

Social History of Medicine in Colonial India

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Lecture 04

Epidemics and International Influences

Hello and welcome to this lecture - Lecture number 19 and we are still on the topic of epidemics. This lecture is particularly on the question of international influences. We have been mentioning this point in the earlier lectures - that questions of health and disease were becoming more and more international. We will see those processes particularly in the context of the epidemics. And also this is related to some of the other changes that were happening in world history in terms of transportation and other things with increased and faster modes of movement all across the globe. Like for instance, better and faster means of navigation, improvement in both ship-building technology and the way they could navigate which in turn is related to advances in astronomy and telescopes and other instruments of observation, to improvement in cartography, map mapping all those things - it is a whole ensemble of things, and later on the coming of railways and other such things. So there was a greater possibility of people more number of people to move more distances and to move faster and therefore, diseases also found it all the more easy to spread - either with the people or the materials that moved in these and through these new modes and faster modes of transport. Therefore, health was becoming more and more of international issues. Countries were no longer worried about public health issues related to their own lands or to their colonies elsewhere, but were also very watchful of health and disease-related happenings outside. They are also very demanding that particular countries should be doing particular things - some minimum amount of measures, that their ships and their people are protected because of these new levels of connectivity.

Apart from movements through trade, pilgrimage-related movements of people across the world was also becoming a major international health concern. One of the most common ones at that time was the related to the Hajj pilgrimage which as we mentioned in an earlier lecture is pilgrimage which all adult Muslims who are physically and financially capable are to do at least once in their lifetime - going to the Kaaba or the holy place of Mecca. For instance, during one of those gatherings in the year 1865 there was a very

serious cholera outbreak and from there it spread to the ships going through the Red Sea and Arabian Sea. It spread to various European nations which saw that as a major cross-national threat. Pilgrims from India and other such countries in this neighbourhood/South Asia were seen as particularly the likely carriers of it. Because of this, all pilgrims vessels for instance, leaving from Bombay port and bound for Jeddah in Saudi Arabia were actually stopped just before going there to the island of Kamaran which is in the Red Sea. They were stopped there compulsorily for quarantining which could last as long as 15 days which was all not part of the plan and which could be very traumatizing - because the whole trip was for religious upliftment - fulfilling the sacred duty of going to the holiest of holy places - but then staying 15 days for quarantining in some totally unrelated place when you have just about reached - you have reached the Red Sea and just about going to the holiest of holy and you have to stop here for 15 days - that could be a very traumatizing experience. There were provisions for medical examination there, for steam bath and shower and for vaccination and all that. Then, there were more other foreign countries which had their own interference even closer to Mecca - in and around Mecca. This kind of experience was something of a new kind of traumatically bad experience. For instance, having to undergo a dehumanizing process of disinfection. Some of us would have seen even in the recent COVID case when whole ensemble of workers were put together in a particular place and they were sprayed with some kind of disinfectant which looked very dehumanizing and was caught on TV and something like that here. There were all kinds of those - just as you disinfect books or other objects or animals - that kind of thing - and they had to face very rude officials and watchmen. And quarantine in some cases can be as long as two months because if someone had died - someone else had died - and due to all the kinds of other issues related to that, the quarantine can be for months. This kind of experience - literally a kind of imprisonment at a quarantine station, was one of the most painful experiences. And colonial subjects for instance, people going from India, believed that this kind of restriction was primarily instituted by the colonizing power - in this case British - and the British on their side, they time and again did their best to insist that it was not just they or other European countries alone - this kind of demand, international pressure was placed upon Britain and other countries even by the Ottoman Turks who were Muslims. They were trying to convey the message : 'your Islamic brothers, they themselves - an Islamic country and empire - itself for health reasons is doing it. It is not just the British or some other few European nations alone..'. But then that did not cut ice. It was seen as a kind of a ploy by western powers to unnecessarily intrude into their holy pilgrimage. Therefore, there were many instances of revolt. But here we are talking about - we gave the example of - a particular outbreak in Mecca. But as we have seen, India had its own regular outbreaks of cholera - which was not only a problem within India or a problem to the British troops and their mortality. The international community also was worried and they were looking for ways of securing their territories from the scourge of cholera. And British India was

