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The Minutes of the Indian Plague Commission

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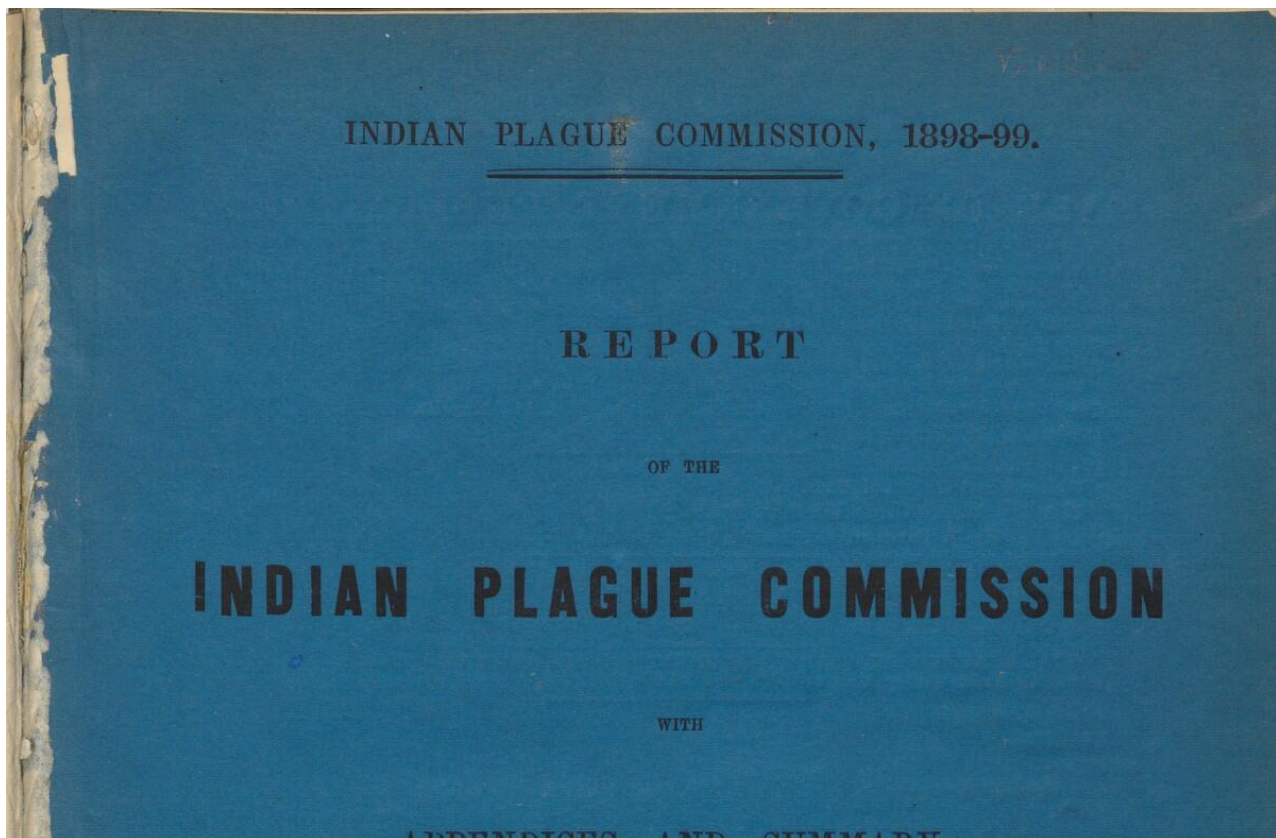
Indian Plague Commission, 1898–99, *Minutes of Evidence Taken by the Indian Plague Commission with Appendices* (London: Printed for H.M.S.O. by Eyre and Spottiswoode, 1900)

Widener Library, Ind 373.19F

<https://curiosity.lib.harvard.edu/contagion/catalog/36-990051162450203941>

As a devastating plague epidemic raged in India in the final years of the 19th century, the British colonial government appointed the Indian Plague Commission in November 1898 to “make a scientific enquiry into the various questions connected with the epidemic of plague.”[1] After its first meeting in Bombay that month, the Commission toured the Indian subcontinent until March 1899, “holding a total of seventy sittings and taking evidence from 260 witnesses.” As Nicholas Evans argues, “the questioning of witnesses was the major technique through which the commission sought to produce truth.”[2] Other techniques included the use of maps, graphs, and statistical tables, several of which were produced as part of the oral testimonies.

