JHSR Journal of Historical Studies and ResearchISSN:2583-0198
Volume 6, Number 2 (May - August,2026),PP.115-135.
Open Access, Peer-reviewed, Refereed Journal
Website:www.jhsr.in
Email:jhsr.editor@gmail.com

Plague, Periodicals, and Public Health Consciousness: The Context of Colonial Bengal with Special Reference to *Swastha* and *Swasthyasamachar* Patrika

Dr. Ritabrata Goswami[1]

[1]Associate Professor
Department of History
Kaliachak College
Malda,West Bengal,India
Email: ritabrataswami@gmail.com

Abstract:*In the history of colonial India, the plague was not merely a medical catastrophe but a symbol of a profound social, political, and cultural crisis. When, the plague epidemic spread across India, including Bengal, in the late nineteenth century, contemporary periodicals became important documents of public health, administrative failure, and social consciousness in Bengal. Particularly, magazines like Swastha (Health) and Swasthyasamachar (Health News) did not merely discuss the cure for diseases; they critically highlighted the discrimination of colonial public health policy, the state's evasion of responsibility, and the rise of indigenous medical consciousness. Alongside the treatment, prevention, and social reaction to the plague, these periodicals initiated a new "health-public sphere" within the Indian middle-class society. This research paper analyzes the severity of the plague epidemic and the evolution of its remedies in the colonial era through the lens of the Swastha and Swasthyasamachar periodicals, where a historical re-reading of the tripartite relationship between health, state, and society emerges.*

Keywords:*Colonial Rule, Colonial Hegemony,Public Health, Swastha and Swasthyasamachar etc.*

Date of Submission:22.05.2026 **Date of Acceptance: 27.05.2026**

Introduction

An epidemic is not merely a medical terminology; it is a profound social and historical experience that has reconstructed the development of human civilization. When an infectious disease crosses a local boundary and rapidly infects a broad human population, it takes the form of an epidemic. Nested within this transformation are the inherent fragility of civilization and the political meaning of mutual interdependence. History bears witness that

from ancient times to the modern era; epidemics have repeatedly deeply affected the speed and structure of human civilization. The Black Death in fourteenth-century Europe, the plague in nineteenth-century India, or the Spanish Influenza of the twentieth century—each epidemic was not just a disease, but a restructuring of the social system, religious beliefs, economy, and state structure. Lack of treatment, ignorance, and administrative indifference often transformed local infections into global disasters. Humans, defeated by fate, took refuge in gods, while the state failed to ensure the minimum protection of life. At the beginning of the twenty-first century, advances in science and technology had seemingly brought humanity to a nearly victorious position over disease. However, the COVID-19 pandemic of 2020 tore the curtain of that self-satisfaction. Originating from the Wuhan province in China, this virus turned into a global pandemic within a few months, demonstrating that however globalized human civilization may be, its biological existence remains unsafe in the face of nature's uncertainties. The COVID-19 pandemic is not just a health crisis; it is also a cultural and moral crisis. Administrative failure of the state, infrastructural unpreparedness in public health, and the fear and isolation in civic life together unveiled the hollowness of modern society. Death rates increased dramatically in various parts of India, including West Bengal, and people were forced to learn new lessons of self-control, restraint, and mutual empathy. Therefore, epidemics must be read not only from the perspective of medical science but also as a socio-historical process. It is a historical moment where the concepts of death, fear, the state, and humanity merge. Every epidemic, therefore, is not merely destruction; it is an inevitable chapter of self-criticism, reawakening, and moral reconstruction of human civilization.

Historical Context: Epidemics in Colonial India

From ancient times, human civilization has been afflicted by various epidemics, but in the colonial era, the magnitude of epidemics in India acquired a special dimension. The primary reason for this was the so-called 'development' and 'civilizing mission' of the colonial administration—which were essentially tools for protecting imperial interests. The expansion of the transportation system, urbanization, increased population density, and the development of the capitalist production system due to colonial rule created an environment conducive to the rapid spread of epidemics. Consequently, in the colonial era, epidemics turned into deep social, economic, and political crises. However, for centuries, various epidemics have

descended as disasters in public life in Bengal. A significant example is the epidemic of 1770, popularly known as the 'Famine of 76' (Chhiattorer Monontor). In this terrible disaster, about one-third of the population of the Bengal province died. The tragic picture of this famine and epidemic is clearly reflected in contemporary literature. In this context, one must mention Bankim Chandra Chattopadhyay's novel *Anandamath*, written against the backdrop of the 1770 famine. Poet Satyendranath Datta, recalling the eternal pain of this disaster, wrote: "We did not die in the epidemic, we live with the epidemic."[1]

The famous poet Rabindranath Tagore expressed a profound human and moral perspective in his thoughts on public health. He never wanted to be completely dependent on the colonial government in dealing with health crises. The reason was clear—the main structure of colonial rule was formed on the basis of repression, discrimination, and racial superiority. The so-called "public health" was for them primarily a defensive strategy to protect white administrators, soldiers, and the bureaucracy from the touch of epidemics; the lives of the common people of the colony were secondary there, almost invisible. Rabindranath Tagore deeply felt this moral crisis. His writings reflected an introspective protest against this disregard for humans by the government[2]. He understood that if the state lost human values, its development would be merely another form of rule. This thought resonates in the immortal lines of his poetry:

> "Where the mind is without fear and the head is held high... Into that heaven of freedom, my Father, let my country awake."

