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**From Outbreaks to Narratives: Exploring Epidemics of Colonial Bengal in Indian Anglophone and Bengali Vernacular Fiction**

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**Abstract**

The history of humanity is rife with epidemics that have wrought havoc down the ages. The history of colonial Bengal was frequently marred by epidemics like cholera, plague, smallpox, and malaria among others. From classic to contemporary times, authors have documented medical emergencies around the world in their works of literature. The epidemics of colonial Bengal are well represented in fictional narratives by native authors. But, interestingly these critical-creative representations are clothed mainly in the vernacular language i.e. Bengali. However, the literary representation of epidemics in colonial Bengal is largely conspicuous by its absence in Indian anglophone fiction. The proposed study will contextualize the textual impressions of epidemics in Bengali fictional narratives. Attempts will be made to investigate the reason(s) why Indian anglophone fiction failed to capture the creative imagination of authors who were unable to respond to the socio-cultural realities of the time, unlike their counterparts in vernacular literature. I hope to highlight the roles of colonial modernity and comprador mentality in fostering this culture of silence in Indian anglophone fiction, and in the process, I expect to point out the functions of nascent nationalism and anti-colonialism that inspired/instigated the Bengali writers to expose this strategic elision.

**Keywords:** colonial Bengal, epidemic, Bengali vernacular fiction, Indian anglophone fiction, strategic elision.

**Introduction**

Throughout history, the tapestry of human existence has been laced with innumerable epidemics, each leaving a trail of devastation in its wake. From antiquity to the present, medical emergencies have been carved in our cultural memory by writers who have methodically recorded these medical disasters in their historical and literary productions. The history of colonial Bengal is replete with epidemics like cholera, smallpox, plague and malaria among

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others. Each time one of these diseases broke out, it wreaked havoc on public life and handicapped the healthcare infrastructure of colonial Bengal. The main concern of this study is to probe the strategic elision of these epidemics in Indian anglophone fiction. And, in comparison, attempts will be made to locate the fever and frailties of colonial Bengal that are found in abundance in the fictional narratives written in vernacular language i.e. Bengali. Additionally, there will be attempts to highlight the role of the British administration in exacerbating the public health crises.

### **Epidemics and Colonial Modernity**

Colonialism brought with itself the element of modernity in the sphere of transport and mobility. Global connectivity was also enhanced due to a surge in colonial trade with an increasing ease of travel between continents. This had a direct bearing on the transmission of diseases on a widespread level reaching far beyond the geographical contiguity of regional and national boundaries. This is the reason why the scale of contagion often escalated from a regional public health crisis i.e. an epidemic to a full-fledged global health hazard i.e. a pandemic. Throughout the 19th century, there were three major waves of cholera pandemic – 1817-24, the 1830s and 1846-60. It originated in the town of Jessore (now in Bangladesh) in 1817. After it “spread ‘to an alarming extent’ in Calcutta and the western and central districts of Bengal”, it reached other nations in Asia, Africa, Europe, and the Americas both by land and sea (Harrison 510, 505) via different colonial commerce networks.

The third plague pandemic began in 1772 in the Chinese province of Yunnan, causing multiple outbreaks in the region before spreading to Hong Kong by the end of the nineteenth century and then to other Asian countries such as Japan, Singapore, and India (Bramanti et al. 1). The plague entered India in 1896 through the port city of Bombay via the colonial trading route also connecting Hong Kong and Colombo. The first case of plague that appeared in Calcutta was in 1898 and it quickly transformed into an outbreak in colonial Bengal.

The colonial modernity that brought along the railway system in Bengal was largely responsible for the malaria epidemic. According to Arvind Samanta, “Railway embankments ... had converted large tracts of fertile land into perpetual swamps” and these “large numbers of stagnant pools and marshes, [became] breeding grounds for mosquitoes” (28-29). He believes that like other members of the Bengali intelligentsia, Tagore “also shared the widespread popular belief that railway embankments, which obstructed the natural drainage system of the countryside, contributing to the proliferation of malaria, aggravated the epidemic. He [Tagore] traced the root of malaria to the rapacious greed of the colonial government” (36). In her work *Wanderings of a pilgrim in search of the picturesque* (1850), Fanny Parkes also criticized the British government’s greed and callous handling of smallpox that had allowed it to become so

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widespread in India: “The smallpox is making great ravages; some of our friends have fallen victims. Lord William Bentinck did away with the vaccine department, to save a few rupees; from which economy many have lost their lives. It is a dreadful illness, the smallpox in this country” (qtd. in Goswami 4).