Harvard University’s Widener Library holds all five volumes of the report that the Commission eventually produced, and these have been digitized for the *Contagion* project.[3] The lengthy publications, and the work of the Commission in general, were hailed at the time as “thorough,” with the members having worked “assiduously” to find answers to questions about the plague epidemic.[4] The answers were summarized and compiled in the final, fifth volume of the Commission’s report, published in late 1901. As the cover page of this volume suggests (fig. 1), it was presented to the British Parliament, indicating that the Commission wrote their report primarily with British policymakers and the public in mind.



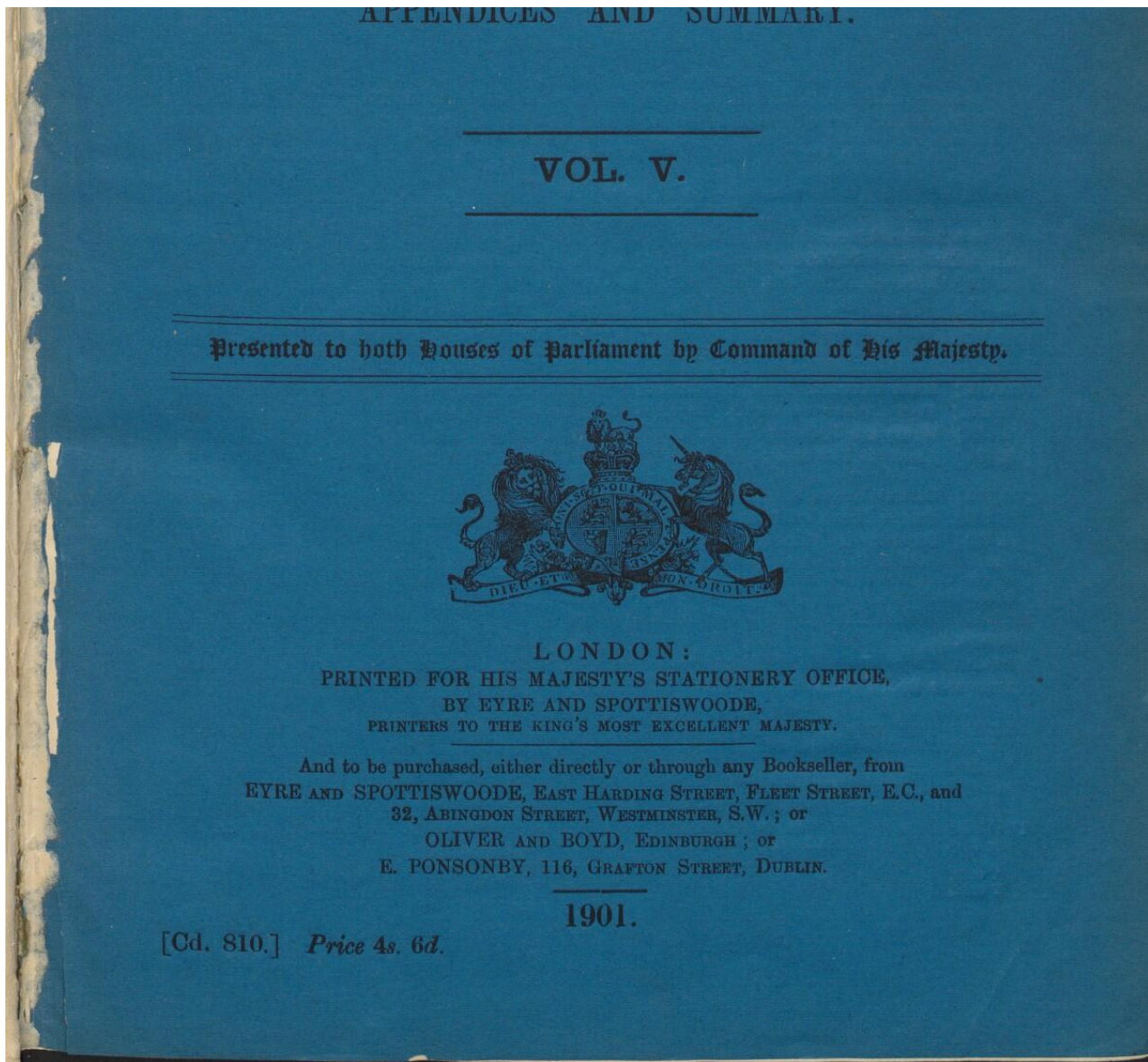


Figure 1. Title page of the Report of the Indian Plague Commission, vol. 5 (1901), III (seq. 1880). Widener Library, Harvard University (Ind 373.19F).

