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A BRIEF HISTORY OF THE 1896 BOMBAY PLAGUE EPIDEMIC IN BRITISH INDIA

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Abstract

History teaches us many lessons by examples - here is a glance into the past. The past seems to be repeating itself during the current Covid – 19 pandemic. All major epidemics and pandemics of the past have altered the course of history in the world. Each of these began as a biological phenomenon, but soon turned into economic, social, or political ones. The loss of lives and livelihoods had followed, distress and despair experienced, and yet, despite the scale of devastation, the human race made peace with its surroundings and came out victorious.

India, being the third world country has encountered various epidemics and pandemics through the time. Several accounts of influenza, cholera, dengue, smallpox and several others have been recorded throughout history.

In this paper, I would like to chart out how the deadly Bombay plague epidemic that struck the city of Bombay (present-day Mumbai) in the late nineteenth century, wreaked havoc across Bombay and presented some of the same challenges the government faces today, including migrant labour exodus. The plague killed millions, and many fled the city leading to a drastic fall in the population of the city. Bombay plague is considered as the third great, worldwide visitation of plague in recorded history. To tackle Covid19, the Indian government has invoked the colonial-era Epidemics Act of 1897, originally enacted to tackle the Bombay Plague of 1896.

Introduction

Epidemiological studies on the colonial period reveal that between 1896 and 1921, over 30 million people fell prey to epidemic diseases – Bubonic plague, Cholera, Malaria, Smallpox and Influenza. There were as many as 12 major cholera outbreaks recorded in British Indian province, killing 0.25 million people. However, it was the 1896 plague in Bombay that proved to be the deadliest of all. As the plague spread to other provinces, nearly 10 million people across the country were wiped out, causing an acute social disorganisation. The unprecedented crisis forced the colonial government to propose drastic measures towards combating epidemics. The Epidemic Diseases Act, 1897, which is still followed by the current government, was the outcome of these proposals.

Bubonic plague has ravaged the world for centuries. The most notorious outbreak was the 'Black Death' of the 14th century, which wiped out around half the population of Europe. Its arrival in Bombay in the summer of 1896 was part of a deadly pandemic that had originated in China in the 1850s and continued to afflict many parts of the globe until the 1950s. The plague swept across the Chinese mainland for almost a century before spreading southeast, reaching the port cities by 1894 and killing more than 70,000 people on its way. The plague eventually reached India via naval trade routes and was spreading through Bombay by the summer of 1896.

By the early 20th century, the plague had acquired the reputation of being India's most feared and one of its deadliest ailments. Not only did it induce massive fatalities, but it also emerged as a huge social disrupter, as millions evacuated their homes in big cities, and several others were detained in observation camps by local governments to control the

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spread of the disease. For two decades, the deadly Bombay plague ravaged across the Indian subcontinent like never before. "The plague onslaughts which besieged India were part of the modern pandemic, the third great, worldwide visitation of plague in recorded history," writes historian Ira Klein in his research paper 'Plague, Policy and Popular Unrest in British India'.

Objectives:

- To study the outbreak of epidemics in India during colonial era and the reforms introduced by the community and the government in preventing such outbreaks in the future.
- To examine the colonial government's strategies of plague control due to an increasing realisation that the use of force in enforcing plague regulations was proving counter-productive and that it could be administratively impossible to enforce them in larger area affected by the epidemic.

Hypothesis:

- The international pressure on the British Indian government to control the spread of epidemics within India contributed to the implementation of measures at an unprecedented scale. These measures were considered culturally intrusive and offensive and resulted into widespread protest and evasion of official measures for containing the epidemic.
- The government's heavy-handed approach began to drive many people out of the city, which only caused the plague to spread even more.
- A further change in British policy included the incorporation of practitioners of indigenous system of medicine in plague prevention. This marked a turnaround, as Indian systems of medicine were considered unscientific by the state.

Methodology:

Sources in a wide variety have been utilized in the collection of material for the study. The methodology followed for this paper is based on the material available on the subject. This is followed by the critical analysis of the same. The sources consulted for this paper include material available in digital archives and e-libraries. Photographs, diaries and articles on the subject are also considered for the study.

Findings:

Known as 'The Gateway to India', Bombay was one of the most important ports and commercial centres in British India. By 1896, it was a city of over 800,000 people. The plague probably arrived there in early August and the first cases were diagnosed the following month. There are varied descriptions regarding the origins of the plague in Bombay. W.M. Haffkine proposed that as the outbreak commenced near the docks, it appeared most probable that the infection was introduced by sea and carried in their clothes or goods by traders. He was also of the opinion that it might have been introduced by traders from Northern India, as plague was believed to have been endemic. on the southern slopes of the Himalayas. Some other scholars held similar notions of the disease having been brought to Bombay by pilgrims from certain villages in the Kumaon Hills (located in Uttarakhand, North India). This theory was supported by the fact that in the early months of 1896, there had been a stream of pilgrims, fakirs and devotees from the north to the sacred shrines of Nasik and Bombay city. Even in the opinion of Mr. Vincent, the Police Commissioner of Bombay, the plague was imported into Bombay from Kumaon by sadhus (holy men) who came down from the Himalayas during the months from May to August 1896, and took up their quarters in Mandvi (South Bombay).

