Writing the Bombay Plague: Illness and Gendered Vulnerability in Lakshmibai Tilak's *Smritichitre*

Ananya Chatterjee, Indian Institute of Technology Indore, India
Aratrika Das, Indian Institute of Technology Indore, India

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Abstract

The Bombay plague outbreak of 1896 in colonial India marks a pivotal point in South Asian socio-political and medical history. As administrative interventions increasingly associated disease management with surveillance, segregation and quarantine of colonised Indians (Arnold, 2022), the nationalist politics, body autonomy and public health converged and intersected in complex ways. This article situates Lakshmibai Tilak's autobiography *Smritichitre* (1936, tr. 2017) against this backdrop to highlight how life writing provides critical insights into epidemic experience. Drawing on the theoretical framework of critical medical humanities (Viney et al., 2015), which recognises the complex distribution of illness across clinical and extra clinical spaces, the article foregrounds how contextualising the lived experience of plague within the domestic space highlights the gendered vulnerabilities induced by the disease. Lakshmibai's autobiography becomes a meaning-making medium as she vividly recounts the instances of epidemic governance through descriptions of house-to-house visitations, railway inspections, forceful removals and her stay in the plague camp. The narrative becomes an affective register of her negotiations with medical authorities, fear of the disease and acts of care. *Smritichitre* textualises embodied moments of profound crisis of an individual suffering the plague, that disrupts everyday life. By situating disease within a social worldview, life writing reconfigures the epistemic framework through which the plague outbreak has been historically understood, foregrounding dimensions of disease experience which are otherwise muted in colonial public health historiography.

Keywords: Bombay plague, *Smritichitre*, critical medical humanities, pandemics, narrative

Introduction

Infectious disease outbreaks that take pandemic proportions are globally entwined with human history, and also perhaps with the future. The outbreak of the COVID-19 pandemic highlighted the continued susceptibility of humankind to mortality caused by invisible microbial entities. These outbreaks leave behind a legacy that warrants closer attention because "they are experienced differently from chronic diseases…have been far more devastating and because…their history is far from over" (Snowden, 2019, pp. 2–3). However, while culturally studying pandemics, it is imperative to understand them "as being both expansively global…and, simultaneously, profoundly local" (Arnold, 2022, p. 15). It is this spatial interplay of global and local that is manifested in the third plague pandemic. The plague travelled through colonial trade routes, by means of steamships, spreading from Yunnan province of China, progressing gradually to afflict Hong Kong in 1894 and eventually reaching Bombay in 1896 (Sarkar, 2024, pp. 15–16). As the biomedical disease significantly reshaped the relationship between the colonial state and its subjects, there was an "unprecedented assault upon the body of the colonized" (Arnold, 1993, p. 203), disrupting everyday life. It is within this context that the plague outbreak in Bombay becomes a crucial site to examine the epidemic governance and embodied realities of the disease.

The dominant historiographic studies of third plague pandemic and Bombay plague in particular are enriching political and institutional accounts that have relied on state archives, reports and mortality statistics. However, the experiences of those who suffered and lived through the plague remains relatively unexplored. This is particularly true about colonised Indian women living within colonial and patriarchal structures. Through close reading of Lakshmibai Tilak's autobiography *Smritichitre* (1936; trans. 2017), this article foregrounds the intrusion of plague within the domestic sphere. Lakshmibai's vivid description of plague, is not just a recollection of events of a public health crisis but highlights the affective, embodied and gendered dimensions of plague that remain muted in archives. As Lakshmibai recounts plague through experiences of fear, displacement and negotiations with colonial authorities, her autobiography provides a distinct account of experiential aspects of epidemic governance. This article discusses the globalised framework of plague narrative and highlights the shifting focus of plague historiography towards the local. In attempting to understand the gendered experiences of plague through autobiography, the article aligns with David Arnold's position that decolonising Indian pandemic history requires including "sources that retrieve an Indian voice, a vernacular authority" (2022, p. 11). Embodied narratives allow examining the experience of disease at extra-clinical spaces like railway stations and plague camps. The article uses the framework of critical medical humanities (Viney et al., 2015) and positions plague within such complex entanglements, to understand the disease encounter not only as a biomedical intervention but as being constitutive of the social, political and affective aspects of everyday life.

