EPIDEMIC, DISEASES PREVENTION, AND COLONIAL STATE: A BRIEF HISTORY OF EPIDEMIC DISEASES ACT (1897) IN COLONIAL INDIA

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Abstract:

During the colonial period, infectious diseases like cholera, plague, smallpox, and influenza were prevalent in India. The British colonial government and the European countries were terrified of infectious diseases. The quarantine of the ships caused a loss to British trade. Discussions began at the international level to prevent epidemics. British colonial government passed the Epidemic Diseases Act (1897) in India to maintain international pressure and protect trade. In addition, the colonial rulers of India wanted to protect the Europeans in India. The law gave special powers to doctors, ICS officers, and army officers to prevent epidemics. According to the law, any infected person was forcibly admitted to the hospital, disinfected of areas, houses, etc. The plague spread to Bombay, Pune, Calcutta, Karachi, and other cities. There was dissatisfaction among the people due to government restrictions. The Epidemic Diseases Act played an important role in controlling infectious epidemics. This law was enforced to prevent various infectious diseases in post-independence India. Currently, the Epidemic Diseases Act has been implemented to deal with the Covid 19 Pandemic.

Keyword: Infectious diseases, cholera, plague, smallpox and influenza, colonial rule, Epidemic Diseases Act, Covid19 Pandemic.

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From the earliest days of human civilization, there have been various diseases and epidemics that we have known from history books. The epidemic diseases are highly contagious, so these diseases were not confined to any one country or region. The epidemic has spread from one country to another through various mediums of communication. Many deaths have been caused by this epidemic. The plague of Athens (430 B.C.) recorded in history, was one of the most terrible epidemics in world history. Athens was endangered by this terrible epidemic. There were many examples of significant changes in the political, socio-culture, economic life of many countries or peoples. Epidemics could not be prevented at all due to the lack of advance medical science in the pre-modern period. At present, medical science has improved a bit to prevent epidemics, though medical science has not been completely successful in preventing the covid19 Pandemic. So restrictions are being put in the place to control the epidemic. However, the spread of the epidemic can be prevented and the death rate can be controlled to some extent. During the colonial period, various epidemics such as plague, cholera, smallpox and influenza broke out in India. We need to know the attitude of the colonial state towards the epidemic in India which was under colonial rule. In the colonial period, the British government in India was interested in introducing the Epidemic Disease Act to protect their commercial interests, to prevent the spread of the disease in European territories, and to protect the European community living in India. Since the establishment of colonial rule in India, trade and commerce, advances in the communication system, urbanization and expansion of new port cities have taken place. The unhealthy environment was created in the new cities due to establishment the of military camps, pilgrimages, poverty, overcrowding, and tropical climate.[1] The epidemic took shape worldwide through contacts with different countries of the world. Ports and cities became the epicenter of the epidemic. One of the ways to prevent infectious disease is to isolate the infected area and disinfect it. For this purpose, the colonial government had tried to prevent the epidemic by enforcing the laws.

At the beginning of the discussion, it is necessary to know briefly about the medical sciences of India in the colonial period. Modern Western medical science was introduced to India by Portuguese sailors in the sixteenth century.[2] During the colonial period, western medical science developed. In 1764, a medical department was set up for the company's army and servants.[3] Decades later, military and civil medical departments were formed in the presidencies of Calcutta, Bombay, and Madras. At the beginning of the nineteenth century, British authorities and western medicine practitioners realized the importance of indigenous medicine. For this purpose, the Native Medical Institute was established in 1822. In this institution indigenous medicine and translated western texts were taught.[4] The management of Native Medical Institute faced many problems due to 'language controversy'. In 1835, Lord William Bentinck established Calcutta Medical College, a western medical institution, on the recommendation of the Medical Commission.[5] The Sanitary work was started in 1859 based on the Royal Commission. The commission was set up to improve the sanitary condition of the British military. The commission focused on sanitation and epidemic prevention. The Sanitary Commission was formed to improve the health of British troops. In 1870 the sanitary department was merged with the vaccination department. A superintendent General of

Vaccination was appointed in 1802 after the discovery of the smallpox vaccine.[6] Smallpox was somewhat prevented by vaccination. But in India at that time Plague, Cholera, leprosy, and other diseases were rampant.