regularly criticized at international conferences for not doing enough to prevent the spread of cholera from India to neighboring regions and then onward to Europe and North America. At this time, we have to point out, as I said, health was becoming more and more international and one of the manifestations of that was the periodic international conferences, sanitary conferences. These were gatherings which were quite embarrassing for colonial powers like Britain. These conferences were seeking ways of minimizing the spread and one of the ways of minimizing is the quarantining of British ships. From a health point of view it could be a solution, but from a commercial point of view the affected countries - in this case Britain - from a commercial point of view it would be creating lot of problems leading to lot of losses and other complications logistical complications. So, the British tried to use the very useful anti-contagionist view. As they were trying to use it in the domestic context as a kind of a justification for avoiding excessive intrusion into cultural and religious affairs, they tried similarly to use it at the international level to propound the idea that it was not caused by contagions, therefore quarantine was an unnecessary excessive step. But then that would not work for too long. For instance, at the 1894 International Sanitary Conference at Paris, which was convened to discuss particularly the spread of cholera especially the pilgrimage routes first to the Holy Land and then onward to Europe. Naturally, the question of quarantine and other such kinds of preventive measures came. India argued that international sanitary conventions were drafted exclusively from the perspective of protecting European health and trade with little sensitivity to the kinds of domestic implications. But nevertheless Britain negotiated with France to reach a compromise - that all ships that leave from India for the Red Sea would port at Aden (Aden is the southern tip of the Arabian Peninsula, on the Arabian Sea) - first stop there for sanitary inspection. That was a kind of an arrangement and also the British delegates decided to accept some of the requirements made for this kind of quarantining, these kinds of control measures inspection along the way. This was done on behalf of Britain and India (we have to bear in mind that India, British India also had a seat in these international conferences and Britain as an European power, also had a seat and there were lots of issues - in fact sometimes differences between the British government in London and the British government here - in British India, sitting in Calcutta. Sometimes there was a further level of disagreement between the government, central government sitting in Calcutta and then some of the provincial governments say in Bombay or Madras. This was a kind of a tricky situation and in many cases Britain itself would speak on behalf of the central government in India or on behalf of the provincial government - sometimes ignoring some of the concerns raised by the government in Calcutta or the provinces.

And in the meantime, there was this interesting development - Robert Koch who as I said, played an important role not only broadly in the germ theory of disease but particularly in identifying the aetiology and spread of cholera - he held to the

water-borne theories: cholera is a water-borne disease spread through contamination of water. He also had this very interesting idea that cholera, in any case, would spread to Europe over land which means minimising the impact of the navigation and the sea-borne nature of it. This was naturally very attractive to the British government and increasingly to all other European powers with increased traffic in the Mediterranean and through Suez Canal. This kind of argument also made way for liberalisation of those kind of quarantine regulations. Also the British government began to pressurise the government in India to make certain concessions, go half way - that these kinds of commitments, some level of commitments would enhance this process of further liberalising the international sanitary regulations - some level of give-and-take - going at least some distance - that at a broader level that could be useful for negotiating for greater relaxation and liberalisation of quarantine regulations (because Britain was facing constant pressure from other countries or empires like the Austro-Hungarian and Russian governments and also from its own commercial interest to suspend all pilgrimage from India). In this case that very year - the conference was held in 1894 - in fact the British government in London decided to suspend all pilgrimages to Hedjaz. Hedjaz in that area in the Arabian Peninsula/Saudi Arabia, the area which has these holy places Mecca and Medina, which such pilgrimages aimed at - basically to Mecca. The British government suspended those kinds of pilgrimages to Hedjaz and also religious festivals back home - because diseases originating or acquiring epidemic proportions can then spread to neighbouring countries and further on. Again, British officials forced the government of India to incorporate the inspection of pilgrims as a compulsory step into the Indian Pilgrim Ships Act of 1895 in spite of Government of India's objections to the provisions of 1894 convention which called for all these kinds of sanctions and stopping the ships on the way and all that. We are still talking about a period before the great plague outbreak in 1896 and after that the attention shifted more towards plague. Of course cholera continued to stay but there was a greater attention on plague and one of the time-tested methods for plague was isolation. All countries resorted to that because there was not, at least in the early days, no clear understanding of the aetiology and therefore the best way to deal with plague - the easiest method - was to isolate people who were clearly identified as affected. And in India, the provincial government of Bombay for instance, insisted that railway companies domestically operating in Bombay inspect their passengers and prevent them from - prevent people who are having plague from - leaving that region because Bombay was also a vibrant port. From that port then they should not be going out and then creating international problem. So, in 1897, this Sanitary Conference was held in Venice. Here international embargo, trade embargo was threatened against ships from Indian ports unless government took creative, effective and concrete measures to bring plague under control in India itself. Now the Government of India was torn between the religious sentiments of Indians and (for instance, again this would affect the Haj pilgrimage - whether to keep that... to be sensitive to that or to be

