



Impacts of Historical Pandemics on India: Through the Lens of 20th Century Hindi Literature

Prachi Priyanka

 <https://orcid.org/0000-0001-9642-8068>

Sharda University, Uttar Pradesh, India

Abstract

India has been swept by pandemics of plague, influenza, smallpox, cholera and other diseases. The scale and impact of these events was often cataclysmic and writers offered a glimpse into the everyday life of ordinary people who lost their lives and livelihoods and suffered the angst and trauma of mental, physical and emotional loss. This paper focuses on the devastation caused by pandemics especially in the Ganges deltaic plains of India. Through selected texts of 20th century Hindi writers – Munshi Premchand, Phanishwar Nath Renu, Suryakant Tripathi Nirala, Bhagwan Das, Harishankar Parsai, Pandey Bechan Sharma – this paper aims to bring forth the suffering and struggles against violence, social injustices and public health crises in India during waves of epidemics and pandemics when millions died as they tried to combat the rampant diseases.

Keywords: historical pandemics, 20th century Hindi Literature, pandemic literature, epidemics in India, cholera, smallpox, plague, influenza

*sab pareshaa.n hai.n ki aaKHir kis vabaa me.n vo mire
jin ko Gurbat ke alaava ko.ii biimaarii na thii*

*Everyone is worried about the epidemic that will get them
They who have no illness save poverty*

– Hasan Naim¹

Calamities have played a powerful role in the history of perpetual struggle of humanity to sustain and survive. These calamities impact human minds, behaviour, social organisation and cultural life (Sorokin, 1968). Among the most devastating calamities are pestilence, wars, revolutions and invasions. The outbreaks of pestilence have always influenced the lives and perceptions of the poorest to a much greater degree. The tropical countries of the Indian Ocean have often been described as a disease zone and India, in particular, as a quagmire of diseases and epidemics. The threat of pestilence and the epidemic fevers that presaged pandemic outbreaks would contribute to mix feelings of pity and fear. Waves of epidemics – like plague, influenza, smallpox, cholera, and other such diseases – would afflict a society in an intermittent manner, but the impact would be so intense that they would kill millions of people in that geographical area in a very short period of time. These tropical countries, it was believed, were impacted by pandemics due to the enervating climate and untidiness, but also in colonial times due to a lack of sanitation and the unavailability of social services for large populations. The resulting devastation caused people to dread the severity of the epidemics and although societies evolved mechanisms to cope with epidemic calamities, such crises could seldom be accommodated within the emotional structures of society (Evans, 2005, p. 150). Furthermore, these intermittently recurring diseases and epidemics of death were damaging and disruptive to social harmony. While natural disasters like earthquakes and floods would affect all groups of people in a similar fashion (although the poor, again, suffered more); epidemic diseases were driven by social and political factors that would impact the rate and intensity of damage, affecting different groups of people in different ways – and were especially disastrous for the poor sections of society. This means that men, women and children, rich and poor, housed and homeless, villagers and city dwellers – were impacted in different ways and degrees by the spread of epidemics (Evans, 2005, p.150). As a consequence, epidemics and pandemics received widely varied responses by different groups of people with diverging theories about the emergence and spread of the disease in the community. This resulted in tarnished relationships, distrust, conflict and even revolt and violence.

¹ Kafeel (2006). Kulliyat-e-Hasan Naim, p. 214

Deaths and Diseases

Reports on historical pandemics have been mostly covered as a Global North phenomenon with much less documentation on their effects in the vast areas of the tropical regions of the world, including India – a country that has repeatedly recorded massive death tolls due to viral epidemics. During waves of pandemics, the British colonial government tried to intervene and reach out to people through awareness programs on social distancing. However, it was a challenging task – especially because the ‘enemy’ in the case of a pandemic is often invisible, rapidly advancing and hard to explain to the masses. Furthermore, the healthcare system in India was unable to cater to the sudden increase in demands for medical attention, and the vulnerability of the situation prompted people to believe and spread rumours – making it even more difficult for state authorities to address issues of health and safety. Then again, colonialism itself further impacted the situation, both in its concentration of people in port centres of administration, and in its far-flung dispersal of people through trade.

The third plague pandemic had spread to Bombay from China by 1896 and waxed and waned throughout the world for the next five decades until 1959. In that time plague had caused over 15 million deaths, the majority of which were in India (Frith, 2012). Caused by *Yersinia pestis*, the bubonic disease spread primarily by infested fleas which were the vector between humans and rats, or (in the case of pneumonic plague) through an infected person – significantly affecting not just the mortality rate, but also the social, cultural and economic dynamics of communities and nations. The Spanish Flu pandemic, locally referred to as Bombay fever, was caused by a strain of influenza virus and in India in 1918 claimed an alarming figure of 12 million in just three months (Arnold, 2015). The spread of the disease was worsened by a failed monsoon and a resulting famine-like situation in many parts of the country. The rural population migrated to densely populated cities in search of food and jobs – and in turn aggravated the spread of the disease (Biswas, 2020). Smallpox, often accentuated by malnutrition and famine, had greater fatality in the tropics than in European countries and the 19th century British physicians in India had ranked it as one of the most destructive diseases of the time. Arnold (2015) claims that smallpox accounted for several million deaths in the late 19th century alone. In Calcutta, capital of British India, smallpox accounted for 21,000 fatalities between 1837 and 1869, representing 5-10% of all deaths. The disease was endemic to India with a strong seasonality, peaking during the mid-summer; and showed a pattern of appearing in a range of four to seven years and then being barely noticeable (Banthia & Dyson, 1999, p. 677)

Cholera became the most feared disease of the 19th century. It was a comma-shaped virus, *Vibrio cholerae*, that caused the disease which was endemic to the Ganges and