From ancient times, epidemics were an integral reality in the lives of the Indian subcontinent. The *Atharvaveda* mentions diseases like malaria, proving that Indian society has been familiar with the experience of infectious diseases since ancient times[3]. However, the severity of these epidemics increased unprecedentedly during the colonial period. The political, economic, and infrastructural changes of colonial rule gave this disaster a new form. The lack of awareness regarding treatment and prevention among the local population, combined with the greed and indifference of the colonial administration, accelerated the spread of the disease. On one hand, the expansion of transport and communication, the development of railways, and the integration of markets protected the economic interests of British rule; on the other hand, they opened new paths for the spread of disease. As a result, infection spread

from one region to another, and local diseases gradually turned into epidemics. In the colonial era, old diseases like cholera, smallpox, plague, and malaria were reconstructed with new social and political meanings. Common people often viewed these epidemics as the "punishment for misrule" by the colonial masters. Later, nationalist historians argued that deep within these epidemics lay the economic exploitation of British rule, the harshness of the tax system, and inhuman pressure on agrarian society. From the famine of 1770 to the Bengal Famine of 1943, this sequence of death and starvation became a symbol of the cruel state policy of the colonial regime. At the same time, internal social superstitions, conservatism, and religious explanations also posed major obstacles to resistance against epidemics. Modern historian David Arnold has noted that almost every epidemic in colonial India was imagined in the presence of some deity—such as the worship of "Goddess Sitala" or "Oladevi"[4]. Famous historians David Arnold, Michael Worboys, and Megan Vaughan have shown in their research that the concept of "Public Health" in colonial rule was essentially "colonial bio politics," where the body and health were instruments of political control of the governance system[5].

The Plague Epidemic: Nature and Impact

Among the infectious diseases in colonial India, plague is considered particularly important, which affected public life terribly as a devastating epidemic. Plague not only caused the physical destruction of humans but also created extreme instability at the social and administrative levels. In the shadow of every death, the structure of society changed, settlements became empty, and administrative activities stalled. The plague disease is caused by the influence of the genetic bacteria *Yersinia Pestis*. In 1894, Alexandre Yersin discovered the bacteria for plague. Plague is generally of three types: 1) Pneumonic Plague, 2) Bubonic Plague, and 3) Septicemic Plague. Historical records of plague epidemics are found in the sixth century. This plague was known as the Plague of Justinian. This epidemic was first seen in the city of Justinian in Egypt and then gradually spread to other cities. Subsequently, by 1348, as a terrible epidemic, it first spread to Constantinople and then gradually to the western part of Europe. After 1348, plague epidemics took terrible forms multiple times over almost 300 years[6]. This fear of the disease is also reflected in religious and mythological consciousness—for example, the *Bhagavata Purana* states, "If a dead wild rat is seen, one

should immediately abandon that place and the people."[7] Similarly, the Bible also mentions plague, proving that the presence and impact of plague in human history is not just local, but a global reality[8]. From the beginning of the Christian era, human civilization has witnessed multiple terrible plague epidemics—which are not just processions of death, but symbols of a deep social and cultural disaster in the history of civilization. The first epidemic, known in history as the 'Plague of Justinian,' occurred in the Roman Empire in 542 AD. Its rampage spread across the entire Mediterranean world, claiming the lives of about ten million people. The second epidemic began in Europe in 1346 AD and continued for three long decades—later infamous as the 'Black Death.' About 250,000 people died in this epidemic, which radically changed the demographic structure, economy, and religious beliefs of European society[9]. In India, a terrible form of plague appeared in the last decade of the nineteenth century and the beginning of the twentieth century. In 1896, plague was first identified in Bombay (present-day Mumbai), and it quickly spread to Gujarat, Kutch, Sindh, Punjab, Madras, and the North-Western Provinces. Between 1898 and 1908, the number of deaths from plague reached about five lakhs. Calcutta was not spared from the clutches of this deadly disease—in 1898, city dwellers witnessed the horrific figure of this epidemic for the first time. South Asia in the twentieth and twenty-first centuries is not entirely free from the impact of epidemics; rather, plague has remained here as part of a deep historical experience. Since ancient times, various epidemics have occurred in the subcontinent, claiming the lives of millions. However, in this early period, there was no clear idea about the causes of plague, the nature of infection, treatment, or the necessity of quarantine. Nevertheless, folk physicians, Hindu *Vaidyas*, and Muslim *Hakims* tried to provide treatment through their experience and traditional knowledge. Sanskrit Ayurvedic texts like 'Charaka Samhita' and 'Sushruta Samhita' provide deep insights into epidemic diseases and their causes[10]. In medieval India, plague is also mentioned in the histories of royal courts, travellers' accounts, and the autobiographies of emperors[11]. The famous traveler Ibn Battuta wrote that during the reign of Sultan Muhammad bin Tughlaq (1324–51), an outbreak of bubonic plague occurred in Bidar, resulting in the loss of countless soldiers[12]. The Mughal Emperor Jahangir's *Tuzuk-i-Jahangiri* also contains accounts of an epidemic in Lahore, Sirhind Doab, Delhi, Agra, Ahmedabad, and Kashmir[13].

