

The Mortal Condition: Four Epidemic Tales from Late-Colonial India

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Abstract

This paper is about four Hindi/Urdu short stories that explicitly represent plague, cholera, and influenza outbreaks from the late-nineteenth century to the early decades of the twentieth. These are, “*Plague ki Chudail*” by Master Bhagwan Das 1902, “*Vibhatsa*” by Pandey Bechan Sharma 1925, “*Quarantine*” by Rajinder Singh Bedi 1940, “*Pehalwan ki Dholak*” by Phanishwar Nath “*Renu*” 1945. What links these stories is the terror of an inscrutable affliction, the disruption of community and family, curative means (and their failure), the diseased body and the corpse and, not least, forms of affective relationships. While Indian-language fiction on communicable diseases is disproportionately small, given the frequency and virulence of such events in the history of the subcontinent, these short stories represent contagious disease outbreaks with particular intensity and memorable power. I focus specifically on the interface between colonial medical science and folk imagination, by examining government reports/records, and the myths about disease and cure that appear in these stories. The paper relies on the foundational work on macro and micro parasitism by William McNeill (*Plagues and Peoples*), and also on more literary approaches to disease in the four short stories. The paper is organised around three disease outbreaks: cholera, plague and influenza, and is part of an ongoing research project on the affective aspects of contagious disease.

Keywords: Disease, Epidemic, Plague, Quarantine, Fiction

Introduction

It is a curious fact of modern Indian literature that contagious disease outbreaks have found little attention. Wives and widows, peasants and zamindars, reform and nationalism, gender and caste, myth and history, communalism and partition, rural poverty and urban squalor, repression and rebellion, have all engaged variously the novel, short story, poetry, and drama; not so widespread disease outbreaks, not at least in any noticeable way. This is odd given the high frequency of such diseases, at least from the early nineteenth century, with their staggering morbidity figures, and their long-term effects on demography, economy, politics, settlement patterns, state intervention, medical science, social relations, and so forth. A good enough starting point is the First and Second Cholera pandemics (1817-24; 1826-37) (Stewart and Philips Report), which originated in the Indo-Gangetic plain and reached as far as Japan and Russia, besides nearly all of Asia. If the first killed between one and two million (from a population of 120-150 million), the Sixth Cholera Pandemic (1899-1923), again originating in the Indo-Gangetic plains, killed nearly eight hundred thousand. This overlapped with the Influenza Pandemic (1918-20), which followed World War I and caused over thirteen million deaths in British-ruled India, besides a massive global tally (Chandra 857-65). Add to this the Third Plague Pandemic (1865-1960), with over ten million deaths in India between 1896 and 1918, the persistence of the Seventh Cholera Pandemic (1961-1975), and the Smallpox Epidemic of 1973-74, and we have a significant presence of contagious disease in modern south Asian history, not to mention AIDS, Swine Flu, Nipah, and suchlike outbreaks. Despite the relative paucity of literary material, there is enough that engages directly with epidemic, or makes incidental but significant references. Perhaps the earliest literary references to smallpox and cholera outbreaks are in Rabindranath Tagore's narrative poem "Puratan Bhritta" (1882) and Fakir Mohan Senapati's Odia short story "Rebati" (1898). To study this material alongside state intervention, medical science and a spectrum of cultural attitudes would

complement existing and valuable work by medical historians of colonial India and by cultural historians of contagious disease.

The “little tradition” of epidemic literature begins with *“Plague ki Chudail”* (1902) by Master Bhagwan Das (1869-1958) whose fame is not primarily as fiction writer. Theosophist, Member of the Central Legislative Assembly, author of numerous books on esoteric subjects, Das joined the Indian National Congress in 1920, following Gandhi’s Non-Cooperation call, the same year he helped to start Kashi Vidyapeeth. His books include *Communalism and its Cure by Theosophy* (1934), *Philosophy of Non-Cooperation* (1922), and *Indian Ideals of Women’s Education* (1929). Nonetheless, Das’s close proximity to the turn-of-century Benaras–Allahabad world of Hindi letters is evident. *“Plague ki Chudail”* appeared in 1902 in the pioneering literary periodical *Saraswati* only two years after its inaugural in 1900 under the editorship of Shyam Sundar Das, and a year before Mahavir Prasad Dwivedi became editor. The periodical appeared under the auspices of the Nagari Pracharini Sabha (1900); the body that founded the Hindi Sahitya Sammelan (1910), and of which Das became President in 1921.