Brahmaputra rivers where they form a wide deltaic landscape as they enter the Bay of Bengal. The first cholera pandemic in 1817 is said to have broken out somewhere near the colonial port city of Calcutta [Kolkata]. It moved overland through present-day Thailand, Malaysia and Indonesia and travelled by waterways to Oman, reaching the Mediterranean in the West, China and Taiwan in the Far East and the island of Borneo in Southeast Asia. The second cholera pandemic is believed to have begun in 1829, again in India. During 1830, the disease travelled all the way through Russia into Europe and Great Britain, and reached the United States. The third wave of cholera pandemic is considered to be the deadliest. It emerged in 1852 in India and very rapidly spread through Iran to Europe and the rest of the world, and there were fourth, fifth and sixth pandemics to follow within the same century. Of course, the disease is much older, and it is believed that some Indian scriptures contain details of a certain illness that could be related to cholera, which would date the disease back 2500 years. With the arrival of the Portuguese in India in 1498, documentation of the disease began to be reported in various European journals. Gaspar Correa, a Portuguese historian in Goa, described the disease in his book *Legendary India*, published in 1543. He called it 'moryxi' and mentioned that the extent of vomiting and cramps could kill the afflicted by the end of the day (Whiteway et al., 2010). In 1563, another Portuguese doctor in Goa, Garcia da Orta published *Conversation on Simples and Drugs and Medical Materials from India*, a volume that contained the first modern description of cholera (Wendt, 1885, p. 3). The British and French colonial presences in India were marked by numerous cholera epidemics. Around 1760, the Scotsman James Lind described a condition called 'mort de chien' which meant a dog's death. Calcutta witnessed cholera in 1781-1782, and it has been reported that a year later, around 20,000 pilgrims died in the holy city of Haridwar² – all within a span of just eight days (Gomez-Diaz, 2008, p. 96). Another cholera epidemic is reported to have broken out in August 1817 at Kumbh Mela³ in Jessore, some 60 miles from Calcutta.⁴ The district of Jessore was located on the upper Ganges⁵ river and abounded in marshes with stagnant water affecting the surroundings. Epidemic cholera rose with such rage that courts were shut-down and businesses were disrupted. In a report submitted to the government on 28th August, 1817, it was stated that the nature of the pestilence was not clear, however, "such was the energy of the disease in this its first onset and so fatally destructive was it of human life that in this district alone, it is reported to have within the space of a few weeks, cut off more than six thousand of the inhabitants" (Johnson, 2016 [1833], p. 76)

² Haridwar is an ancient city and important Hindu pilgrimage site in North India's Uttarakhand state, where the River Ganges exits the Himalayan foothills.

³ Kumbh Mela is a major pilgrimage and festival in Hinduism celebrated approximately every 12 years at four river-bank pilgrimage sites: the Allahabad, Haridwar, Nashik, and Ujjain

⁴ Calcutta is capital of West Bengal in India. It is located near the Bay of Bengal in the north east of the country on the left banks of the Hooghly River, a major distributary of the Ganges.

⁵ The Ganges or Ganga is a trans-boundary river of Asia which flows through India and Bangladesh. It is considered to be a pious river according to Hindu beliefs.

Thus, though the disease had been in India from earlier times; the mobility of the 20th century increased its spread beyond India. According to Snowden (2019), three major reasons can be understood for the increased mobility of cholera: British colonialism and its associated trade routes; religious pilgrimages and festivals, including the Haj which took Indian Muslims to Mecca; and the transport revolution involving railroads, steamships and the Suez Canal. All of these aggravated the epidemic situation and exposed the inefficiencies of the British government in India in handling such health concerns. Emphasising the impact of infectious diseases as greater than deaths in war, Jared M. Diamond in his popularly read (but academically critiqued) book 'Guns, Germs and Steel' points out that: "All those military histories glorifying great generals oversimplify the ego-deflating truth: the winners of past wars were not always the armies with the best generals and weapons but were often merely those bearing the nastiest germs to transmit to their enemies" (Diamond, 1998, pp.196-197).

Most often, the true causes of infectious diseases were not known and through the ages people imagined various causes for the occurrence of the dreaded calamity: God's punishment for sins have been invoked; miasmatic foul smells and vapours have been identified; cats and dogs exterminated; and disenfranchised immigrants and the poor blamed and forcefully isolated, expelled and prosecuted. The process of discovering medical causes of pestilences were gradual. Dr John Snow (1813 – 1858) proposed that cholera was a water bound disease, which effectually led to the development of water and waste sanitation systems. With the advancement in science, social historians and scientists observed that epidemic diseases that afflict a community do not occur randomly, and the social, economic, political and environmental framework of a society has a significant role to play in the spread or control of the disease and an epidemic. In the context of cholera – a disease transmitted by the oral-faecal route – the Industrial revolution and its pathology created favourable conditions for it to thrive. Chaotic and unplanned urbanisation, rapid demographic growth, crowded slums with inadequate water supplies, common toilets and unhygienic living conditions, absence of sewers – all of these created space for the cholera virus to afflict a place (Alalykin-Izvekov, 2020, p. 23).

Epidemic Stories

Pandemic literature, with a certain ease and empathy, takes us beyond statistics of deaths, devastations, and degrees of spread – to show its impact on the lives of families, friends and neighbours of the infected and dying. These stories in all ages have explored lethal infectious diseases, inviting readers to experience the trauma of millions impacted by the pandemics that destroyed towns and left generations scarred and scared. Robert Peckham argues that "epidemics make compelling stories" (2015,

p. 131) for they satiate our thirst for drama. He elaborates that the narrative arc of the 'pandemic thriller' moves gradually from the discovery of the deadly virus, through panic, to resolution. In some ways, these writings not only allow authors to express painful and horrifying experiences; they also endeavour to make sense of a world that is incomprehensible, unjust and ruthless. In India, pandemics and epidemics heavily impacted the lives of the people around the Ganges delta, including the regions of Bihar and Bengal in the northwest part of the country and some accompanying areas of Uttar Pradesh in north India. Since these affected areas are mostly Hindi speaking states, a lot of Hindi literature of the time (or reflecting on the past) documented deaths and diseases in great detail. Several references to pandemic waves can be traced in the literary works of established 20th century Hindi writers such as Munshi Premchand, Phanishwar Nath Renu, Suryakant Tripathi Nirala, Bhagwan Das, Harishankar Parsai, Pandey Bechan Sharma, and many others who offer glimpses into the lives of ordinary people and tell us how they survived, or succumbed to, deadly diseases. In these stories, notions of pandemics, plague and pestilence overlap, and the borders between different diseases: plague, cholera, influenza and smallpox are never separated, but rather, morph and overlap in the literary imagination.

