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RESEARCH ARTICLE

"And in their place, what would one be gaining? …epidemics of cholera and small-pox." Epidemics and Cultural Memory in Bengal

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Abstract
Standing on the precipice of doubt and uncertainty while the SARS-CoV-2 persists its rampage across the global, we are inadvertently drawn towards memories of epidemics that this world has encountered and overcome. While taking this backward glance, the primary tool we resort to and that guides us unabated in our recollections, is our memory, or, to be more specific, our "cultural memory". The shared past, that we as cultural entities have inherited, initiates this process of shared remembrance, while memory provides the bridge that mentally transfers us back in time. In this paper my purpose is to trace the epidemics that have previously ravaged Bengal. I would retrieve such events from the "cultural memory" of Bengal through various mnemonic triggers – photographs, literature, and poems. This will help fill in the gaps that exist between 'historical archives' and records and the 'literary supplement' and help establish the contemporaneity of these episodes in present day scenario.

Keywords: cultural memory, epidemic,

Literature Review

Aleida Assmann reflecting on the skirmishes and the resultant problems that confronted the world in the twentieth century, declared how since the 1980's, belief in future as a place of proliferation, wish-fulfilment and success declined and was replaced by a continuous return to and dependence on the past. She observed, "the idea of progress is increasingly obsolete, and the past has invaded our consciousness." (Meckein) To redeem memories of bygone days one has to fall back on one's "cultural memory". Astrid Erll defines "cultural memory" as an "umbrella term which comprises "social memory" (the starting point for memory research in the social sciences), "material or medial memory" (the focus of interest in literary and media studies), and "mental or cognitive memory" (the field of expertise in psychology and the neurosciences)." (Erll 4)

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Up until 1920's personal memory was the only kind of memory that was acknowledged. Maurice Halbwach is credited with coining the term collective memory, claiming that no personal memory could exist in a void but always existed alongside a social framework that comprised of social interactions and comingling of personal memories. Jeffrey K. Olick defines collective memory to comprise " at least two distinct, and not obviously complementary, sorts of phenomena: socially framed individual memories and collective commemorative representations and mnemonic traces..." (Olick 225)

Jan Assmann distinguished cultural memory as a subset of collective memory, that is partaken of jointly by a group of people and it assigns them a common cultural identity. "Cultural memory is a kind of institution. It is exteriorized, objectified, and stored away in symbolic forms that, unlike the sounds of words or the sight of gestures, are stable and situation-transcendent…" They are trans-generational and "situation-transcendent". It is stored in "oral and literate societies" through bards, shamans, artists, scholars, as well as through other mnemonic devices like monuments, statues, libraries, archives. In a way, the culture memory validates our identity by negotiating an association with the 'absolute' or 'mythic' past.

Aleida Assmann views memory as bifurcated into two major components- remembering and forgetting. Both are further divided into active remembering and passive remembering and active forgetting and passive forgetting. Thus, essentially, cultural memory comprises two types of memories- active – which he terms 'canon' or 'working memory', and passive- which he terms 'archive' or 'reference memory'. The active memory includes "works of art, which are destined to be repeatedly re-read, appreciated, staged, performed, and commented." (Erll 99) The passive memory is a "storehouse for cultural relicts… they have not lost their immediate addresses; they are de- contextualized and disconnected from their former frames…" (Erll 99) It functions as a "meta-memory or secondary memory that preserves what has been forgotten…" (Erll 106) The two forms are indeed, not at loggerheads but each enriches and enlarges the horizon of the other.

Astrid Erll and Ann Rigney postulates three ways by which literature functions as a "cultural memory"- "literature as a medium of remembrance", "literature as an object of remembrance" and "literature as a medium for observing the production of cultural memory." (Erll and Rigney 112)

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Renate Lachmann believes literature as "mnemonic art par excellence." (Erll 301) He focuses on the function of literature as a repository of preceding works of art through the phenomenon of 'intertextuality' or cross-reference, whereby authors quote, cite, paraphrase, comment, reflect, critique works of other writers belonging to various time periods. It co-creates a common cultural platform which enables texts to refer back in time and memorialize moments of past which find relevance in cultures across generations. According to Lachmann, a culture thrives on such references. It occurs in three ways- 'participation' 'troping', and 'transformation'.