A cloyingly sentimental story, *“Plague ki Chudail”* is about love, loss, and reunion in an upper-caste zamindar family. The story begins with a bland statement of fact: “People fled from their homes when the plague reached Prayag last year, daily killing hundreds of the poor and also many traders, landowners, lawyers and court clerks”. This is unexceptionable as recorded history. As David Arnold notes, the “epidemic arrived in eastern U.P. in November 1899 with the return of three Muslim julaha weavers whose employment in the cotton mills of Bombay had ceased with the closure of the factories in that plague-stricken city. From the weaver’s homes in the small town of Mau-Aima in Allahabad district, the plague spread to Banaras and from there to other villages in the area” (Arnold 253-54; Hankin 48-83). But what Das does with recorded history is more interesting. The main interest of the story is not migrant labour but a wealthy family with a town house in Allahabad and a country estate in the hinterland; a family that represents the new urban elite of north India comprising traditional landowners, modern professions and business interests.

Thakur Vibhav Singh's first thought is personal safety when his plague-infected wife appears to have succumbed, despite the ministrations of a hakim and a doctor. Leaving her body to be cremated by his retainers, the zamindar leaves for his country estate. As his friends—"lawyers, traders and officials"—advised sensibly: "Go back to your estate. Don't bother with the cremation. The servants can do that just as well. You will perform your dharma only if you are alive." This accorded well with Vibhav Singh's first thoughts when he learnt she had caught the plague: "If my staying here makes my wife better, I would risk my life and stay. But why take the risk when there's no cure for this disease?" Leaving the cremation of his dead wife to his retainers and a priest, Vaibhav Singh disappears from the story at his point. The retainers, in turn, simply float the bier with the woman's body on the Ganga without bothering with cremation. As one of them reasoned with the others, "I am of the opinion that those who die of plague, cholera or any epidemic should be set afloat without cremation" (Sarkar 4). But such was the terrified haste that no one—not the doctor, nor the husband or the retainers—realised that the woman was unconscious and not at all dead. The next turn in the story occurs when she awakens in the floating bier and clambers ashore to find herself in picturesque garden, unsure whether she is alive or dead. When villagers spot her draped in a shroud and sitting by the bier, they mistake her for a she-ghost (chudail). The news spreads, a faithful servant and her son appear and realise she is indeed alive and, after some brief theatrics, she is re-united with her contrite husband. There is not much to the story, yet it highlights certain contemporary themes and concerns. The first is the trope of the abandoned yet faithful wife (she compares her plight with mythical characters like "Damyanti and Draupadi"), elsewhere configured as the Hindu widow, a symbol of both misfortune and conjugal fidelity, and equally a modern legislative subject from the Sati Abolition Act 1829 to the Hindu Widow's Marriage Act 1856 (Sogani 201-45; Atwal 131-32). But the plight of a zamindar's wife in Allahabad is intertwined with the history of a disease outbreak that had already engaged the 'official mind' of British India. The Bombay plague outbreak of 1896-97 led to the Indian Plague Commission and was the immediate backdrop of the Epidemic diseases Act (1897). Much had

been written on the recurring plague cycles in many parts of India before the five-volume Report of the Indian Plague Commission 1902, which appeared the same year as “*Plague ki Chudail*.” including the four-volume *The Plague in India, 1896-97* (1898) by Robert Nathan; *Bengal Plague Manual 1903*, a compilation of the many regulations that stemmed from the Epidemic Diseases Act and Mahamari, or the *Plague in British Garhwal and Kumaon 1898* by G. Hutcheson. The studies offered various theses but, as with the Commission’s mandate, they were animated by a search for origins and aetiology, with modes of transmission and curative means, including inoculation. Das’s story veers clear from these hard-headed concerns of the colonial state, yet shows how an indigenous imagination re-located an administrative and medical problematic within the space of conjugal domesticity.

