In *Pandemic India: From Cholera to Covid-19*, historian David Arnold argues that studying Indian pandemics is crucial to gaining an understanding of global pandemics. In this expansive work, Arnold suggests convincingly that “the pandemic idea has had an intimate connection with the history of empire” (p. 242). India was the site of British imperial expansion and control through the nineteenth and early twentieth centuries and was the site on which both discourse and institutions to study and control pandemics were developed under the “Raj.” Arnold makes an excellent case for the work of historians in studying pandemics—not just in the past, but also in the present (such as COVID-19). In this way, he engages with larger questions about continuities between colonial and postcolonial governance in India, drawing a clear line connecting the violence which characterizes the control of pandemics and contagion by the Raj and by the postcolonial Indian state.

*Pandemic India* begins with a robust examination of what exactly constitutes a pandemic in chapter 1. Arnold notes that a pandemic is not just biological or epidemiological but also social, political, cultural, and performative, and he lays out a clear and useful overview of his approach toward a historical engagement with the meaning of a pandemic in policymaking as well as historiography. He delves into how these various meanings were generated by imperial systems of knowledge and power, and he shows that they determined how societies and racial/ethnic groups were classified into an imperial hierarchy.

Arnold’s book is organized chronologically by pandemic. Chapter 2 is a case study of cholera, which examines how the British Raj was caught in a discursive and material bind: it was responsible for providing healthcare systems for the people of India, and also required Indian labor for its own survival. When Indians began dying in large numbers in the cholera epidemics of the nineteenth
century, this exposed the Raj to criticism and financial loss. The crisis led to the portrayal of Indians as “superstitious” and “unhygienic,” which allegedly caused their susceptibility to the disease, thus absolving the British administration of culpability. Cholera was a “disease of empire,” accompanied by the creation of the civilizational colonial discourse around it that portrayed Indians as too “backward” for a “modern” scientific solution to cholera (p. 42).

Chapter 3 shifts the focus of the book to the turn of the century and the outbreak of the plague in India. Arnold argues that colonial authority was cemented on the subcontinent through the tool of the Epidemic Diseases Act (1897), marking the beginning of state-sponsored, draconian law making around epidemics and the coercive control of Indian bodies. Arnold alludes to the afterlife of this “increasing intervention of the colonial state” in the postcolonial Indian government’s response to the initial outbreak of COVID-19, pointing to the total suppression of civil liberties for marginalized groups in both instances (p. 78). The violence of plague control measures at the turn of the century led to growing anti-British sentiment in India. In response to this threat, the Raj began to accept the collusion of upper-caste and elite Indians in the state machinery as medical practitioners, something they had previously rejected unequivocally on the basis of supposed British civilizational and scientific superiority.

In chapters 4 and 5, Arnold examines the Spanish flu, which killed an estimated twelve to twenty million Indians in the aftermath of the First World War, perhaps the highest death toll for any country from this global epidemic. Arnold reiterates the fact that colonized and semi-colonized regions bore the brunt of this contagion, something often obscured in histories of influenza. He suggests that it was the trappings of colonial exploitation and colonial modernity in India that led to the rapid spread and untold death caused by influenza—including railways, telegraphs, and factories. Arnold’s focus on the social and demographic consequences of the disease makes clear that the majority of deaths were among the lower classes, those who were already suffering from impoverishment and malnutrition. This framing of famine as the underlying cause of the high death toll gave added impetus to the growing nationalist movement in India, as well as fueling the rise of Indian-led philanthropic endeavors in healthcare in the face of perceived government inaction. Indeed, by 1921, the Raj was issuing reports detailing its excellent handling of the flu epidemic and turning its attention to other tropical diseases and to memorializing those who fell in the Somme and North Africa. This case of colonial forgetting was echoed in the writing of the new generation of Indian nationalists, led by Mahatma K. Gandhi.

In chapters 6 and 7, Arnold turns his attention to the postcolonial Indian state and its historical neglect of public healthcare infrastructure development. While this has obvious roots in colonial-era policymaking, Arnold contends that COVID-19 exposed the state’s overreliance on private healthcare systems in the postindependence era, and especially since the liberalization of the Indian economy in 1991. Prime Minister Narendra Modi’s sudden announcement of a national lockdown in March 2020 has often been compared to the draconian Raj-era plague control measures. This is clear from the increasing persecution of migrant workers, working classes, women, and minorities, which was the fallout of the Indian state’s response to COVID19. These chapters are a valuable addition to the literature on pandemics in India because of Arnold’s effective uses of statistical data, newspaper reports, and public statements in comparing the impact of COVID-19 regionally within Indian states.

Arnold’s most compelling intervention in chapter 7 lies in his analysis of why exactly public figures and historians seek answers in previous epidemics to explain the present pandemic. In a
sense, this chapter is an explanation of the frustration that many have felt with perceived inadequacies of history in explaining the current state of events in India. Arnold’s measured response to this is that while the past “does not deliver neatly packaged lessons,” it does still provide useful parallels in explaining how state power works (p. 217). Just as historians seek to read archives with and against the grain, we must acknowledge that there is nuance and complexity as we study the present through the lens of past pandemics.

*Pandemic India* is an excellent introductory text for those interested in learning about how science and medicine serve as tools of colonial expansion, and how the deployment of these tools changes depending on the period under study. It is also an excellent way to trace the origins and expansion of state power in the modern colonial and postcolonial world, and it is a clear account of how crucial medicine and medical control of colonized bodies was to the creation of modern imperialism. Arnold’s argument that these systems of colonial control did not end with colonialism, and instead have long postcolonial afterlives, is compelling in his engagement with the Indian state’s response to COVID-19. This will be an important book for anyone interested in the origins of modern medicine and its inextricable links to colonial power.

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