He explains,

Participation is the dialogical sharing in the texts of a culture that occurs in writing. I understand troping in the sense of Harold Bloom's concept of the trope, as a turning away from the precursor text, a tragic struggle against those other texts that necessarily write themselves into the author's own text, and an attempt to surpass, defend against, and eradicate traces of a precursor's text. In contrast, I take transformation to involve the appropriation of other texts through a process of distancing them, through a sovereign and indeed usurpatory exertion of control over them. (Erll 304-5)

Centre for Disease Control and Prevention defines epidemic as "an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area." The perturbing experience affronting the world has naturally triggered indelible memories of similar distressing events like famines, droughts, plague, cholera, pox that have ravaged the world in the preceding centuries. Humans therefore, are inherently trying to salvage those memories from various mnemonic sources- photographs, films, articles, official records, literature to name a few.

The diseases which wrecked Bengal frequently were malaria, cholera, small pox and plague. I would focus on literary depiction of such outbreaks in regional literature. This would enable me access and assess the "archives" – to re-interpret the knowledge preserved in these texts whose "materials are preserved in a state of latency, in a space of intermediary storage." This would also shed light on contrary viewpoints that have been subdued by the history and official records. The paper is divided into four sections, each dealing with cultural memories of a specific illness.

Jens Ruchatz mentions Andre Bazin who "attributed to pictures the task of "mummification", that is, the function of symbolically saving humans from death by immortalizing their appearances. Photographic media could lay claim to an increased power in recalling the past because the automatic formation of the

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picture omitted interpretation and therefore emancipated memory from subjectivity." (Erll 369) The principle of selectivity which informs the creation of a "canon" and the consequent human interruption that evaluates and grants validity to a work is entirely absent in case of photography. It creates a separate "memory that does not filter according to relevance and retains even the apparently insignificant." (Erll 370)

The photographs of Bengal famine of 1943 that are in circulation presently, channelises the plight of the people in its very crude form. The images of people standing in long queues in anticipation of free food grains from the government, the ARP trucks carrying corses to cremation grounds delineates the ordeal and suffering of the people and the mad desperation and anarchy that was rampant in the state in all its raw and unrefined configuration. One photograph in particular draws my attention- the corpse of a small girl that is being removed to the burning ghats. It shares an uncanny resemblance with Brueghel's painting of The Triumph of Death (1562). James Synder interprets it as "the scorched, barren earth, devoid of any life as far as the eye can see." (Synder 486) Death in the picture is inevitable. It is personified in the form of emaciated and skeleton-like figures either chasing those who are fleeing, carrying a scythe, or carrying carts loaded with skulls of humans. The picture was quite similar in Bengal during the drought in the year 1769, followed by famine and illness that lasted up to 1776. It recurred in 1783 and 1787 and more recently in 1943. The frequent raids on Bengal by Maratha military during the years 1742-1751 had replaced agricultural vegetation with fallow land strewn over with war debris. The situation worsened with the end of Battle of Plassey in 1757 which transferred the reins of power to British East India Company. The poor farmers were burdened with exorbitant rates from the zamindars. This inevitably meant the masses underwent hunger, starvation and malnutrition. (Nicholas 33) Such comprised health conditions made them susceptible to various diseases, especially small-pox, which is flagrant during the months of March to June, but disappears with the onset of monsoons. Although one finds the mention of small-pox in Charaka and Susruta, the ignorant masses believed to be a holy visitation of Goddess Sitala. Given the obscurity of the disease and the protuberances it resulted in, people unwittingly resorted to worshipping of deities. David Arnold describes it as, "The "scourge of India," smallpox reputedly claimed more victims than "all other diseases combined," its "tenacity and malignity" making it "one of the most violent and severe diseases to which the human race is liable."" (Arnold 116)