### Visualizing Virulence in Vernacular Fiction

According to Goswami “the educated urban Indian of the then-existent metropolis like Calcutta and the mainstream literature in vogue [in 19<sup>th</sup> century] were silent about the epidemics and the lack of proper administrative measures to tackle the same” (2). By the turn of the twentieth century, this started to shift significantly for Bengali language writing, when seen in contrast to anglophone fiction. The Native writers primarily employed the Bengali language to shape their literary imaginations on the epidemics under Raj. There are considerable works of fiction in Bengali literature, both in novels and short stories by writers like Rabindranath Tagore, Sarat Chandra Chattopadhyay, Bhibhutibhusan Bandhopadhyay, Bankim Chandra Chattopadhyay, Tarasankar Bandyopadhyay and Manik Bandyopadhyay among others who not only shed light on the virulence of epidemics in Colonial Bengal but also deftly capture human experiences and expressions.

#### (a) Cholera

From Krishna Kripalini’s biography *Rabindranath Tagore: A Biography* (1962), we learn that Tagore mourned the loss of his youngest son, Samindranath, to the cholera epidemic. Tagore’s tragic personal loss finds expression in his artistic universe. In his novel *Gora*, the character Harimohini grieves losing her son and spouse to the cholera epidemic. The protagonist Shashee or Sosi of Tagore’s 1895 short story “Didi” (“The Elder Sister”) dies of cholera. Her body was cremated by her kin silently on the very night in which she died.

Sarat Chandra Chatterjee outlined the effects of cholera on the common people of rural Bengal in his novels *Panditmashai* (1914) and *Srikanta* (1917). In *Panditmashai*, Sarat Chandra emphasizes unclean and unsanitary water usage as the primary contributor to the cholera epidemic in colonial Bengal. He highlighted the lack of reformation of ponds and rivers owing to local superstitious beliefs. In the story, the villagers regard the pond as a sacred entity that can never be defiled as per the religious scriptures.

In *Srikanta* (1917), the character Rajlakshi contracts cholera and dies. Also, it was poor natives like daily wagers who were mainly afflicted with cholera. In addition to the indifference and inefficiency of the colonial health system, extreme poverty, malnutrition, poor sanitary conditions such as the absence of toilets, and lack of access to safe drinking water worsened the health crisis among the rural native population. Mark Harrison asserts that “This association between cholera, congestion, and filth would be reiterated time and again, wherever and

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whenever the disease appeared” (540). In the novel, Indranath buries an unclaimed dead body of a cholera-affected child floating on water. This is suggestive that the poor villagers are not able to afford the last rites of their loved ones and throw the dead in the river. Furthermore, the natives were unable to conduct proper funerals due to the fear and stigma associated with cholera. The cholera germs are passed directly into the river water from the dead bodies contaminating the water source and rendering it unfit for human consumption. We see a similar depiction of horror in Bibhutibhusan Bandyopadhyay’s *Aranyak*(1939) in which he narrates the story of a cholera-infected village named Shuarmari located in Bihar. In the novel, the protagonist, Satyacharan laments the large number of human casualties, dying every day due to cholera. These bodies were found to be floating in the nearby river, Kushi.

Tarashankar Bandyopadhyay’s novel *Dhatridebata* (1939) portrays the agony and hardship of poverty-stricken rural lower-caste natives who were severely afflicted by the cholera epidemic. According to Dr. Young’s statement to the Medical Board of Bengal, “the poor and labouring classes have undoubtedly appeared to be the most obnoxious to the attacks of this dreadful disease” (Quoted in Harrison 530). In this stead, Mark Harrison highlights that “cholera was not simply a product of the environment, but of an ‘unwholesome, or insufficient diet, and ... the miserable accommodation afforded by the low and damp huts of the lower and more indigent orders of the Natives’. In other words, cholera was ... a disease of poverty” (530). Manik Bandyopadhyay’s *Arogya* (1953) also makes some textual references to cholera. In the novel, the character of Lalana introduces us to the cholera epidemic that has wreaked havoc in the downtrodden rural community.

### **(b) Plague**

Sarat Chandra Chatterjee personally experienced the devastating setback of the plague. His wife, Shanti Devi and his one-year-old son died due to the plague pandemic in Burma, where he worked as a government employee. His personal concerns are reflected in his novel *Grihadaha*(1920), where one of the main characters, Suresh perishes due to plague. The novel *Srikanta* (1917) highlights how native travellers were detained and forced to quarantine by the British administration. He also spoke about the embarrassment of passengers when they were examined and touched in armpits and groins by British doctors while boarding a Rangoon-bound ship from the Koilaghat jetty. According to Mark Harrison, “The arrival of plague in 1896 brought even more stringent controls on movement” and “[t]hese heavy-handed measures inflamed political tensions and culminated in panic, strikes, and violence” (505).