worried about) the concerns raised by the international community for smooth flow of trade – it was very tight-rope walking. The British Foreign office from London advised its delegates to the Venice conference to keep all of these things in mind during the negotiations ...the interest of British ships also (it is not just about European powers who are worried about their trade and the safety of their populations British ships, British own trade commercial interests are also there). Then Muslim religious feelings in the colony are also there and the options that were available to the Government of India.. the kind of tight-rope walking they had to do... All these things were to be kept in mind by the delegates who went to the Venice conference.

And the Venice convention particularly allowed governments to take measures targeting gypsies, vagabonds, immigrants and pilgrims who were seen as particular carriers of the disease. The British anticipated that proposals would come related to pilgrim restrictions from this conference, but they had no clear responses in hand. They were not prepared. They expected/anticipated objections, but as I said, there was the tight rope they were walking on. One of the things they did was to do a kind of a polling among the provincial governments say like Bombay, United Provinces and other such provinces and Presidencies to elicit their views on about how people in that particular province, locality would react to a ban. Different provinces gave different opinions – some were in favor of it, some others said this would rub the Muslims on the wrong side, some said we should not agree - let it be forced upon India by other European powers.

So, there are different kinds of things, but eventually the government of India issued a resolution under the Epidemic Diseases Act of 1897 prohibiting pilgrimage from Bombay Presidency, Calcutta, the Saran district of Bihar and the states of Mysore and Hyderabad. And, there were also the traders who were unhappy with this and they said there should be a wider level of ban including all of India. They felt that the government was a bit hesitant about offending Muslims. In 1897, pilgrimage was suspended mostly from all areas for the fear that European powers would impose a strict quarantine for sure against all Indian ships - that would be more damaging. This is one case where the government of India or the British on behalf of the government of India gave in, but that was not necessarily always the case. For instance, when it came to the 1912 International Sanitary Conference, the Government of India refused to ratify all of its measures. From what we have seen especially from the 1897 decision, it would look like the British - both in India and the British government in London - was more worried about preserving trade rather than about the religious sentiments. But we can't say that because as we have been saying, they always had to be very watchful about that - 1857 was always in mind. It was also very important, not to rub too much on the wrong side of religious and cultural sentiments. Some kind of a middle ground was always sought. For instance, say the Secretary of State for India, Austin Chamberlain at that time in 1916, asked the Government of India to consider some kind of voluntary anti-cholera inoculations for the pilgrims, so that it didn't look like it was forced on them - that