Indigenous Perception vs. Colonial Intervention

In the society of the colonial era, the concept of disease and death was deeply religious and fatalistic. People believed that disease was not a biological infection but a curse from God or the result of sins from a previous birth[14]. Therefore, when illness struck, they would often surrender to fate rather than seek treatment. Many would go to local *Kavirajs*, *Ojhas*, or village 'Hakims', while others would perform yajnas, vows, or pujas seeking God's grace. When epidemics spread, various rituals were performed in rural society to appease the gods—such as the worship of Sitala or the vow to drive away Alakshmi. However, hidden behind this belief was the terrible destitution of the health system? Government medical infrastructure was almost absent—while there were some hospitals or dispensaries in the cities, they were mainly for Europeans and the upper class. The number of health centers in rural areas was negligible, and even those that existed often lacked adequate medicine, trained doctors, or diagnostic equipment. As a result, common people, deprived of treatment, fell into the lap of death[15]. Explaining this situation, historian David Arnold has shown in his book *Colonizing the Body* that in the colonial system, public health was essentially an instrument for the protection of the ruling class—not for the welfare of the people. Therefore, the kind of spiritual and social coexistence that developed with disease in Indian society was not just a reflection of ignorance, but the expression of a deep political reality[16].

Researchers in the history of medical science have expressed the opinion that the concept of 'public health' originated in Europe during the Age of Enlightenment, when society began to understand the relationship between medicine and governance in a new way. This concept was not just disease prevention, but a deep social perception of the relationship between the state, citizens, and the environment[17]. Physicians and theorists have noted that outbreaks of epidemics and infectious diseases mainly appeared among the marginalized populations of society—who lived in poverty, illiteracy, and unhealthy environments. Therefore, in public health policy, emphasis was placed on cleanliness, a healthy environment, and urban planning. In this context, two basic models of public health can be identified in history. The first is the 'Sanitary Model' introduced by Edwin Chadwick in the 1840s, which argues that the main source of epidemics is dirty and waste-filled urban environments, inadequate sewage, and drainage systems. According to him, a clean, dust-free, and waste-free

environment is the first condition for epidemic prevention[18]. But in the late nineteenth century, sociologists proposed an opposite model of this idea. They linked disease and epidemics not only to environmental causes but also to the decline in agricultural production, food shortages, rising commodity prices, and poverty[19]. That is, epidemics are not just biological—they are reflections of social and economic crises.

The state-controlled medical structure established by the British rulers in colonial India was a deep political project—aimed at protecting the interests of the empire, not the people of the colony. Initially, the military medical department was established for soldiers, later a Civil Medical Department was set up, and Civil Surgeons were appointed at the district level. But the work of these government doctors was mainly limited to providing medical services to white officers, the British military, and the administrative class. In the nineteenth and early twentieth centuries, modern Western medicine remained out of reach for the common people of India due to economic weakness, limitations in communication, and social neglect. According to Radhika Ramasubban, even after 1900, Western medicine could not have a real impact on the daily health practices of ordinary Indian life[20]. Every colonial power tried to build an institutional loyalty and intellectual subordination in the territory they ruled through education, law, medicine, and administration. The British were no exception. They used the Western medical system not just as a tool for human welfare, but as an ideological structure of governance—through which the relationship between 'knowledge' and 'power' between the ruler and the ruled was permanently determined[21].

However, epidemic control was not solely dependent on state measures; it was widely related to public behaviour, social reactions, and local culture. Undoubtedly, the existence of the colonial administration and local autocratic structures was one of the real reasons behind the massive deaths during epidemics. Associated with this were the poverty of the people, ancient and inadequate medical infrastructure, insufficient sanitation, lack of pure drinking water, and a lack of education. All these social and infrastructural crises together accelerated the destructive effects of the epidemic. Along with this, the colonial rulers tried to rationalize their discriminatory and indifferent policies by portraying the Indian populace as 'infamous, dirty', 'insensitive', and 'barbarian'. This stereotyping not only hid the lack of morality of the governance system but also presented the long-term effects of inequality and disparity in the health system as normal and inevitable[22]. Consequently, epidemic control was not just

pathology or administrative procedures—it was the result of a complex conflict of politics, social consciousness, and cultural beliefs, where the state, local society, and the public together defined the process of disease spread and prevention.

The State of Health and Sanitation

In colonial India, the state of health and sanitation was not very impressive. In the eyes of the British administration, 'civilization' was one-sided, and 'health' was limited to the protection of the empire. British officials repeatedly blamed the so-called dirt, ignorance, and intemperance of the 'local population' for epidemics like cholera, malaria, plague, or kala-azar. To them, India was an 'unhealthy territory'—whose dirty environment and habits were a threat to the European body politic[23]. On the other hand, a strong current of criticism against this racist view flowed in various local periodicals and magazines in Bengal and India. Writers and doctors there highlighted how administrative negligence, inadequate sanitation, dirty reservoirs, and a lack of urban planning were actually the birthplaces of epidemics. These writings brought to the fore a picture of a helpless society that was repeatedly ignored despite appealing to the government through petitions, memoranda, and proposals for improvements in the health system[24]. After the Great Revolt of 1857, when the power of the Government of India passed from the East India Company to Queen Victoria, the light of that promised "British good governance" still did not reach the lives of common people. The shadow of famine, disease, and death remained as dark as before[25]. Between 1860 and 1930, malaria, plague, smallpox, and cholera kept Bengal and the whole of India submerged in a continuous crisis. The main concern of the British administration was not saving Indian lives, but protecting the health of their own soldiers and white citizens. With that objective, the Cantonments Act of 1864 was enacted, aimed at keeping military areas disease-free. The 1909 Cantonment Manual clearly stated that the first and primary objective of the cantonment was—"the health protection of British troops; everything else is secondary."[26] As a result of this policy, a dual urban reality was created in Indian cities—the 'sanitary' European area and the 'unhealthy' native area. European settlements were spacious, airy, and well-planned; in contrast, native neighbourhoods were narrow, dense, malodorous, and neglected. Yet, epidemics never respected these artificial boundaries. Disease, like a silent rebel, broke down the walls of caste and class and struck the European neighbourhoods as well—exposing the

fallacy of British health policy.[27] Therefore, colonial public health is not just the history of medical science; it was a deep political project—aimed at keeping the body of the empire secure and the body of the colony controlled. The pathetic condition of India's public health is thus not just the result of administrative negligence, but a reflection of the inherent class and caste-based discrimination of imperial rule.