Arabinda Samanta has rightly observed in the introduction to his book *Epidemics in Colonial Bengal* (2017) that in contrast to the range of scholarly studies available on social-epidemiological history of Africa, Europe and the Americas; disease remains a relatively less addressed field in South Asia. Any historical engagement with epidemic diseases requires situated locations; and India can be said to be "the largest disease laboratory in Asia throughout the entire colonial period" (p. 168). Thus, there are several questions that can be addressed in an articulation of disease in Hindi literature of 20th century India, here the main concern is: how victims perceived the disease, how waves of virus revealed vast disparities in social structures, and how pandemics and epidemics were constructed in the popular imagination.

Traces of Disease

We can find traces of pandemic interspersed between the pages of literature as they bring to the surface the hidden bodies, gaps, silences and layers of masked stories – fictitious or real. Recovering pandemics in literature requires recognising these traces and seeing their special quality. Casual references to pandemic may be located in Munshi Premchand's stories like *Idgah* (1933) or *Doodh ka Daam* (1934) and many others of the time. In the story, *Doodh ka Daam*, Bhungi lost her husband in the plague and had to work harder to raise her son, Mangal. In *Idgah*, Premchand mentions how four-year old Hamid, who lives with his grandmother, has lost both his parents to pandemic. His father died of cholera and his mother grew weaker and paler of some unknown disease until she finally succumbed to it. Hamid's grandmother, however,

hides the bitter truth from the little boy and tells him instead that his father will come back with lots of money and his mother has gone to Allah to bring lovely gifts for him (Hindikunj, 2020; Premchand, 2017).

The disease cholera was considered too disgusting to depict. McNeill writes:

The symptoms were particularly horrible: radical dehydration meant that a victim shrank into a wizened caricature of his former self within a few hours, while ruptured capillaries dissolved the skin, turning it black and blue. The effect was to make mortality uniquely visible: patterns of bodily decay were exacerbated and accelerated, as in a time lapse motion picture, to remind all who saw it of death's ugly horror and utter inevitability (1979, p. 261).

This may have been one of the reasons why writers often chose to merely mention characters dying or dead due to the disease, instead of elaborating on the final indignation of revealing symptoms of the patient. In the West, cholera disease was considered inferior and an invader from the East that “was too foul and degrading to give rise to extensive treatment in operas, novels and paintings in the manner of some other infectious diseases” (Snowden, 2019, p. 239). This was in contrast to how descriptions of tuberculosis were welcome in literary and artistic productions and the disease was perceived as an appropriate starting point for reflection upon the nature of beauty, genius, and spirituality.

Most historians who have studied the emergence, spread and impact of cholera on people and places have observed that it worked like “a test of social cohesion” – as R. J. Morris has put it – “to follow the cholera track was to watch the trust and cooperation between different parts of the society strained to the utmost” (1976, p. 152). Michael Durey, in another study agreed that it “unsettled the normal functioning of society and brought to the surface latent social antagonisms” (1979, p. 1). The disease constantly called up the common bourgeois belief that cholera spread amongst the community of “drunkards, layabouts, vagabonds and the idle, ‘undeserving’ poor” (Ranger, 1995, p. 155) in the most severe ways – and this view resonates in the literature of the times. In this way, a general perception of bourgeois society as the epitome of progress and civilisation strategically prevailed; while the poverty-stricken masses were held responsible for the spread of the disease. On the opposite side of this social divide, the poorer populace would interpret the relative immunity of the bourgeoisie as evidence of exploitation, injustice and cruelty towards the weaker sections of society, left to die in their masses.

It is difficult to clearly locate the social distribution of the disease, especially in an age when water supplies – one of the most significant vehicles of transmission of cholera – were mainly local in character. People shared water from neighbourhood wells or the local water supply, and if the water got contaminated it would infect the inhabitants. So, proximity to infected water was one cause for the spread of the disease. While cholera also infected the middle classes and rich sections of society, the proportion of infected poor were much higher.

The rich could flee from outbreaks with relative ease, their occupations did not usually bring them into contact with contaminated water, and their special employment of servants and ownership of spacious accommodation made it easier for them to maintain strict standards of hygiene and cleanliness. (Ranger, 1995, p. 157)

Places of Disease

The pandemic impacted all aspects of life – closing schools, colleges and businesses. Hospitals were overflowing with ailing patients; anguish and anxiety reigned in people's lives and on their faces. Most of these horrifying experiences went unphotographed and undocumented. When the pandemic arrives in a place, as in the village of the novel *Maila Anchal*, it becomes the defining event that disrupts the earlier world of peace and progress and invades both body and community, showcasing how pandemic represented mass death and swept off populations. *Maila Anchal* (1954) by Phanishwar Nath Renu was later translated into English by Indira Junghare as *The Soiled Border* (1991). Known as the first 'regional' novel in India, the story is set in the village Maryganj, of Purnea⁶ district in Bihar during 1946-48. As the author sets out to capture the complexities of life in the Indian village, he presents a sensitive, detailed picture of a locale gradually transforming under the compelling force of urbanisation. The novel is intriguing as it takes the reader into a dark world of extreme poverty, misery, hunger, and utter helplessness – caught in a trap of superstitions, but also lit from within by a "translucent beam of life" (Renu & Jalil, 2010, p. 3). Published just a few years after India gained independence from colonial Britain, the novel creates a powerful picture of village life and also studies the impact of modernism on the serenity of rural India, revealing cracks in the social fabric. Doctor Prashant, with his calm and incessant work for the well-being of the locals is an inspiring figure who sacrifices his own career to go to the desolate village with the idea bringing positive change in mental and physical health. The novel is based on a true story of doctor Alakh Niranjana, who battled not just infections and diseases but also

⁶ Purnea is one of the 38 districts of the Indian state of Bihar. It's surrounding lands lie on the alluvial tract of the Gangetic Plain, while the city itself lies on the banks of numerous tributaries of the Koshi River.

ignorance and superstitions in under-developed regions of Bihar. The dominance of the upper castes and the ugly character of the feudal society that prevailed in rural Bihar and in parts of Uttar Pradesh are brought out in the novel through the atrocities of the dominant castes over lower castes in the village of Maryaganj. Renu dexterously brings out the caste-driven politics practiced in India in descriptions of the imposition of power and domination of different *talas* (subdistricts). The novel also throws light on the anguish of ignorant villagers and lower caste people who lived in fear and uncertainty of the pandemic – which was one of the chief reasons for the disintegration of traditional social structures, and the cause of loss of lives and livelihoods.