For historians, the Commission's report has been valuable as much for its conclusions regarding the epidemiology of plague as for the voluminous "minutes of evidence" it compiled in the first three volumes, which total about 1700 pages. Since 260 witnesses from many parts of India were examined, these pages contain insightful testimonies of individuals, both Indian and European, about their experiences in India during the plague epidemic. Further, as Evans argues, there was a "levelling of testimony" within these minutes, with traditional Indian practitioners testifying alongside medical officers trained in London and Edinburgh, and local Indian officials testifying alongside European officers of the Indian Civil Service.[5] The five-volume report of the Indian Plague Commission, thus, is a valuable primary source—after accounting for the medical and social gazes (including those shaped by racist and casteist attitudes) expressed in the testimonies—for the social and administrative aspects of the history of the late 19th century plague epidemic in South Asia.

Many historical studies of the plague have indeed used the report as a crucial primary source. In a seminal 1987 study for the influential subaltern studies project, David Arnold used the report to discuss the reflections of a European medical officer on Indian people's attitudes towards the inspection of corpses.[6] Arnold, as well as Prashant Kidambi, has credited the report as the main push that led the British colonial government to formally accept that anti-plague policies based on force and coercion were counterproductive.[7] In an article on the intersections of gender and race with the anti-plague response of British colonial officers, I. J. Catanach also found useful the testimonies of officers recorded in this report.[8] Apart from such appearances in the historical literature, the report occupies an important place in the evolution of biomedical understandings of the etiology and epidemiology of plague, especially with respect to the role of rats and fleas.[9]

Considering the immense volume of material and testimonies in the Plague Commission's report, it is clear that many ways in which it could be employed by historians of medicine and public health have remained underutilized. One such area is the history of the biomedical profession and practice in India, on which there are no comprehensive studies as yet.[10] Under the British colonial administration, the first training institutions in modern medicine were established in India in the early 1800s, and by the end of the century there were four government medical colleges and eleven government medical schools, along with a few private schools.[11] For most of the 19th century, Indian men from privileged castes and communities formed the bulk of the graduates and licentiates of these institutions, as women only began to enter the medical profession after the 1880s, and then only in small numbers.[12] Government service and private practice were the two major avenues for Indian doctors around this time, and many of the witnesses the Plague Commission called were from among these doctors.

Bombay's A. G. Viegas is credited as the doctor to first diagnose a case of plague in Bombay, in September 1896.[13] He was a private practitioner with a Licentiate in Medicine and Surgery degree from the Grant Medical College, Bombay. His interview to the Commission on December 1, 1898 provides an important glimpse into private modern medical practice in Bombay at the turn of the century. We learn about the therapeutic management of fevers, about the social backgrounds of patients who visited private practitioners, about house calls, and about the referral systems that doctors used. For example, when Viegas suspected a possibility of plague in his first patient, he asked the relative of the patient if he could show "the case" to an older practitioner. The next day, Viegas and the other doctor drove together to the house of this patient.[14]

The interviews of Indian doctors also show how intimately many practitioners were aware of the cultures of the communities they practiced in, and how that helped them understand better the epidemiology of and public reactions to the plague. For example, doctors from each major urban center affected by plague had their own theories about how the plague might have reached the city. Kailas Chandra Bose from Calcutta traced the initial cases to parts of the city where "Banniahs from Bombay come and settle." [15] B. J. Damania from Cutch State also traced the plague in his district to Bombay, specifically mentioning a village with "well-to-do people," especially the Khoja community of western India, who "visit Bombay often and come back." [16] Bhalchandra Krishna from Bombay traced the plague in his city to China, reasoning that in the early weeks it was confined only to the port area where Chinese goods coming from Hong Kong—China was already undergoing a plague epidemic—had arrived and were being stored. These goods included Chinese firecrackers, which were "generally brought to Bombay in the early part of July, or the beginning of August," to be used in the celebration of important Hindu and Muslim festivals in the city during August and November.[17]

The testimonies of Indian doctors also help shed more nuanced light on the reactions of the Indian public to the plague, which, in official British colonial circles, was frequently misrepresented and portrayed as uniformly oppositional to presumably enlightened and scientific government-introduced measures.[18] For example, the Commissioners asked M. N. Banerjea of Calcutta whether people had "much objection to their clothing being disinfected." Banerjea explained that people did not object to the disinfection as such, "but they do not like to have their things destroyed; if they object, it is because they think their things would be destroyed." [19]

