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Plague Policy and 'Quarantine' (1940): re-reading Rajinder Singh Bedi

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ABSTRACT
A new interest in Rajinder Singh Bedi (1915-84), among the founding authors of Urdu short fiction with Premchand, Manto and Krishan Chander, appeared in print and electronic media over 2020-22. But that was not for his Partition stories or for his contribution to cinema. Rather, the cloud of Covid-19 that had spread over India in 2020 led to a series of thoughtful publications on Indian literary works that represented past epidemic outbreaks—notably, of plague, cholera, smallpox and Spanish Flu. This included plain surveys, scholarly readings and translations into English. The work which got most prominence in these retrospectives was 'Quarantine'[1] by Bedi. While other Indian authors framed epidemics in terms of effects on inter-personal relations, or as metaphor for superstition, caste inequality, modernity, and so forth, Bedi foregrounds (a) protagonists as public health professionals (doctors, nurses and sanitation workers who work as cogs driven by a public health policy directed at the population of an urban centre), (b) a technical language au courant with the state of play in epidemiology and epidemic management and (c) an awareness that epidemics put into crisis the relation between states and peoples.

Keywords: *Epidemic, plague, colonialism, India, quarantine.*

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INTRODUCTION

A new interest in Rajinder Singh Bedi (1915-84), among the founding authors of Urdu short fiction with Premchand, Mantoand Krishan Chander, appeared in print and electronic media over 2020-22.But that was not for his celebrated Partition stories or for his substantial contribution to Hindi cinema. Rather, the cloud of Covid-19 that had spread over India by early summer that year led toa series of thoughtful publications on Indian literary works that represented past epidemic outbreaks—notably, of plague, cholera, smallpox and the Spanish Flu. This included plain surveys (for e.g.,'How Literature has Helped us Make Sense of the Pandemics',*Times of India*, [2];Rai,'Pandemic Through Indian Literary Lens', <livehistoryindia.com>[3], scholarly readings (for e.g.,Priyanka,'Impacts of Historical Pandemics on India: Through the Lens of 20th Century Hindi Literature'*eTropic*,[4] and translations into English (for e.g., *Scroll*, 18 October 2020; *Indian Literature* Sept-Oct2020). What emerged was a list of modern authors from the late-nineteenth century, in languages such as Odia, Hindi, Kannada, Malayalam and more. The list included Fakir Mohan Senapati, Tagore, Ahmed Ali, 'Nirala', Phanishwarnath'Renu'and Rajinder Singh Bedi(none particularly read as 'epidemic' authors), as well as UR Ananthamurthy, Kakkanadan and Amitav Ghosh (known for works based aroundplague and malaria), and it brought to attention lesser-known authors like Bhagwan Das and Pandey Bechan Sharma. But the work which got most prominence in these 2020-22acts of retrospect was "Quarantine" [5]by Bedi. Several English translations (besides dramatized readings on You Tube) came out in quick succession (*'Quarantine': A 1940 Story on a Sanitation Worker and His Mission*' tr. Hazarika and Kumar,*The Wire*[6]; *Orientalia Suecana*, July 2020; *Indian Literature*, Sept-Oct, 2020; *Bangalore Review*, September 2022), besides an article on issues in translating 'Quarantine' (<cafedissensus>14 Feb. 2021) and another that addressed the story in view of public health issues in the early days of Covid-19 (Kumar, 'What an 80-Year-Old Short Story Tells Us About Ethics During Qurantine', *The Wire*[6].

Covid-induced, retrospective surveys of epidemics in Western literature had found many points of reference: from Defoe to Mary Shelley, and from Camus, Marquez and Saramago to Margaret Atwood (for e.g., 'How Pandemics Seep into Literature', *The Paris Review*, 8 April 2020; 'What the Great Pandemic Novels teach Us', *New York Times*, 23 April 2020; 'The Literature of Lockdown', *The Economist*, 20 December 2020). But in Indiait was the re-circulation of Bedi's story in English-language media over those two years thatfar surpassed that of any other Indian text. It is possible that amidst an on-goingglobal health crisis, this secondary literature was drawn by the ethical/humanitarian/class/caste-based themes in a short story by an author who was also member of Progressive Writer's Association. That is only fair.The

story rests on the relationship between the narrator, a medical doctor, and an unlettered sanitation worker (a Dalit Christian convert).Both serveat a public quarantine facility in an unnamed Indian city in lockdown during a plague outbreak.Their experience of unfolding events that are public as well as private, gives access to tangible medical and public measures, and to intangibles such as the general terror of the time and sympathy across classes and professions formed bybonds of association. The doctor is terrified of catching the plague; the worker Bhagu is not; the doctor uses alcohol to calm his nerves, Bhagu relies on Jesus; Bhagu's wife dies of the plague, the doctor remains safe; the doctor receives cash award and honours (promotion to boot) from civic authorities, Bhagu remains a forgotten sanitation worker at the bottom of the pile. These, possibly, are the grounds for the presentist-humanist, Covid-19-inspiredinterestinBedi's story that appeared in a series of publications over 2020-22 [The Wire; Scroll].Nonetheless, this paper proposes that 'Quarantine' has another significance beyond the ethics of inter-personal relations and subjective affects during a (medical) crisis, which was the main concern of the literary retrospectives in India and in the West. This significance appears when the storyis read alongside the extended history of the Third Plague Pandemic, in colonial India and elsewhere, and of regulatory mechanisms like the quarantine.