While “*Plague ki Chudail*” foregrounds an upper caste, elite Hindu household, Pandey Bechan Sharma’s story “*Vibhatsa*” (Hideous) turns to the rural poor. Something about Sharma’s career is germane here. A novelist, short-story writer, satirist, screenplay writer and journalist who wrote under the pen-name “Ugra”, Sharma was known for frank criticism of colonialism, social injustice, sexual exploitation, communalism, and for his use of a colloquial, often, “obscene” Hindi. His autobiography, *Apni Khabar* (1960) records much of his tumultuous life. Arrested in Bombay for editing an incendiary issue of the Hindi weekly *Swadesh* (Gorakhpur) on 5 October 1924, Sharma was sentenced to nine months in jail for sedition. In 1927, he published the controversial story “*Chocolate*,” one of the earliest accounts of homosexuality in modern Hindi literature. Both “*Chocolate*” and “*Vibhatsa*” appeared in the periodical *Matwala*, the latter in 1925, at a time when *Chayavaada* was the reigning tendency in Hindi literature (Vyas 5-19).

Like Phanishwar Nath and Bedi, Sharma leaves the location of his story unnamed, though it is clearly an impoverished low-caste village on the banks of the Ganga, the home of Sumera Jat, his wife and son. Sumera, the village cart driver, is also a thief (who betrayed his gang to the

police), the village bully, and generally ostracised by his neighbours for his distasteful ways. “Vibhatsa” opens with hideously ominous symbolism. Sumera wants to eat the carcass of their diseased, dead goat even as his wife and son are horrified by the thought of feasting on carrion. He has his way and actually chews raw chunks of meat even as the carcass drips blood and entrails over his cottage floor. This sets the stage for the main narrative impulse of the story: The 1918-19 influenza pandemic, or “Spanish Flu” in India, which followed World War I, affected large-parts of British-ruled India from November 1918 to December 1920 and killed over 13 million. (Public Health Report 2300-02, for mortality figures specific to the United Provinces; and for more contemporary account see Phipson of Indian Medical Services). Interestingly, Sharma describes the disease as “war-fever,” though it had other names such as “Bombay fever” (Ramanna 86-98).

The terror of the fatal war-fever, or influenza, was all over the country. There were cities with thousands dying daily and numerous deaths in every village. There was despair in Anup Nagar and in nearby market towns and much suffering, chiefly in Sumera’s village. Such was the panic that people stopped going out for they had heard that the disease also spread by physical contact. But Sumera was pleased as he didn’t need to spend much now. As the epidemic spread, he made that an excuse to send his wife and Shamshera to his in-laws. Now he had no care in the world. Sumera was more scared of spending money than of influenza or the daily death of hundreds of men like himself. Of course, the disease had cut into his earning from the oxcart; for that he was unhappy (Sharma. “Vibhatsa.” Translated by Chakravarty).

But that soon changed. Sumera was hired to collect unclaimed corpses from a nearby market-town and throw them in the Ganga. The price: two rupees for each corpse. As his employer explained, “People are so terrified fathers won’t cremate their sons. Who doesn’t love his life? The dead are gone. Why should the living lose lives?” Sumera’s his earlier act of feeding on carrion and his later obsession to earn a hundred rupees disposing corpses is suggestive of what Naomi Klein has

described as “disaster capitalism,” or the “intersection between super-profits and mega disasters” (Klein 9). But his ambition founders at the end when Sumera contracts the virus and dies alone, delirious with pain:

The neighbours covered their noses with cloth and found Sumera’s bloated, decomposing body inside the cottage. His swollen stomach had burst with intestines dangling out. Sumera’s right hand was clasped to the waistband which held his fee for disposing corpses—a total of ninety-seven rupees (bk. Sharma, trans. Chakravarty).

