

Natasha Sarkar, *The Last Great Plague of Colonial India* (Oxford: Oxford University Press, 2024). Pp. xiii, 240. ISBN 978-0-19-887322-8.

For the vast majority of people, particularly in the West, plague is synonymous with a very distant era – the Black Death of the late medieval period or, perhaps, the ravages of plague in London and other early modern cities. Plague had died out in western and central Europe by the end of the seventeenth century, and, although it made a brief appearance in Marseille in the 1720s, the disease was increasingly confined to eastern Europe and parts of North Africa and Asia. By around 1850, there were relatively few major epidemics anywhere. The disease was largely confined to certain endemic localities or ‘seats of plague’ as they were sometimes known. For many, plague was a remnant of a less civilised age, forced into retreat by science and sanitation. It lingered only where the light of reason had yet to penetrate.

Beginning, almost unnoticed in the mid-1850s, plague began to spread from one of these endemic foci – in southern China – to infect parts of the Pearl River Delta, reaching the great imperial trading port of Hong Kong in 1894. From there, it spread to another great commercial hub, Bombay, in 1896, before going on to infect every inhabited continent of the world. Not even Europe was spared. There were small, isolated outbreaks in ports such as Glasgow and a serious epidemic in Portugal. San Francisco and Sydney Australia were also afflicted. The rapid spread of the disease – predominantly by steamships and railways – presented a challenge to the self-image of imperial powers and to the global trading system which had come into being by the end of the nineteenth century.

Although plague would go on to affect all the imperial powers – including an emergent Japan – the beginning of what was subsequently termed the Third Plague Pandemic weighed heavily on the British, particularly in the 1890s. Hong Kong and Bombay were among the Empire’s most important ports and the economic impact of both the disease and sanitary measures imposed by other nations – particularly Britain’s imperial competitors – proved highly damaging, inducing the British to take draconian measures to reassure the rest of the world.

As Natasha Sarkar demonstrates in this incisive book, the measures imposed by the British elicited a powerful response from many parts of Indian society, dramatically raising political tensions at a time when nationalism was on the rise and propelling it in what contemporaries described as an ‘extremist’ direction. But the consequences of plague for India were manifold. India suffered far more deaths than any other country or colony – an estimated 12.5 million by 1938, the next largest mortality being in China, with an estimated 250,000 over the period 1894-1938. India was also a prime site of international (imperial) competition, scientists from many countries being drawn there in an attempt to better understand the disease. Although the bacterium causing plague was identified in Hong Kong in 1894, it was in India that the first plague inoculation was developed and where the rat-flea theory of plague transmission was confirmed. The outbreak of plague also produced the Epidemic Diseases Act of 1897; a piece of legislation which persists in India, albeit with some modifications and additions.

Some of these observations will come as little surprise to readers familiar with the burgeoning literature on the history of the Third Plague Pandemic (which is said to span the period 1855-1960) and the now substantial scholarship on disease and medicine in colonial India specifically. From the 1980s, historians such as Ira Klein, Ian Catanach and David Arnold began to analyse the impact of plague in India and the political convulsions arising from it. Work on specific aspects of the plague has continued, with a noticeable uptick since the recent Covid-19 pandemic. But nearly all of this work is regionally focused, the vast majority having focused on Bombay and the surrounding area. Only now are scholars beginning to look more closely at other parts of India, such as Bengal.

The great virtue of Natasha Sarkar's book is that it provides an overview of the much, if not the whole of British India. Although the book is relatively slim – at 240 pages – the snapshot of plague in areas other than Bombay (such as Punjab) is welcome and sometimes provides a useful corrective to prevalent assumptions about official and unofficial responses to the epidemic. The same is true of the chronology of this book, which moves from 1896 to the decades beyond the First World War. This later history of plague (particularly beyond 1914) has received relatively little attention.

Although Sarkar seldom has the opportunity to delve deeply into the subjects covered in her book, she provides valuable insights into many aspects of the epidemic. She is able to show, for instance, that the spectrum of views expressed by Indians on the official response to plague was broad; perhaps broader than used to be imagined on the basis of unrest in the western cities of Bombay and Pune. She also sheds important light on the search for remedies (including those derived from ayurvedic medicine); missionary activities; evolving scientific thinking on the transmission of plague; the development and spread of anti-plague inoculation; and estimates of mortality in different regions of India.

Despite covering a lot of ground, this book contains a surprising amount of detail, some of it fascinating. One example is the story of the 'plague goddess' Bhagirathi, one of many persons who purported to heal the plague in Bombay and other afflicted cities. Bhagirathi's method appears to have entailed biting open plague buboes and pressing it with one of her toes – an extraordinary practice which drew great crowds and which eventually led to her arrest on the grounds of endangering public health. As with much of the rich detail in this book, this account is drawn from reports on vernacular newspapers, which are used extensively, alongside other vernacular sources, to complement official sources – scientific and governmental. Indeed, the book as a whole is well researched as well as being well organised and well written. It provides an excellent introduction to the Third Plague Pandemic in India as well as signposts to areas in which further research is required.

The only downside of the book, from the perspective of academic history, is its fairly light engagement with secondary literature. Quite a lot of relevant scholarship is cited, but Sarkar rarely takes the opportunity to reflect on how her own findings challenge or extend it. Nevertheless, this is an important contribution to the literature and to be recommended to students of the subject as well as other interested readers. The book also contains many insights and observations which are relevant beyond academic history, including the ways in which we might respond to epidemics in future. As in the recent pandemic of Covid-19, the history of plague in British India demonstrates the importance of listening to affected communities, of taking into account their interests, values and concerns when devising medical and sanitary interventions. The failure to do so can be counter-productive to say the least.

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