" by the State. This was borne out of a "latent claim" that the colonial state was making on having control over the bodies of its subjects. Over the late-nineteenth century, colonial health policy began subscribing to the notion that European health in India could "only be assured through wider medical and sanitary measures", which translated to the

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[106] "Plague Panic in Calcutta", *The Dundee Advertiser*

[107] Cook, *Report on the Plague in Calcutta,* 25, quoted from, I. J Catanach, "Plague and the Indian Village", In *Rural India: Land, Power and Society under British Rule*, edited by P. G. Robb. (London: Corzon Press, 1983) 224-226, cf. Arnold, *Colonizing the Body,* 220

[108] As argued in Upamanyu Pablo Mukherjee, *Natural Disasters and Victorian Empire: Famines, Fevers and Literary Cultures of South Asia* (Palgrave Macmillan, 2013).

belief that Western scientific knowledge and reason could "conquer epidemics" in India[109]. These interventions, however, often failed to consider the beliefs and feelings of the bodies it was trying to police and control. Since both these interventions (banning of female foeticide and abolition of Sati) were mentioned in the ayah's first rumour, this might suggest that the antipathy towards being inoculated by the colonial state was borne out of a feeling that that too, was an extension of the colonial policy of bodily control.

The narrator then argued that although the city "resumed its appearance in a few days", "more absurd rumours got afloat", such as the people "would get inoculated in their sleep". These rumours all culminated to the mass exodus of natives "both rich and poor", who were all fleeing Calcutta, "the city doomed for a great sacrifice". The practical upshot of this exodus meant that the city was paralysed for want of the labouring classes, such as the coolies, servants and other workmen, which led to "commercial circles" suffering. But this also meant that "cabmen and Railway Companies" reaped "a fine harvest". Prices for cab rides increased manifold, which was "gladly paid by the terrified creatures", who would do anything to escape the city. Finally, the article argued, it was realised that "the Railway Companies that had spread the inoculation scare to fill their own coffers" [110.]

This same fear of desertion of the city was articulated by one Gobin Chunder Dhur, who wrote a series of letters published between May and July of 1898 to the editor of the *Indian Mirror*. These letters chronicled the day-to-day experience of plague in the city. In a letter dated the 9th of May, 1898, and published on the 11th, (hence "early May"), he claimed that "Calcutta is being deserted still," and that, "our servants and cooks are leaving us. It is difficult to shave our heads for want of barbers. It is still more difficult to get washermen to

[109] David Arnold, 'Touching the Dead: Perspectives on the Indian Plague 1896-1900', in *Selected Subaltern Studies*, edited by Ranajit Guha and Gayatri Chakravorty Spivak. (Delhi: OUP, 1988), 391-427, 393-394.
[110] "Plague Riots in Calcutta," *The Dundee Advertiser*

wash our clothes…can the Metropolis of British India be reduced to a more wretched and pitiable condition than this?"[111]

Dhur's anxiety—the fear that the "Metropolis of British India" was being reduced to a "pitiable" condition due to the (lower class) exodus during the plague panic—is significant, for it shows the uneasy labour relations on which the "second city of Empire" stood. Arguing that the exodus was a result of misinformation, Dhur wrote a letter on the 23rd of May (two days after the Bhowanipur "riot" which, curiously, found no mention), which was published on the 26th, where he argued that the "masses" were "credulous", and they were "prone to believe all wild stories and absurd rumours". He suggested that Calcutta presented a "vacant appearance", and there had been "strikes among cartmen, coolies, *mehtars* and *dhangars*" because the masses had put their faith in all "reports of evil-doers" that were being carried from "door to door" just to spread alarm[112].

It is interesting that both Dhur and the Lady Correspondent mention the damage that popular panic, rioting, and exodus was causing the city. As we saw on the day after the Bhowanipur "riot" [22nd May], the "meeting of the peons and the *darwans*" was a source of great fear and anxiety to the authorities, which was eventually averted. In all these accounts, the fear and damage caused to the city was due to the lower-classes (or even the labouring classes) becoming *out-of-place*; there was deep hypocrisy in this anxiety of desertion, since the upper-classes themselves who were also deserting the city due to the pandemic[113]. However, the selective critique of this other desertion implied that the plague was, perhaps, only considered a problem when the lower-classes refused to remain in place, and either attacked the class-

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[111] Gobin Chunder Dhur, *The Plague: Being a reprint of letters published in the Indian Mirror for allaying popular alarm and conciliating the people to the action of the Authorities*. (Printed by Sanyal and Co. Bharatmihir Press, and Published by Gobin Chunder Dhur, 1898). 3-4.

[112] Ibid. 5.

[113] Rabindranath Tagore, in his short story "Malyodan", mentions how Harakumar, a Deputy Magistrate in Calcutta, ran away from the city during the plague fear, and rented a house in the outskirts, in Bali, by the Ganges— in Rabindranath Tagore, Malyodan, Source: Tagoreweb.in https://www.tagoreweb.in/Stories/galpoguchchho-84/malyodan-229 [accessed on 20/03/2023]

order of the city, or left the metropolis, causing it to fall into a "sorry state". This anxiety is important because it also shows us, in no small measure, how experiences of the plague and plague-panic varied between different groups in the city.

Finally, the *Dundee Advertiser* article mentions that many of the rumours in the city were started by the Railway Company, in the hope of filling their own coffers; if one assumes this allegation to be true, one could argue that the plague panic, along with the plague riots, resulted not in mere economic loss to the city; rather, it resulted in a *reallocation* of money—some middling groups profited, while those traditionally in positions of power suffered. Thus, there was a clear economic materiality to these riots, and they were not inchoate, random acts of popular panic.

The Mirror of Denial and the Problem of "Influential" Connections

All the causes mentioned in the last section were predicated on the argument that the plague had indeed arrived in the city. However, there was another potential cause of panic and confusion in Calcutta, which assumed a form of denial—the belief that the plague had not arrived in Calcutta at all. Although the ayah in the "Lady's" story said that they had "accepted plague", there were still doubts as to whether the plague had really arrived in the city even as late as 1898. Doubts about the very presence of the disease often led to the plague experience refract itself through what I term as the "mirror of denial". If, as the doubts suggested, the plague had not arrived in the city at all, that most cases were misdiagnoses, then, any attempt at segregation or plague rules was seen as a deliberate attempt by the Government to impose a disease condition on the city. This notion of denial yielded interesting reports and led to conflicting views on the plague from the ground. Thus, on the same day as the report of the Bhowanipur Riot was published in the *Amrita Bazar Patrika,* another column, titled "*The Cause of this Opposition*" was published on the same page. It argued that along with "wrong and fanciful impressions" harboured by the masses about the regulations and the inoculations, another "impression" which leads the "population to burn

ambulance carts" was the belief that "there is no plague in Calcutta" and that the ambulance carts "forcibly carry away people to the plague hospitals, who are not suffering from plague at all". Interestingly, it went to say that this belief (of no plague in Calcutta) was "not confined to the ignorant classes", and that "a large body of educated Indians and Europeans share[d] this belief, to a considerable extent"[114]

A few months later, Nivaran Chandra Mukherjee's article—quoted at the beginning of this chapter— was published. Mukherjee seemed to add a regionalist layer to this notion of denial. Along with voicing concerns about the living conditions of "plague suspects", he went on to express worry at the fact that the camp allowed "commingling of Bombay suspects with those from Calcutta." He went on to say that it was not wise to let people from Bombay "where the plague is real and epidemic", to mix with people from Calcutta, "where the plague is yet only suspected and sporadic." [115]

An important distinction arises here. As Mukherjee's narrative makes clear, there were perhaps differences that were now forced upon plague victims based on the city they arrived from. Under this narrative, the Bombay plague victim was a *real* carrier, while the Calcutta plague victim was only a *suspect*. This date of this article is significant. Published a little over three months after the Bhowanipur Riot, it implied that despite larger debates of causation, history, and comparative medicine (inoculation, allopathy, or indigenous medicine), the very *presence* of the disease—the bedrock on which all further policy and arguments rested—was an unstable one, at least in the public sphere.

The narrative of doubt, I argue, inverted any possible preventive measures the Government undertook. Thus, camps became possible sites of infection instead of spaces of recovery.

[114] "The Cause of this Opposition" *The Amrita Bazar Patrika*, May 26, 1898, 3.
[115] Mukherjee, "Alleged Sufferings"

Compulsory checks became opportunities of ridicule and harassment, and the ambulance cart became a vehicle of death instead of a vehicle of recuperation.

At the same time, Mukherjee ended his article by mentioning that the only way he escaped the camp was through "the interference of kind and influential friends" who he had "wired" about his "unpleasant position".[116] This leads to another potential cause of anger and anxiety— *the comparative possibility of escape these camps*; for, if one were to believe Mukherjee's assertion that he could only "escape" through the "interference of kind and influential friends", this would imply that those without any influential connections were left to be suffer in the camps. Thus, the anger of being forcibly taken to a camp from a disease that did not exist in the city at all (under the mirror of denial), compounded by the angst of sharing living quarters with those who "real" carriers, and then seeing others escape using "influential" connections, could also have been potential causes for the riots.