The Role of Vernacular Periodicals

From the late nineteenth century to the beginning of the twentieth century, Bengali periodicals and newspapers were a living reflection of the inherent crises and changes in society. During this period, magazines discussed not only literature or politics, but also issues of public health, health awareness, women's health, sanitation, pure drinking water, waste management, and the health security of marginalized sections of society—all together. These discussions revealed the tragic reality of the lives of the people, tribals, and lower classes—where disease was not just physical, but a deep metaphor for colonial administrative negligence. In this context, periodicals like *Bamabodhini*, *Bharati*, and *Mitra Prakash* built a kind of intellectual resistance against British public health policy. They saw health not just as a subject of medical science, but as an inseparable part of social reform and women's awakening. The articles, reports, and even poems in these periodicals were a kind of social manifesto—where attempts were made to reconstruct the relationship between the body, society, and the state. In all these periodicals, alongside criticism of British public health policy, regular relevant writings were published to build health awareness among women in the *antahpur* (inner quarters)[28]. Two poems published in the 1872 issue of *Bamabodhini Patrika*—in a dialogue between image and voice—presented an instructive explanation regarding nutrition, dietary habits, and body consciousness. In a 1913 essay, Charumati Devi depicted the real and grim picture of the plight of postpartum women due to the lack of light and air, health risks for mother and newborn, and the unhealthy environment of the home, which is still relevant[29]. Again, in an 1875 article, descriptions of symptoms and home remedies for daily ailments like asthma, colds, stomach upsets, fevers, piles, diarrhea, and vomiting were given among housewives—indicating the beginning of the development of medical knowledge among women[30]. The aim of the article was to find some solutions to daily health problems in local methods without being entirely dependent on Western

medicine. Infertility was a terrible curse for women of that era. That same year, in a piece of writing, Kshantamani Devi recommended a medicine by Doctor Bhuban Mohan Sarkar for preventing infertility. Perhaps this was part of publicizing that physician's name. However, it cannot be denied that through such writings in newspapers and magazines, women found a medium to express their opinions independently[31].

On the other hand, a discussion on Basantakumari Devi's poetry anthology in *Mitra Prakash*, published from Dhaka in 1872, revealed how limited and class-dependent the medical infrastructure of colonial Bengal was. Although a zamindar's wife, Basantakumari gained fame as a poet. During her long illness, she wrote quite a few emotional poems. Those poems were later compiled. Her poetry reflects the realization that the medical infrastructure in colonial Bengal was extremely inadequate, and that even for wealthy people, good treatment was rare despite spending money like water. Like Lakshmimani Devi, she too, disillusioned with the situation, took refuge in God, wishing for her recovery[32]. The reflection shows that even having plenty of money, the availability of modern treatment among the rich was exceptional—which unmasked the mask of colonial public health policy. In the early twentieth century, a section of Muslim women also played an important role in spreading health awareness. The pioneer was Faizunnessa Chowdhury, a learned and wealthy zamindar of Comilla. She deeply felt the plight of Muslim women in society. No one had ever paid attention to the bodies and health of Muslim women. Realizing these problems, she established the "Zenana Hospital" in Comilla in undivided Bengal. She was also a member of the "Sakhii Samiti" founded by Swarnakumari Devi. Begum Faizunnessa is the only Indian woman to be honoured with the title of 'Nawab' by Queen Victoria in 1889. During this time, the call that Begum Rokeya Sakhawat Hossain made through her writings to Muslim women was both a social and philosophical statement. She viewed women's health protection as a prerequisite for independence. In her statements, there was no conflict between Islam and Western medical science; rather, she called for an integrated medical approach—where there would be respect for local traditions, but also acceptance of rational and modern medical procedures[33].Consequently, the Bengali periodicals of this time became a resistant intellectual space—where health was not just about freedom from disease, but a revolutionary symbol of self-liberation breaking through colonial repression, social superstition, and the subjugation of women.

