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Book Review: Natasha Sarkar, *The Last Great Plague of Colonial India*

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Natasha Sarkar, *The Last Great Plague of Colonial India* (Oxford: Oxford University Press, 2024), 240 pp. \$100 (hardcover), \$99.99 (electronic book). ISBN: 9780198873228. DOI: <https://doi.org/10.1093/9780191986406.001.0001>.

THE PERIOD BETWEEN 1817 AND 1920 witnessed pandemics such as cholera, bubonic plague, and Spanish influenza on global scale. Chinmay Tumbé (2020) terms this period as the ‘age of pandemics.’ There is a specific value of remembering pandemics as major events of South Asian (especially Indian) history for the aforementioned period as this region suffered immensely during this time. In fact, each of these pandemics mentioned above deserve a book-length enquiry regarding their respective origin, spread, impact and associated socio-political and economic ramifications in colonial Indian context.

However, unfortunately, with the exception of a few articles and book chapters, there is still a dearth of book-length monographs on any of these pandemics. Natasha Sarkar’s present monograph fills this historiographical gap in the context of the late nineteenth- and early twentieth-century bubonic plague epidemic in India. Sarkar’s work compliments articles and book chapters by Catanach (1983), Klein (1988), Chandavarkar (1992), and Arnold (1993) on the same topic. It is the first comprehensive examination of the extraordinary crisis unleashed by bubonic plague on the Indian subcontinent. As such, it includes an examination of the colonial response and a discussion of the inherent tensions in the official plague policy of the government, as well as a study of the heterogeneity of indigenous responses. After all, as argued by Sarkar, the plague epidemic, with its enormous social, political, medical, epidemiological, and demographic dimensions deserves detailed attention (14).

Spread across ten chapters and an Introduction, the book under review provides a comprehensive understanding of the origin and spread of the plague epidemic in India (Chapter 1); conflicting ways in which the scientists, colonial administrators and doctors made sense of the disease (Chapter 2); the

heterogeneity of indigenous responses (Chapter 3); differing medical interventions ranging from western medical treatment to indigenous healing practices (especially Ayurveda) to popular remedies and faith healing (Chapter 4); the role of medical missionaries in furthering the cause of Western medicine in curtailing the disease (Chapter 5); shifts in official plague policy (Chapter 6); the colonization of space in the name of checking the spread of the disease (Chapter 7); shifting priorities in relation to disinfection strategies (Chapter 8); problems associated with the compilation of plague statistics and mortality estimates (Chapter 9); and finally, an estimate of the impact of the catastrophe in terms of evaluation of control measures and response to vaccination across the provinces (Chapter 10).

Unlike most of the scholarly investigations on bubonic plague epidemic in India, Sarkar does not restrict herself to the city of Bombay. Instead, she undertakes a macro study of British India, profiling plague-related developments across Bengal, Madras and other affected areas as well. Particularly significant is her exploration of Punjab province which, together with Bombay, grossed the largest numbers of plague mortality rates. Plague in Punjab was mostly a rural phenomenon. Rural areas, argues Sarkar, have been particularly left out of the scope of public health in studies on South Asian medical history (9). Hence, the study of plague epidemics in Punjab offers a rich canvas of plague management and response within the rural context, and Sarkar's exploration provides a balanced view on plague in India so far as the urban-rural dichotomy is concerned. The author also mentions the exceptional treatment meted out to Simla, the summer capital of the British Raj, as well as the cantonments (50–51).

While most of the historiographical enquiries on plague in India restrict themselves to the final few years of the nineteenth century (somewhere around 1896 to 1900), Sarkar pursues the progression of the disease from its official discovery in 1896 up until its gradual decline in the late 1930s. In fact, she even traces the associated developments in the 1940s and 1950s as well. In other words, Sarkar offers a *longue durée* perspective on the last plague epidemic in India.

In this work, Sarkar successfully challenges simplistic notions pertaining to the plague epidemic and manages to bring forth various contradictions and heterogeneities whether in official plague policies or indigenous responses. While it is true that the colonial anti-plague measures were representative of direct intervention in the social, cultural, and material lives of the indigenous populations, these measures met with varied responses. According to Sarkar, responses from sections of society differed depending on the extent to which they were involved and affected, and the manner in which the representatives of the state dealt with them (77). For instance, the elites and businessmen who could segregate themselves either at home or in separate camps meant exclusively for members of their

caste or community welcomed quarantine. Similarly, vaccination drives also received support among the elites. Sarkar cites an interesting example of the Parsi businessman Jamsetji Tata who became one of the staunch supporters of plague vaccination. Not only did he get himself inoculated more than once, but he also insisted that all his friends and servants be inoculated. Sarkar tells us that Jamsetji's advocacy for vaccination was such that when his son Dorabji was to get married, he insisted that Mr Bhabha – father of the bride – be inoculated then and there (92).

On the contrary, those who did not have the privilege to safeguard themselves from the intermingling of people from different denominations at camps opposed segregation and hospitalization. The colonial authorities were also quite harsh while dealing with people from the lower strata of society during plague inspections. That is why, as Sarkar notes, there were instances when people preferred death to hospitalization (60).

Also, considerations of religion, caste and *purdah* (veil) were important in determining indigenous responses against colonial measures to restrict plague (94). Especially volatile was the issue of the 'check-up' of women folk by male inspectors or practitioners which eventually led to several 'plague riots' in colonial India during the period under discussion. Here, Sarkar chalks out the role of medical missionaries in breaking down traditional resistance to colonial medical aid by bringing the sick to hospitals and by insisting upon the use of prescribed remedies. Nevertheless, as argued by the author, while proselytism may have been one rationale behind missionary work, one cannot underplay the role played by the missionaries, and especially the Sisters, during the plague years (119).

Sarkar also explores inherent tensions between the colony and metropole in framing plague policy. In doing so Sarkar delves into a range of archival sources including meticulous use of new material such as Viceroy Elgin's private papers preserved at the National Archives of India. The tussle of opinion between Viceroy Lord Elgin and Secretary of State George Hamilton regarding a total prohibition of the Hajj pilgrimage, as delineated by Sarkar, exquisitely captures this tension (34–38).

Equally interesting are the copious illustrative images used by Sarkar to build her narrative, thereby making the entire monograph a pleasurable read. In particular, the drawings made by A. L. Tarter depicting rats as carriers of plague fleas are fascinating. Most of these images have been sourced from Wellcome Collection, London. This book will interest scholars and students of the social history of health and medicine in colonial India and South Asia, as well as readers curious about exploring the lasting legacy of the plague pandemic on India and the world.

In the end, Sarkar's account of the last great plague in colonial India has con-

temporaneous resonance as well. The experience of plague epidemic has taught us, argues Sarkar, that the improvement of relations between the masses and the government/health authorities is essential for the effective conduct of preventive and control measures (217). The recent COVID-19 pandemic that shook the world like never before has convincingly attested this argument made by the author.

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