Understanding Intent: **Plague Riots as Identity-Formation**

Aidan Forth has written about how the plague and its attendant regulations were seen as an instance of war between Empire and pestilence; "in the empire", Forth argues, "medicine and military power were tightly interwoven", leading to the authorities declaring a "war on plague", through regulations, checks, and camps[117]. At the same time, Ranajit Guha argues that subaltern articulation (through protest or insurrections), whenever it did occur, was codified as contagion. In other words,

"…a rebellion—any rebellion—is, in the eyes of its adversaries, a disease."[118]

Thus, according to Guha, subaltern politics was often understood as pathogenic, and the spirit of rebellion was codified as a "morbid poison" that destroyed the peasant's "healthy sense of loyalty to his master" and undermined the "moral edifice of the latter's authority". At the

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[116] Ibid

[117] Forth, "A Source of Horror and Dread" 78-79.

[118] Ranajit Guha, *Elementary Aspects,* 221-222.

same time, this metaphor (of contagion), carried with it “the notion of irrationality”, of a physiological as well as moral attack on the mind of the otherwise loyal and docile peasant. There was also, finally, often a suggestion of “spiritual defilement” as well as the “externality of the agent”, that “peasants lost their innocence” due to the “irruption of outsiders” [119]. Externality is an important aspect here; the recurrence of “outsiders”, often implies that protest was regarded as foreign and non-endemic to the loyal peasant; it was only the insinuation by the troublemaking outsider that resulted in irruptions, at the same time, it implied that protest was something “external” to the apparently peace-loving, compliant reality of the peasant. Thus, there was a longer history of mechanisms through which the colonial state explained irruptions in order, mechanisms which relied upon the devolution of any kind of subaltern articulation as pathogenic, immoral, and misguided.

A similar narrative can be traced in the way “plague riots” were explained and represented, coloured by the assumptions of ignorance and misguidance. Wherever “plague riots” were reported, it was almost always argued that the ignorant, superstitious native misunderstood the Government and that they were misinformed by “evil-doers”. Such assumptions, while cloaked and clothed in benevolence and concern, signal a rationalist, patronising despotism which infantilizes the Other; at the same time, it traps the native (within the “mass”), hermetically, in a realm of non-knowing *ad infinitum*. Thus, the mass moves to a realm of permanent darkness, a cave which it cannot escape from unless guided out to by the educated elite. As Jon Wilson argues, the colonial state in India was marked by an ambivalent approach towards its official policy in the colony, marked more by reactionary and circumstantially motivated decisions, rather a single, cohesive policy of domination. Considering themselves, for the longest time, “strangers” in a land meant for conquering, this resulted a consistent state of alienation from those the colonial state governed[120]. The other

[119] ibid

[120] Jon E. Wilson, *The Domination of Strangers: Modern Governance in Eastern India, 1780-1835*. (Cambridge Imperial and Post-colonial Studies Series. Basingstoke: Palgrave Macmillan, 2008)

side of this narrative, however, meant that the colonial state also considered the native colonial subject, in many ways, an Other, a stranger. How does one read the crowd against the epistemic constraints these reports show us? Was it truly misguidance and ignorance that was moving the masses?

The second half of "*The Cause of this Opposition*" (referenced earlier) cited an interesting interaction that Dr. Bose, a native doctor, had had with a plague rioter, which seemed to suggest otherwise. This rioter, named "Ashutosh", had been involved in the "Dharmatalla case", and had attacked Dr. Bose. The article read:

> "Dr. Bose, in his evidence of the Dharmatalla case, says that the first accused, Ashutosh, first addressed him in these words: "Being a respectable man, why do you oppress the people?" Dr. Bose gave no reply and he was then assaulted! So Ashutosh committed the assault under the impression that Dr. Bose was cruelly oppressing poor people, and he committed the assault under the belief that he was Don Quixote-like giving his protection to the distressed…. Thus they assault the *ticcawalla* Saheb [inoculator] or who they fancy to be a *ticcawalla.* Why? Because they sincerely believe that these men carry poison with them to kill people. Now is it not a very chivalrous act to assault men who carry poison to kill their fellows?
> …
> When Dr. Bose was carrying his patient, the people thought that he was only dragging a person to the isolation hospital, who has no plague in him, and thus Ashutosh addressed him, "being a respectable man, why do you oppress the people?"[121]

There is a reference to the argument of denial here, that the attack happened since Ashutosh wrongly believed that the plague did not exist. However, the argument of "protection to the distressed" is what I am trying to develop here. Another impetus to the riots, perhaps, had to do with this very protectionist discourse. Complimentary to all these potential causes, I suggest that plague riots were also moments where competing ideas of justice, community health, and public "good" came into question and clashed. While the rioters were often seen as either immoral "budmashes" bent to break the moral authority of Empire, or misguided

[121] "The Cause of this Opposition", *ABP*

simpletons provoked by outsiders, the view from the other side suggests that that may not always be the case. Rather, as evidenced by Ashutosh's words, the rioters themselves were (in some cases), perhaps, guided by a sense of justice, and the belief that they were acting on the behalf of the "good" of their people.

The intent to question or undo a "wrong" that was being done on one's people and to stand against the injustices by those who controlled systems of justice (the Government) also meant that perhaps, in many cases, many of these plague "riots" were protests (it is also interesting, therefore, how the event at Bhowanipur was called a "riot" in the articles by the British newspapers and not in the 26th May issue of the *ABP*) which may have later turned violent. The conflation, or perhaps even categorisation of a *protest* (against the injustice of a system) as a *riot* (as arsonist, lawless, and seditious) meant that any attempt at questioning government policy and articulating competing modes of justice translated itself as violent irruptions by a misguided populace.

Ashutosh's question to Dr. Bose, printed twice, ("Being a respectable man, why do you oppress the people?") is significant, for it implies two things. Firstly, that there was an expectation that Ashutosh (the rioter) had from the native doctor, an expectation of justice and help. Secondly, it implies that this attack had occurred since, presumably, this contract of expectation had lapsed, that he could no longer trust this once "respectable man", and that therefore, now, justice had to be administered and exercised by the people themselves. Thus, I suggest that there was a possible ethical/moral thrust to these riots too, even a sense of vigilantism. Attacks on symbols of the "bad", the unjust, the things used to "oppress the people" (ambulance carts, inoculators, doctors) were born from a sense that it was the people, the natives who were not a part of the Government, who understood, in a moment of pandemic panic, the communal "good" better, and who could thus take care of their people on their own terms.

*Conclusion: **Cause and Effect***

What caused the Bhowanipur "riot" of 1898? While the newspaper reports claimed that the immediate spark was caused by a doctor firing at a mob, the question of why the mob coalesced, and why they even asked for the "doctor to be handed over to them" were not explained or even examined. Instead, it was seen as the culmination of a series of "murderous assaults" that had been taking place in the city over the last few weeks. The *Amrita Bazar Patrika* did attempt to explain the potential causes of the riot, claiming that it was the presence of a European Doctor armed with a gun, in native quarters, which triggered the violence, but it did not dig deeper. I have attempted, instead, in this chapter to look at the entangled, yet layered causes, which may have all served as potential impetuses, in varying capacities, for such riots in Calcutta.

One set of causes were quite general and were often shared across regions—these included the segregation scare and the anxiety arising from the Epidemic Diseases Act of 1897. Other general causes included the alleged dishonouring of women by inspection parties, and the scourge of potential imposters forcing inoculation onto people and looting them in the process. These were important triggers but were by no means typical to Calcutta.

The second set of causes is what I have termed as historical causes. These include the socio-political events that were taking place in Calcutta through the 1890s, such as the shifting socio-economic demographic within the city, which, added to the Anti-Haj sentiment and the general anti-Caliphate attitude of the Government, may have been a serious cause of ire among the Muslim population of the city. There was also a severe famine which took place in 1896, and a terrible earthquake which took place in 1898 in Bengal and Assam. These may have served as potential causes of angst, precipitating into an angered public consciousness.

The third set of causes is what I have termed as spatial causes. These include plague riots in Bombay, especially the murder of Mr. Rand, the plague commissioner, which was immediately followed by a riot in Chitpur, Calcutta on the same day.

Finally, the last set of potential causes is what I have termed as the circumstantial causes, causes which had to do with sets of events that were taking place in Calcutta in the very month of the riot. These include the “hideous murders” which took place over two weeks before the “riot” at Bhowanipur. Added to this were a few rumours which were afloat in the city during this period, such as the rumour of two different vaccines, the rumour of the plague being a “great sacrifice” to the goddess Kali, the rumour that the plague had been imported from China, and the rumour that the people would be inoculated in their sleep.
Added to these causes was a belief, in many quarters, that, the plague had not arrived in Calcutta at all, and that the measures against the disease were a conspiracy on the part of the Government.

Another impetus behind the riots had to do with the protectionist discourse. I have attempted to show that another way to view “plague riots” is to view them as moments of identity formation, and as moments where native subjects articulated their own ideas of community justice. Under this reading, one potential component of “plague riots” can be seen as the desire for justice, of competitive ideas of community health and as a form of extending communal protection. The “budmashes” who “attacked” Dr. Laing in Bhowanipur, were, as the reports suggested, a crowd which had gathered when the doctor was allegedly choosing an isolation site. When they asked the doctor to be “handed over to them”, they were perhaps trying to say, like Ashutosh, that the “honourable” men who were, in their view, “oppressing the people” needed to be stopped, and the community needed to be protected by a form of vigilantism. Thus, *panic*, *protest, goddess-mythologies,* and *community justice* were also languages of disease, ways in which the pandemic was experienced and imagined.