Besides these, many periodicals were published in colonial Bengal that criticized the colonial government's health policy and took various initiatives to make people aware of health. Notable among these periodicals were *Vividhartha Sangraha*, *Anubikshan*, *Bigyan Darpan*, *Chikitsa Sammilani*, *Chikitsok-o-Somalochok*, and *Swasthya Patrika*. The number of medical periodicals published in the nineteenth century was not small. All these magazines contained everything necessary to familiarize the general public with information, translations, and advances in medical science. For example, there were periodicals for home treatment, as well as periodicals like *Bhishak Darpan*, where initiatives were taken so that Bengali-educated doctors were not deprived of scientific knowledge due to not knowing English. Although there were separate periodicals for practitioners of homeopathy, publications like *Chikitsa Sammilani* were committed to equal exchange between different medical systems. But over time, as English became the primary medium of medical education and practice for Bengalis, the number and influence of Bengali periodicals decreased somewhat[34]. However, among these periodicals, *Swasthya Patrika* was one of the most important. Edited by Durgadas Gupta, this monthly periodical on health and medicine began publication in Kartik of 1304 BS (September-October 1897) and continued until 1308 BS (1901), after which it became defunct. *Swasthya Patrika* was published from 23 Madan Mitra Lane, Calcutta, and printed by the Bharat Mihir Bahini at 25/1 Scott Lane. Many doctors and medical scientists regularly wrote in it. Its issues contained serious articles where the physical and mental causes of diseases, the changes resulting from them, treatment, and daily health rules were explained in detail[35]. Another important Bengali periodical on health during the colonial era was *Swasthyasamachar*. The description on the first page of 'the only illustrated health magazine published in the Bengali language' gives a clear idea about the character and goals of the magazine. Edited by Dr. Kartik Chandra Bose, this periodical published various articles on health and the health system in colonial Bengal. The magazine regularly printed relevant articles to educate the uneducated people of rural Bengal. What people should do to protect their health was clearly highlighted here. Since the editor was a doctor, he was deeply aware of health problems[36]. Dr. Nilratan Sircar, Dr. Rajendra Kumar Ghosh, Dr. Braja Gopal Chattopadhyay, Dr. Gopal Chandra Chattopadhyay, Dr. Basant Kumar Chowdhury, Dr. Yogesh Chandra Mukherjee, and others regularly wrote in this periodical. However, the articles in the periodical clearly reflect that gradually the countrymen have started

abandoning their ancient superstitions and erroneous beliefs and are becoming deeply interested in modern medical science. By reading *Swasthyasamachar*, they were not only acquiring various information on disease prevention and treatment but also becoming attentive to health awareness and a scientific lifestyle. This change is seen as an indicator of health-related reforms and acceptance of modernity in Bengali society, where common people were encouraged to reconstruct their lifestyle anew in the light of information[37].

Analysis of Plague and Public Health in *Swasthyasamachar*

During this period, the *Swasthyasamachar* periodical made a ground-breaking contribution to the history of public health in Bengal. It was not limited to providing information related to diseases; rather, it presented the true picture of plague in Calcutta and Bombay sharply before the public. The articles analyzed in detail the causes of the disease, treatment methods, and ways of prevention, not only during the crisis but also after the epidemic ended. It even spoke out against the government's failure to eradicate plague and published logical criticisms of government policy. *Swasthyasamachar* was the pioneer in publishing articles related to the health and social aspects of health treatment. Various types of articles were published in different issues of *Swasthyasamachar* to make the public aware. It played a pioneering role in revealing the social aspects of public health and medical science. Through the publication of articles aimed at increasing health awareness in various issues, common people were introduced to the necessity of disease prevention, sanitation, and a healthy lifestyle. Some contemporary renowned experts, thinkers, and doctors regularly wrote in this periodical. Especially in rural Bengal, the lack of pure drinking water was identified as a major health risk. The lack of pure drinking water was an important cause for the rapid spread of diseases, which often took the form of epidemics. Therefore, articles related to water in *Swasthyasamachar* discussed[38]:

- How the lack of pure drinking water causes disease spread.
- Methods to keep water free from pollution.
- The relationship of water with the human body and its health effects.
- How water gets polluted due to natural causes.
- The current state of drinking water in various parts of Bengal.

Such articles were intended to educate the general public as well as to teach modern hygiene and the importance of safe drinking water. *Swasthyasamachar* played an exceptional literary and research role in health awareness in Bengal.

Colonial Policies and Social Resistance

Plague in colonial India was not just a disease, but a clear symbol of the latent conflict between state authority and public resistance. When the British government enacted the Epidemic Diseases Act in 1897, its declared objective was the protection of public health, but its actual application became a tool of political control and social control[39]. Through this act, the administration was given unlimited powers—forcibly admitting patients to hospitals, banning religious fairs and pilgrimages, examining rail passengers, and even forcibly isolating people on suspicion of infection. These measures wrote a new chapter of colonial state entry into public life and state dominance over the bodies of the populace. However, the implementation of this law in the socio-political reality of Bengal was extremely complex. On one hand, while the British administration claimed the protection of public health, on the other hand, deep distrust regarding state intervention developed among the common people and nationalist leadership of Bengal. This distrust prevented the administration from using military force. Consequently, on October 10, 1896, a special "Medical Board" was formed, chaired by H. H. Risley[40]. Alongside government and non-government members, Indian doctors and influential nationalist leaders were included in this board to make the policy socially acceptable. One of the board's duties was to conduct rat eradication campaigns and ensure free treatment for the infected. If a plague patient was not treated quickly, death was almost inevitable. The administration ordered the disinfection of the patient's used clothes, bedding, and household items to prevent infection. However, the most controversial issue was the segregation of the patient. Initially, the government announced that no one would be forcibly isolated. Wealthy families were advised to build family hospitals in their homes. But this arrangement could not be implemented for the poor population. As a result, the effectiveness of the policy remained limited, and social distrust deepened. During this time, public reaction against plague control policies became intense. Riots and protests broke out in Bombay and Calcutta over vaccination. Hospitals and trams were vandalized, and vaccines were destroyed—spreading the belief among the people those government officials would

examine women's bodies, leading to loss of honor, and there was also a strong fear of losing caste and religion if admitted to hospitals. This social resistance was actually a political protest—against colonial rule, against state dominance over the body and faith, and against colonial medical science. Plague control policy played a dual role in colonial Bengal. On one hand, it established the institutional foundation of the public health system; on the other hand, it initiated state control over the bodies and lives of the people. The reaction of the people of Bengal showed that the fight against disease is not just medical, but a cultural and political struggle[41].

