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A DESCRIPTIVE STUDY OF THE BOMBAY PLAGUE DURING 1896

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ABSTRACT: The presence of epidemic was been noted in 1896 in the city of Bombay. It was declared as an outbreak of BUBONIC PLAGUE. This research paper throws light on the origin and spread of the plague to the other parts and its effects on the cotton textile mills and the industrial relations. This outbreak killed thousands of people and others left the city which led to a downfall in the population. It also states the unlawful means practiced by the European troops which lead to the assassination of Plague Commissioner Rand.

KEYWORDS: Epidemic, Assassination, Plague.

INTRODUCTION: Plague is caused by zoonotic bacteria known as *Yersinia pestis* which is usually found in mammals and their fleas.¹ Plague is transmitted between the animals and humans by the bite of infected fleas or through their direct contact. There are two types of plague depending on their route of infection (i) bubonic and (ii) pneumonic.

Historically plague was responsible for the widespread pandemics. Also known as “BLACK DEATH” during the fourteenth century because an estimate of 50 million people had died in Europe due to this disease. It is considered as a deadliest pandemic recorded in the human history as many people were put to death. It was known as BLACK DEATH.

OUTBREAK IN INDIA: India as a country had been encountered with many of the pandemics. Influenza, Small-pox, Cholera, Dengue etc had been recorded in the history of India. The Cholera pandemic of the 19th century is considered as the first epidemics of British India. The Europeans living in India were not much affected but those living in the slums were worst affected by it. This was due the change in their living conditions. The other epidemic which hit India was the small pox epidemic which was considered as the worst epidemics of the 20th century. India had contributed about 85 per cent of this epidemic worldwide. It broke out in three different villages of west Bengal, Bihar and Odisha, so couldn't establish any connection between them. So, these were treated as three different epidemics which was introduced in three different areas by three different sources. The plague cases were observed in Surat where the epidemic of Surat plague emerged. In September 1994, plague struck Surat, a city in the state of Gujarat in western India. The government officials declared an international public health emergency by declaring it as an epidemic of pneumonic plague. When compared to bubonic form, this pneumonic plague spread rapidly and hence caused panic both nationally and internationally.

Bombay was been attracted by a large number of working-class people. The first case of plague was identified by Dr. Acacio G. Viegas in Bombay. It was when he had visited a patient in Mandvi in 1896.² Mandvi was considered as a congested place near the docks as people use to live in an overcrowded rooms whether it was in buildings or in chawls. It lacked the ventilation system and hygiene conditions. It was considered as a home to many merchants, warehouses etc with the presence of too many rats in that area. The best place for the plague bacteria to breed was the damp conditions which was caused due to the continuous flow of water from the tap. From here it soon spread to every other part of the city. Reportedly, the plague led to a death toll of 1900 people per week through the first year of its outbreak. Bombay was surrounded with epidemics which killed thousands of people and several left the city in fear which caused a drastic fall in the population. It was the bubonic plague epidemic that the city faced during 1896-97. It was the population of the Mandvi which encouraged contamination and the spread of the diseases as the city services were not much well developed during the time. Initially the outbreak was unnoticed and the doctors to were not aware of how it should be treated and what sort of damages it can cause to human life. But it was Dr.Viegas who correctly diagnosed the disease as Bubonic Plague and also made initiatives to clean up the slums and eradicate the rats who were considered as the carriers of the plague bacteria. As his diagnosis were proved to be correct, the Governor of Bombay invited W.M.Haffkine, who had earlier worked for the vaccination of cholera to do the needy during this epidemic for which a research laboratory was set up at the J. J. Hospital.³

In October 1896, he set up a laboratory in Mumbai's Grant Medical College that was often referred to as Room No.000. Haffkine successfully developed the vaccine that weakened the bacteria. The trial was done first on the rabbits and then the trial was been made on himself of his own vaccine. For the next generation it was considered as an effective vaccine in the world. It took time

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²Dr. Acacio Gabriel Viegas was a Goan doctor, who first alerted the city's municipal corporation to the outbreak of plague. He was later president of the Bombay Municipal Corporation and a municipal councillor for many years. His statue stands in Dhobi Talao facing Metro Theatre.

³Hanhart, Joel (2016). Waldemar Mordekhai Haffkine (1860-1930). Biographie intellectuelle. Paris: Éditions Honoré Champion.



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to convince the officials about it but when they were persuaded, they gave Haffkine the Governor's mansion in central Bombay. This ballroom was converted into laboratory where he started the production of the vaccine.

Even the city of Pune was been caught by the bubonic plague along with Bombay. As the condition worsened, Walter Charles Rand, who was an Indian Civil Service Officer had set up the Plague committee. The city was considered for its cantonment where their soldiers, officers and families could stay. He employed harsh measure on the people like entering the homes of the people and taking away those who had been infected. Until the death was been registered the funerals could not take place. The Nationalist Leader Bal Gangadhar Tilak had furnished these measures in his newspaper Kesari and Maratha.⁴ Tired of the strict and unlawful measures, the Chapekar Brothers, Damodar Hari Chapekar, Balkrishna Hari Chapekar and Vasudev Hari Chapekar assassinated W.C Rand on 22 June 1897 while Rand and his escort Lt. Ayerst were returning from a celebration. In the statement of Damodar Hari he had mentioned that they wanted to take the revenge because the European troops they polluted the scared places, break the idols etc. He was hanged on 18th April 1898 and his statement was used as a confession. This assassination had led to the health policies to be revalued.⁵