Chapter 3:

The Hermeneutics of Duty: Plague-Work, Women, and Students

The aim in this chapter is to explore the narrative of plague-work as "duty" espoused by two prominent social reformers in Calcutta, Sister Nivedita (an Irishwoman, whose actual name was Margaret Noble) and Swami Vivekananda, who were both monks of the Ramakrishna Mission. During the plague panic in Calcutta, both these figures pushed for a cleansing of the city and for domestic cleanliness—what I term as plague-work— which was often espoused as one's "duty". This chapter will not only look at the different ways in which this "duty" was practiced, but also the ways in which it was imagined.

Projit Bihari Mukharji has argued that plague-work was often represented as the "loving care" of the educated elite towards the subalterns, but which was, in truth, an attempt at relocating and articulating power. The translation of policy and medicinal information during the pandemic, also translated itself as a new narrative of domination, wherein the *bhadralok* now tried to seize control of the plague narrative. It has also been suggested that the insistence of domestic cleanliness, by the *bhadralok*, during the plague, was a way to reoccupy and reconfigure the sanctity of the native (Hindu) household which was being targeted by the colonial government in their plague prevention protocols. In the place of destroying the house, these narratives, while focusing on innate cleanliness, worked towards the development of the rhetoric of *pratirodh shakti* [the power to repel contagion] and, consequently, *Atmashakti* [power of the soul], which became a rallying point for the Swadeshi Movement a few years later[122].

However, my interest in this chapter has to do with the world outside of the *bhadralok*; by focussing on Nivedita's speech to young male university students and analysing her writings over the next decade, I analyse these different structures of solidarity, located outside the

[122] As argued in Mukharji, "Political Plague"

hegemonic male order of the *bhadralok*.

In Calcutta, the Ramakrishna Mission, interestingly, called for young male students and women to lead efforts against the plague. In the first chapter, I argued that hapticity was one of the rubrics on which plague narratives carried their arrow of blame. Contact with the corporeal, in other words, was seen as contagion itself, and therefore, a lot of plague precautions—quarantines by the government, desertion of the city by its inhabitants—implied the reversal of contact and a narrative of social abandonment. This idea of social abandonment during a pandemic was not new, since similar patterns of social fractures and abandonments were also seen during the Black Death[123]. In this sense, plague-work, as theorised by Vivekananda and Nivedita, inverted this very moulding of contact-as-contagion, by couching plague-work as both spiritual action and political critique.

The suggestion that tending to the diseased was holy was also not a new idea. Rachel Clamp's fantastic study of "informal sisterhoods of nurses" in 17th century England during the outbreak of plague demonstrates how poor women cared for plague patients often at a great risk to their own well-being. As Clamp mentions, while the more common image of a plague doctor in in this period in Europe is one of a mask-wearing figure instilling dread, these social solidarities helped, perhaps, in inverting the optics of the plague-doctor, and that patients were often treated by these sisterhoods[124].

In this milieu of abandonment during the plague in Calcutta, the Ramakrishna Mission's plague-work was also formulated as a statement, targeted towards the upper-classes, who were all deserting the city in fear; it was, therefore, an elite project with an internal compass

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[123] As argued in Samuel Cohn. "PLAGUE VIOLENCE AND ABANDONMENT FROM THE BLACK DEATH TO THE EARLY MODERN PERIOD." *Annales de Démographie Historique*, no. 2 (134) (2017): 39–61.

[124] Rachel Clamp. "Women, Social Solidarities, and the Plague in 17th-Century Newcastle, England." In *Epidemic Urbanism: Contagious Diseases in Global Cities*, edited by Mohammad Gharipour and Caitlin DeClercq, 84–91. Intellect, 2021.

of critique, as it included voluntary enlistment by members of the upper classes. Although the women in Clamp's work do not share the same cultural capital and class position of the demographic Nivedita and Vivekananda were talking to, it is interesting to note that that prior to her speech to the students, Nivedita's wrote a letter to Editor of the *Statesman*, where she outlined how the cleaning of Calcutta was suffering due to the lack of funds, and she appealed to "European Calcutta" for help, and how "necessary implements and disinfectants have taken a third of the money" that she had "hoped to spend on wages"[125]. Thus, while this was still an elite project, there were everyday economics involved, and perhaps even those on whom wages had to be incurred. It is, therefore, important to consider this economic reality in the background, in the otherwise elite solidarity of plague-work.

I argue that solidarity was also an important language of disease during the plague in Calcutta; that plague-work, among university students and women, signalled a complex, layered imagination of duty. Plague-work became the site at to subvert cultural and gendered anxieties about the Bengali Hindu elite male, to fashion a complicated rubric of "modern", "Indian" womanhood, and a way to facilitate a form of Hindu revivalism.

Laziness and Shame: **Refashioning Bengali Manhood**

On the 22nd of April, 1899, a lecture was delivered at the Classic Theatre Calcutta by Sister Nivedita. Printed in the *Indian Nation* on May 1st, 1899, the lecture was titled "*Plague and the Duty of Students*". Nivedita, whose real name was Margaret Noble, was, as mentioned in above, an Irishwoman who had travelled to India in 1898, becoming a disciple of Swami Vivekananda. As Ashis Nandy has argued, the main character of Rabindranath Tagore's (1861-1941) eponymous novel *Gora* (1909), had a lot of things in common with both Swami Vivekananda and Nivedita. Gora (literally, The Fair One) was born to Irish parents but grew

[125] "Reproduced from Vivekananda in Indian Newspapers, p. 660, as printed in The Statesman, April 6, 1899" cited from Sister Nivedita, "The Cleansing of Calcutta" in *The Complete Works of Sister Nivedita: Sister Nivedita's Lectures and Writings, Hitherto unpublished collection of lectures and writings of Sister Nivedita on Education, Hindu Life, Thought and So On,* Vol. 5, (The Secretary, Ramakrishna Sarada Meission, 1955), 214-216.

up in British India, and through the course of novel, negotiates the complex questions of identity, alliance and nationhood as a split subject. By dint of his subject position, Gora was quite similar to Nivedita; but in his ideas, and his attitude towards the nation, he had certain similarities with both Vivekananda and Nivedita.[126]. As we shall see in the next sections, the ideas of nation and national duty figured heavily in Nivedita's own writings, as she was, according to Arpita Sen, driven "fiery anti-colonial sentiments" and advocated an "aggressive brand of Hinduism"[127].

The printed version of Nivedita's speech mentioned that Swami Vivekananda presided, and that there was a "very large attendance of university students". Additionally, "some European ladies and gentlemen and a number of professors from various colleges were also present". It is difficult to surmise the exact demographic of these students, although the place of the meeting and the presence of European ladies and gentlemen make it clear that they were, in all probability, from the elite households. At the same time, Syed Murtaza Ali argues how "between 1858 and 1891, of 4981 graduates of Calcutta University, only 203 were Muslims". He further says that in "colleges in 1896-97", Muslims formed 5.6 percent of the students[128]. Statistically, then, it is highly likely that most of the students at this gathering were from elite Hindu households. My assumption, in this chapter, therefore, is that these students were

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[126] Ashis Nandy, *The Illegitimacy of Nationalism Rabindranath Tagore and the Politics of Self,* (New Delhi, 1994), 36
It is interesting to note that Tagore had shared the first draft of Gora with Nivedita for her comments. Nivedita's feedback did not like the original ending to the story, and the final version of Gora, published as the novel, contained the changed ending. Source: https://www.getbengal.com/details/what-relationship-did-tagore-and-nivedita-share

[127] Arpita Sen. "BELONGING TO ONE NATION: THE ROLE OF TWO IRISH WOMEN IN FOSTERING NATIONALIST CONSCIOUSNESS IN INDIA." *Proceedings of the Indian History Congress* 78 (2017): 797–804.

[128] SYED MURTAZA ALI, "MUSLIM EDUCATION IN BENGAL 1837-1937." *Islamic Studies* 10, no. 3 (1971): 181–99. 194.

mostly all Hindus, and therefore, whenever "students" are mentioned, I imply "elite Bengali Hindu male students".

The article argued how Vivekananda opened the proceedings by "impressing upon the students the necessity of immediate and decisive action." This was necessary, because "there had been any amount of talk and theorising, but no practical work done by the Bengalis themselves towards the checking of the plague". He went on to argue that although the Bengalis were "getting crazy" because of "criticism" from "English correspondent", unless the Bengalis

> "now threw aside their lethargy and *proved themselves to be men*, by actual practical action…they would not be able to dissipate the aspersions cast on them, nor wipe out the disgrace attaching to the country.[129] [italicization mine]

It is important, even necessary to parse the implications of Vivekananda's introduction to Nivedita's speech. Why did Vivekananda call upon university students to lead efforts against the plague? Vivekananda's view of plague-work was not only as a form of duty, but also gendered duty. Bengali middle-class masculinity, as Mrinalini Sinha argues, had been under attack ever since the 19th century. As Sinha argues, the Bengali Hindu middle-class man was often fashioned as effeminate, subjected to caricature and ridicule by the British. Therefore, in a lot of colonial representations, the Bengali was viscerally and even corporeally shown as demure, physically fragile, smaller, and therefore, weaker. In the 1830s, for example, Thomas Babington Macaulay, commenting on Bengali effeminacy in his Essay on Robert Clive, wrote that "whatever the Bengali does he does languidly", that he was "sedentary", he shrank from "bodily exertion", that he was "voluble in dispute", but seldom "engages in personal conflict and scarcely even enlists as a soldier". This led Macaulay to conclude that

[129] "Lecture delivered on Saturday, the 22nd of April, 1899, at the Classic Theatre, Calcutta. Reproduced from *Vivekananda in Indian Newspapers,* p. 361, as printed in the *Indian Nation*, May 1, 1899," cited from Sister Nivedita, "Plague and the Duty of Students," in *The Complete Works"* Vol. 5. 217-221. 217

"There never perhaps existed a people so thoroughly fitted by habit for a foreign yoke."[130]

However, as Sinha argues, over the course of the 19th century, Bengali effeminacy, which had mostly been used to denote a larger sense of community backwardness, came to focus itself on the figure of the Bengali *babu*, not the rest of the community, all of which implied, ultimately, to a notion of "decline and degeneracy"[131].