Sumera Jatt’s life story is a perfect reminder of William McNeil’s 1977/1997 work on micro- and macro-parasitism in *Plagues and Peoples*. Humans feed on resources derived in nature, i.e. animal husbandry, farming whereas the microbes looks for a host to survive and feeds on humans. The inevitability of natural life cycle and survival of the parasites indicates of the over-arching view of the alterity of disease outbreaks and their reminder of human finitude, and the limits of knowledge and “reasonable” explanation. While Sumera’s world was hit by a microbial outbreak, it is the hunger for greed, the hedonistic approach towards the civilisation (macro-parasitism) that led to the end of the world in “Vibhatsa.”

A more benign view of human agency appears in the following two stories: “Quarantine” by Rajinder Singh Bedi and “Pehalwan ki Dholak” by Phanishwar Nath “Renu.” Bedi’s protagonists are Dr Bakshi of the Indian Medical Service, who worked at a quarantine facility and his co-worker, a municipality sweeper, Bhagu. The story was first published in his short story collection, *Daana o Daam* (1940) when the twenty-two-year Bedi worked as clerk in the Lahore post office. The action of the story takes place in an unnamed city in the Punjab ravaged by a plague outbreak. The city in “Quarantine” is unnamed, though it is likely Sialkot or Lahore, where he spent his early years. The doctor-narrator reveals quite early the psychological results of quarantining patients to break transmission chains, a measure the British had formalised in India with the Epidemic Diseases Act (1897).

The terror of quarantine was understandable. As a doctor I am positive about this, and I speak with certainty that more people died in the city from quarantining than from the plague. [...] I saw many patients lose hope because their families were not around. Some died many times over before actually dying as they watched other patients around them breathe their last. It happened at times that patients of a routine ailment became victims after contracting the bacteria in the poisoned air of the quarantine. And, because of a steady stream of deaths, the last rites followed a method unique to quarantine. Hundreds of human corpses were dragged like dog carcasses, piled in a heap, and set on fire after pouring petrol, without any religious ceremony (bk. Bedi, trans. Chakravarty).

This is not a story about hapless victims or opportunists preying on disease outbreaks but about frightened and introspective care-givers seeking private moral authenticity in amidst a public health crisis. As the doctor confesses:

I too was terrified of the plague. After returning home in the evening, I would wash my hands for a while using carbolic soap, gargle my throat and then drink scalding coffee or brandy to heat my stomach, though that caused sleeplessness and made my eyes burn. At times, I was so terrified of the disease that I took pills to induce vomit to cleanse my system. When very hot coffee or brandy scalded my stomach, and the fever rose and reached my head I would begin imagining things. At the merest sign of sore throat, I thought the symptoms of plague were there ... oh no! ... I too will be victim of this deadly disease ... the plague ... and then, quarantine! (bk. Bedi, trans. Chakravarty)

Bakshi tells us that the unlettered Bhagu, a Christian convert and meek follower of Jesus, was the hero in that plague-ridden city.

...I learnt that Bhagu woke at three in the morning. After gulping half-bottle alcohol, he followed orders and sprinkled lime dust along municipality streets and gutters to stop the bacteria from spreading. Bhagu explained that waking up at three also meant that he had to pick up corpses from the bazaar and run errands for families in the neighborhood too scared to step out. The disease did not scare Bhagu in the least. He believed that if death was approaching there could be no escaping wherever he fled (bk. Bedi, trans. Chakravarty).

While even doctors were terrified of the plague and shunned human contact, “Bhagu wrapped a cloth around his face and head went helping others.” He knew nothing about the epidemic or the “quortin” yet taught people ways to stay safe, urging them to stay clean, to sprinkle lime and avoid going out. “Bhagu alone was everyone’s family. He felt the pain that everyone felt. He wept and suffered for all.”

At the end, Bhagu’s wife dies of the plague, while Bakshi is felicitated and rewarded with money and a promotion for his exemplary service by the mayor and other city worthies at a public event. But that only left him intensely unhappy, with himself and with the world: “I saw Bhagu’s wife and child before me. The burden of garlands felt heavy on my neck; the weight of money tore through my pocket ... Despite all the praise and honours I had just received, I wept unabashedly over a pitiless world.”