Even Savitribai Phule had contributed towards the crisis that prevailed because of the plague. Savitribai Phule and her son Yashwant had opened a clinic for the people who had got infected to the plague on the outskirts of the Pune. While trying to save the life of the Pandurang's son who was been infected Savitribai Phule carried him to the hospital and while saving him she too contacted with the plague and lost her life.⁶

REASONS: Researchers investigated few theories behind the spread of the disease. In one they postulated that the disease came to Mumbai along with Sadhus on their way to Kumbh mela whereas other theory stated that it might have made it way from Hongkong where sick rats sailed through the ship and entered Mumbai as it was the trade center in those times. The railways that connected every part of the country could also be the carrier of the infected rats. Plague occurs naturally in the environment. When the environment is disturbed, the carrier come in close contact with the people and diseases spread through the species. Like many colonial experts at that time argued that the harsh climate affected the people's health, including environmental factors and lack of sanitation.

In 1900, the mortality rate from plague was about 22 per thousand. In the same year, the corresponding rates from tuberculosis were 12 per thousand, from cholera about 14 per thousand. The plague had almost spread to the whole Bombay Presidency with almost death recorded less than 1,00,000 between 1896 to 1900. The death toll increased till 1903 and later started declining. By the end of the year it was reported that 2,544 plague cases were reported 1,936 deaths where 1,271 were counted in the month of December.⁷ It was due to the effort made by the W.Haffkine to develop a vaccine for the plague which reduced the mortality rate by 50% - 80%. On 9th December 1898 the Bombay City Improvement Trust was created by an act of British Parliament for creating a healthier city.

Local administration took many measures to stop its spread. The municipality with the amendment to the Bombay Municipal Act of 1888, extended the powers to the Bombay's Municipal Commissioner which on massive scale lead the campaign of urban cleaning, flushing out the drains and sewers, sprinkling disinfectant powder, setting up of isolations for the infected people by destroying their dwellings etc. These measures soon found to be ineffective as the spreading of the epidemic could be seen even outside Bombay and Pune. For this the Epidemic Disease Act, 1897, was passed by the Viceroy Lord Elgin which was put to immediate effect and applied to all of India. This act gave the government the powers to inspect any ship or passenger, destroy the infected property, search, disinfect, evacuate, open up a dwelling or demolish any property that leads to the spread of plague.

The plague ended through the implementation of quarantine. The uninfected would remain in their homes and left the house when it was necessary for them. Some people started living in isolation from the densely populated region. As people realized that the plague was everywhere they started returning to Bombay by 1910.

The 1890's was challenging for the Indian economy was not just because of plague but also due to twin famines by 1896-97 and 1899-1900. Bombay was a cotton hub and due to the outbreak of the disease it had slowdown in its sector. In 1885-95, 21 cotton mills had opened in Bombay and by 1895-1905 the number of new mills had declined to 16. The share capital per firm had also

⁴ Ramanna, Mridula (2012). Health care in Bombay Presidency, 1896–1930. Delhi: Primus Books. pp. 19–21. ISBN 9789380607245.

⁵ Harrison, Mark (1994). Public health in British India: Anglo-Indian preventive medicine 1859–1914. Cambridge [u.a.]: Cambridge Univ. Press. p. 148. ISBN 978-0521441278.

⁶ Sundararaman, T. (2009). Savitribai Phule first memorial lecture, [2008]. National Council of Educational Research and Training. ISBN 9788174509499. OCLC 693108733

⁷ Abstract of the Report of the Sanitary Commissioner with the Government of India for 1897, p. 120



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declined from Rs.3.6 lakhs in 1885-95 to Rs.3.4 lakhs in 1895-1905. The Bombay cotton industry did recover after 1905 but had to face a lot of competition from mills in China and Japan. It also led to a shortage of labour in Bombay Presidency. The Royal Commission on Labour in a report of 1926 stated that after the plague epidemics, the difficulty of labour was acute, especially in Bombay. The Bank rates charged by the presidency banks in British India spiked up in the years of the plague. Deposits declined from presidency to exchange banks. The sharpest decline was at the Bank of Bombay whose deposits fell from Rs.5.77 crore in 1895 to Rs.3.57 crore in 1897. In 1894, the total deposits in presidency banks were Rs.16.88 crore, which declined sharply to Rs.12.99 crore by 1897. The Bombay municipality was unable to float a loan worth Rs.29 lakhs at 4 percent due to a shortage of funds during the plague period. This loan money was needed for housing and sanitation purposes to fight the plague. The employees of the Bank of Bombay also demanded higher allowances to set up temporary accommodations due to plague epidemics.

CONCLUSION: India has stood strong through several epidemics due to good medical care and efficient research, which has made it possible to fight every infection. Some of them have been luckily able to eradicate a few. Throughout the time, many diseases have become widespread due to improper sanitation and a crowded environment. The earlier experiences of handling such challenges, managed in pre-democratic times by a foreign colonial power, indicate that focused action is absolutely essential; otherwise, such dangerous epidemics will completely escalate out of control. Outbreaks of the plague have been confined only to certain areas, yet often spread easily in the past. The measures did not fail entirely; the British were successful in controlling the spread of diseases to some extent. A look at the handling of the plague crisis of 1896-97 reveals their complete lack of preparedness to tackle the epidemics, which resulted in the death of lakhs of people. They initially allowed the plague to spread just to keep the global trade floating.

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