Shifting Lenses: From Global Pandemic to Local Experiences

The Bombay plague marks a decisive moment where colonial public health, nationalist discourses and body autonomy converged and intersected in complex ways. The tenth international sanitary conference at Venice was dominated by demands to arrest the plague's movement westward or face a trade embargo (Arnold, 2022; Yadav & V.R., 2024). A hastily convened Bombay Plague Committee and the enactment of the Epidemic Diseases Act of 1897 gave the colonial authorities wide-ranging powers. Inspecting passengers at ports and railway stations, segregation and quarantine of anyone suspected of carrying disease, isolation of

homes and destruction of properties highlighted the "growing predilection for regulatory measures and coercive control" of the colonial state over colonised bodies (Arnold, 2022, p. 79). An unknown deadly disease and the regime's increasing violence resulted in incidents of riots, resistance, mass exodus and most notably the killing of plague commissioner W.C. Rand by Chapekar brothers. Consequently, Bombay plague has occupied a significant space in historical scholarship that has examined the disease through aspects of colonial epidemic governance, technologies of trade and control, and nationalist resistance (Arnold, 1991, 1993; Catanach, 1991, 2001; Echenberg, 2007). Relying mainly on state archives and government reports, these studies have substantially augmented a synchronous understanding of Bombay plague, beyond its biomedical dimensions, but primarily as a component of the wider third plague pandemic.

Recent scholarship has suggested the necessity of an asynchronous approach. The scientific breakthrough in identifying the causative pathogen of plague during the third plague pandemic, transformed the disease into a "transhistorical concept" which caused a set of standard results across spatial and temporal boundaries (Eisenberg & Mordechai, 2020, p. 1632). However, locating the study of plague within the socio-political context of its geographical location highlights independent experiential dynamics. By focused examination on impact of plague containment policies on urban poor and labourers, localised studies by Prashant Kidambi (2004) and Aditya Sarkar (2014), have highlighted the disproportionate application and also the resistance against plague policies. Thus, examining localised instances disrupts synchronous understanding of plague within a globalised framework and defines its impact based on people's experiences of the disease. This requires approaching the disease with a tacit acknowledgement that the "lifecourse of epidemics and that of its afflicted individuals is not the same" (Sivaramakrishnan, 2020, p. 640). Epidemic disease narratives chart the lifecourse of the individuals suffering and surviving in times of widespread crisis.

Priscilla Wald notes that contagion as a concept allows studying the circulation of beliefs in social interactions (2008, p. 2). This places epidemic diseases firmly within the chaotic social realm, where disease interacts with and highlights societal inequities. In the particular context of India, epidemic narratives while highlighting fear, displacement and corporeal vulnerability also foreground the differential disease experiences based on caste, class, religion and gender. Reflecting on the prodding of boundaries by infectious disease outbreaks, Antara Chatterjee argues that the "corporeal body is to be read in relation to the social body, firmly located within the body politic" (2022, p. 248). The representation of the nineteenth century plague outbreak in India and particularly Bombay plague is not just found in state archives but also in colonial Indian print culture through newspapers, pamphlets, vernacular short stories and literary expositions like autobiographical writings. These representations that present plague through vulnerabilities of colonised, challenge the synchronous framework of archive based understanding of plague.

Lakshmibai Tilak's *Smritichitre* (1936; trans. 2017) situates plague within her worldview, a colonised woman negotiating with patriarchal domestic issues, who chooses a path of self discovery and devotion through religion. Gayathri Prabhu notes its uniqueness in early Indian autobiographies by women, highlighting "the emotional and intellectual weight" of Lakshmibai's plague experiences (2020, p. 827). Plague does not appear as a mere backdrop but through her vivid descriptions of house to house inspections, railway station checks and plague camps, highlights the gendered and affective textures of epidemic governance. Lakshmibai's account of epidemic governance while focused on vocabulary of fear, panic and service is also rooted in her own social positionality of being an upper caste Hindu brahmin

woman, who converts to Christianity. *Smritichitre* provides a lens through which plague is rendered visible through the gendered register of plague's disruption as it intruded the domestic space. While women from other religions or castes may have experienced plague related vulnerabilities through the modalities of hierarchy they were part of, this paper introduces the argument that women's life writings like *Smritichitre* reconstruct the experience of plague by revealing fear of displacement, contemporary contestations and negotiations with epidemic governance. This provides a localised perspective to the historiography of plague, where the disease is not just an administrative event of public health but a deeply embodied crisis of everyday life. The conceptualisation of critical medical humanities provides the essential framework for such a study.