In this case the epidemic was influenza. Poverty, absence of state intervention, and the alarming speed at which influenza spread across the country, incapacitated its victims. Moreover, the epidemic occurred at a time when India was undergoing unrest at multiple levels. Severe wartime shortages had escalated the price of basic commodities like food, clothing and kerosene; and large areas of drought and poor harvests threatened the masses with impending famine. A shortage of fodder made milk expensive for common use, and necessities like blankets were in short supply. All these factors were adding to the high mortality due to influenza. “A cross impact of underlying malnutrition, poverty and debility was widely recognized as intensifying the deadly impact of the disease” (Outka, 2020, p. 126). Writers wrestled with ways to represent the domestic spaces infected by epidemic disease or the climate of mourning it left in its wake – drawing on images of viral resurrection to suggest the endless yet spectral quality of these losses. Through novels and stories, we get a glimpse of how the domestic space was invaded by the diseases and families struggled to cope with the impact of virus. Pandemics made people reflect on the fleeting nature of existence and the vulnerability of all lives. In the poem *Bukhaar Mein Kavita*, Shrikant Verma writes how different people perish differently:

Colonies die/ Of Small pox and cholera
Well-known die/ Of cancer
Lawyers die/ Of blood pressure
No one dies/ Of their ill-deeds.
(Verma, 1992, p. 64)

Diseased Emotions

The lived experiences and heart wrenching stories of the period not only offer vivid portraits of physical suffering, they also emphasise hard-to-define emotional costs – tracing how a pandemic’s sudden and unexpected strike could break families beyond repair. One of the very prominent works on pandemic was ‘Kulli Bhaat’ (1938) by Suryakant Tripathi Nirala, translated into English as ‘A Life Misspent’ by Satti Khanna

(2016). This autobiographical book captures the anguish caused by the Spanish Flu pandemic that swept across India in 1918. Indian soldiers who were fortunate to return home alive, unwittingly carried with them the disease that spread across the country killing between ten and twenty million people. Nirala, in chapter three writes:

But the plague was raging in our village. What were we to do? The custom was to abandon one's house during the plague and encamp in orchards. The day we travelled from Bengal was the day villagers were abandoning their houses. Before we left for my in-laws', my father had two bamboo huts constructed under a mahua tree. (2016 [1938], p. 13)

Later in the chapter, Nirala describes how his father-in-law had come to take his daughter for the ceremonial return to her house. However, because the village was infected by 'plague', the girl's father had decided not to stay long, which offended Nirala's father. "He did not want to drink water from our wells and he wanted to leave before nightfall...." He further clarifies: "By the time I awoke, father-in-law had left with my wife. He didn't want her exposed to the plague" (2016 [1938], p. 13). The incident not only informs the reader of how the spread of pandemic was turning villages into abandoned places; it also brings forth the growing distrust and distance among people owing to the infectious disease. The young Nirala was devastated when he lost his teenage wife in the sweep of the disease. Later, he mourns the death of caretakers and an infant that dies in his lap. His description of the river Ganges laden with swollen, dead, abandoned, bodies bears witness to the magnitude of horrifying experiences that people had to go through in times of pandemic. "My family disappeared in the blink of an eye. All our sharecroppers and laborers died", he writes, poignant with pain (2016 [1938], p. 20). The grief expressed in Nirala's autobiography is also echoed in the Sanitary commissioner's report for 1918, where it is observed that all rivers across India were clogged up with bodies because of a shortage of firewood for cremation (Mills, 1986).

Similarly, in the story 'Plague ki Chudail' by Bhagwan Das and translated to English by Priyanka Sarkar, we come across a gloomy world where an entire city is in the grip of an epidemic. Bhagwan Das writes:

Last year, when the Plague entered Prayag and thousands of the poor as well as people in the homes of several merchants, zamindars, lawyers and deed writers started dying every day, the populace started abandoning their homes. Even a few of the doctors left town. (Das, 2020 [1908])

The emphasis that doctors too evacuated the locality highlights the fear of death over the service to humankind. The reaction of the doctors who fled, and the one we meet in the story, is in strong contrast to Dr Prashant of 'Maila Aanchal' who committed himself to serve humanity when he decided to leave his prosperous life behind in order to treat the villagers suffering from the pandemic. The doctor in 'Plague ki Chudail', in contrast, is very negligent of his duty; scared to put his life in any kind of danger. The writer tells us how he checks on Thakur Sahib's wife "and leaves immediately" (Das, 2020 [1908]). On his next visit, he sees her from a distance and declares her dead. He asks everyone to vacate the house immediately and doesn't bother performing the last rites. Due to his negligence the villagers were about to cremate the body which was still alive.