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The opening chapters of Bankim Chandra Chatterjee's Anandamath typify a famine-stricken village, Padachinha, during the month of Jaistha or May-June in 1776. The village is decimated of its population, either by means of flight or by death. The description goes as follows-

The shops were closed and the shop-keepers gone, no one knew where. It was the market-day of the village but no market was being held. It was the day foe giving alms, but no beggars did turn up. The weaver had left his loom, and was wailing on the floor of his house… alms-giver had stopped their charity; adhyapaks had closed their schools. There were no men in the streets, no bathers in the tanks, no householders in the houses, no birds in the trees, no cows in the pasture lands, - only plenty of jackals and dogs roamed about in the mortuary. (Chatterjee 3)

He enumerates the concatenations resulting in such devastation to be a bad harvest in 1769 which increased the food prices slightly the next year. However, people were compelled to pay the dues to the government. "Having paid the royal dues, the poor people satisfied themselves but with one meal and struggled on." (Chatterjee 4) The monsoon was short and the harvest was not enough to feed everyone. The majority of the harvest was procured by the government to feed its troops, and Mahommad Reza Khan increased the revenues by 10 percent. "There was a howl of grief all over Bengal." As even the probability of half a meal a day was shut for them. Thriving on grass, weeds, dogs and mice, thousands started suffering from diseases and small pox epidemic broke out among them.

People died in every house from small-pox. There was none to touch them, treat them, or give them a drink. No one looked at anybody else. No one removed the dead. The fairest bodies lay down to rot in the mansions. When small-pox made its appearance in a house, the householders instantly took to flight, leaving the patient behind. (Chatterjee 5)

Chatterjee describes the deplorable state of one particular household- that of Mahendra Singha, who was one of the wealthy personalities residing in the village. However, all his servants and helps have abandoned him during this hour of crises. He along with his wife and infant daughter decides to leave the village for the city. Knowing full well they could be attacked by robbers on the road and the fact they had to travel on feet the entire distance, they nevertheless decide to leave behind their ancestral house. Kalyani, his wife, remembers to carry a bottle of poison for them. On the road, they shelter themselves from the scorching heat and the burning ground under their feet by resting under date palms and babla trees, often splashing

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their faces with water. Oppressed they were by their own hunger, but were agonised by the hunger of their new-born. Placing his wife and child in an abandoned hut, Mahindra leaves with a vow to fetch milk for her.

Unfortunately, in the house Kalyani and her daughter are kidnapped by robbers who carry them to the heart of a jungle, with the purpose of stealing all the valuables she had and later to consume them. Chatterjee describes their physiognomy, "it seemed like a figure of a man, yet did not exactly look like one. Something very lank, shorn, and very dark, naked and horrid- … the ghost-like beings surrounded Kalyani and her daughter." (Chatterjee 9) It brings to mind the personifications of death in Breughel's painting. The ruffians are hungry and starved and what they want from their leader in lieu of gold and silver is a "handful of rice". "I am dying with hunger. I have had nothing more than leaves to eat today", cries out one of them. Together they clamoured, "dying with hunger, don't want gold and silver…", "rice", "rice". (Chatterjee 11) For days they have been living on flesh of dogs and jackals. That day they ultimately kill, roast and consume their leader.

This was more or less the condition that prevailed in Bengal. It was a tale of every household. People suffered, they died but the government was hell-bent on realising its due and stockpiling food for troops. Arabinda Samanta mentions, "Sanjoy Bhattacharya, Mark Harrison, and Michael Warboys together argues that the development of small-pox controls and public health policies between 1890 and 1940 mirrored the fractured nature of the colonial Indian administrative structures. They argue that conflicts arose frequently between British bureaucrats and within government departments such that, when even adequate funds were available, vaccination was occasionally impeded by the competing self-interests of various government officials." (Samanta 80)

