The Bombay Plague of 1896-97

by **Chetan Saini** (May 2020)

Falling Figure with Bird, Tyeb Mehta, 2002

Human beings across the globe have been going through one of the toughest phases in their entire history with countries battling against rapidly spreading COVID19pandemic. India has also been waging war against COVID19 by taking some unprecedented measures including nationwide lockdown for 21 days and then extending it for a further 19 days. Is this the first time that India has taken such drastic steps? We must look back into the country's history which reveals that India experienced similar conditions in the last decade of the nineteenth century during the Bombay Epidemic of 1896-97.

The Bombay Epidemic acted as a catalyst in the promulgation of the Epidemic Diseases Act of 1897 that empowered the state to take strict actions.

Known as the bubonic plague, the Bombay Epidemic was caused by bacillus—*Pasteurella pestis*. It is the disease of infected rodents and their fleas.

The first case of Bombay Plague Epidemic was identified by Dr. Veigas in Mandvi area in August 1896[1] and in less than a week the circumference of infection extended to the neighbouring areas such as Khetwady, Nagpada, Fanaswady, and Kamathipura. In January, 1897, it had killed 7,627[2] people and these figures did not subside in the following months. Moreover, the epidemic sporadically recurred in the next century and is believed to have taken the lives of twelve and half million[3] Indians by 1918.

News reports at the time asserted that the epidemic reached as far as Agra, Delhi, Bangalore, and the northeast region. Fear of transmission was potentially high in certain parts of the north region because of railway connectivity. The governments of Punjab, Afghan, and Beloochistan aggressively ran campaigns of screening trains coming from Bombay. Suspected passengers were sent to quarantine camps.

There are several theories for the outbreak of the Bombay Bubonic Plague. Among them, the two are most widely accepted; first—the disease was imported from Hong Kong in cargo ships carrying grains along with infected rodents. Hong Kong, which was integrated into the British Empire through the Treaty of Nanjing in 1842, reported plague cases in 1894. The number of infected cases increased profoundly by 1896 and the disease became a pandemic affecting several continents. Pilgrims arriving from the Himalayan regions to the temple of Walkeshwar may also have brought the contagion. R Nathan writes in *The Plague in India 1896-1897* that the Garhwal and Kankal regions of the Himalaya reported cases of plague as early as 1878 and people brought the disease with them to the city of Bombay.

Assessing its rapid transmission and international pressure to contain it within the boundaries of India, the Bombay government and Bombay Municipal Corporation (came into existence with the Bombay Municipal Corporation Act 1888) took strict measures like segregation and hospitalization of affected people and unapproved entry into buildings inhabited by suspected people. Besides, the Bombay government constituted the Plague Committee under the chairmanship of Brigadier General Gatacre who, along with his team of medical

experts, assessed the impact of the disease and its magnitude from March 1897 to June 1897. This Plague Committee was succeeded by another committee under the chairmanship of St. James MacNabb Campbell.