The human dilemma to stay by the side of loved ones accursed by pandemic disease, or to save one's own life, is described in many stories. Again in 'Plague ki Chudail',⁷ we come across the same conflict for Thakur Sahib, whose wife is afflicted with plague, and which puts him in a state of indecisiveness: "Thakur Sahib was faced with a dilemma. He could neither stay nor leave. If my staying here helped Bahuji⁸ in any way he told himself, I'd even risk my life. But when no medicine works on this disease, why should I put my life on the risk by staying?" (Das, 2020 [1908]). The same dilemma is seen, from a different perspective, in a neighbour who stays back with the dead body while everyone else flees. He reflects on how his duty as a neighbour requires him and anyone in the family or neighbourhood to not take a bath or eat anything until the body is cremated. However, in the current pandemic situation, where everyone was scared and concerned to save their own life and Thakur Sahib had also taken refuge in another house – what would happen to the corpse? According to Hindu rituals, the dead body is washed in a mixture of milk, yogurt, ghee and honey, and mantras are chanted. The body is then dressed in clean clothes, and if the woman is married and her husband is alive, she is dressed in red. The body, adorned with flowers, sandalwood and turmeric is placed in an inexpensive casket and as relatives and other close people chant hymns and pray for the departed, the body is carried by male family members to the cremation ground. Therefore, the neighbour is worried and concerned: "Would the body of this pious lady be taken on a thela or a trolley to the cremation ground"? In a contemplative mood as he pays a solemn farewell to the lady he "sat there quietly, mulling over the ways of the world and the transience of human relationships" (Das, 2020 [1908]). He tried to sing songs of Guru Nanak⁹ and Surdas¹⁰ that reflected on the transitory nature of life and its suffering and that resonated with

⁷ Witch

⁸ Bahuji is a way to address respectable married woman in some North Indian communities. It literally means daughter in-law.

⁹ Guru Nanak, founder of the Sikh religion.

¹⁰ A 16th-century blind Hindu devotional Braj-bhasha poet and singer. Sang songs in praise of Lord Krishna.

greater truth; but he could only hum tunes, considering the sombreness of the situation.

The epidemics would even alter the burial rituals, and the priest in the story says that the shastras of Dharma dictated that anyone – and not just the family members, could cremate the body and the last rites could be performed later “when the time was right”. They could make an effigy of the departed to complete the ritual. The priest keeps changing his opinion to suit himself – or the convenience of the client – and hence even agrees to allow the body to be set afloat without cremation, as in the cases of “those who die of plague, cholera or any epidemic” (Das, 2020 [1908]). While the upper caste people like the priest or the Thakur abandon their responsibility towards the dead or dying; the task of disposing of infected bodies left the lower castes more vulnerable to disease. The story brings out how loyalties shift during times of epidemic and human values are set aside – and yet we meet characters like the old servant Satya Singh who was an epitome of truth, loyalty and service. When the servants who had accepted the job of cremating the dead body of Thakur’s wife dwindle and want to escape the task, Satya Singh reminds them of their moral duty. He says: “I don’t think that will be the right thing to do. It is our duty to fulfill master’s wishes and perform his wife’s last rites.” The statement not only highlights the virtue of Satya Singh as a human being committed to his principles; but also brings out the caste and class issues integral to the social hierarchy and which put lower caste people into vulnerable positions for catching infections. The servants offer him a good share of the thirty rupees they were given to perform the rituals, however, Satya Singh does not budge: “I am not dishonest. I can never do this”. The hypocrisy of the priest is brought out when he boasts that they need not be scared of the integrity of Satya Singh for even if he reveals the truth, Thakur will not believe him for “he has more faith in me than in that old man” (Das, 2020 [1908]). It is particularly telling that the Brahmin priest is depicted as false, greedy and manipulative and the Shudra servant selfless, honest and compassionate. In a very strategic manner, the author, Bhagwan Das inverts socially held associations of good and bad and makes his readers look at these dynamics from a fresh perspective.

Pandemic Horrors

David Arnold’s essay ‘Disease. Rumor and Panic in India’s Plague and Influenza Epidemics, 1896-1919’ published in the book *Empires of Panic*, states:

Disease – or the threat of it – has been a potent source of rumor and panic in modern times.... Perhaps, the greatest turmoil occurred in epidemic episodes that combined disease, rumor, and panic, united in a single moment of actual or incipient catastrophe, or those

epidemics whose causes and consequences were unknown and whose advance appeared so rapid and overwhelming as to be unstoppable (Arnold, 2015, p.111).

Panic has been defined as a psychological state or an emotionally charged group response – invariably construed as irrational – to some external menace, whether natural or man-made, actual or imagined. It connotes “a collective flight based on a hysterical belief” (Smelser, 1971, p. 169). Owing to the vast size and immense poverty of much of the population in India, the impacts of plague, cholera and influenza have been massive. A health officer had remarked: “In its rapidity of spread, the enormous number of its victims, and its total fatality, influenza in India reached a virulence before which even plague with all its horrors” faded “into insignificance” (Arnold, 2015, p. 112).

The horrifying experience of pandemic described in Harishankar Parsai’s autobiographical essay ‘Gardish Ke Din’ (1971) traces the miasmatic atmosphere that illness may bring, and the horrors of pandemic memory become his central point of reference. He recalls the year of plague to be the most bitter memory of his childhood. Parsai describes how it may have been the year 1936 or 1937, he was in 8th grade when their area was infected by plague. The local people had abandoned their houses and moved to the jungles, making temporary habitats there in order to stay away from the centres and safe from the impact of the epidemic. However, the author’s family had been unable to vacate because their mother was severely ill. In the narrative he tells of how his family was the only one left in the entire neighbourhood. “Even the dogs had abandoned the colony. Our voices in the stillness of night seemed scary”, he observes with melancholy. To fight their fears, they would recite bhajans and devotional songs in front of their dying mother.

But every evening we would sit near our dying mother and sing the aarti¹¹ – ‘Om jai jagadish hare’.... Then one such terrifying night, Ma passed away. We let out loud howls of pain and grief. Suddenly some stray dogs appeared outside to offer support (Parsai, 2016 [1971]).

After her death, his father was emotionally broken and fearful of everything. Yet, pandemic had not only shaken his father from inside, the family also suffered set-backs in business, leading to financial loss and a day-to-day struggle to make ends meet. The essay talks at length about how families had to grope in “anxiety, uncertainty, disillusionment and fear” caused by plague (Parsai, 2016 [1971]).