The Statistical Terror of the Plague

From the last decade of the nineteenth century to the beginning of the twentieth century, an invisible terror spread across the sky of colonial India—plagues. This terrible epidemic was not just a disease, but a mathematical explosion of death, which gradually entered the depths of urban civilization. We learn from reports in *Swasthyasamachar* how this disease gradually turned the statistics of death into a terrible history. In 1897, the first major outbreak of plague occurred in Calcutta, and that year approximately 5,600 lives were lost. The next year the number stood at 18,000. In 1899, the death toll increased terribly to reach 134,800. In 1906, the number of deaths was almost 332,000, and in 1907, at least 1.5 million people died from this disease—an unprecedented mass disaster in the history of colonial India[42]. Periodicals like *Swasthyasamachar* and similar Bengali magazines presented these death statistics not merely as numbers, but as a social image of ill health and mismanagement. Their writings directly linked the severity of plague to the unhealthy environment of urban life, dirty drains, inadequate drainage systems, and neglected cleanliness habits.

Thus, *Swasthyasamachar* identified plague not just as an epidemic, but as the joint result of public health and the failure of colonial administration. Here lies its historical importance—it shows that the statistics of disease are not actually accounts of death, but a socio-economic reading of the history of society, state, and citizen negligence.

The Concept of Quarantine and Indigenous Knowledge

The "quarantine" or house confinement policy applied in the current COVID-19 pandemic is not a new concept at all. This policy is not solely an invention of modern science; rather, its

roots lie deep in the experience of colonial India. History testifies that the concept of "segregation" in India entered mainly through the medical administration of British colonial rule, especially during the plague epidemic in the late nineteenth century. In the colonial era, "plague" appeared to the educated Indian society as a terrible, infectious, and deadly disease. This belief was deeply reflected in various newspapers, medical accounts, and local periodicals of that time—that death was imminent upon contact with an infected person. However, it was not just fear—there was also a practice of moderate health consciousness and cautionary instructions. In this context, a magazine named *Swasthya* (Health) is particularly noteworthy. Published in 1305 BS (1898-99), this magazine is a unique document of early public health thinking in Bengali. The rules given there to protect against plague infection seem to be an early form of the modern concept of quarantine. One issue of the magazine clearly instructed:

> "If someone in the house is infected with plague, they should be isolated immediately. The patient should be kept in a room that has no connection to other rooms in the house. So, that they do not come out and pollute the outside air or surroundings. If there is an obstruction to air circulation in the patient's room, a fire should be kept burning there constantly. Dirty clothes and used items should be burned outside the room. Doors and windows should be kept open so that light and air can enter. No one other than the nurse or caregiver should enter the room; the caregiver must change their clothes and wash their hands, face, and feet when going outside. The patient's stool, urine, and spit should be mixed with an equal amount of mercuric chloride or carbolic solution and kept outside the room. Used bedding, pillow covers, etc., should be washed in a filtered solution.[43]"

Through these instructions, it is seen that indigenous society, even within the shadow of colonial medical science, constructed a culture of alternative health practice by combining its own logic, religious purity, and social experience. The directions of *Swasthya* magazine were not just translations of medical science; rather, they were a cultural effort to organize the body and society against infection, impurity, and the fear of death. Even today, we can hear the echo of that colonial politics of isolation and discipline in modern "quarantine" policies—

where disease is not just biological, but a historical language of state authority and social control.

Critique of Municipal Administration

In the late nineteenth century, when along with malaria, plague was spreading fear in the public life of Bengal as a fatal epidemic, this disease was not just a bacterial attack—but a reflection of the unhealthy environment of urban life, dust, and unconscious public mentality. *Swasthya* magazine (1305 BS), an influential periodical of that time, analyzed the horror of plague, which helps us understand the source of colonial health consciousness and the concept of civic cleanliness. *Swasthya* magazine wrote:

> "Dust and dirt cannot be removed only by sweeping; the use of water is also essential. The sweepers appointed by the municipality create continuous and intense dust vibration, which actually turns the city's roads into reservoirs of disease. The germs of various infectious diseases, including plague, spread through the air via these dust particles. Therefore, stopping this practice is the only way to build a healthy environment.[44]"

While colonial administrative health initiatives were propagated as shields of public health, in the eyes of the indigenous society, they became symbols of irrational, flawed, and counterproductive governance. *Swasthya* magazine, published in 1305 BS, depicted a sharply critical picture of these administrative initiatives. It was stated there:

"The municipality appointed many sweepers for plague prevention, whose job was to keep the roads clean. But this 'cleanliness drive' created such a strange situation that due to excessive sweeping, the layer of dust on the roads became so dense that walking or seeing—both became difficult. This storm of dust polluted the air, and what was intended to prevent disease, created a new unhealthy environment in its favour.[45]"

The quarantine policy adopted by the colonial government to prevent plague practically gave birth to a new social crisis. In the eyes of the rulers, this policy was preventive, but in the experience of the people, it became a living symbol of discrimination, distrust, and ruler-ruled division. Published in 1308 BS, *Swasthya* magazine expressed strong criticism regarding the failure of this policy. There, quoting the then health officer of Calcutta, Neil Cook, it was said:

> "It is impossible to implement plague-preventive measures in India because the people here are illiterate and superstitious.[46]"

This comment is a naked revelation of the colonial mentality—where the blame for failure is placed on the people, hiding the state's own administrative inefficiency. At the same time, some indigenous doctors and scholars took the initiative to answer this institutional arrogance. In periodicals like *Chikitsok Samalochak* (1306 BS), articles explained the nature of plague, the path of infection, and ways to prevent it to make people aware—which built a silent but strong resistance against colonial science.