Methodology

The paper uses recent retrospectives of Indian writing on epidemic outbreaks to identify which authors and texts are highlighted and how over 2020-2022 a little canon on the subject has begun to take shape. As Bedi's short story garnered the most attention, the paper turns into an examination of the concerns that appear therein: the most salient of which is the issue of epidemic disease management and quarantine measures. This leads to a brief discussion of the history of quarantines in the context of plague outbreaks. The paper ends by looking at the debate between the contagionists and the anti-contagionists and the overcoming of that debate by the coming of modern epidemiology and microbiology.

II.

'Quarantine'appeared in Bedi's first anthology, *Daana o Daam*[1],along with the better-known 'Garam Coat' (based on Chekhov's 'The Overcoat'), when the 22-year-old Bedi was a postal department clerk in Lahore.This and subsequent anthologies would establish his reputation as a master of Urdu prose fiction, though he had moved to India by 1947 tobecome a dialogue writer for Bombay cinema by 1949. The story certainly shares much with works by other Indian authorsin the retrospectives list: the dread of an incomprehensible disease without cure, the disruption of community and family, the sharpening/blurring of social inequality, and not least, the inner life of victims faced with choices and decisions with life-changing consequences.

But 'Quarantine'is also markedly different. For one, the narrator (and reluctant hero) is a doctor of Western medicine, a significant detail. Second, the action of the story centres around a quarantine centre where the government forcibly incarcerated plague patients.There are'No Rats, No Plague' headlines on large posters the Health Department had pasted on doors and street corners to warn citizens against rats. Ambulances daily carted away twenty or more unwilling people from their homes to the quarantine, from where'the cries and lamentations of mothers, wives, sisters and children cast a mournful spell over the city'.[1]There were sanitation department workers who'sprinkle lime dust along municipality streets and gutters to stop the bacteria from spreading'. And, while there were 'enough doctors and nurses in the quarantine, it became harder to give individual care as the number of patients grew'. Moreover,'the quarantine also caused more fatalities, for families hid patients with plague symptoms fearing confinement' and 'avoided doctors'because they had'orders to quarantine patients whenever a case was reported'. As Dr Bakshi avers: 'The terror of quarantine was understandable. As a doctor I am positive about this, and I know for certain that more people in the city died from quarantining than from the plague.'

At the peak of the outbreak in the city, "nearly four hundred patients were brought into the quarantine" on some days, of whom "some two hundred fifty perished". There is evidence of record-keeping too: a'chart in the chief medical officer's room … displaying the recovery percentage of patients'. After some days, 'the spell of the disease' ended. 'The city was thoroughly cleaned. There was no sign of rats now.' As 'colleges and offices re-opened and life in the city returned to normal as before', a 'grand event … presided over by the mayor … to which the city elite and doctors were invited' was held to felicitate Dr Bakshi's service at the quarantine facility. 'I felt I was a special being. I looked around, my eyes bright with pride … the committee thanked me for my service to humanity and awarded a cheque for thousand rupees. Those present lauded the work of my colleagues and me during the recent epidemic.' The story ends with the city mayor and a committee awarding Bakshi a cheque and announcinghis promotion as lieutenant colonel in the Indian Medical Service, a prestigious colonial institution that was earlier the preserve of British doctors [7].

As this brisk summary shows, the story introduces terms, concepts and practices that are largely absent in the other Indian authors mentioned in the 2020-22 retrospectives. In Senapati, Tagore, 'Renu', 'Nirala', Sharma, Ahmed Ali and even Anantha Murthy, contagious disease outbreaks are usually framed in terms of their effects on inter-personal

[1]All translations are mine.

relations, or as (variously deployed) metaphor for superstition, caste inequality, modernity, and so forth. Their characters are rural or semi-rural folk, peasants, zamindars, village priests and village idiots, grandmothers, retainers, wrestlers, priests and shamans, and so on. Bedidoes not forsake the private and the inter-personal affects of the epidemic, but simultaneously foregrounds (a) protagonists as public health professionals (doctors, nurses and sanitation workers who work as cogs driven by a public health policy directed at the population of an urban centre), (b) a technical language *au courant* with the state of play in epidemiology and epidemic management and (c) an awareness that epidemics put into crisis the relation between states and peoples.Allusions make that wholly evident: to Health Department posters for public awareness, to preventive action like sprinkling lime dust, to ambulances, to chief medical officers, to charts, graphs, statistics and bacteria, to city mayors, public events and newspapers. While the other fictional accounts—sentimental tear-jerkers--represent a bio-medical *ancien regime*, Bedi's world post-dates the emergence of microscopy and bacteriology and, of course, a series of legislative measures around contagious diseases[8].