The repeated insistence of the *babu*'s physical inferiority, evidenced by his languor, laziness mapped itself, eventually, onto a moral and spiritual form of weakness. The weak body was a symbol of the Bengali babus weak character. Over the course of the 19th century, the development of sport culture in Bengal, still an elite project, was developed to embalm this gendered anxiety around male physical inferiority[132].

Towards the end of the 19th century, the city saw the rise of Ramakrishna Paramhansa and Swami Vivekananda. While Ramakrishna's popularity grew over this period due to the shifting social life of the city[133], Vivekananda's own ideas, while drawing from his Ramakrishna's, also differed in certain aspects. As Amitava Chatterjee and Souvik Naha have argued, Vivekananda's own ideas of masculinity were influenced by the idea of "European discourses which presupposed the debilitating and destabilising agency of effeminacy (and, equally the unspoken dread of homosexuality)". It shied away from Ramakrishna's fluid ideas of masculinity; in that sense, it drew on the coloniser's view of the subjects racial and religious inferiority, but it ran aslant to the hopelessness such a view espoused. Thus, in Vivekananda's view, Hindus were not inherently inferior, nor did the degeneracy (which, he

[130] Quoted in Sir John Strachey, India, Its Administration and Progress (London: Macmillan & Co. [1888] 1911) pp. 449-50, cited in Mrinalini Sinha, "Introduction," in *Colonial Masculinity: The 'Manly Englishman' and the 'Effeminate Bengali' in the Late Nineteenth Century*, (Manchester University Press, 1995), 1-33. 15

[131] Sinha, *Colonial Masculinity*, 16-21

[132] John Rosselli. "The Self-Image of Effeteness: Physical Education and Nationalism in Nineteenth-Century Bengal." *Past & Present*, no. 86 (1980): 121–48.

[133] Sumit Sarkar, "Kaliyuga, Chakri and Bhakti: Ramakrishna and His Times," in *Writing Social History* (Delhi: Oxford University Press, 1997), 282-358.

agreed, existed) have to continue. It could be countered by corporeal development, through exercise, sport, and physical work.[134].

By 1898, the plague had caused considerable chaos and panic in Calcutta, and now another avenue for this physical work arose, in the form of plague-work, which also became a form of divine duty. Vivekananda's own philosophy, as Ruth Harris argues, was focused on the importance given to *karma-yoga*, or divine union through work [*karma*][135]. It is interesting to note that it is exactly the charges levelled on Bengalis by Macaulay that Vivekananda attempted to subvert and challenge through plague-work. Thus, where Macaulay labelled Bengalis as languid, sedentary, as shrinking from bodily exertion, and choosing speech over action, Vivekananda challenged these very claims by criticising that "there had been any amount of talk and theorising but no practical action"; suggesting, instead, that Bengalis needed to "throw away their lethargy" and thereby "prove themselves to be men". Under this reading, plague-work became a way of countering the aspersions cast on a section of the community, but also a way of wiping out a "disgrace attaching to their country". It became the site at which cultural projections of the effeminate Bengali Hindu middle-class man were sought to be inverted; as a physical action, it would counter the view that Bengalis were lazy and unmanly; at the same time, as proactive action, it would counter the charge that Bengalis obsessed over discussion and chicanery instead of *doing*.

After Vivekananda had given his introduction, Nivedita began her speech by saying that there were women in Bengal who were "not slow to sacrifice themselves in the most terrible service" (plague-work). After mentioning the work of these women, she went on to say, "Surely men will not be slow to do what women have already dared. Surely is something done when the voice of pity cries to you that your mothers and your sisters have shown you

[134] AMITAVA CHATTERJEE and SOUVIK NAHA. "The Muscular Monk: Vivekananda, Sports and Physical Culture in Colonial Bengal." *Economic and Political Weekly* 49, no. 11 (2014): 25–29. 28-29.

[135] As argued in Ruth Harris. *Guru to the World: The Life and Legacy of Vivekananda*. (Cambridge, MA, 2022).

how to answer?" [136]

Towards the end of her speech, she proclaimed to the students that they were "in the midst of a religious revival", and that "students of Calcutta" ought to "dare to make their faith a burning reality". She mentioned how "service" to the "poor" and to one lower than oneself (here, caste and class intersected) was the "crown of all asceticism"[137]. The codification of this service was the Hindu idiom of "*seva*", and the narrative of saving crystallised around the image of the upper-caste saving the poor, lower-caste. In the postscript she stated that at the end of the meeting, a large number of students came up and enrolled themselves as volunteers in the work proposed.[138]

However, while acknowledging these subtexts, my interest here is with the gendering of the mission. One aspect of plague-work was the articulation of manhood. However, by focussing his call of recovering lost manhood to *students*, it stood for a refashioned manhood. The focus on recovering manhood through action and duty performed by young men stood for a significant subversion of hegemonic Bengali Hindu patriarchal family order, where the older male usually stood as the voice of authority. Age is an important component here, and Vivekananda's insistence of students to take forward the mantle of authority through plague-work signalled a restoration of altered sense of manhood which was inverted in gerontological terms.

And yet, young men were also shamed into joining the activity; their "mothers and sisters" had already arrived and populated this public sphere, and now, joining, when the women had arrived, became an issue of recovering fallen manhood. It is interesting to note that a similar method of shaming men into joining the political public sphere was used, a few decades later, by Mohandas Karamchand Gandhi. As Madhu Kishwar argues, Gandhi often viewed women as a means of "bettering men", and that the presence of women in the political public sphere

[136]Nivedita, "Plague and the Duty of Students," 217.
[137] Ibid. 221.
[138]Ibid

could shame men into joining the national movement itself[139]. The question, therefore, arises—what, within this conception of duty, was the role of women? Were they merely deployed in this public sphere in a tokenistic way, or just a means to shame young men into joining the work?

***Education, Modernity and National Duty:* Refashioning "Indian" womanhood**

I argue that the role of women in the realm of plague work was altogether paradoxical and complex, but by no means marginal.

Along with attacks on Bengali masculinity, another form of gendered anxiety for Bengali Hindu men in this period had to do with the changing tastes and roles of middle-class Hindu Bengali women. While women's education had already begun by the early 19th century, the new, modern, Hindu Bengali women were characterised by changing sartorial tastes and more visibility in the public sphere. In this milieu of change, a new site of gendered anxiety accrued around the rise of these women in the medical sphere, and, especially, by the presence of woman doctors themselves.

The presence of women within the narrative of medicine, was, by no means, a new phenomenon. Cultural projections of women as healers, however, often meant that women were consigned to their roles as nurses, and not within the apparently masculinist enterprise of medical science. However, from the 1880s, as Mita Bhadra has argued, there was a greater push for supplying "western medical aid to Indian women".[140] But, as Ambalika Guha argues, over time, the growth and professionalisation of medical education among native women led to the demonisation of existing systems of native nursing (such as *dhais*). It also led to the masculinisation of feminine medical professionals, as they now vied to take the place of their male counterparts, instead of critiquing "a technocentric medical structure that

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[139] Madhu Kishwar, "Gandhi on Women." Economic and Political Weekly 20, no. 41 (1985): 1753–58. 1756.

[140] Mita Bhadra. "Indian Women in Medicine: An Enquiry Since 1880." *Indian Anthropologist* 41, no. 1 (2011): 17–43. 24.

was driven by financial gain and, consequently, [they] took little interest in the actual requirements Indian women"[141]. It was here, also, perhaps, that Nivedita and Vivekananda's plague-work was trying to intervene. For, if the growth of masculinised female doctors vying for capitalist success in a masculinist space translated itself to a gendered anxiety, its critique could be achieved by making women perform medical work not as a profession, but as national duty, and not as a doctor, but as mothers and housewives, all of which was also deployed through Hindu religious imagery.

In a series of essays published in the next fifteen years (1900-1915), Nivedita tried to chalk out the Mission's vision of female education in India. In "*The Education of Woman*", published in 1908, she argued that the aim and end to all education was to render the individual as a useful member of the community, and the community as an "atom of humanity". The suggestion that "true" education meant rendering the individual worthy of being a useful member of their own community led Nivedita to suggest that educating an "Indian girl" (read: Hindu) to be "an ornament of English and French society" was a "crime", because a "woman of merely European associations" was "as out of place in an Indian world as a "Dodo among a flock of pheasants"[142]. She went on to argue,

"In a nation, we want both—woman, the mother, to keep the faith; man, the child, to fight its battles…to work, to suffer, and to love, in the highest spheres; to transcend limits; to be sensitive to great causes; to stand by the national righteousness; this is the true emancipation of women, and this is the key to her efficient education."[143]

[141] Ambalika Guha. "The 'Masculine' Female: The Rise of Women Doctors in Colonial India, c. 1870–1940." *Social Scientist* 44, no. 5/6 (2016): 49–64. 60.