It is worth noting that in the hundreds of pages of the report, the testimonies of Indian doctors and administrators amount to only a fraction of the total. For example, out of the 301 pages of testimonies in the first volume, only 28 were of Indians. Despite this paucity of record, and the fact that interviews were completely dominated by the direction chosen by the Commissioners (all based in London but on duty in India), the Plague Commission's report retains value as a unique primary source for the social and intellectual history of the plague from the perspective of Indian biomedical doctors, as well as for the broader history of the modern medical profession in India.

Notes

[1] "The Plague Commission: Report on Inoculation," *The Times of India*, February 24, 1900, ProQuest Historical Newspapers.

[2] Nicholas H. A. Evans, "Blaming the Rat?," *Medicine Anthropology Theory* 5, no. 3 (June 25, 2018): 15–42.

[3] The digitized copies can be accessed here: <https://curiosity.lib.harvard.edu/contagion/catalog/36-990051162450203941>.

[4] E. Klein, "Report of the Indian Plague Commission," *Nature* 65, no. 1684 (February 1, 1902): 320–21.

[5] Evans, "Blaming the Rat?," 23.

[6] David Arnold, "Touching the Body: Perspectives on the Indian Plague, 1896–1900," in *Subaltern Studies V: Writings on South Asian History and Society*, ed. Ranajit Guha (Delhi: Oxford University Press, 1987), 55–90.

[7] David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993), 236; Prashant Kidambi, "'An Infection of Locality': Plague, Pythogenesis and the Poor in Bombay, c. 1896–1905," *Urban History* 31, no. 2 (2004): 249–67.

[8] I. J. Catanach, "'The Gendered Terrain of Disaster?': India and the Plague, c. 1896–1918," *South Asia: Journal of South Asian Studies* 30, no. 2 (August 2007): 241–67.

- [9] Rajnarayan Chandavarkar, "Plague Panic and Epidemic Politics in India, 1896–1914," in *Epidemics and Ideas: Essays on the Historical Perception of Pestilence*, ed. Terence Ranger and Paul Slack (New York: Cambridge University Press, 1992): 203–240; M. Drancourt and D. Raoult, "Molecular History of Plague," *Clinical Microbiology and Infection: The Official Publication of the European Society of Clinical Microbiology and Infectious Diseases* 22, no. 11 (November 2016): 911–15; Evans, "Blaming the Rat?," 21–24.
- [10] Many historians, however, have dealt with parts of this history in their studies of healthcare in colonial India. See, for example, Mridula Ramanna, *Western Medicine and Public Health in Colonial Bombay, 1845–1895* (New Delhi: Orient Longman, 2002); Projit Bihari Mukharji, *Nationalizing the Body: The Medical Market, Print and Dakari Medicine* (London; New York: Anthem Press, 2009).
- [11] R. Nathan, *Progress of Education in India: 1897–98 – 1901–02*, vol. 2 (Calcutta: Superintendent of Government Printing, 1904).
- [12] Maneesha Lal, "The Politics of Gender and Medicine in Colonial India: The Countess of Dufferin's Fund, 1885–1888," *Bulletin of the History of Medicine* 68, no. 1 (1994): 29–66.
- [13] Mridula Ramanna, "Indian Physicians and Public Health Challenges: Bombay Presidency, 1896–1920," in *Society, Medicine and Politics in Colonial India*, ed. Biswamoy Pati and Mark Harrison (London: Routledge, 2018), 271–89.
- [14] Indian Plague Commission, 1898–99, *Minutes of Evidence Taken by the Indian Plague Commission with Appendices* (London: Printed for H.M.S.O. by Eyre and Spottiswoode, 1901), 30 (seq. 45).
- [15] "Banniah" denoted a subcaste of communities in western and northern India involved in commercial activities. Indian Plague Commission, *Minutes of Evidence*, 266 (seq. 280).
- [16] Indian Plague Commission, *Minutes of Evidence*, 219 (seq. 742).
- [17] Indian Plague Commission, *Minutes of Evidence*, 77 (seq. 1146).
- [18] Arnold, "Touching the Body," 59–63.
- [19] Indian Plague Commission, *Minutes of Evidence*, 272 (seq. 286).