Rabindranath Tagore’s *Chaturanga (Four Quartets)*; 1916) is quintessentially a plague story set in Calcutta. The narrative portrays Jagmohan as a wealthy, altruistic and selfless man who converts his home into a private hospital for the unprivileged section of the society when

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Calcutta was ravaged by the plague pandemic. Historically, the plague hospital at Maniktala had no separate wards for Hindu and Muslim patients. Hence, “it was suggested that the baithak-khanas or ground floor rooms of the outer block of Bengali gentlemen’s dwelling houses might be allowed to be used as segregation hospitals” (Samanta 136). But in his novel, Tagore emphasizes the importance of transcending the barriers of caste and religion as Jagmohan’s infirmary not only catered to the patients from the local tanner community but also cared for those who were from the Muslim minority community. Like his fictional counterpart, Jagmohan, Tagore also opened a private hospital to treat plague victims. Jagmohan refuses to go to a more secure location at Kalna with his brother Harimohan and eventually dies after contracting the disease.

### (c) Malaria

According to Arabinda Samanta, there is ample literary evidence to support the claim that the Bengali intelligentsia addressed the issue of malaria, as many significant works of literature allude to it(35). In *PalliSamaj* (1916) Sarat Chandra presents malaria as an inalienable part of village life. There was rarely any effort made to clean up stagnant ponds that were full of putrefying materials despite the danger it posed to the inhabitants. These ponds were primarily responsible for serving as a breeding ground for malaria-spreading mosquitoes. The central character of the novel, Ramesh is an educated man with contemporary ideals. In order to stave off malaria, he understands the importance of routinely cleaning and covering neighbourhood ponds.

There are also ample references to malaria in the short stories of Tagore. The eponymous character of Tagore’s short story, “Postmaster” was posted at a new Post Office in a village called Ulapur. The postmaster became ill one day with a high fever and there are many textual suggestions that it might have been caused by malaria. Firstly, his workplace was located in a run-down mud building close to a pond and encircled by a thick jungle of lush greenery. Secondly, the narrative is set in the Bengali month of *Shravana*, suggesting that it was the height of the monsoon season. Also, there is a reference to the usage of mosquito repellents in the village cow sheds. In Tagore’s short story, “Madhyabartini”, Harsundari contracts fever and is treated with quinine. After staying ill for a long time, she recovers but it physically takes a toll on her body which subsequently results in childbearing complications. In Bibhutibhusan Bandyopadhyay’s novel, *Debjan* (1946), the protagonist, Jatin succumbs to high fever. Samanta notices that the supernatural setting of the novel is inspired by depopulated malaria-stricken villages in the countryside of Bengal (36).

### (d) Smallpox

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Bankim Chandra Chattopadhyay's novel *Anandamath* (1882) mentions diseases such as fever, cholera, and tuberculosis, but it particularly emphasizes the severity of smallpox. The epidemic was so rampant that it claimed lives from every home, driving multitudes to abandon their locality. The victims of smallpox were ostracized, with no one to treat them, touch them or even give them water. There was no one to bury or cremate their corpses as the bodies kept rotting until they decayed inside houses that were abandoned by dwellers in fear. In her review of the book, *Dreadful Diseases in Colonial Bengal: Cholera, Malaria and Smallpox*, edited by Suranjan Das and Achintya Kumar Dutta, Namita Kohli posits that "(m)asures such as isolating sick patients were deployed ... in the late 19th century Bengal to contain infectious diseases such as smallpox". In Manik Bandyopadhyay's novel *Putul Nacher Itikatha* (1935), the character called Sendidi loses her eyesight due to smallpox. It negatively affects her mental state of mind and makes her life miserable.