[142] "Reproduced from the Modern Review, July, 1908" cf. Sister Nivedita, "The Education of Woman," in *The Complete Works,* 24-28. 25.
[143] Ibid.

Two years later, in 1910, she wrote an article titled *"Woman in Modern India*", wherein she continued her arguments of women in "modern India", building her argument around what constituted "education". Suggesting that reading and writing were not in themselves education, but the importance was how they were used, she argued that "a woman in whom a great compassion is awakened", a woman who understood "national history", and had made "some of the great *Tirthas*" [pilgrimages], was "much more truly and deeply awakened than the one who has merely read much" [144].

It is necessary to mention that the language of nationalism that is being deployed here is that of a Hindu India, with Hindu traditions [for example, *Tirthas*] being projected as "national", "Indian" traditions. I also suggest an argument of historical difference here. The emphasis given to compassion, a phrase that keeps repeating itself in Nivedita's writings, is of crucial importance. Compassion (*karuna*) was an important characteristic trait that defined the complexity of Bengali modernity and differentiated it from its European counterpart. As Dipesh Chakrabarty has argued, the paradox of Emotion and Reason, the two opposing ideals of the Enlightenment, did not map themselves out in the same way across cultures. While in Europe, the Enlightened Man often implied one who had chosen reason over emotion, the figure of the Enlightened, in Bengali colonial modernity, was often characterised by one capable of possessing and performing, publicly, their capacity for emotion. This paradox can be best explained, in Chakrabarty's view, through the two epithets attached to Ishwar Chandra Vidyasagar, one of the most prominent social reformers in Bengal in the mid-19th century. Ishwar Chandra was given the title of both *Vidyasagar* (the Ocean of Knowledge), and *Karunasagar* (the Ocean of Compassion)—and, the extent of Vidyasagar's greatness, as a "modern" man, was defined as much by his *vidya* (knowledge) as his capacity for *karuna*

[144] "Reproduced from the *Karma Yogin*, March 19, 1910" cited in Sister Nivedita, "Women in Modern India" in *Complete Works*, vol. 5. 221-224. 222.

(compassion)[145]. Building on this conception of differing ideas of modernity, I argue that Nivedita's insistence of *karuna* (compassion) as a defining feature of modern (female) "Indian" education is a product of cultural refraction that defines the ways in which modernity was translated in the colony.

Nivedita then explored the relationship between womanhood, national duty, and cleanliness in "*The Education of Indian Women*", written in May 1910, two months after the previous essay. Here she argued that "the mother and the housewife must above all things be careful about cleanliness and good habits"[146]. The conflation of motherhood with the nation had both historical antecedents and transnational parallels. Tanika Sarkar has written about the maternalistic imagery in nationalist literature in Bengali over the 19th century[147]. At the same time, Nicole Elizabeth Barnes, in discussing wartime healthcare and the birth of modern China, has argued that the projection of a "nationalistic" image of China often relied on the projection of women in medical service and as "mothers"[148].

Finally, in an essay titled "*A Talk About Clean Roads*", published in 1915, four years after her death in 1911, Nivedita conflated her ideas of womanhood with the question of cleanliness. She argued:

"We women have a *natural love* of order and cleanliness…behind this desire, whether we know it or not, there is really hidden the great purpose of human health and self-respect… ***A little dirt left in some corner out of idleness, and we have a forcing-bed for the seeds of cholera or plague. We women know all this***…

[145] As argued in Dipesh Chakrabarty, "Domestic Cruelty and the Birth of the Subject," in *Provincializing Europe: Postcolonial Thought and Historical Difference*, New (Princeton University Press, 2008), 117-149.
[146] Reproduced from *Prabuddha Bharata*, May, 1910" cited from Sister Nivedita, "The Education of Indian Women" in *Complete Works*, Vol. 5. 71-75. 74

[147] Tanika Sarkar. "Nationalist Iconography: Image of Women in 19th Century Bengali Literature." *Economic and Political Weekly* 22, no. 47 (1987): 2011–15.

[148] Nicole Elizabeth Barnes. "Mothers for the Nation." In *Intimate Communities: Wartime Healthcare and the Birth of Modern China, 1937-1945*, 1st ed. (University of California Press, 2018). 159–92.

… Would it not help us in maintaining high and sweets thoughts if, as we returned to our houses, everything *outside* them were as clean and well-ordered in its own way as in the dear kingdom within, where our own will and our own pride of love reigns supreme? All *true women* will answer 'yes' to these questions. Every *good mother,* when once her attention is called to it, will desire to see a road on which her house-door stands, as fair and sweet as the court on which her house-door opens…"[149] [italicization mine]

In Nivedita's conception of ideal "Indian" womanhood, we are, therefore, caught up with a complex entanglement of several ideas. Firstly, Nivedita argues that the "modern" "Indian" woman can only be considered educated when she is possessed the capacity for compassion and was engaged in the project of "national duty". At the same time, "national duty" also involved the performance of "good" womanhood (as "good" mothers or housewives). Finally, the performance of "good" motherhood was, in turn, dependant the importance the woman gives to household cleanliness and, consequently, public cleanliness. It is through this last connection that plague-work, in my view, is connected to the larger ideas of womanhood, modernity, maternity, and national duty.

Although these essays are written over the next decade, traces of their ideology can be found in Nivedita's speech to the students. It became a way of enabling a complex revivalism couched in a language of modernity and maternity and national duty, made possible through an engagement with cleanliness, health, and hygiene. And yet, what did Nivedita mean when she argued that women had to consider issues of "public health" along with the "dear kingdom within"? For this, we now turn to the paradox of Hindu cleanliness.

[149] "Reproduced from *The Modern Review*, April, 1915" cited in Sister Nivedita, "A Talk About Clean Roads" in *Complete Works*, Vol. 5. 224-226. 224-225.

***The Paradox of Cleanliness:* Hindu Practice and Comparative Susceptibility to Plague**

Added to these attacks on Bengali middle-class masculinity was a colonial charge of comparative susceptibility to the disease. Thus, the "*Allahabad Notes*", quoted in the first chapter argued that

"…it is said that the Mohamedans are freer from the disease than the Hindus owing to their more cleanly habits"[150]

Who had said this? Although the article did not cite any source which subscribed to this view, it can be surmised that this was a generalised view which came to form a kind of truism. The racialisation of the native body in terms of its greater susceptibility to disease has been commented upon by scholars, who have shown how the racialised native body became a site for projecting colonial anxieties and affirming stereotypes about the same[151]. This is not to suggest, however, that this opinion about Hindu practices and susceptibility to disease was uniform. Sir Bradford Leslie, the Chief Engineer of the East Indian Railway, in a letter to *The Times*, argued that:

"The Hindoos of lower Bengal are, perhaps, personally the cleanest race of people in the world... It is probably this personal cleanliness and not the easily evaded cordon of plague restrictions that has held the outbreak of plague in Calcutta for so long a time in check."[152]

Thus, although differences of opinion did exist within European representations of Hindu habits vis-à-vis the plague, the more generalised opinion about the plague and its spread consigned itself to the argument that it was the "suicidal habits" of the "Hindoos" which contributed to their larger susceptibility to the disease. This charge essentially implied that the condition of being a *practising* Hindu made one prone to the disease more than members

[150] Correspondent. "Allahabad Notes"
[151] Srilata Chatterjee. "HEALING THE BODY: COLONIAL MEDICAL PRACTICE AND THE CORPOREAL CONTEXT." *Proceedings of the Indian History Congress* 76 (2015): 546–54.

[152] "Sir Bradford Leslie's Letter on Plague Riot in Calcutta," cf. Amrita Krishna Basu, *Plague Tattva.* 8

of another community. In the hierarchy of survival therefore, the Hindu was thus the lowest; and, being the lowest among the Hindus themselves, the Bengali was thus relegated to the margins of survivability. Leslie's claim, however, was quite the opposite: the habits of the Hindoos (and he specifies Bengali Hindoos) were not contributing to their susceptibility to the disease; rather, it was their very personal habits of cleanliness that had, in all probability, kept the disease at bay until now. However, an important distinction needs to be made here. Leslie's defence of Hindu practice ground itself on Hindu *personal* hygiene. Plague, however, was a very *public* disease, and, as such, had as much to do with practices of public cleanliness, if not more.

Nivedita, in her speech to students, addressed this strange paradox of Hindu cleanliness, which was a strong urge towards to personal hygiene (within the house) juxtaposed with the terrible public hygiene (outside the house). She said

> "No one who has noted the cleanliness of a Hindu hut will take it that the dirt outside is wilfully produced. I attribute the bad habit of throwing refuse on the roads, or into out of the way corners, to the zenana system, which prevents women [from] realizing the state of their surroundings, or the bearing of private cleanliness on the public weal …"[153]

It is important to note that Nivedita's usage of the "zenana system" here does not refer to a Muslim social practice specifically, where women of the household could not venture outdoors. In fact, Nivedita often wrote of the zenana as a defining feature of life in the Hindu quarters[154]. On one hand, they agreed that existing native (read: particularly Hindu) practices led to dirt accumulating in public places, which possibly spread the plague. Terrible public hygiene, in other words, was not something innate; rather, it was a product of certain customs.