element of volunteerism. The government of India itself was concerned with preventing cholera outbreaks among pilgrims travelling to religious sites and festivals within India. In the 1926 (and also from the other side also some kind of a middle ground compromises - there are examples of that from the international community side. For instance, in the 1926) International Sanitary Convention, there was an exemption to pilgrims who are arriving on the Kamaran island in the Red Sea. They would be exempted from undergoing unpleasant sanitary and disinfection procedures provided that all the pilgrims in that ship had already received small pox and cholera immunization. These are some kind of compromises, give-and-take. Locally also, the government of India and provincial governments cooperated. For instance, this is another example in 1927, they were very proactive with their sanitary and other measures to see to it that there wasn't a repeat of what happened in 1892 when cholera broke out and it assumed pandemic proportions because from Punjab it went across to Afghanistan and then further on to Russia and then to Europe. They didn't want that kind of a thing which happened in 1892 to happen in 1927 - by doing more of these proactive measures within India itself. The government also proactively promoted inoculation for pilgrims travelling to the Hejaz, so that they can have that kind of concessions and exemptions from compulsory quarantine for instance, at the Kamaran station.

Now, we come to another interesting case - there was a reverse case - where, in the case of yellow fever, there is a situation where now India was worried about the **coming** of a disease from abroad. Before we go into the problem as such, (let us look at) some details about yellow fever which is basically a fever caused by a virus. It is a viral disease caused by the yellow fever virus and it is transmitted to humans through the bite of particular kind of infected mosquitoes. The symptoms can range from a mild flu like-illness to severe ones and sometimes it can become very fatal. It was at that time primarily endemic to Africa and South America and it didn't have much of a presence - or at least a dangerous presence - in India. But it was a significant health concern for European colonial powers during the 19th century. These colonial powers had colonies in that area particularly in Africa and South America where the disease was prevalent. There was a concern that disease would spread now to India through movement of - as usual through movement of - troops or trade and resulting in a massive public health crisis with a new, totally unknown (or not that much familiar to India) disease.

By this time Indian government was used to certain kinds of diseases like cholera and plague and especially with the opening of the Panama canal there was a greater movement of ships, people and goods. Therefore, there was a greater concern. (The Panama canal is basically one which connects the Atlantic and the Pacific oceans facilitating greater global maritime trade and reducing the travel time.

- that is very important – it reduced of travel time, which meant that yellow fever-infected mosquitoes or people could travel to India within the incubation period of that disease. It raised concerns, renewed concerns, about yellow fever spreading to India for instance, from China across the ocean. In order to control the spread of disease, the doctors and scientists and medical men called for an international conference specifically for this - to discuss the control of mosquito in the endemic areas especially around the Panama canal. But it was felt that mosquito elimination was something would be too time consuming and too difficult and therefore, now the Government of India was more worried. Now, Government of India instituted quarantine rules - they were so strict that even British government in London felt that they were very too antiquated, too irrational and going through such long periods - 17 days. Now, other countries were complaining about the stringent quarantine rules for yellow fever. This is just to give an example to say things worked the other way around also. But because of the foreign opposition and Britain's own denouncement, the Indian government relaxed the strict policies on yellow fever. On the whole, the government, (as you see, there are many factors which had to be balanced – so the government), wanted to be seen as responsible in ensuring health and also economic safety of international trade. It was flexible in its approach - especially when international trade was not involved. But it was more complicated when both international trade was affected in a big way and pilgrims were also affected. But there is another different question - when it came to labourers, the British had colonies in - say, for instance, the Malay settlements and other such places like Seychelles and other such places where there was both movement of people - both emigration as well as immigration. There, because there was a greater need, urgent need for labourers -there were different set of rules - sometimes more relaxed in terms of medical examination, detention all that. By and large, things were fine if it served the economic interest of British Empire without rubbing on the wrong side of Europe and Turkey with the risk of any given disease.

It would be one good way of closing this lecture - pointing out - (because we would not be going into detail into the influence of pandemic, but all of us know almost 100 years before Covid came – there was Influenza - now people are also remembering the centenary of Influenza which also coincides with the coming of Covid in 2019 - the point which is important here is), that in spite of all these things, the lack of government preparedness was exposed during Influenza again – it was something which came from outside and which was very costly. But anyway, the whole point of this lecture is that there is lot of international dimension, of international shipping, of international movements and especially with the coming of air travel also, there were greater chances of danger, there were constant pressures from different parties with their own vested trade and other interests - therefore making disease more of an international concern. On that note we will close this lecture and meet in another one. Thank you.