Critical Medical Humanities and *Smritichitre*

The asynchronous study of pandemics requires reorienting the methodological focus. As noted by Arnold (2022), in order to retrieve the pandemic history of India, history has to broaden the definition of what it epistemically allows as the evidence. Such sources allow differing voices to appear that "repeatedly interrupts, colonialism's domineering discourse" (p. 11). To understand the social and affective implications of plague, the framework of critical medical humanities by Viney et al. (2015) becomes indispensable. It aims to recognise, question and rework the authorising discourses to "give way to a much richer and more entangled investigation of the bio-psycho-social-physical events that underpin the life, and death, of any organism" (p. 3). It articulates the success of medical humanities as a methodological field but notes that it fails to recognise that illness and health are "complex assemblages of clinical and extra-clinical spaces" (p. 4). The underlying guiding principles are that of complex entanglements and creation of a community that critiques while "holding space for conflicting perspectives and constructive debate" (Johnstone et al., 2026, p. 5). Thus, critical medical humanities calls for unsettling the epistemic boundaries and moves beyond the conception of medical humanities focused on clinical empathy and being a mediating subsidiary between the doctor and patients. This methodological reorientation has particular implications for pandemics and epidemic diseases where boundaries between clinical and extra clinical collapse as an everyday phenomenon. This expands the scope of evidence to narratives that preserve these encounters. The late nineteenth century women's writings emerging in Bombay, offer one such archive.

Recent scholarship in autobiography and life writing studies have moved beyond the euro-centric male canon. Particularly women autobiographies have been a site of recognising active intersectionality, that of, feminist, postcolonial and postmodern theories (Smith and Watson, 2016, p. 6). In colonial Bombay during the late nineteenth century, the reform movement challenged the public-private dichotomy, enabling women to gain a public space. As Meera Kosambi (2007) highlights, the Indian women autobiographies from this time period, approach the boundaries of home and outside as becoming increasingly blurred and highly porous. Highlighting that the autobiography can be representative of a marginalised and suppressed group, Aparna Lanjewar Bose (2020) notes that the autobiographical narrative "becomes both a way of testifying to oppression and empowering the subject through their cultural inscription and recognition" (p. 26). The Bombay plague outbreak as it appears in *Smritichitre* becomes the register of suppression and negotiation with epidemic governance. Arnold notes that the data compiled during plague was exceedingly high and while it was the primary source of information, the sources like native press and personal testimonies provided an "unprecedented articulateness about Indians' plague experience" (2022, pp. 92–93). In *Smritichitre*, Lakshmibai is not merely recording of plague as an event but acknowledging how disease and

epidemic governance reorganised life during the crisis. Reading the autobiography within the clinical medical humanities framework establishes a way of knowing plague that state archives did not accommodate.

Bombay Plague in *Smritichitre*: Fear, Panic and Service

Critical medical humanities argues that disease is not understood isolated within the clinical space as an encounter between the patient and the doctor. It calls for unsettling the boundaries to understand disease is firmly rooted within the social worldview that exists outside the medical space. As the above sections have highlighted, this approach is particularly imperative to understand the pandemics and epidemics. *Smritichitre* as an epidemic narrative demonstrates how autobiographical narratives encode plague, collapsing the boundaries between health and illness, and, the private and the public. The plague burrows itself "rat-like into individual experiences and collective memories" (Arnold, 2022, p. 96). Although Lakshmibai dedicates approximately three chapters of her autobiography to the Bombay plague, she does not mention clear timelines. But through her description, it becomes clear that she is talking about the early years of the disease (Prabhu, 2020, p. 829). This section focuses on three interconnected instances of plague which focus on Lakshmibai's negotiations with epidemic governance highlighting plague's gendered dimensions.

Lakshmibai's narrative interweaves disease within the domestic space. While focusing on her difficult familial situation where she is forced to live separately from her husband due to his recent religious conversion to Christianity, Lakshmibai routinely mentions the ongoing famine, bouts of cholera and measles outbreaks. She also provides repeated instances of her older son Dattu's sickness, whom she tends to devotedly. Through disease entanglement with her familial situation, Lakshmibai highlights her resilience while also foreshadowing the appearance of plague. The first description of the disease appears alongside the conversations about preparations for an auspicious ceremony for Dattu and the growing urbanisation. One of Lakshmibai's relatives who visits Nashik frequently to make arrangements for the upcoming ceremony, remarks that the city is developing to become Bombay and their own town Jalalpur would soon become Nashik. Amidst the happy proclamations, Lakshmibai remarks that the same relative also brought "news of a new disease," characterised by lumps appearing in armpits (p. 184). With this news of the unnamed disease, Lakshmibai begins a series of encounters with epidemic governance and provides an embodied description of plague's affective impact.

She first describes house to house inspection by colonial officials who arrived with village elders. This instance highlights the colonial intrusion inside the domestic sphere to reportedly combat a disease that people and particularly women were unfamiliar with. Thus the loud proclamation of the "saheb is coming" in this instance raises more alarms than the plague itself. Lakshmibai describes the helplessness of women against this incursion, "There were no men-folk in the village…women were running amok through the streets" (p. 187). The palpable fear of women towards this colonial intrusion within the domestic sphere highlights the affective dimension of this sanitary measure. Highlighting collective panic and corporeal vulnerability, Lakshmibai describes the house to house inspection as a disruption of everyday life in the domestic sphere. The household chores were hastily left, children were hidden and women ran away. Lakshmibai's description of her heart beating fast but standing firm with her "hands against the frame door" (p. 187) demonstrates a complex negotiation with the colonial authority. By protecting her household threshold, Lakshmibai presents a calm confrontation

with the colonial official that transforms the protected domestic sphere into an active contested site of epidemic governance.