Tagore's poem "Puratan Vritto" trenchantly illustrates the misery and anguish that accompanied a person when he contracts the illness. The narrator alongwith his servant visits the holy place of Vrindavan. Six or seven of them take up residence in a room. Once the narrator is laid down by small-pox, the others leave him in a lurch. He experiences the full rage of the disease, can understand the fulminating pustules covering up his entire body. The only person who dares to stay back with him and nurse him back to life is Keshto, the servant. He remains wide awake by his bedside- washing his master's face with water, frequently enquiring about his health, checking his temperature. Once the narrator recovers, Keshto falls victim to it. After two days of persistent fever, he

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succumbs to it. In this regard, David Arnold agrees with Dr. David Smith's view who, "contrasted the pilgrims' view of the town as a holy city, where they would be freed from their worldly sins, with the sanitarian's view of it as anything but "heaven on earth," containing in its many tanks "the waters of death and not those of immortality."" (Arnold 187)

The only means of controlling the disease that the British government construed was through inoculation and vaccination, but its effectiveness was hotly debated. Moreover, the inoculation began late into the nineteenth century. Children were the most affected in this epidemic. Bibhutibhusan Bandyopadhyay's Debjan examples how children were often the victims of illness. Pushpa, a friend of the central protagonist, Jatin, dies at an early age due to small-pox or basanta in vernacular. David Arnold quotes Pringle who maintained that, "it has become quite a saying among the agricultural and even wealthier classes never to count children as permanent members of the family until they have been attacked with and recovered from small-pox." (Arnold 117)

II

The infrastructural development carried out by the British created conducive grounds for any illness to reach epidemical proportions. The construction of railway lines and embankments obstructed the natural cycle of floods followed by inundations of low-lying lands in the deltaic regions of Bengal that was held necessary for enriching the soil with silt and nutrients and that ultimately affected the agricultural output of the soil. The embankments diminished the fecundity of the soil which meant hunger and starvation and illness for people. The resulting pools and marshes became the breeding grounds of mosquitoes. Further, there was a shift from food crops to cash crops, like jute, which had high export value, but which was required to be rot in pools after harvesting, further aggravating the situation and setting the stage for another epidemic. (Samanta 25-6)

The fact that malaria as an illness is referred incisively in Sarat Chandra Chattopadhyay's oeuvre, draws attention to the relevance of it as an illness that afflicted numerous lives- especially in the riverine and sub-urban areas in Bengal, and how it became a well-integrated into the daily experiences and lifestyle of the characters. It had a permanent bearing on their characters and more often than not, it took a toll on their overall emotional experience. Hemangini or Mejdidi, in the novella, Mejdidi, is seriously affected by high fever and pneumonia throughout the length of the story. Yet we see her engaging in household chores, serving food to her children and husband. At nights, she would generally confine herself to bed. Only when

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the fever persisted for six days at a stretch, a doctor is called in. Later, her husband anticipates taking her to Kolkata for treatment when the fever continued and she lost her consciousness since the afternoon, but even that never occurred. Sarat Chandra mentions her eating convalescence but nowhere is there any mention of medicines or quinine.

Siddheswari in Nishkriti is similarly portrayed lying on her bed covered with quilt, with high fever the entire evening, while children occupy the other half of the bed engrossed in playing games or studying. The next morning when the fever subsides, she goes on with her daily ablutions of taking bath early in the morning, fasting, praying and disregarding the consumption of quinine. It proves pernicious to her health and renders her infirm and her voice, feeble. This cycle of remittent fever lasted for around two to four days and returned again in a few days. She categorically mentions her dislike for quinine and that she would prefer to die to consume it. The wife of the smallest brother, Shailaja, reminds her about the burning ghats of Katwa, near ganga, where both the disease and death due to it was flagrant. Samanta believes, "To Sarat Chandra malaria was an inescapable destiny of rural life." (Samanta 35)

In Debjan, the central protagonist, Jatin suffers from high fever and possibly pneumonia in the months of May and June, all alone in his ancestral home. With no one to help him fetch a glass of water, he would sometimes cry out for water but to no avail, his frail voice failed to reach anyone outside. People would send him send him saboo, not out of love and care but irresponsively, or peep through the doors. It took him months to recover. In Aswin or October, he ventures out into a nearby field and spends sometime there, reclining on the trunk of a tree and cogilating on his estrangement from his wife. The cool breeze of the river once again makes him ill that night. Rendered unconscious for a day by fever, he wakes up with a sense of thirst but cannot manage to walk outdoors. That night he perishes. His death is discovered only the next afternoon by his inquisitive neighbors.