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[153] Nivedita, "Plague and the Duty of Students," 218

[154] Some of the essays where Nivedita talks about the zenana as a defining feature of Hindu households are in "Our Zenana Terrace" 300-303 and "The Hindu Widow and the Zenana," 304-310 (both in *Complete Works*, Vol. 5)

It is important to note, finally, that although Vivekananda, and the monks of the Ramakrishna Order were strong advocates of *Advaita Vedanta*, the religious mythology, the divine idiom that Vivekananda chose to explain the divinity of plague was through the image of Kali. When Nivedita met Vivekananda on the 3rd of May, 1898, she explained how Vivekananda considered the "plague, panic and riot[s]" in the period to be an instance of Kali being "out there amongst the people", which was an instance of God manifesting Himself as "evil as well as good". However, Vivekananda argued that "only the Hindu dares to worship Him in the evil"[155] Mukharji reads this interaction between Nivedita and Vivekananda as the Neo-Hindu appropriation of the plague narrative. He also argues that this meant that plague service signalled a different mode of masculinity, where the "daring lay in doing God's work amidst danger"[156]. However, as I have attempted to show in these chapter, it was also a masculinity influenced by shame and refracted by the emergent power of youth.

It was through Kali, again, that the entangled meanings of plague-work interestingly came together. A year after her speech to the students,in 1900, Nivedita wrote a book on Kali, where she argued the (Hindu) goddess was the "giver of manhood" as well as the "giver of womanhood" [157].

Conclusion: The Hermeneutics of Duty

What, then, were the ways in which plague-work, as duty, was imagined and explained? What were the hermeneutics of duty? As I have attempted to explain in this chapter, plague-work, as duty, was the site at which several entangled concerns, some of them immediate, some of them spiritual, and some of them historical, coalesced.

Firstly, plague-work was seen as religious service [*seva*] and a means of spiritual union [*karma*]. However, by involving *male* students in the realm of plague work, both Nivedita

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[155] Sister Nivedita. "House on the Ganges." In *Swami Vivekananda's Collected Works*, Volume IX, dated 3 May 1898. http://www.ramakrishnavivekananda.info/vivekananda/ complete_works.html cited in Mukharji, Nationalizing the Body

[156] Mukharji, "Political Plague," 166.

[157] Sister Nivedita, *Kali, The Mother*, 1900. 88.

and Vivekananda were attempting subvert the stereotype of the "effeminate" Bengali Hindu elite male. In that sense, this was a form of elite anxiety, and thus needed to be addressed from within the elites themselves. The performance of plague-work, then, as proactive action, and as socio-spiritual duty, became a crucible for these students to prove themselves "to be men" of the community.

Yet, the choice of male *students* also meant that Vivekananda was placing the impetus of this work on youth. This, then, was a masculinist discourse which both served to uphold and subvert traditional Bengali patriarchy, in which the older male of the family was often the voice of authority. At the same time, male students were often asked to join the ranks of plague-work as much out of duty as out of a sense of displaced manhood. Under this narrative of duty and shame, the presence of women already involved in plague work in the public sphere was a way to goad the men to come and work.

And yet, the position of women in plague-work was by no means marginal. While criticising the zenana system for the public uncleanliness of the city, Nivedita's idea of female education connected the ideas of *womanhood*, *modernity* and *national duty* with the idea of public health and hygiene. In Nivedita's view, one of the important ways in which a "Indian" woman could be considered educated was if she had a capacity for compassion, if she was involved in her national duty; national duty also involved being a "good" woman, and one of the pillars of "good" womanhood was an engagement with private and public cleanliness (here plague-work became important).

At the same time, with the rise of female medical professionals in this period, plague-work, as part-womanly duty, and part-national-duty, could also be read as a refashioning of the woman doctor's professional service as the "Indian" woman's maternal-national duty.

Finally, plague-work was also a way to reconcile the apparent paradox of Hindu cleanliness. Plague-work, done through *bustee* and road cleansing, became a mode of translating and transforming the ethic of Hindu personal cleanliness into the public sphere. It became a way

of both literally and conceptually cleansing Hindu practices; it served as both critique and possibility, as chastisement as well as encouragement. Plague-work, then, as a form of social solidarity, also became a language of disease.

Chapter 4:

Literatures of Disease: Plague, Literary Fiction, and the Shapes of Memory 1915-1920

This chapter analyses excerpts from two Bengali novels published between 1915 and 1920. The novels in question—Rabindranath Tagore's *Chaturanga* and Part 2 of Saratchandra Chattopadhyay's *Srikanta*—were published within two years of each other, in 1916 and 1918[158] respectively. Set in the late 19th century, plague forms an important background in both these texts. The aim in the chapter is to see how and what kind of language of disease these texts espouse. By 1916, eighteen years had passed since Calcutta had been declared plague-stricken (1898). What, after all these years, did literary recollections of the pandemic choose to remember and represent?

I therefore suggest that memory (articulated through literary fiction) was another language of disease, one which allowed the pandemic to be experienced retrospectively, a movement which signified an event changing into an image.

***The View from Above*: *Chaturanga* and the *Bhadralok* plague**

Rabindranath Tagore's *Chaturanga* was published in 1916. *Chaturanga* revolves around the lives of four main characters—Sachis, Sribilas (who is also the narrator), Damini, and Jagmohan (who is Sachis's uncle, called "Jyathamoshai"). While the text is, firstly and foremostly concerned with Sachis's vacillating stance on religion and his search for truth, this

[158] Srikanta was originally published Bengali in four parts, Part I (1917), II (1918), ПІ (1927) and IV (1933). As mentioned in R. K Gupta. "Saratchandra's Srikanta." *Journal of South Asian Literature* 35, no. 1/2 (2000): 57–81.

"search" occurs during the plague years in Calcutta. Sachis, who begins as an ardent atheist (*nastika*), influenced by Jagmohan, soon turns into an extreme theist (*astika*), after Jagmohan dies of the plague, while nursing plague patients in his own house. Sachis's turn to theism is facilitated through his interaction with a certain Swami Lilananda—William Radice, in his study of the text, argues that Lilananda shares certain similarities Ramakrishna Paramhansa, the "illiterate" mystic who had enthralled the *bhadralok* gentry of 19th century Calcutta[159]—finally, Sachis breaks away from the beliefs of the ascetic, and finds his own truth, a belief in "*mukti*" (freedom) through "*bandhan*" (captivity or being-in-the-world). In learning from but breaking away from his guru, Radice argues that Sachis shares certain similarities with Swami Vivekananda. He also argues that although the text may be considered an early example of literary modernism, the "ideas in the book… stem from a social context"[160]. My interest, however, is in the way in which the description of the plague experience appears in the text. Speaking of the circumstances leading to Jagmohan's death, the narrator said:

> "The year the plague arrived in Calcutta, people seemed to be scared more the royally-clad *chaprasis*[161] than the disease itself. Sachis's father Harimohan believed that his neighbours, the *chamars*[162], would be the first to contract plague, and kill his family in the process."[163]

Harimohan decided to flee from Calcutta to a house in Kalna, by the Ganges. When he asked his brother (Jagmohan) to join, the latter replied that he couldn't leave the *chamars* behind. Sachis refused to join his father too, after which

> "Harimohan left the city, and plague arrived in the neighbourhood. Fearing being taken to the hospital forcibly, the people didn't want to call doctors."[164]

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[159] William Radice, "Atheists, Gurus and Fanatics: Rabindranath Tagore's 'Chaturanga' (1916)." *Modern Asian Studies* 34, no. 2 (2000): 407–24.
[160] Ibid
[161] Literally, lower-ranked government employees. Tagore parodies the plague-doctors, wearing their appointed clothes, as being wearing a kind of *Rajtakhma* (royal-dress).
[162] In *Chaturanga*, those referred to as "chamars" (a poor, lower-caste group whose main vocation was tanning hide) refer to the poor *Muslim* tanners and not just the tanners. Caste, class, and religion thus intersected to form newer forms of subjugation.
[163] Rabindranath Tagore, *Chaturanga*, (Calcutta: Biswabharati Granthabibhag, 1983) [First published in 1916] 36 [translation mine]
[164] Ibid 37.

The narrator mentioned that Jagmohan then set up a private hospital in his own house, and that the helpers included Sachis, Sribilas himself, and a few others, chief among them a doctor. The first patient was a Muslim, who succumbed to the disease. The second was Jagmohan himself, who succumbed too[165].

Before dying, Jagmohan mentioned how he had no regrets in dying of the dreaded disease, convinced as he was that it was the fitting end to his life of service. What is of interest, foremostly, is the fact that several themes explored in the previous chapters recur in the short description of the plague by Tagore. The theme of upper-caste upper-class desertion appears as an important critique, separating Harimohan from his son and brother. In fact, Harimohan considers his son's turn to service—and therefore Sachis's choice of choosing the lower-castes and Muslims over his own family—to be "symptoms of *Kaliyuga*"[166]. At the same time, Sachis and Jagmohan's service to the victims to the plague, while undoubtedly honourable, is evidently also a statement; there is a desire to articulate difference here—to state, unequivocally, one's difference from the other *bhadralok*, who had chosen to exhibit selfishness and cowardice during crisis.