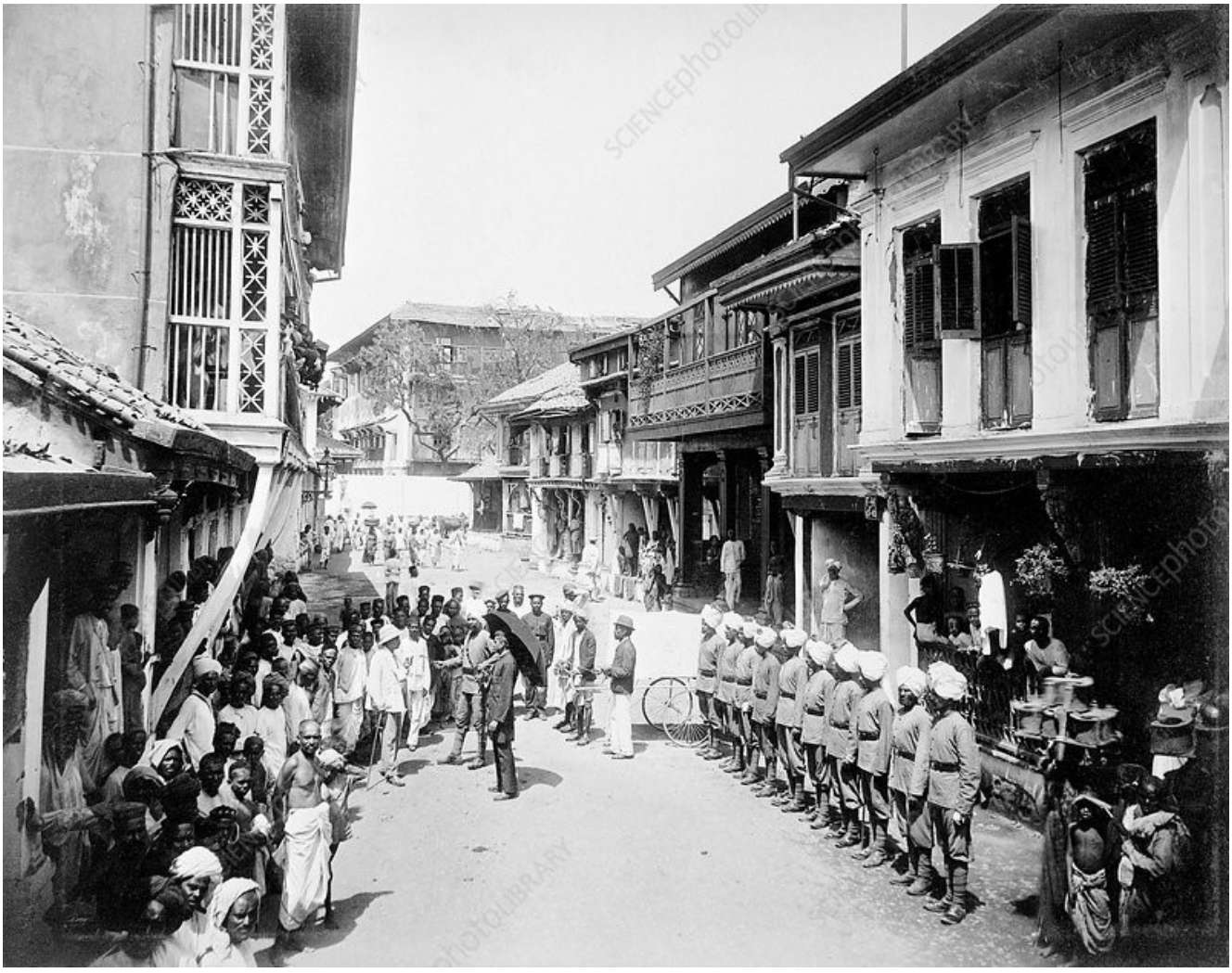
The Bombay government also empowered the Municipal Commissioner to take *sua sponte* action without consulting a district magistrate. The commissioner could prohibit the use of dwellings found unfit for habitation; he even could ask people to vacate buildings or premises for cleansing and disinfection. The commissioner had the right to cut off water supply and remove the earth from the floor.

District medical officers were required to supervise sanitization of districts in their charge and submit daily progress reports to the Plague Committee. The medical officers were required to supervise district hospitals and search parties. Furthermore, the records of burials and cremations in addition to the sanitization of crematoriums were entrusted to district medical officers.

People

With regard to the people affected from the disease, two groups bore the brunt of the epidemic– Hindu traders and labourers. Banias, Marwadis, Lohanas, and Bhatias were engaged in grain trade and had their storerooms on the ground floor in Mandvi area. These storerooms were damp and infested with rodents. The traders did nothing to kill the rodents because they believed in a sacred practice of Hinduism that represented rats in the image of the god Ganesha. In the

labour class, Dekhan Marathas suffered most from the epidemic as they did not have their own rooms to sleep. They spent most of their time on docks where they worked as carriers.



Quarantine

The municipal corporation heeded the recommendation of the Plague Committee and imposed quarantine restrictions in the city. The Epidemic Diseases Act of 1897 proved a potent tool

that empowered the municipal authorities to inspect places, detain and disinfect people. To restrict the movement of people within the city, the district officers issued passes and clean bills of health. Cynthia Deshmukh writes that the government's policies were violently opposed by the local people. They believed that the regulations would corrupt and deprive them of their religious obligation.

> Largely the Bombay people did not believe that plague was infectious. They were violently opposed to their sick being shifted to the hospitals. They were determined to tend to the sick members of their families and administer to them the dying and funeral rites. They were opposed to hospitalisation because hospitals did not respect the rules of caste and community regarding restrictions on food, intermingling of people and purdah. There were rumours that the British Government of Bombay took the patients to the hospitals to poison and in other ways kill them.[4]

Passengers traveling by railway were kept under stringent observation, particularly second and third class passengers. The second class passengers had their medical examination in their coaches while the third class passengers had to go through medical screening at the platform. The first class passengers were exempted from medical screening except in cases where the traveller was showing signs of sickness. Similar measures were adopted for the passengers of steamships and boats.