¹¹ Aarti is a Hindu ritual where devotees light a lamp in front of the image of God and chant hymns

'Pahalwaan Ki Dholak'¹² (1944) by Phanishwar Nath Renu is another very popular story set in North India that depicts a gloomy winter night in a village impacted by a cholera pandemic. The story represents how the virus's ravages were often too much to face, creating an understandable disavowal mixed with bitter awareness. While we may agree that denial is a familiar feature in illness and in the aftermath of deaths from any cause, the pandemic created the perfect conditions for its perpetuation, combining a familiar disease in a radically new form burdened by mass deaths. The story starts with the description of a pandemic infected village where the inhabitants "like a fearful baby" are shaken by the horrifying impact of malaria and cholera. All that was to be seen in those bamboo huts in the quiet winter nights, Renu writes, was "darkness and spell-bound silence". He further describes how "there was no light on earth". Only the cries of jackals to break the silence in the air. "From the village huts, you could hear groans and pale voices saying 'Hey Ram! Hey Bhagwan'¹³ – the only hope in such moments of despair (Renu in *Femina*, 2021 [1944]). And occasionally some wailing weak child saying "Ma" in such a soft voice that it would not make any difference to the ghastly grieving night. The anguish is not only felt by humans, but animals alike are quiet. The author observes how dogs would sense the stillness around and spend the entire day idly on the mounds of ashes – and join together to cry at night. The atmosphere evoked is nightmarish and grief-ridden. Among all this, the only sound that incessantly kept going all night was the wrestler's drum: "this sound filled the dead village with life" (Renu in *Femina*, 2021 [1944]).

The story 'Vibhats'¹⁴ by Pandey Bechan Sharma 'Ugra' is a morbid and macabre presentation of a tragic story of humankind. While many stories have described the insensitivity in people during times of pandemic; this one is a grippingly gruesome tale of utter inhumanity that creeps into a character, unbelievable and ghastly in his appearance as well as his acts. Through the character Sumera Jaat the writer forces us to think about the corrupting relationship of 'man' with money – and how far we are willing to go to be led by greed. Set to the backdrop of an influenza pandemic where the dead pile up day upon day, rot and smell invades the senses, havoc is rampant, and people abandon their loved ones – Sumera Jaat agrees to dispatch the dead in the river Ganges driven by greed to make more money, despite the danger to life involved in the task. The ugliness of the deed of throwing dead bodies in the river is described in horrifying detail, until the truth of his own acts dawns on him and fills him with disgust. Sick and alone, lying in his bed, "he saw, in Osari, he is eating Laila, the goat's corpse, and in the courtyard, the same banyan devil is eating the eleventh corpse of his cart, chewing it with tongs. The fire is burning. He is dancing – terrible"

¹² The Wrestler's Drum

¹³ Bhagwan is an epithet for a deity, translated as Lord.

¹⁴ Vibhats can be translated as something disgusting. It is one of the nine rasas of poetry.

(Hindisamay, n.d). The story not only evokes an atmosphere of the tropics with heat and humidity; but it also sets the stage for the cannibalistic dance hallucination that deranges Sumera Jaat. The lines between animal and human are blurred as boundaries are transgressed and human values blend with animalistic delight, reality disintegrates into the fantastic, and the natural and supernatural mix to create a tropical gothic world.¹⁵ As Daniel Serravalle de Sá observes:

Establishing the concept of Tropical Gothic as a critical term to investigate specific cultural traditions of the supernatural and the strange in the warmer parts of the globe is not an easy task. At first glance the expression itself seems to be rather contradictory; an oxymoron that combines the opposing ideas of 'solar' and 'gloom' in one concept. (Quoted in Lundberg et al., 2019, p. 9)

Epidemic Goddesses

The history of smallpox in India and the history of the Hindu Goddess of Smallpox are intertwined and yet different experiences of the interconnectedness of diseases and divinities. Resorting to faith in times of anxiety and distress has been a cultural response of humankind over the deep ages. In India, the worship of epidemic goddesses has been practiced since early times. Hariti was one such goddess, who continues to be worshipped especially in the Buddhist traditions. She was both the goddess of children and was invoked as a protector from smallpox. This twofold protection of children and against smallpox is significant. Indeed, the smallpox disease was so common that it was thought an almost inescapable ordeal to reach adulthood. Sir Sayyid Ahmad Khan observed:

Smallpox was the inevitable bridge which every child has to cross before entering into life; and recovery from the disease is considered second birth.... Other diseases are looked upon as accidental; but small-pox is regarded, as indeed it is, [as] almost universal. It touches the keenest of human susceptibilities; for there are thousands in this country who, though spared by it from death, still have traces of its violence in the deep marks on the face or the loss of an eye. (Khan & Muhammad, 1972)

A British medical officer records that in northern India the disease was so fatal that people did not count children as permanent members of the family until they had survived an attack of smallpox (Pringle, 1869).

¹⁵ On tropical gothic see Lundberg, et al. (2019).

The near inevitability of contacting and suffering from the the disease was a complex endemic scenario prevalent throughout India, and hence the popular faith in epidemic goddesses to protect or heal people of the disease was an important aspect of daily ritual life. Reading literature of the 20th century through the lens of the sweeping epidemics and pandemics that struck India throughout the 19th and 20th centuries, metaphors of modernism take on new meanings: we can observe fragmentation and disorder emerge as signs of delirium, and a brooding fear of an invisible enemy. This combination of fear and faith made people perceive epidemics as a manifestation of the goddesses' fury (for they could both bestow illness or relieve it) or, in the Christian tradition, God's fury. The sickness affected the poor above all – and poverty was (and still often is) popularly associated with vice. Hence, the idea emerged in society that the immoral were attacked by the dreadful disease. Uncertainty about the cause of disease has always been an intrinsic part of human life. This led to superstitions about ailments, and people resorting to all kinds of rumours in a state of panic. The other way to escape was to turn towards contagion goddesses like Hariti, hailed as the epidemic and mother goddess. A hymn to Hariti (translated by Miranda Shaw, 2006) reads:

*Terrifier of spirits who prey on pregnant women
Destroyer of smallpox and myriad diseases
A mother to her devotees
With limbs that cool like white sandalwood
I reverently praise the supreme yakshini
Mother of many children.
(cited in Battacharya, 2020)*

Hariti as a protector from diseases, especially smallpox, has a long and international history. The Chinese pilgrims I'tsing and Hsuan Tsang's travel diaries provide references to Hariti statues, while archaeological excavations date back Hariti statues to the time of Antonine Plague (Bhattacharya, 2020). Other popular fever goddesses are Sitala mata and Parnashabari,¹⁶ who became popular in the 19th century, specifically in relation to smallpox in Bengal and northern India.¹⁷ Olai Chandi for Hindus and Olai Bibi for Muslims are localised goddesses of cholera in Bengal, and Raktabati is considered the goddess of blood infections. Over the centuries, all of these goddesses have formed part of a common folk remedy during epidemics in order to thwart pestilence. In many parts of India, the only succour from raging fever or an epidemic infection could be had from the soothing faith in the healing touch of these

¹⁶ Parnashabari is a Hindu deity adopted as Buddhist deity of diseases. Her worship is believed to protect against out-breaks of epidemics. Statues of Parnashabari have been found in Pala period excavations in Dacca.