Europeans tried to protect their territory from 'Oriental diseases' like cholera, and plague, etc.[7] However, these diseases were not limited to Asia. European countries demanded that the British colonial governments in India prevent diseases like cholera and plague. If there was an infectious disease outbreak in India and other colonies, the ship Quarantine system would be taken immediately at European ports. European countries realized that adopting quarantine would hurt trade.[8] It was at this time that discussions began at the international level on epidemic prevention. European countries convened an international sanitary conference in Paris in 1851. This conference was very important in the field of public health policy at the international level.[9] At the International Sanitary Conference, Britain expressed concern that international trade would be shut down if it took a quarantine system to prevent epidemics.[10] However, European countries realized that quarantine was the only way to prevent an epidemic. The quarantine system has changed since the 1890s. At the International Sanitary Conference in the 1890s, Britain opposed the old quarantine system, saying that it allowed ships to enter the port through medical inspection. The 'neoquarantinism' focused on system of medical inspection, passenger surveillance, disinfection of ships and cargo, etc. The 'neoquarantinism' struck a balance between public health and trade commerce.[11] When plague and cholera spread in India in the 1890s, the International Sanitary Commission made a legal basis for the protection of Europe. At that conference, India was identified as the source of cholera and plague. The discussion of the international Sanitary Conference had an impact on India's domestic policy on epidemic prevention. At these conferences, members were concerned about the spread of the epidemic through trade as well as pilgrimage. In 1892, cholera spread from Hardwar through Punjab, Afghanistan to Russia and Europe.[12] European countries were horrified when the cholera epidemic spread to Europe from India.

Since the 1881 census, the British government had taken steps to record deaths and control epidemics. But in a larger country like India, the British did not have the infrastructure to prevent epidemics. In the late nineteenth century, the British government realized that it was possible to reduce mortality if the public health system improved. Although the plague appeared many times in India, according to the official record, the plague in Bombay took a terrible shape in 1896. Initially, it was reported to have spread in the port of Bombay, Pune, Calcutta, and Karachi.[13] The plague probably spread from Hong Kong to India.[14] It devastated almost the whole of India. Controlling the Plague became a challenge for the British government. From the end of September 1897, the plague in India began to increase. The plague lasted for a long time in India. During the first few years, the plague epidemic was confined to Bombay, Pune, Calcutta, and Karachi. Within two years, the plague spread to small towns in the form of epidemics. The rapid spread of the plague and the scale of the epidemic raised questions about the Indian public health and sanitation system. When the plague out broke in 1896, the Bombay government utilized both sea and land quarantine. The Bombay Plague committee placed more emphasis on land and rail quarantine.[15] During this time,

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European delegates to the International Sanitary Conference (Venice, 1897) criticized British epidemic policy for the spread of plague in India.[16] In a notification of October 1896, the power of the municipality was specially increased. The Municipal Act of 1888 gave municipal commissioners the right to segregate and hospitalize a person affected by the epidemic. P. C. H. Snow, Bombay's municipal commissioner, declared on October 6, 1896, that if a person is infected with the plague, he or she will be forcibly admitted to the hospital. Relatives were not allowed to see the plague patient.[17] In Bombay, on 4 February 1897, Lord Elgin enacted the Royal Declaration of Prevention of the terrible Epidemic. The Government of India passed the Epidemic Diseases Act in 1897 to prevent epidemics.[18] The Epidemic Disease Bill was tabled by council member John Woodburn on January 28, 1889. The Bill was referred to a select committee headed by James Westland. The committee submitted its report on February 4, 1897, and Bill was passed the same day, after a brief discussion.[19] During the discussion on the Epidemic Diseases Act in the Indian Legislative Council, the members of the Indian Council expressed their support for the bill and said that the Indian people would adopt the Act in the interest of disease prevention. The Act consists of four sections.[20]

Section 1 of the said act explains the title and extent.