In yet another novel of Bibhutibhusan Bandyopadhyay, Bipiner Shongshar, Bipin comes face to face with the destitution of people in villages who could not afford a mosquito net to protect themselves from malaria. The fishermen of Ghoshpara, he mentions, were suffering from malarial outbreaks since last two or three months. One of his distant relatives Kamini, dies of malarial fever. People believed it to be a visitation by ghost and preferred calling ojha or tantrik to help control the fever, instead of administering quinine or seeking medical help. Samanta quotes, "Swasthya, a monthly magazine on

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health and hygiene, argued that stagnant pools were the principal source of mosquito breeding." (Samanta 38) Bipin encounters abject poverty and unhygienic conditions prevailing in the remotest areas where he goes to practice as a doctor. The pond demarcated for bathing, he observes, is full of weeds and plants, yellowish in tinge and caused skin irritation yet people missed the signs that was the reason behind their frequent ill-health.

III

Srabani Sen points out that India had faced seven cycles of cholera epidemics- 1817-1823, 1823-1827, 1846-1863, 1864-1875, 1881-1896, 1899-1923 and 1961-1970. Pilgrim spots and deltaic regions were the epicentres of disease transmission. The first instance of cholera outbreak in Bengal was recorded in 1817 Kumbh Mela held in Jessore. (Samanta 56) The native part of Calcutta was adversely affected and during the first two months of 1817 around 37,000 cases of infection were recorded in Calcutta and adjoining areas. (Arnold 163)

Bipiner Shongshar is replete with instances of people suffering acutely from a variety of illness- cholera, malaria, pneumonia, snakebite, encephalitis. His job as an accountant in the zamindari system, grants him with a close look at the privation of people in rural Bengal who are far removed from the therapeutic benefits of medical sciences. The paucity of educated doctors in such areas and the exorbitant rates they charged made people rely on native medicines like herbs and concoctions. In order to ameliorate their conditions, Bipin self-educates himself and starts practicing in a remote village.

He is called for consultations by a senior doctor for treating a girl suffering from malaria and pneumonia along with diarrhea. Quinine is administered to her and she recovers. The next time, he visits a patient suffering from cholera. The room, he deduces had been inundated with flood waters till knee-length a few days back. Samanta mentions, "It was also observed that the rise and progress of cholera had in many places coincided with floods." (Samanta 60) The patient was placed on a bamboo platform on the veranda that had walls only on one side. Such was their indigence, that even arranging saline was way beyond their means. He describes how saline was injected into her veins, which was quite a risky and unscientific procedure. However, the girl survives but given their poverty Bipin refuses to take his charges.

He also visits Jeyala-Ballavpur to treat a girl of lower caste, suffering from remittent fever of around 104 degrees Fahrenheit. It was an advanced stage of Pneumonia and antiphlogistine was the medicine required to ensure her survival but given the cost of

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such medicines, there was always a dearth of them among the poverty- stricken masses. He himself takes on the charge of nursing the girl, frequently washing her head, providing her tender coconut water, staying awake the whole night.

"In India one of the principal modes of disease transmission was through reservoirs and watercourses which provided water both for drinking and for washing and bathing", asserts David Arnold. (Arnold 184) Sarat Chandra's novella Ponditmoshai shares the same perspective. Vrindavan or the ponditmoshai of the story receives the news of the first cholera outbreak from one of his students, immediately after Dolyatra in the month of March. The only doctor in that village had demanded a visit of 2 rupees, which given their penurious state, they could not afford. The only option open to them was to give him salt water and pray to Goddess Sitala for his well-being. The man suffers excruciating pain and dies the next morning. His death is followed by the death of the student's younger brother the very next day. The next few days confirmed that the village was to witness yet another cholera outbreak.