¹⁷ In south India, the goddess Mariamman is associated with bringing rains and curing diseases like smallpox and cholera. Considered a protector by many people, she has many temples in the South Indian diaspora.

goddesses. Poems were recited in complete reverence to Sitala mata¹⁸ the goddess of smallpox.

*White-bodied one, mounted on an ass, in your two
hands a broom and a full pot,
To mitigate fever, you asperse, from the full pot,
with the broom, the water of immortality.
Naked, with a winnowing fan on the head, your body
adorned with gold and many gems, three-eyed,
You are the quencher of the fierce heat of pustules;
Sitala, I worship you.*
(Nirmalananda, 1967, cited in Nicholas, 1981, p. 21)

The earliest mention of a Bengali poem about Sitala was composed in Saptagram (near Calcutta) and dates back to 1690. Gradually Sitala emerged from a minor deity to a major goddess of worship and faith, especially among the poor, including through literature, poetry, the performing arts and ritual. By the 19th century in colonial India, 'Sitala Mangal' texts – popular poems to Sitala based on performances of the narrative of the goddess and detailing types of poxes, symptoms and ailments – were found in the compositions by Nityananda Chakrabarty (Cakravartī, 1931).

Pestilential Phenomena

Phenomenon of calamity are one of the most powerful factors behind the turbulent trajectory of humanity's history. Since ancient times, waves of pestilence have played a revolutionary role in the processes of history with serious impact on human psychological, social, cultural and economic behaviour. Yet, epidemic calamities not only act to exacerbate existing issues in a society; they also offer opportunities to address problems – thus opening up creative and constructive ideas and concepts, and potentials for change. Literature is a powerful medium that offers ways to cope with the emotional trauma caused by pandemics and allows individuals, communities and nations to express, engage and empathise with the massive loss of lives and livelihoods.

Often the origin of infectious diseases in history have remained mysterious and obscure. And this is still often the case for modern pandemic origin stories. However, with recent developments in science, and with scholars putting forward groundbreaking ideas and theories on the complex phenomenon of pestilence; much

¹⁸ Sitala mata is Hindu goddess worshipped mostly in North India. She is an incarnation of Supreme Goddess Durga, and cures poxes, sores and diseases. The word 'shitala' literally means 'one who cools', in reference to fevers.

understanding has emerged on the causes, and the histories, of such diseases. These have revealed the intertwined patterns and dynamics of proliferation. As Sorokin points out: “The problem of alleviation and elimination of epidemics has its no less important social and cultural aspects. A wide society, desirous of being free from pestilence, would eliminate not only its biological roots but also the social cause of epidemics, famine, ignorance, revolution and war” (Sorokin, 1968, p. 301). According to him, humankind’s cogitation about destiny and the whence, why and whither of society and humanity gets aggravated during times of crisis. These problems suddenly assume exceptional importance and thinkers often delve into such matters to examine, understand and reflect on the causes and consequences of such calamities as pandemics. While, on one hand, an enormous part of the population finds itself uprooted, ruined, mutilated and turned into displaced, dis-adjusted persons; on the other hand, such crises, as Thomas S. Kuhn points out “are a necessary precondition for the emergence of novel theories” (Kuhn, 1970, p. 77).

References

- Alalykin-Izvekoy, V. (2020). Pestilence and Other Calamities in Civilizational Theory: Sorokin, McNeill, Diamond, and Beyond. *Comparative Civilizations*, 83 (83), Article 13, 21-43.
<https://scholarsarchive.byu.edu/ccr/vol83/iss83/13>
- Arnold, D. (2015). Disease, Rumor, and Panic in India's Plague and Influenza Epidemics, 1896–1919. In R. Peckham (Ed.). *Empires of Panic: Epidemics and Colonial Anxieties* (pp. 111-130). Hong Kong University Press.
<https://doi.org/10.5790/hongkong/9789888208449.003.0005>
- Banthia, J., & Dyson, T. (1999). Smallpox in Nineteenth-Century India. *Population and Development Review*, 25(4), 649-680. <https://doi.org/10.1111/j.1728-4457.1999.00649.x>
- Biswas, S. (2020, March 18). Coronavirus: What India can learn from the deadly 1918 flu. Retrieved from <https://www.bbc.com/news/world-asia-india-51904019>
- Bhattacharya, B. (2020, April 17). The Cold Ones: India's Epidemic Goddesses. Retrieved from <https://www.livemint.com/mint-lounge/features/the-cold-ones-india-s-epidemic-goddesses-11587104247592.html>
- Cakravartī, N. ("Dvija Nityānanda"). (1931). *Bṛhat Śītalā Maṅgala bā Śītalār Jāgaraṇa Pālā*. Calcutta: Tarachand Das and Sons.
- Das, B. ([1908] 2020, October 18). 'Plague Ki Chudail': This bittersweet short story from 1902 explores grief, fear and mortality (P. Sarkar, Trans.). Retrieved from <https://scroll.in/article/975441/plague-ki-chudail-this-bittersweet-short-story-from-1902-explores-grief-fear-and-mortality>
- Diamond, J. M. (1998). *Guns, germs and steel: A short history of everybody for the last 13,000 years*. Vintage.
- Durey, M. (1979). *The return of the plague: British society and the cholera, 1831-2*. Gill and Macmillan.
- Evans, R. J. (2005). *Death in Hamburg: Society and politics in the cholera years*. Penguin Books.
- Femina. (2021, January 27 [1944]). पहलवान की डोलक: फणीश्वरनाथ रेणु की कहानी Retrieved from <https://www.femina.in/hindi/sahitya/kahani/pahlwan-ki-dholak-by-phanishwarnath-renu-4969-1.html>
- Frith, A. J. (2012). The History of Plague - Part 1. The Three Great Pandemics 20, (2). Retrieved from <https://jmvh.org/article/the-history-of-plague-part-1-the-three-great-pandemics/>
- Gómez-Díaz, D. (2008). Cholera Pandemics, 1816-1861. In J. Byrne (Ed.). *Encyclopedia of Pestilence, Pandemics and Plague*. Greenwood Press.
- Hindikunj. (2020, August 22). दूध का दाम कहानी प्रेमचंद. Retrieved from <https://www.hindikunj.com/2020/08/doodh-ka-daam-munshi-premchand.html>
- Hindisamay (n.d.). Retrieved from <https://www.hindisamay.com/content/2707/1/पांडेय-बेचन-शर्मा-उग्र-कहानियाँ-वीभत्स.csp>
- Junghare, I. Y. (1991). *The soiled border* [Translation of P.N. Renu Maila Anchal]. Chanakya Publications.