We find another child-like, un-self-conscious care-giver in the village wrestler Luttan Singh, the protagonist of Phanishwar Nath’s “Pehalwan ki Dholak,” which appeared in the periodical *Saptahika Vishwamitra* in December 1945. Like his celebrated regional novel, *Maila Anchal* (1954), the location of the story is a remote, impoverished village in eastern Bihar, possibly in the erstwhile princely state of Nazarganj; and, like the novel, the story also turns around questions of disease and the failure of medical intervention, dire poverty, ignorance and caste prejudice. Phanishwar Nath’s first published story “Batt Baba” (*Saptahika Vishwamitra*, 1944) has

a poignant account of villagers worshipping a revered banyan tree. Elsewhere, Renu describes how in his village (Araahi Hingana, in Bihar's Purnea district) people prayed to a banyan tree during malaria outbreaks (Bandopadhyaya 45). Unlike the matter-of-fact first sentence in *“Plague ki Chudail,”* here the beginning is ominous yet poetic:

It was a dark and cold moonless night in wintertime. Stricken by malaria and cholera, the village shook like a terrified child. Darkness and silence ruled within huts made of old, worn bamboo and grass—only darkness and silence 'broken only by 'low groans and retching sounds and moans of 'O Rama, O god. At times children would feebly cry, 'Ma—ma'. But these did not greatly disturb the silent night (bk. Renu, trans. Chakravarty).

And, in this dreadful silence of hopelessness and impending death:

... the wrestler's drum defied the nightly terror with its unceasing beats: 'chatt-dha—gir-dhaa, chatt-dha—gir-dhaa', as if to say, 'let's wrestle for a bout'. In between, 'chataak-chatt-dha, chataak-chatt-dha', as if to say, 'lift and hurl, lift and hurl. 'The drumbeats resonated in the dying village with the life-force of sanjivini (bk. Renu, trans. Chakravarty).

The much-feted, prize wrestler of the raja's kingdom and a village hero, Luttan was mentally a child. "His body and physical strength had grown enormously, but his mind had not and he remained a child." Towards the latter half of the story, the old raja died, his son returned from abroad, became the new reforming king and God rid of court wrestlers. Luttan returned to his village with his two sons and his drums to begin a life of gradual impoverishment. That was when:

The village was suddenly struck by calamity. First there was drought, followed by famine. Then it was malaria and cholera, scorching their way through the village. Soon,

the village began to empty and houses lay vacant. Daily there were two to three corpses. There was panic everywhere (bk. Renu, trans. Chakravarty).

In the midst of the panic, Luttan emerged as care-giver, not as doctor or hakim, but by doing what he loved to do: playing the drum.

It was only the wrestler's drumbeats that defied the dreadful night. However, he played the drum, the beats filled the near-dead villagers with life-force, though they had no medicines and no cure. Before the feeble eyes of the old, the young, and the children arose the spectacle of the wrestling ring. The power of the thumping drum ran like current in their weakened sinews. Of course, drumbeats were no cure for fever, nor could it halt the fatal speed of the epidemic, yet there is no doubt that the dying felt no pain as their eyes closed forever, nor were they afraid of death (bk. Renu, trans. Chakravarty).

But even the fabled wrestler of great strength succumbed to cholera. First his sons died and he disposed their bodies in the river. Undeterred by personal loss, he returned to drumming that night to raise the spirits of the villagers. But one night, the drumming ceased. The next morning "some of the wrestler's students, themselves ill, but kind of heart, went to find him lying face up on the ground. Foxes had torn away his heavily-muscled right thigh at night. His stomach too was ripped apart...."

From illiterate municipality sweepers, village cart drivers and wrestlers, to a feudal land-owning elite and doctors in the Indian Medical Service, the characters in these four stories represent a cross-section of affective life in late-colonial north Indian society viewed through the prism of epidemics and pandemics that successively ripped through south Asia. The four stories remind us of alterity of such disease outbreaks and profoundly "intertwined destinies of the host and the parasite" (McNeill 32-67).

This paper has looked for some common denominators in the historical experience of contagious diseases and how these were articulated in four Hindi/Urdu short stories of early twentieth century. It is an introductory foray into an area of profound historical significance especially when seen through the array of responses—political, administrative, cultural, and medical—that the last two years of Coronavirus has generated in India with very mixed results.

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