As she begins her journey to live with her husband, she is confronted with another sanitary measure of epidemic governance, the railway inspections. The bodily movement was under strict surveillance as the colonial authority associated the spread of plague with the corporeal existence of colonised. Lakshmibai describes her panic as Dattu suffers from a slight fever and fears that the authorities might suspect him of plague. This panic was not unfounded, as Arnold describes that even suspicion of symptoms was enough to detain a passenger, highlighting the dictatorial, intrusive and racial nature of this measure through the account of the indignation personally faced by revolutionary Shyami Krishnavarma at one such railway screenings (2022, p. 84). Lakshmibai also describes the railway inspection where the colonial officials like the doctors, sepoys and police created a cordon "to hem people in like cattle in a pen" (192). Heeding another woman's advice, Lakshmibai washes Dattu's hands and feet with water such that it appeared cold on inspection. The brief exchange highlights how epidemic experience was mediated not just through its governance but also through existing informal channels where women shared strategies of survival.

In the above two instances of the house to house inspection and railway inspection, plague appears as a threatening force approaching the domestic sphere and nearly intruding the personal life of Lakshmibai. The episode of plague camps represents the instance when plague finally afflicts the Tilak family and Lakshmibai's daughter Tara gets high fever. By this time, Lakshmibai had been trained to be a nurse and developed an interest in home remedies. Despite her husband's reservations, she also gets the family inoculated. After several days of suffering from the fever, it is confirmed that Tara has plague. The family decides to shift to the quarantine centre and the plague camp becomes the makeshift domestic space where caregiving becomes Lakshmibai's primary role. She offers a vivid portrayal of harsh conditions of the plague camps. The cottages made of tin walls would get extremely cold at night and delirious patients cried loudly, beating those walls. The description of the plague camps is effused with Lakshmibai's own emotional response to the space. She describes the place as terrifying, calling it the kingdom of *Yama* (the Hindu god of death and afterlife). She further notes the inefficient organisation in camp saying "Only ten percent of patients survived" (264). When the doctors declare that Tara may not survive, Lakshmibai covers her daughter in flax seed poultice as her last attempt and turns to devotion. The caregiving act acquires a moral and spiritual significance as she announces that she did everything and if Tara survives, she would dedicate her services to the plague camp. With this proclamation the narrative shifts from individual to collective caregiving. Following Tara's miraculous survival, Lakshmibai and her husband remain at the camp to provide care and service to the patients. Lakshmibai's decision to stay at the same place that terrified her heart demonstrates that the plague camp was not just a site of profound embodied crisis but also reconfigured itself as an extra clinical space where caregiving and community responsibility were actively practiced, making it more than just a colonial institutional site.

Through *Smritichitre*, Lakshmibai encodes the tale of colonised bodies being invaded by plague and then by epidemic governance through "labeling and controlling diseased bodies" (Prabhu, 2020, p. 830). The three instances as discussed above demonstrate the multiplicity of the plague's appearance at varied sites that moves beyond clinical spaces and firmly situates itself within the social worldview of its victims. The ensuing epidemic governance reorganised everyday life. As noted by Arnold, *Smritichitre* "shows one woman's determination to fight the disease through self-help and service to others" (2022, p. 96). Lakshmibai's narrative

highlights the gendered experiences through her active negotiations with the epidemic governance at her house, the railway station and the plague camp. By interweaving the disease with her own emotional expositions, family and religion, *Smritichitre* effectively becomes a register for the lived reality of plague and epidemic governance.

Conclusion

The article does not imply that *Smritichitre* demonstrated political critique of the epidemic governance of Bombay plague. Both Prabhu (2020) and Arnold (2022) acknowledge that Lakshmibai is not overtly critical. She situates the plague within her social worldview, thus the vivid experiences of fear, panic and resilience induced by the disease appear only when she or someone in her family is directly exposed to it. Prabhu remarks that "the urgency of care for her immediate family precludes her from taking the stance of a more public and universal outrage" (2020, p. 833). However, by not being universal, it reveals a deep emotional experience of a woman living through times of plague under a colonial regime. Read through the framework of critical medical humanities, plague in *Smritichitre* is understood to be reorganising everyday domestic life. The textual narrative reveals and supplements institutional archives with lived experience of plague, further deepening the existing synchronous historiographic studies on third plague pandemic.

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