- Kafeel, A. (2006). Naim, Kulliyat-e-Hasan Naim Qaumi Council Baraye Farogh-e-urdu Zaba
- Khān, S. A., & Muhammad, S. (1972). *Writings and speeches of Sir Syed Ahmad Khan*. Bombay: Nachiketa Pub.
- Kuhn, T. S. (1970). *The structure of scientific revolutions* (2nd Ed.). The University of Chicago Press.
- Lundberg, A., Osborne, R., Ancuta, K., & Stasiewicz-Bieńkowska, A. (2019). Tropical Gothic: Literary and Creative Works. *eTropic: Electronic Journal of Studies in the Tropics*, 18(2). <https://doi.org/10.25120/etropic.18.2.2019.3701>
- McNeill, W. H. (1979). *Plagues and people*. Penguin Books.
- Mills, I.D. (1986). The 1918-1919 Influenza Pandemic - The Indian Experience. *The Indian Economic & Social History Review*, 23(1), 1-40. <https://doi.org/10.1177/001946468602300102>
- Morris, R. J. (1976). *Cholera 1832: The social response to an epidemic*. Croom Helm.
- Nicholas, R.W. (1981). The Goddess Sitala and Epidemic Smallpox in Bengal. *Journal of Asian Studies*, XLI (1), 21-44. <https://doi.org/10.2307/2055600>
- Nirala, S.T. (2016). *Kullī Bhaat* [Trans. A Life Misspent by S. Khanna]. Harper Perennial.
- Outka, E. (2020). ON SEEING ILLNESS: Virginia Woolf's Mrs. Dalloway. In *Viral Modernism: The Influenza Pandemic and Interwar Literature* (pp. 103-141). Columbia University Press. doi:10.7312/outk18574.9
- Parsai, H., & स. (2016, August 10). 'मैंने तय किया कि जिम्मेदारी को गैर-जिम्मेदारी की तरह निभाया जाए'. Retrieved from <https://satyagrah.scroll.in/article/101655/harishankar-parsai-autobiography>
- Peckham, R. S. (Ed.) (2015). *Empires of panic: Epidemics and colonial anxieties*. Hong Kong University Press. <https://doi.org/10.5790/hongkong/97898888208449.001.0001>
- Premchand, M. [Asaduddin, M. Ed.] (2017). *Premchand: The complete short stories*. [Trans. M. Asaduddin and others]. Penguin Books, an imprint of Penguin Random House.
- Pringle, R. (1869). On Smallpox and Vaccination in India. *The Lancet*, 93(2368), 81-83. [https://doi.org/10.1016/S0140-6736\(02\)65402-9](https://doi.org/10.1016/S0140-6736(02)65402-9)
- Ranger, T. (1995). *Epidemics and ideas essays on the historical perception of pestilence*. Cambridge University Press.
- Renu, P. N. (2004 [1954]) *Maila Aanchal*. Delhi: Rajkamal Paperbacks
- Renu, P. N. & Jalil R. (2010) *Panchlight and Other Stories*. Orient Blackswan
- Samanta, A. (2017). *Living with epidemic in colonial Bengal*. Routledge.
- Shaw, M. (2006). *Buddhist goddesses of India*. Princeton University Press.
- Smelser, N. J. (1971). *Theory of Collective Behavior*. Franklin Classics.
- Snowden, F. M. (2019). *Epidemics and society from the Black Death to the present*. Yale University Press. <https://doi.org/10.2307/j.ctvqc6gg5>
- Sorokin, P. A. (1968). *Man and society in calamity: The effects of war, revolution, famine, pestilence upon human mind, behavior, social organization and cultural life*. Greenwood Press.
- Verma, S. (1992). *Pratinidhi Kavitaeein*. Rajkamal Prakashan.
- Wendt, E. C. (1885). *Treatise On Asiatic Cholera*. Hansebooks.

Whiteway, R. S., Castanhoso, M. D., Bermudez, J., & Corrêa, G. (2010). *The Portuguese expedition to Abyssinia in 1541-1543, as narrated by Castanhoso: With some contemporary letters, the short account of Bermudez, and certain extracts from Correa*. Ashgate Publishing Limited.

Dr Prachi Priyanka holds a doctorate degree in English literature. Her doctoral thesis is an illuminative study on the convergences between poetry and painting from the publication of G. E. Lessing's *Laocoon* to modern times. Her areas of interest include intertextuality and visual culture, Indian literature, Partition narratives and Victorian studies. Her short stories collection '*Thistle & Weeds*' was published in 2016. Her book *Caste, Class and Gender in Modern Indian Literature* is under publication by Authorspress, New Delhi. Currently, she is Assistant Professor in the Department of English, School of Humanities and Social Sciences, Sharda University, India.