"Kerentine, Kerentine": **Shame, Quarantines, and Plague Camps in *Srikanta***

Towards the beginning of Part 2 of Saratchandra Chattopadhyay's *Srikanta*, the narrator finds himself about to board a ship bound for Rangoon, the capital of British Burma (Myanmar). Before the ship can set sail, however, the narrator realises that his class of passengers must be checked by a doctor for symptoms of the plague. This precaution was being taken because

> "the plague had not reached Burma yet. One would be checked by the doctors, and, if one passed their examination, only then could they board the ship…doctors had become terribly

[165] Ibid.
[166] Ibid

> powerful under the British Raj. I'd heard that even those condemned to the gallows had to seek permission from them…soon, the doctors arrived with the soldiers…."[167]

Although Srikanta does not mention a date for this journey, one can surmise that it may have taken place before 1905, since Rangoon port was declared plague-stricken on 10th February, 1905[168]. The narrator then explained how the doctor *saheb*'s [European doctor's] checking alarmed and dishonoured not only the Bengalis (who he considered a feeble, cowardly people), but also the other "brave men". The "suspected body parts" that the doctor inspected "without any hesitation" could have, in the narrator's view, "offended even a wooden doll". Towards the end of the journey, when the ship was about to reach Rangoon, the narrator,

> "sensed a feeling of fear and restlessness in the eyes of everyone aboard. An indistinct sound pervaded the air—Kerentine, Kerentine. After asking around, I realised that the word was "Quarantine"."[169]

The native doctor of the ship, with whom Srikanta had become fast friends, explained to Srikanta that it hadn't been wise of him to come on board "without a letter"; the fact remained that one could escape quarantine if one had a letter "from a relative who lived in the city", and if that letter was somehow accepted by the Port Health Officer. The doctor further explained that those taken to the Quarantine were "treated more horribly than goats and cattle at a butcher's". Finally, a steamer arrived at around 11 AM, to take "us all to that terrible, frightful place", which was the Quarantine. In the meantime, the native doctor had convinced the doctor saheb's assistant to write a letter vouching for Srikanta, which would allow him to escape the camp. Although Srikanta received news that this arrangement had borne fruit, he chose to forego the escape and joined one of his fellow passengers in the camp. On reaching the camp, he explained that

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[167] Saratchandra Chattopadhyay, *Srikanta (Akhanda),* Dwitiya Parva (Part 2) (Indian Associated Publishing Co. Pvt Ltd.) 21-22. [translation mine]

[168] "Plague at Rangoon: Rangoon, 10 Feb", *The Civil and Military Gazette (Lahore),* February 12, 1905, 5. Source: The British Newspaper Archive, www.britishnewspaperarchive.co.uk , © THE BRITISH LIBRARY BOARD. ALL RIGHTS RESERVED.

[169] Saratchandra Chattopadhyay, *Srikanta*. 42.

"…the Quarantine rules were for the coolies, not the *bhadralok*. And anyone who had not paid more than ten rupees as the fare for the steamer was a coolie. …therefore, on that journey, we were all coolies…"[170]

Thus begins Srikanta's contact with the plague. Like Nivaran Chandra Mukherjee's experience in the Chakrahdharpore Plague Camp, Srikanta too realises that the only way one can "escape" the camp is through the intervention of "some influential friends" (the assistant of the European doctor). That Srikanta refuses to do so and instead joins a fellow passenger in the camp may be seen as an important plot point; at the same time, Srikanta's anger at seeing the way natives were being checked aboard the ship has uncanny parallels with Mukherjee's own anger at what he saw at the camp. At the same time, the end of the excerpt shows the interesting ways in which colonial quarantine regimes were tied to economics, and how money cut across caste and class lines during the pandemic. Srikanta was not a coolie, but he was made to *become* one since he did not possess the finances to be treated as a *bhadralok*.

Recollecting a Pandemic: **The Politics of Remembering and (Re)Writing**

Juxtaposing these two texts, one is immediately met with apparently disparate representations of the plague experience. At the outset, it is important to note the contrasting sociocultural and class positions of the two writers. Tagore, himself an elite and from an elite family, had been awarded the Nobel Prize in 1913. In the same year that he published *Chaturanga* (1916), Tagore also published *Ghare Baire* (The Home and the World), which, in many ways, overshadowed this other text. 1916 was also the year Tagore began touring the United States of America and Japan, giving the *Nationalism* lectures, in the middle of the First World War which had broken out in 1914. The characters in *Chaturanga*, especially the two main male characters—like the students involved in Vivekananda's plague duty—, therefore,

[170] Ibid. 43-46.

also come from largely elite backgrounds. They set themselves apart from those they perform service for by their esoteric epistemic discussions, and, even though Jagmohan dies from the plague, his death effects the narrative flow of the text as more of a philosophical problem. Saratchandra Chattopahdyay, in contrast, while being a highly controversial yet popular writer, did not embody the same cultural capital as Tagore. Saratchandra was a Brahmin, but he was born into poverty, and did not share the same privileged class position as the Tagore family. In contrast to *Chaturanga* which was not, in any sense, a widely read or popular text at the time of its publication, *Srikanta* gained a mass following, even being hailed as the writer's masterpiece. As evidenced from the short excerpt, Srikanta, while being a *bhadralok* by some estimate, is, by no means, an elite in the way the characters in *Chaturanga* are. He travels with the people not by choice, but by circumstance; he is, however, like Sachis, Sribilas and Jagmohan, a witness to the plague violence, and recounts it years later (as the narrator in Saratchandra's story). The literary reconstruction of events such as pandemics serve, as David A. Davis argues, to unhinge, unsettle and complicate the distinction between individual trauma and collective suffering. In his discussion of Katherine Ann Porter's "*Pale Horse, Pale Rider*" (1936) written about the Influenza pandemic of 1918, Davis comments about how, Miranda, the protagonist of Porter's story, survives the virus, and therefore feels an "obligation to remember"[171]. Similarly, commentators on the holocaust literature have written about the position of the "vicarious witness" and "belated memory" in such narratives of trauma[172]. Others have commented on the way in which the dialectic of forgetting and remembering operate in Partition literature narratives, trapping the event of the trauma in between something-left-forgotten and something-kept-remembered, between absence and

[171]David A Davis. "The Forgotten Apocalypse: Katherine Anne Porter's 'Pale Horse, Pale Rider,' Traumatic Memory, and the Influenza Pandemic of 1918." *The Southern Literary Journal* 43, no. 2 (2011): 55–74. 59.

[172] FROMA I ZIETLIN. "The Vicarious Witness: Belated Memory and Authorial Presence in Recent Holocaust Literature." *History and Memory* 10, no. 2 (1998): 5–42.

presence[173].

Tagore's Sribilas (the narrator of *Chaturanga*) and Saratchandra's Srikanta are survivors and witnesses. Having lived through the deaths of others, they, too, perhaps feel an obligation to remember the plague and thus recount it. The question, therefore, that we are left with is what, in these literary recollections of plague, is *kept remembered* and written?

Was it a coincidence that both texts were published during the First World War? It is interesting to think that perhaps, both writers were choosing to recount the memory of an older trauma (the plague) in the face of the turmoil of the present.

At the same time, occupying seemingly disparate worlds, both these texts had a subtle similarity in their recollections. In *Chaturanga*, the narrator recalled how, when the plague first arrived in the city, people were scared more by the government regulations, by hospitals and by the government employees than by the disease itself. In Srikanta's ship to Rangoon, the narrator notices how the cause for fear, anxiety and humiliation among the natives faced was borne out of government measures and of the actions of its personnel. Both texts made clear in their descriptions that the fear—at least the *initial fear*— during the pandemic was perhaps not one of imminent death from a fatal disease. These fictions suggest that pandemic was, perhaps, remembered more as a moment of political violence, bureaucratic harassment and government brutality, and less as epidemiological devastation.

[173] Priya Kumar. "Acts of Return and Post-Partition Memory," in *Limiting Secularism: The Ethics of Coexistence in Indian Literature and Film* (University of Minnesota Press, 2008) 85-123.

Conclusion: Looking Back, Looking Ahead

"The past is not dead. It is not even the past."

- William Faulkner

Although the main aim of this thesis is not a comparative analysis between the experiences of plague pandemic in Calcutta and the Coronavirus pandemic in Kolkata, this conclusion traces some of the ways in which COVID-19 experiences in the city had stark parallels with the older pandemic. At the outset, I flag that these comparisons are merely suggestive, as the COVID-19 pandemic is still not over; all this conclusion does is surmise and draw certain similarities, in the hope of rekindling interest in histories of pandemics in the region, and suggesting possible ways of thinking of pandemics and the future.