III.

'Quarantine' is of course about the Third Plague Pandemic that, by some accounts, lasted from the 1850s to the 1940s. Even as the plague bacillus was discovered in 1894 during the Hong Kong plague outbreak, it reached Bombay and Karachi by 1896, from where it would soon travel inland infecting large swathes of the countryside and towns, cities and cantonmentsThe British colonial government responded by setting up a Plague Commission(with its reports made public in the *Lancet* and the *British Medical Gazette*), the Epidemic Diseases Act of 1897 came into force, the home department of the government began publishing a series of enormous volumes based on official reports from districts, titled *The Plague in India* from 1896, while Waldemar Haffkine developed a plague vaccine in January 1897, leading to mass inoculation in Bombay[9]. Despite the alarm and official surveillance, much of Indiawas soon affected by plague.

The plague-afflicted city in 'Quarantine' is never named nor do we have a date for the outbreak through which the doctor-narrator lived, though it is tempting to assume that Bedi had in mind Sialkot, a town in the undivided Punjab where Bedi spent his earliest years. Bedi may have childhood memories of the Spanish Flu outbreak (he would have been 5-6 years old), but he was likely not to have known of a major plague outbreak. Yet, the plague was there all the time:

> [F]rom 1897 to 1918, the plague erupted with varied intensity in twenty-six districts, and had a mortality rate which was approximately four times the all-India average. In mortality and dreadfulness, the plague surpassed all other epidemics in the Punjab. The first case of the plague occurred in Khatkar Kalan village in Banga circle on 17 October 1897. Until 1899, the plague remained confined to Jalandhar and Hoshiarpur districts […] In 1901, the epidemic moved to the other thickly cultivated, densely populated and humid areas in the upper doabs (interfluves) of central Punjab and affected seven districts, extending as far as Ferozepur, Gurdaspur and Sialkot [10].

But like other Indian regions, Punjab was also severely affected by alternating and/or intertwined outbreaks of plague, cholera, malaria and the Spanish Flu virus. One official account by the Punjab Director of Public Health in 1927 claimed that plague alone caused nearly three million deaths in the region between 1901-1924 [11]. Flu was no less devastating. A recent study shows that over eight hundred thousand people died in Punjab over October-November 1918 [12]. Every district had a horror story. In Sialkot, for instance, the plague left some 52,000 dead in 1901-2 (Wilkinson, *Report on Plague in the Punjabfrom October 1st, 1901, to September 30th, 1902*), and even caused a riot, while the Spanish Flu virus left some 38,000 dead in Sialkot between 15 October – 8 November 1918.

IV.

If the above history locates Bedi's story in perspective, the title 'Quarantine' beckons towards another history. Its etymology is Genoese-Italian and dates from the thirteenth century and originally meant keeping arriving ships suspected of carrying diseases anchored away from port for forty days. Quarantine measures remained active in parts of Europe through the Second Plague Pandemic (from the Black Death to the Great London Plague of 1665), though the origin of the disease was unknown. It was only in the early eighteenth-century England that a new debate opened on the efficacy or otherwise of quarantine as a preventive method. A plague outbreak that occurred in southern France in August 1720, lead to alarm in England over the possibility it would soon arrive there. Between late 1720 and 1722, a flurry of publications appeared from London, either in defence of quarantine or against. Though the government of the time did pass the Quarantine Act of February 1721, with harsh provision for containment and punitive clauses, it caused an unprecedented controversy among the supporters and the critics. The Corporation of London and some members of parliament claimed that the Act was copying the despotic methods of the French government, that it denied liberty and encouraged military rule, would impede free trade and had no preventive use. On the other side were physicians, publicists, and others who championed the measure. But the debate was not only political and legislative. The arguments that each side used were rooted in competing medical theories of disease transmission [13].Was the plague contagious in the sense of human-to-human transmission (or through objects contaminated by the sick)? Or was the plague about a diseased-carrying air—miasma—or the environment, physical and human? Quarantine would be effective only if the

former theory was true; if human contact did not cause disease transmission, quarantine was unnecessary suffering imposed by a despotic state.

Though the encounter with a hitherto unknown cholera had led the colonial state to look for strategies of epidemic management from 1817, the question of contagion re-appearedwith new urgency in India by the late nineteenth century. As a historian has observed: 'The intensity of the panic which gripped colonial officials and humble subjects alike suggests the need to examine how the epidemic came to be constructed'[14]. On the government side, response to the outbreak took the form of mandatory hospitalization, segregation, forcible disinfection of homes, evacuation, inspection and ban on travel (especially of pilgrims). As for the populace, with exceptions such as in Bombay, Pune and Sialkot, where murderous riots erupted, there was only helpless terror. As Dr Bakshi tells the reader at the beginning of his narrative: 'The plague was certainly terrifying but the quarantine stoked greater fear. The plague did not trouble people as much as quarantine did.' The bureaucratic despotism of the colonial state with regard to anti-plague measures would cease after the turn of the century, not because of popular Indian resistance but because the underlying contagionist theory of those measures were proven scientifically false.

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