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At first, the administration in Bombay did not admit to the presence of the disease. They were also reluctant to admit the extent of the problem, knowing the severe impact it would have on trade, most significantly though the imposition of quarantine measures imposed on ships sailing from the port. But by October 1896, once they were forced to acknowledge the devastation the plague had brought about, they acted quickly and drastically. Britain's previous experience with the bubonic plague had taught them lessons about disease control, and one of them was to separate the diseased from the healthy. The government also set up a plague research committee. The surgeon R. Manser presided over it and investigated drugs that could be used to treat the plague. Another member, E.N. Hankin, was a bacteriologist from Oudh (now Awadh) and occupied himself with the investigation of the bacteria's behaviour in water, soil and household items. The committee called the Ukrainian bacteriologist Dr Waldemar Haffkine to Bombay from Calcutta and established a laboratory in Parel to find a cure. A plague vaccine was unheard of until Dr.Waldemar Mordecai Haffkine had prepared one on 10 January 1897, and after having successfully inoculated himself, Haffkine gave public demonstrations and inoculated many distinguished citizens.

An amendment to the Bombay Municipal Act of 1888 extended the powers entrusted to Bombay's municipal commissioner. "The municipality simultaneously embarked on a massive, almost comically thorough, campaign of urban cleansing, flushing out drains and sewers with oceans of seawater and carbolic, scouring out scores of shops and grain warehouses, sprinkling disinfectant powder in alleyways and tenements, and, more tragically, destroying several hundred slum dwellings in the hope of extirpating the disease before it could fully establish itself," writes Arnold. The municipal committee instigated a policy of isolating plague victims, disinfecting or destroying infected dwellings, and inspecting travellers. Travellers were also more rigorously inspected and those thought to be infected were detained. This was part of a wider policy of segregating all people who had come into contact with plague victims. To facilitate these measures, a number of special hospitals and camps were set up around the city.

However, these measures not only failed to stem the spread of the disease, but also proved unpopular and exacerbated the mass exodus from the city which had been caused by the outbreak. Thinking that the ordinary provisions and rules already in place weren't enough to stop the transmission, the government extended the Bombay Municipal Act of 1888 to other areas like Pune and Ahmedabad, but to little effect. To acquire a more wide-ranging hold on the disease, the government introduced a Bill in the Council of the Governor-General and passed it as a law, called the Epidemic Disease Act of 1897, based largely on the Venice Sanitary Convention of March 1897. The Epidemic Diseases Act, 1897 came into immediate effect and applied to all of British India. Arnold writes that the Act "gave the government powers to inspect any ship or intending passenger; to detain and segregate plague suspects, to destroy infected property; search, disinfect, evacuate, open up for ventilation, or simply demolish any dwelling thought to harbour plague." To bring the plague under control the Bombay municipality implemented draconian measures, increasingly so as the epidemic continued to spread through the subcontinent. The colonial state sanctioned British and Indian troops to enter into the private homes of the city's residents to locate afflicted or deceased persons. The infected were dragged to various hospitals within the city where they invariably died, while their clothes and belongings were burned at street corners. Others were directed into plague camps where they received inoculations while their houses were flushed, fumigated, and lime washed, effectively destroying their possessions in the process. Soldiers were enlisted to conduct a door-to-door search in infected areas. By way of disinfection, seawater was pumped by centrifugal pumps into the sewers throughout the day and into the night. Public officials began to wash the streets and footpaths with lime. The

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government advised that dwellings be disinfected and household objects exposed to sunlight, and that 'infected dwellings' be demolished.

Express orders were issued to take caste and religious sects into consideration while screening infected houses. The segregation camps were asked to maintain separate quarters for men and women. Private hospitals for Hindu and Muslims came up in many places. Special arrangements were also made to dispose of dead bodies, including sprinkling carbolic powder over the corpse before washing with a phenyl solution.

But these stringent measures were widely viewed by the Indian people as excessive and as an infringement on their rights and customs. Movement restrictions interfered with religious pilgrimages and compulsory house inspection was resented as a violation of privacy. Enforced segregation in camps and hospitals was also widely disliked. Opposition and unrest began to grow. These measures were widely regarded as offensive and alarming. The extent of this outrage was demonstrated with the murder of W. C. Rand, British chairman of the Special Plague Committee. He was murdered by the Chapekar brothers, two Indian revolutionaries angered by the intrusive methods employed by the British to combat the plague in Pune. People complained of impolite conduct and substandard arrangements in both hospitals and segregation camps. Mill workers in Bombay assembled in front of Arthur Road Hospital and threatened its demolition. While family members were separated and shifted either to isolation wards or hospitals, the authorities did not assume responsibility for their now-empty houses, and they often returned to find their properties looted or destroyed. When riots and strikes broke out in March 1898, the authorities were compelled to change tack. The military search parties were withdrawn, and a system was introduced based on co-operating with local people. On 9 December 1898 the Bombay City Improvement Trust was created by an act of the British Parliament. It was entrusted with the job of creating a healthier city. Local medical practitioners and indigenous medicines were allowed to combat the spread of disease in distant places. At a time when little was known about the disease and its cure, alternative treatment was offered by both, ordinary people as well as medical practitioners.

Conclusion:

India's tryst with the plague brings to the fore questions of social responsibility, individual freedom and shared fears and apprehensions that have the ability to unite people. The plague epidemic has been a lesson in this respect, making a case for compulsion to be used sparingly since it might result in objection on cultural and religious grounds. India is now an independent democratic nation, and in 2020-21, as we find ourselves in the grip of the Covid19 pandemic, one can only look back at history and hope that lessons are learnt. We need sensitive care, timely action, good solid infrastructure and benevolent care for the most needy, to face the current challenge. While vaccination might be compulsory or voluntary, health education is indispensable today as it was at the height of the plague years. Health education should be considered as an integral aspect of every mass immunization campaign. Persuasion is perhaps the most powerful weapon when compared with legal regulations. India's huge population and poor socio-economic conditions are major barriers in India's battle against COVID-19. Along with the government, the citizens must also help support the fight against the pandemic by adhering to government advisories of containment and social distancing.

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