The disease spread rapidly as their only source of water was contaminated and rendered impure for drinking. Some people ran away from the village while others stayed back helplessly, counting their last days. Death engulfed every household. There was high scarcity of medicines and "doms" or the people who cremated the bodies were unavailable. Vrindavan used a different pond which was well maintained. However, one day, one of his neighbors, Tarini Mukherjee's son succumbs to cholera. The next day he finds a lady washing the clothes of the deceased son in that pond. He tries to stop the misuse of water but Tarini fails to construe the point. He makes it a point to continue using the water for washing and other purposes. He even curses Vrindavan and his entire family with cholera. He is reprimanded by the Brahmins of the village. Vrindavan, on the other hand, was trying to acquire a tap for the villagers to prevent further contamination of drinking water.

However, when his son is laid down with cholera, the doctor assures him that he possessed a medicine that could cure cholera but refuses to treat him until Vrindavan asks for forgiveness from Tarini. He is humiliated by Tarini. He is left with no option but to see his son dying in front of his eyes in spite of being in a financially privileged position. Having lost both, his mother and son, he decides to give up his property and live the life of a mendicant so that he can redress the ailments of that in need. The epidemic throws into sharp relief the various characters in the story and how they prioritize caste hierarchies over an epidemic. These named characters function as met anomic representations for myriad unnamed personalities who existed in real

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life situations- the victims of casteism, ignominy, ignorance and death.

Bibhutibhusan Bandyopadhyay in Aranyak describes extensively the cholera outbreak in Shuarmari village near Bihar and how it annihilated families there. Satyacharan describes, "Such large numbers of people died every day that there were always corpses floating on the Kushi and there was no means of cremating the dead." (Chattopadhyay 75-6) One of his companions, Raju Parey take on the charges of treating the sick and the needy. "He was moving from house to house looking after the sick, carrying a little bag full of medicinal herbs, roots and the like." (Chattopadhyay 76) It was a poor village. The visits a house where the patients were lying the floor on tattered beddings in a tiny room with no provision of air ventilation. "There were no doctors, no medicine, and no proper diet." (Chattopadhyay 76) The inhabitants were impoverished, living in merely thatched or tiled roof. A family has left behind the son-in law when he acquired the disease. However, the man dies.

In another house, he recounts, was a sixteen-year-old girl married to a fifty-year-old man who had been laid down by the disease. Inside the room he finds an earthen pot filled with rice and water, and surrounded by flies all over. Consuming it meant certain death for all. He orders the girl to throw the food away and she relents. Her husband dies. She is also affected and the narrator alongwith his friend could neither fetch her a glass of water or a lantern. When she dies, no one could be found to cremate the body. Her body is floated down the river by low caste ahir men. In another house both, mother and her eight-year son were affected. They were put in different rooms. While the son died, the mother responded well to the treatment but the news of her son's demise was kept away from her. Satyacharan summarises, "The villagers did not know the first thing about hygiene. There was only one pond in the village. They bathed and washed their clothes in this same pond. I simply could not explain to them that bathing in the water was equal to drinking the water." (Chattopadhyay 78)

IV

Plague first made its presence felt in Calcutta in April 1898, and at the end of that month an epidemic was on its way. (Samanta 115) Inoculation or Dr. Haffkine's vaccine did not reach India before 1900. In 1897, Lord Elgin gave his vice regal assent to "An Act to Provide for the Better Prevention of the Spread of Dangerous Epidemic Disease," or the Plague Act. (Arnold 204) A hospital at Manicktollah was designated for removing and treating the plague infected people. Bangavasi remarked that a "law more dangerous and drastic than the Plague Act was never before enacted in this country." (Arnold 212) People were averse to go to

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hospitals, some concealed their infection out of fear.