Temporary isolation camps were constructed for suspected people arriving in Bombay for the purpose of business. They were admitted to these camps with due process that required

their medical examination, record of their names, caste, date of arrival, and others details. People were segregated to the camps identified on the basis of castes and religions. The admitted patients were required to adhere to tough rules—they could not leave the camp once entered; clothes needed to be disinfected; smoking was completely prohibited; measurement of body temperature twice a day; and issuance of rations after morning roll call.

Mortality

Examining the number of fatalities from the epidemic, the Plague Committee monitored deaths each month since its inception. The cumulative deaths in the months of November and December 1896 were 9,267[5] and these figures rose tremendously in the next four months. From the month of January 1897 to April 1897, the total number of deaths escalated to 23,375[6] and the trend continued unabated in the year 1898. In the month of March 1898, the maximum number of deaths was reported at 9,210[7] probably due to the high influx of migrant labourers to the city.

Population

In addition to deaths, another critical dimension to observe was the persistent fluctuation in the calculated population. In the month of November 1896, the calculated population stood at 780,000 which declined to as low as 437,000[8] by the end of February 1897. However, the population further increased to 838,000[9] in the next eleven months (January, 1898) owing to the return of labourers and traders.

Hospitals

The Bombay government ensured hospitalization and isolation of infected people funded by the public; private hospitals created separate wards for Europeans, Euroasians, Indian Christians, and Natives. For the treatment, six[10] government hospitals and nearly 40[11] private hospitals were earmarked along with some temporary hospitals to flatten the curve of rising number of cases. When the epidemic was at its peak, doctors and nurses were recruited from Britain and specific attention was paid to the management of the hospitals. Furthermore, the hospital staff was increased in terms of number and quality. Among the most successful medical officers, Dr Choksoy at Arthur Road, and Dr Hutchinson at Grant Road deserve special mention.

Finance and Disinfection

While analysing the government expenditure to curtail the epidemic, it was found that nearly Rs. 3[12] lakhs were spent between March, 1897, and June, 1897. This expenditure escalated more than thrice to around Rs 10.5[13] lakhs in the next 10 months between July, 1897, and April, 1898. The government also instructed the use of disinfectant solutions of compounds—Perchloride of Mercury, Chloride of Ammonia, Glycerine, Rectified Spirit and water.

Conclusion

Scrutiny of statistics reveals that the Bombay government aggressively adopted the plan to stop the spread of the epidemic but, on comparing it with the city's demography and position as a financial hub, the public expenditure was insufficient. Not only this, medical screening and quarantine policies were discriminative because the British people were exempted from medical examination while the natives were cramped into isolation centres with complete indifference to their social and cultural identities. Slum dwellers were debarred from the basic necessity of shelter in the massive drive to clean damp and dirty localities. Labourers were rendered homeless and penniless.

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[1] There are conflicting arguments about the outbreak of disease. Some historians argue that the disease started spreading in the month of August while others believe that the first case was discovered in September though they have

consensus on the peak number of deaths in January 1897.

[2]Sir James MacNabb Campbell , *Report of the Bombay Plague Committee – Appointed by the Government Resolution no 1201/7201 on the Plague in Bombay for the period extended from the 1 July 1897 to the 30 April 1898*. (Bombay: Times of India Steam Press, 1898): p i.

[3] I. J. Catanach, "The Globalization of Disease? India and the Plague," *Journal of World History* 12:1, (2001) p 132

[4] Cynthia, Deshmukh. "The Bombay Plague (1896-1897)." *Proceedings of the Indian History Congress*. 49 (1988) p 481.

[5] Sir James MacNabb Campbell, *Report of the Bombay Plague Committee – Appointed by the Government Resolution no 1201/7201 on the Plague in Bombay for the period extended from the 1 July 1897 to the 30 April 1898*. (Bombay: Times of India Steam Press, 1898): p 102.

[6] Ibid. p 102

[7] ibid. p 102

[8] ibid. p 102

[9] Ibid. p 102

[10] Ibid. p 106

[11] Ibid. p 108-09

[12] Ibid. p 190

[13] Ibid. p 191

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