Section 2 of the said Act vests in the State Government the power to take peculiar actions and lays down regulations during the outbreak of contagious disease.

Section 2A of the Act entitles the Union Government to take a certain course of action and pass an ordinance for the surveillance of any ship or vessel coming or departing India and for detaining any person who is intending to sail, if the Central Government is satisfied that India or any part thereof is vulnerable to an outbreak of any fatal contagious disease and the ordinary laws are not sufficient to take appropriate measures.

According to section 3 of the Epidemic Disease Act, 1897, any person who contravenes any order or regulations passed by the State or Central Government(s), shall be liable for the punishment in consonance with section 188 of the Indian Penal Code, 1860.

Section 4 deals with the protection of government officials against legal actions while acting with bona fide intentions under the provisions of this Act.

This law would be enacted if there is an outbreak of an epidemic anywhere in India. The Viceroy of India conferred special powers upon local bodies to implement the necessary measures for the control of the epidemic. Colonial power was used for forceful segregation of infected persons, disinfection, abandonment, and even demolition of infected places was carried out.[21] The medical and administrative officer had the right to inspect any suspected person and places they may have called for the detention of any person from ships and railway. That gave rise to many concerns in the native people and riots but the Government used military power to ensure proper enforcement of the necessary preventive measure. By making this law, special arrangements will be

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made to prevent the epidemic from spreading to other parts of the province or other parts of the country. The provincial government was given special powers to prevent epidemics. Responsibility for health and sanitation was given to European doctors and civil servants instead of the Municipal Council. Army and ICS were deployed for disaster management in the country.[22] The colonial government of India applied this law in four cases[23], Prohibited pilgrimage to Mecca; Prohibited emigration from India especially from the infected area; Train ticket bookings were stopped to prevent religious crowds; The exports of all kinds of goods from the plague hit area of Bombay was banned. During this time many European countries banned the import of goods from India. Countries such as Germany, America, Peru, and South China arranged quarantine of ships coming from India.[24]

There was international pressure behind India's British government's active role in preventing the plague. The British authorities took a more active role in suppressing the plague to protect the Europeans. Moreover, at the same time, Calcutta, an important city in colonial India, was politically and commercially important to the British. Calcutta needed to be protected from the plague of Bombay.[25] The government's actions in preventing the plague created dissatisfaction among the Indians. The outbreak of the plague was followed by a massive exodus from Bombay, Calcutta, and Pune, etc. The scavengers and workers went on strike for their safety.[26] Hospital, medical staff, and government employees were subjected to insane people.[27] The Bombay governments took several measures to prevent the spread of plague in India like Inspection of Ships, railway medical inspection, observation, and detention camp for passengers. Authorities disinfected the patient's home, burned clothes, sent the patients to a hospital and cremated all the bodies, and set fire to the victim's hut, while passengers returning to Bombay were medically inspected. The forcible detention, physical examination was not accepted by the native society. The family members did not consent to send their mother, sister, daughter, or wives to the hospital.[28] Bal Gangadhar Tilak, a nationalist leader from Bombay criticized the British government for its work in preventing the plague. Some newspapers in Calcutta also criticized the epidemic law.[29] Mass protests broke out as a result of the Bombay government's work to prevent the disease, and Mr. Rand, the plague commissioner of Pune, was assassinated by the revolutionist. [30]

In the nineteenth century, innumerable people died in India due to various epidemics including plague and cholera. In this context in 1897, the Epidemic Disease Act was passed to prevent infectious diseases. Medical science in India was not developed during the colonial period. However, at present, medical science is advanced but Covid 19 Pandemic is yet to be resisted. It has been shown that medical science can't prevent an epidemic very quickly. Therefore, it is possible to control the epidemic by quarantine, and some restrictions. The Epidemic Diseases Act of 1897 gave special powers to the local government to control epidemics. The Epidemic Diseases Act of 1897 played an important role in the prevention of the plague and other infectious diseases. Currently the Epidemic Disease Act 1897 is relevant in the prevention of the Covid 19 Pandemic.

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