The Segregation Policy and Social Distrust

The segregation policy adopted to prevent plague was one of the most controversial chapters of medical administration in colonial India. Although *Swasthya Patrika* (1305 BS) advised on home cleanliness, the use of germicides—such as mercuric chloride lotion or carbolic lotion—and washing the patient's bedding, sheets, pillow covers, etc., in germicidal solutions, such policies were not automatically accepted in society. A large section of the population rejected the policy of isolating plague patients. Immediately after the onset of the plague epidemic in Calcutta, intense conflict arose between the rulers and the common people regarding this segregation policy. The people saw this not just as a medical measure, but as a weapon of the state's distrust and racial discrimination. Government strictness reached such a level that many householders started hiding their patients. Consequently, this prevention policy named "segregation" ultimately spread both death and infection more rapidly. Yet, *Swasthya Patrika* did not completely dismiss the main logic of this policy. Rather, it expressed a kind of critical support. Their statement was clear—segregation is necessary, but the colonial administration's method of applying it was inhumane and lacking in contextual sense. The magazine stated at one point:

> "In our opinion, the policy adopted by the Lieutenant Governor in the North-Western Provinces is appropriate and extensive. Plague is an extremely infectious disease—if one person is infected, the entire family can be destroyed. Wealthy or conscious individuals can make separate arrangements in their own homes, but for other classes, the government needs to have special provisions.[47]"

The perspective that emerges here is a deep reflection of social class and caste-based medical reality. That is, in the name of health policy, a kind of social division was being legitimized. The magazine further warned—if the infected person's family members do not maintain "social distance," they themselves will be infected. In that case, it is not possible to care for the patient at home. Therefore, *Swasthya Patrika*'s advice was:

> "The best arrangement for helpless families would be if they keep the patient in the government-established hospitals.[48]"

This comment indicates a complex cultural conflict. While European medical institutions were seen as symbols of caste 'un-touchability' on one hand, on the other hand, out of the necessity to survive, the Indian population was gradually becoming accustomed to the practice of European medicine by abandoning indigenous treatment. Therefore, plague is not just an infectious disease; it is an open narrative of social psychology, scientific belief, caste discrimination, and the conflict of modernity in colonial India. *Swasthya Patrika* highlighted that narrative—where prophylaxis and prevention, politics and medicine, modernity and superstition—all mixed together gave birth to a turbulent health history.

In this context, multiple authors of *Swasthya Patrika* called upon the public to protect themselves from the terrible infectious disease named plague relying on moral conscience and a sense of self-protection. Their logic was deeply social and moral—not state law or force, but people's own awareness and sense of responsibility were the only ways to get relief from this deadly disease. One author raised the question:

> "If there is an infectious disease in our country, it is customary to keep the patient separate. Then why is the government resorting to such strict rules? Perhaps they are ignorant of the actual habits of the people.[49]"

This statement expresses deep suspicion regarding colonial rule. This magazine questioned state policy arising from the realization that the government is completely ignorant of local customs, cultural consciousness, and medical culture. Here another important question is raised—if a householder is told that plague is an extremely infectious disease, will he not try to keep the patient isolated for the protection of himself and his family? Behind this question lay a deep moral science consciousness—where disease prevention is not just administrative instruction, but a kind of social responsibility and expression of self-protection.

Conclusion

From the above discussions, it becomes clear that the Bengali health magazines *Swasthya* and *Swasthyasamachar*, published in colonial Bengal, did not stop at merely providing information related to disease prevention or treatment—they initiated a social movement of new health consciousness. These two magazines were mainly active in building public health consciousness in indigenous society by regularly discussing health and hygiene in the Bengali language. *Swasthya*, a Bengali monthly periodical on health and sanitation, and *Swasthyasamachar*, a monthly magazine on health and health practices with pictures—both created a field for new discussions and debates regarding health, cleanliness, and the "sense of purity" in contemporary society. For the first time on the pages of these two magazines, the concept of 'social distancing' began to be explained in the light of modern logic, which then clarified the conflict between colonial administrative health policy and indigenous morality. Although some health magazines existed from the early nineteenth century, most of them were published in English or European languages, remaining beyond the comprehension of common people. But these two Bengali periodicals took the initiative to create awareness in the context of local language and culture regarding health rules, disease prevention, and personal cleanliness. One of the features of these magazines was the diversity of their subjects. Along with plague, cholera, malaria, tuberculosis, fever, dental diseases, and brain diseases, practical and public-oriented articles were published on water purification, drinking water problems in rural Bengal, lack of drainage, sanitation crises, environmental awareness, women's health, childcare, and the necessity of hospitals. As a result, health practice was no longer confined to the boundaries of doctors—it became part of a social discussion. Many renowned Bengali doctors of that time were associated with *Swasthya* and *Swasthyasamachar*, who regularly wrote columns giving directions to the public on modern medicine and cleanliness. Their writing style was simple, instructive, and at the same time critical—where logic based on science was presented against indigenous ignorance, superstition, and miraculous beliefs.