On the 11th of March 2020, the Cabinet Secretary of India stated that all states and Union Territories should invoke Section 2 of the Epidemic Diseases Act, 1897[174]. A little over a month later, on the 22nd of April, the Press Information Bureau reported that Government of India had promulgated an ordinance, amending the original provisions of the Act. This amendment added protection to healthcare workers involved in pandemic work and making acts of violence against such professionals as well as the damage or loss caused to property of the medical establishment cognizable and non-bailable offences. The punishment would involve imprisonment and a fine. It also stated that the trial for such cases needed to be completed within the span of one year[175]. The Act had been used in various states over the course of the last seventy-five years to curb regional epidemic outbreaks. Even as late as

[174] FP Staff, "To combat coronavirus, India invokes provisions of colonial-era Epidemic Diseases Act: A look at what this means", Firstpost, March 12, 2020. https://www.firstpost.com/health/to-combat-coronavirus-india-invokes-provisions-of-colonial-era-epidemic-act-all-you-need-to-know-8142601.html

[175] "Promulgation of an Ordinance to Amend the Epidemic Diseases Act, 1897 in the Light of the Pandemic Situation of COVID-19," Press Information Bureau, April 22, 2020. https://pib.gov.in/newsite/PrintRelease.aspx?relid=202493.

2018, the Act had been invoked when a village in Gujarat was attacked by cholera[176]. The continuation of colonial modes of administration, legal practice and governance in postcolonial India has been well studied; Nandini Gooptu argues how even the Constitution of India, while acting as a watershed moment differentiating newly independent, democratic India from its undemocratic, colonial past, still drew upon many anti-democratic and authoritarian laws used by its colonial predecessors[177]. This leads to postcolonial India, inheriting, in many instances, what Jon Wilson has aptly identified as the chaos of Empire[178]. Bernice Hausman argues that one of the main reasons for the anti-vaccination sentiment is the presence and persistence of lengthy legislative and bureaucratic mechanisms in modern democracies, which are often obscure and are characterised by a lack of transparency. This obscurity and this distance often leads the citizen's reduced faith in the system[179]. Although Hausman bases her research on contemporary American discourses on vaccination, one finds traces of her observation in the way lack of transparency and the consequent distrust were key issues driving the Covid panic in India. Several media outlets argued for the urgent overhaul to the "archaic" Act, one of them arguing that the act focused more on government powers and less on government duty and citizen's rights. It also argued that it was anachronistic in that it did not take cognizance of modern privacy laws, as there was a fear that that it might be used for "profiling, mass quarantine and targeting of individuals"[180].

In a similar vein, an article in *Hindustan Times* outlined the growing "trust deficit" between the State and its citizens, prompted, in large part, by the continuation and perpetuation of

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[176] IANS, "A 123-yr old Act to combat coronavirus in India; experts say nothing wrong", livemint.com, March 14, 2020. https://www.livemint.com/news/india/a-123-yr-old-act-to-combat-coronavirus-in-india-experts-say-nothing-wrong-11584182501707.html
[177]As argued in Nandini Gooptu, "The Political Legacy of Colonialism in South Asia." In *India and the British Empire*, edited by Nandini Gooptu and Douglas M. Peers (Oxford: Oxford University Press, 2012).
[178] As argued in Jon E. Wilson, *India Conquered: Britain's Raj and the Chaos of Empire* (Simon and Schuster, 2016)
[179] As argued in Bernice L. Hausman, "Conclusion: What Vaccine Controversy Can Teach Us About Medicine and Modernity" in *Anti/Vax: Reframing the Vaccine Controversy* (Cornell University Press, 2019) 211-221.
[180] Parikshit Goyal, "The Epidemic Diseases Act, 1897 Needs An Urgent Overhaul," Economic and Political Weekly (EPW), November 11, 2020, https://www.epw.in/engage/article/epidemic-diseases-act-1897-needs-urgent-overhaul

such Acts. Further, it argued that the Central Government, through the lockdown system, had used a system which "privileges compliance and coercion" as an "instrument to manage Covid-19". It argued that this top-down approach, through the persistence of bureaucratic communication, the narrative of control and domination (of government orders, lockdown violations, punishments), and the vilification of certain communities for the spread of the disease, had only served to marginalise citizen participation and deterred the creation of holistic systems of trust[181].

The general mode of panic during the pandemic also meant that there were other parallels with the plague. While there were now rumours of the pandemic being a symptom of the beginning of the end of Kaliyuga (the virus was thus the Kalki *avatar* [incarnation] of Vishnu who would bring about this deliverance)[182], there was also a report of rising a report "online astrology" in West Bengal. Under this system, astrologers were maintaining social distancing norms while asking their clients to send them pictures of their palms over WhatsApp, and were receiving their fee digitally.[183]. The following year, Pradeep Saxena, a practitioner of "Indian Vedic Astrology" self-published a book on the purported end of the COVID-19 pandemic, written to pacify the people from the coronavirus, whose product description called COVID-19 "the widespread typical virus of the century"[184], eerily similar to how Tarini Prasad had called the 20th century the "plague century". Late that year, News18 reported that during the Kali Puja celebrations in the city, a "Kali idol in South Kolkata's

[181] Yamini Iyer, "Covid: The State-Citizen Trust Deficit," The Hindustan Times, July 23, 2020. https://www.google.com/amp/s/www.hindustantimes.com/columns/covid-the-state-citizen-trust-deficit/story-uAmoX3ZXtnJPsbChEjNclN_amp.html

[182] Pushpa Sundar, "Coronavatar: The Tenth Avatar?", *The Wire*, November 13, 2020, https://thewire.in/culture/coronavatar-the-tenth-avatar.

[183] Soumya Das, "Covid-19 gives rise to 'online astrology' in West Bengal," Deccan Herald, July 13, 2020. https://www.deccanherald.com/amp/national/east-and-northeast/covid-19-gives-rise-to-online-astrology-in-west-bengal-860764.html

[184] Pradeep Saxena, End of Corona (Covid-19) Virus: Corona Virus (Covid-19) infection will be over by 27th June 2022, An analysis based on Indian Vedic Astrology (Self Published on Amazon Kindle, 2020) I have sourced my information on the text from the product description available at: https://www.amazon.in/End-Corona-Covid-19-Virus-infection-ebook/dp/B08TTT2ZMM

Tarun Mahal" wore a mask for "Covid awareness"[185].

The recurrence of certain themes—the allaying of popular panic and fear and the rise of astrological opinion during the pandemic—take us back to Tarini Prasad Jyotishi who, in the moment of plague panic, was also trying to allay panic and keep his own business alive. Although the methods of consultancy had now changed, the human questions of the pandemic—Why was their suffering? How was one to make sense of a rapidly changing, socio-economically precarious world? —had carried themselves over a hundred and twenty years later, and were now being asked of contemporary astrologers. Simultaneously, the use of Kali with a mask showed the enduring power of the goddess in the region.

At the same time, one of the largest causes of anxiety during the pandemic was the unregulated hike in ambulance fares. There were numerous instances of exorbitant rates of ambulances (in some cases, even as high as INR 1,000 (GBP 10) per kilometre within the city of Calcutta[186]) charged for transporting patients. This was couple with a shocking news about a fake inoculation camp which rocked the city of Calcutta in 2021.[187]

While instances of profiteering of pandemic panic takes us back to how the Railways and the cab drivers of Calcutta reaped a fine profit during the plague, these instances of fake inoculation have stark similarities with the rise of fake inoculators during the plague, both of whom were exploiting their own people, in a moment of pandemic panic, for economic benefit.

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[185] News Desk, "Ma Kali Idol Wears Mask for Covid Awareness, Dakshineswar Temple in Kolkata Decked Up For Celebrations | IN PHOTOS", News18.com, November 04, 2021. https://www.news18.com/photogallery/photogallery/ma-kali-idol-wears-mask-for-covid-awareness-dakshineswar-temple-in-kolkata-decked-up-for-celebrations-in-photos-4403255.html

[186] Team MP, "Profit amid pandemic: Pvt ambulance charges soar over Rs. 1K for 1 km", milleniumpost, April 30, 2021. https://www.millenniumpost.in/kolkata/profit-amid-pandemic-pvt-ambulance-charges-soar-over-rs-1k-for-1-km-438708?infinitescroll=1

[187] Monalisa Chaudhuri, "Money-laundering charge against Kasba fake Covid vaccination camp accused", The Telegraph online, March 30, 2023. https://www.telegraphindia.com/my-kolkata/news/money-laundering-charge-against-kasba-fake-covid-vaccination-camp-accused/cid/1926003

At the same time, just as panic and anxieties translated themselves across time, so did instances of solidarity. In the event of dithering faith in a top-down approach which marginalised community participation, as well as of pandemic profiteering by certain middling groups, the creation of informal health solidarities during the plague were important instances of down-up interventions and innovations. Therefore, while the plague had seen the growth of plague-work by university students in a bid to help victims of the disease, the current pandemic also saw the growth of student-led healthcare solidarities in the city. The students of Presidency University, Kolkata, for instance, started *COVID HelpDesk*, an online group of 16.4 thousand members (currently), whose purpose the collection, verification and sharing of information on "Hospital Beds, Oxygen Cylinder, Ambulance, Plasma Banks/Donors, Medicine, Food, Quarantine Centers and more"[188].

These recurrences do not necessarily suggest congruences across time; however, the persistence of parallel solidarities that take place in the face of fear against government policies make it clear that what is perhaps needed, as we look ahead and look back, is an increased focus on studying and supporting down-up modes of pandemic solidarity; what is needed, perhaps, is to work towards more democratic, rights-based, citizen-backed methods of pandemic control. And consequently, to find ways of making governments work with citizens and their collectives, and not instead of them or in their place.

Word Count: 29,788

[188] I have sourced this information from the "about" section of the group's Facebook page. More information about the group can be found at: https://www.facebook.com/groups/529590531376088/

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