Arindam Samanta recollects, "in the hour of crisis, the government behaved in a way that was marked by proactive haste and brute indecision ... Whatever the government did, it generated adverse public reaction, bred suspicion, and triggered rumours presumably because people were not adequately briefed about the benefits they might derive from the preventive measures." (Samanta 110) Rabindranath Tagore's Chaturanga gives us a view of the chaos and misery of the infected. Plague erupted mainly in cities like Bombay, Chennai, Calcutta. This resulted in massive exodus of people from the cities to rural areas. "When the plague first came to Calcutta people were more fearful of the uniformed government employees who carted victims off to quarantine than of the disease itself." (Tagore 21)

In the novella, Harimohan, Sachish's father and Jagmohan's elder brother,sensing the epidemic looming large before them, decides to leave Kolkata for Kalna. He has rented a house near ganga. He asks if Sachish and Jagmohan would accompany him there, but they refuse to leave. Sachish, Srilibash, the narrator and Jagmohan decide to cater to the needs of everyone- the poor, the tanners and others. Jagmohan had visited the plague hospital at Manicktollah and was astonished by the treatment meted out to the afflicted protesting, "Should the sick be treated as criminals?" Therefore, "he converted his house into a hospital. Sachish and a handful of us were volunteer nurses; a doctor also joined us."

People stricken with disease were hesitant to see a doctor, lest they would be compelled to quarantine themselves, separated from their family, at stipulated centres and would be tortured to death. The novel tellingly contrasts between "Hinduism and orthodox Hinduism." Jagmohan, though an atheist, tries to provide relief to the affected people of his neighbourhood, while Harimohan escapes to a safer place. Thus, Paul Brians comments, "The religious differences explored in this novel tear asunder the usually supreme ties of the family." (Brians 18) Arnold comments, "When charged with the complaint that they were doing too little for public health in India (an increasingly frequent criticism by the 1890s), colonial officials were wont to argue that the size of the problem was so great and the resources at their disposal so small that it was impossible to make any greater progress." (Arnold 244) He further observes, ""Public feeling was very seldom in accord with the technical and scientific standards of western social services," and there was a "lack of harmony between [Indian] social habits and the techniques of the West."" (Arnold 246)

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Sarat Chandra's Sreekanto recounts the plight of people being taken to quarantines before entering the main city. Sreekanto reaches Rangoon only to be informed that the city is undergoing a plague epidemic and the passengers will have to quarantine themselves for ten days. For this, the passengers were transferred from the ship to a streamer that would take them to a bank. From the banks people would have to make their way to the centres. The distance of eight to ten miles had to be traversed on foot, carrying their luggage. The deck passengers were harassed in particular. Sreekanto reports that anybody who paid ten rupees or less as fare was treated as a "coolie" and not as a gentleman. The scorching heat of the sun, the hot sands underneath, unsavory rules, everything made the journey harrowing and strenuous. He found his fellow passengers loading their wives with all the bags, and themselves carrying the bedding and lighter loads. One of his friends, Rohini, collapses on the way and Sreekanto has to carry him on his back. The assigned place had huts erected within an enclosed area. The people could avail themselves of services only in lieu of money.

Such calamitous circumstances divulge the real nature of human beings. It exposes those who are self-centred as well as brings to light others who selflessly cater to the needs of others. Characters like Bipin who rejects the job of an accountant, and Vrindavan who leave behind the world of opulence and comfort to share in the misery of others are endowed with a sharp and sensitive vision that enables them to see the sorry state of humanity at large, and the futility of money in the face of religious conservatism and caste hierarchies. In his introduction to Debjan, Gajendrakumar Mitra recounts how Jatin, after his death remains rooted to the reality of his village and does not aim to occupy a place in the higher heavens. The earth traversed by ordinary humans, an earth where he remembers his mother leading a hand to mouth existence, sleeping in tattered and dirty bedding, the earth made of mire, blood, poverty has an irresistible attraction for him and it is where he would love to return. The despondent people and their crestfallen stories serve as a source of his emotional experience. In reality, Swami Vivekananda along with other sanyasis served people incessantly. Sister Nivedita similarly pledged to serve people during the plague of 1898. Tagore requested his countrymen to leave aside their differences and unite in a war against malaria. (Tagore 390-391)

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