Notes & References

1 Soumi Adhikari and Shipra Singh Ray, "History of Epidemics in Colonial Bengal and the Student Community," *BKGC Scholars*, January-June 2021, Vol. 2, Issue 1, pp. 13-21.

2. Vinayak Sen, "Literature, Epidemics, and Society," *Bangladesh Unnayan Samikkha*, Vol. 36,Annual Number, 1438 BS (Bengali Year).
3. Arabinda Samanta, *Living with Epidemics in Colonial Bengal*, Rutledge, 2017, p. 24.
4. David Arnold, "Cholera and Colonialism in British India," *Past and Present*, No. 113, Nov 1986, pp. 129-131.
5. David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, University of California Press, 1993.
6. Soumi Adhikari and Shipra Singh Ray, *op. cit.*, pp. 16-17.
7. Ritananda Swami, *Atiter Padachihno: Bhagini Nivedita o Samasamay*, *Nibodita*, 31st Year, First Issue, May-June 2017, p. 23.
8. *Ibid.*, p. 23.
9. *Ibid.*, p. 23.
10. Raj Mohammad Vempalli, "Plague Deaths and Control Policy in Colonial South India, 1900–47," *South Asia Research*, Vol. 40, No. 3 (2020): pp. 323–340.
11. I. Khan, "Visitations of Plague in Mughal India," *Proceedings of the Indian History Congress* 74 (2013): 305–312.
12. I. Klein, "Plague and Popular Unrest in British India," *Modern Asian Studies* 22, No. 4 (1998): 723–755.
13. "Visitations of Plague in Mughal India," *op. cit.*
14 Sushanta De, *Public Health in Medinipur District (1919–2001)*, Kalyani University, 2013, Ph.D. Thesis, p. 3.
15 *Ibid.*, p. 4.
16. David Arnold, *Colonizing the Body*, *op. cit.*
17 Arabinda Samanta, Editorial Comment, "Health Awareness," *Anandabazar Online*, 3 July 2022.
18 Sabyasachi Bhattacharya & Nataraj Malakar, "Health Begging Not, Rights," *Anandabazar Online*, 28 December 2018.
19 *Ibid.*, *Anandabazar Online*, 28 December 2018.
20. Radhika Ramasubban, *Public Health and Medical Research in India: Their Origins under the British Colonial Policy*, 1982, Stockholm, SAECE.
21. Jayanta Bhattacharya, "Arrival of Western Medicine: Ayurvedic Knowledge of Anatomy and Colonial Confrontation," *Indian Journal of History of Science*, Vol. 46, No. 1, March 2011, p. 63.

22. Suhail-ul-Rehman Lone, "What Epidemics from the Colonial Era can teach us about Society's Response," *Government Health History*, 8 April 2020.
23. Tinni Goswami Bhattacharya, "Revisiting Health in Colonial Bengal: A Literary Overview (1880 -1930)," *Journal of Social and Development Sciences*, Vol. 3, No. 11, November 2012, pp. 374–377 (ISSN 2221-1152).
24. Samarpita Mitra, "Periodical Readership in Early Twentieth Century Bengal: Ramananda Chattopadhyay's Prabāsī," *Modern Asian Studies*, Vol. 47, No. 1 (2013), pp. 204–240, Cambridge University Press.
25 *Bamabodhini*, Poush, 1871 — quoted in Tinni Goswami Bhattacharya, *op. cit.*, p. 374.
26. *Ibid.*
27. David Arnold, "Smallpox and Colonial Medicine in Nineteenth-Century India," in Arnold (ed.), *Imperial Medicine and Indigenous Societies*, Manchester University Press, England, 1988.
28 Deepankar Dasgupta, "Epidemic, Quarantine and Deshkal-2," 11 July 2020, downloaded from guruchandali.com.
29 *Ibid.*
30 *Ibid.*
31 *Ibid.*
32 *Ibid.*
33 *Ibid.*
34. Pradeep Kumar Bose, *Health and Society in Bengal: A Selection from the Late 19th Century Bengali Periodicals*, Sage Publications in India Pvt. Ltd., 2006, p. 22.
35 *Ibid.*, p. 280.
36..Dr. Kartik Chandra Bose, "Swasthya Samachar," *Sachitra Monthly Journal*, 1322 BS (Fourth Year Issue), p. 24.
37 *Swasthya Samachar*, *op. cit.*, p. 35.
38. *Ibid.*

39. Deepesh Chakraborty, Goutam Bhadra, and Partha Chattopadhyay (eds.), *Epidemic and Popular Culture in Colonial India, Body, Society, and State*, Anand Publishers, 1998, p. 166.
40 Srilata Chatterjee, "Plague and Politics in Bengal," *Proceedings of the Indian History Congress*, Vol. 66 (2005–2006), p. 1194.
41. *Ibid.*, p. 1194.
42. *Swasthya Samachar*, Published Year 1925 AD.
43. *Swasthya Patrika*, A Bengali Monthly Periodical for Health and Sanitation, ed. D. D. Gupta. Calcutta, 1305 BS, Vol. 2, No. 1, pp. 16–17.
44. *Swasthya Patrika*, 1898 AD.
45 *Ibid.*, *Swasthya Patrika*, 1898 AD.
46 *Swasthya Patrika*, 1901 AD.
47. *Swasthya Patrika*, 1305 BS.
48 *Ibid.*, *Swasthya Patrika*, 1305 BS.
49. *Ibid.*, *Swasthya Patrika*, 1305 BS.