### **Interrogating the Strategic Elision of Epidemics in Indian Anglophone Fiction**

Anglophone Indian authors have hardly produced any works of fiction that give voice to the human stories of epidemics in colonial Bengal. Only Mulk Raj Anand's novel, *Two Leaves and a Bud* (1937) refers to the cholera epidemic in the tea plantation of Assam, which was a part of Bengal's presidency till 1874. Although Ahmed Ali's 1940 novel, *Twilight in Delhi*, depicts the Spanish Flu epidemic, it should be noted that the outbreak affected the entirety of British India in 1918. Epidemics were not a recurring theme in these works; instead, they were briefly mentioned in passing. There may be various underlying reasons for this lack of literary engagement with colonial epidemics. Ulka Anjaria states that the privileged class with formal English education formed a minuscule of the total native population. She hints at the measly consumption and production of English novels in general: "With literacy rates in any language at 3.5 percent in 1881, and even lower in English, one can see how tracing the rise of the English novel might simply offer a highly selective genealogy of India's native elite" (6). It must be viewed from the perspective of the 'downward filtration theory' advanced by Macaulay in his Minutes of 1835. The theory proposes that Western education should be initially imparted to a specific group of individuals, who would subsequently disseminate knowledge to the wider population over time. Primarily, the British administration wanted "to form a class who may be interpreters between [the British] and the millions whom we govern; a class of persons, Indian in blood and colour, but English in taste, in opinions, in morals, and in intellect" (qtd. in Anjaria 6). The upper and upper-middle class of educated English-speaking subjects, due to their close association with the Raj, found it difficult to canonize voices of public dissent regarding the mismanagement of epidemics in anglophone fiction. As such, the literature was alienated from the spirit of general inquiry about the social reality of the epidemics as if there was a conscious effort on the part of



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the Bengali 'bhadralok' milieu to avoid registering any protest against the British administration in the language of masters. In his work "'Colonize and Cholerize': an attempt to decipher the ambiguity of the literary representation of the cholera epidemics in Nineteenth-Century India'" Arijit Goswami gives an example of this strategic elision. He points out that Lal Behari Day's *Folktales of Bengal* (1883) fails to convey the plight of the common people in an epidemic-ravaged land and does not register their responses against the British administration for how they handled epidemics.

Another conjecture that can be drawn is that the writers who wrote in English were from middle or upper-middle-class families and hence, their creative imagination could not express the plight of the plebeians. Epidemics like cholera were more rampant among the poor, and it was mostly the lower class that generally bore the brunt of all epidemics under colonial rule. So, it was difficult for them to get a first-hand perspective of the situation and empathize with the masses from their subjective position.

Also, the lingual choice of authors served the dual purpose of expressing as well as concealing criticism at the same time. It means it ensured public outreach among native people while seemingly keeping it inconspicuous i.e., away from the direct gaze of the colonial masters. The language barrier was skillfully used by Bengali authors to minimize if not completely eliminate, the prospect of colonial censure of their works. The possibility of this could not be ruled out owing to Lord Lytton's infamous Vernacular Press Act or "The Gagging Act" (1878), which intended to suppress the freedom of native language press. Also, the 1910 Indian Press Act was another instance of colonial censorship, putting an umbrella ban on direct criticism and seditious content of all languages, or against the British administrative policy.

Another presumption that can be drawn is the element of the foreignness associated with the English language. Although, written in an African neo-colonial context, in *Decolonising the Mind: the Politics of Language in African Literature* (1986), Ngũgĩ Wa Thiong'o speaks about linguistic choice in literary expression: "The choice of language and the use to which language is put is central to a people's definition of themselves in relation to the natural and social environment, indeed in relation to the entire universe" (4). Indigenous language is intrinsically connected to the socio-cultural experiences and expressions as it bears within it a vast array of references and values that are unique to the culture from which it emerges. In colonial Bengal, stalwarts of Bengali literature like Bankim Chandra Chattopadhyay also consciously chose Bengali as the primary medium for artistic expression while also seeking to transform it into a potent tool for voicing social concerns (Anjaria 34).

## Conclusion

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Two factors primarily enabled the spread of epidemics in colonial Bengal. Firstly, the lackadaisical approach of the Raj towards public health crises was a significant contributing factor. Secondly, the impact of colonial modernity played a substantial role in exacerbating the crises. These pressing issues were, however, addressed and well represented by writers who wrote Bengali fiction. However, the colonized intelligentsia writing in the language of the colonizer falls short of fabricating stories and venting the angst of the native population in their creative production. The strategic elision of these writers can be identified and summed up by the following reasons. Firstly, it was the lack of English education among the native population at large that made it unfeasible for mass production and consumption. The English-educated upper and middle class remained relatively sheltered and unaffected and this lack of direct experience might have been another reason for not considering colonial epidemics as the thematic staple of their works. Also, the lingual choice might stem from the urge to avoid direct colonial censorship of their works and also from the desire to express in a language that corresponds to the native socio-cultural concerns in a better way.

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