Hajj and Epidemic: British Policies in Colonial Punjab, 1857–1920

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Abstract

In the late nineteenth and early twentieth centuries, the British colonial state in India identified the annual Hajj pilgrimage as a significant administrative and political challenge. The advent of steamship travel dramatically increased the number of pilgrims, creating genuine concerns about the rapid transmission of epidemic diseases, most notably cholera. However, the British response, particularly as it was implemented in the Punjab, was not a purely medical or benevolent intervention. This essay demonstrates that British authorities systematically utilized the discourse of public health and sanitation as a sophisticated pretext for a policy of political surveillance and control. The primary objective of this "sanitary" regime was to monitor and disrupt the flow of Pan-Islamic and anti-colonial ideologies, which were gaining potent traction in the Punjab, a region of critical strategic importance to the British Raj. The fear of political contagion, emanating from the Ottoman Caliphate and spreading through the physical conduit of the Hajj, superseded purely epidemiological concerns. By instituting a complex apparatus of regulation—including Muslim consulates, centralized travel agencies like Thomas Cook & Son, and carceral quarantine camps—the British state successfully institutionalized the surveillance of its Muslim subjects. This policy allowed the Raj to manage a perceived political threat under the legitimizing guise of modern medicine and public health, effectively turning a sacred ritual into a site of imperial control.

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The latter half of the nineteenth century was an age of unprecedented global mobility. The steamship, the railway, and the telegraph compressed time and space, binding distant corners of the globe into new networks of commerce, empire, and faith. For the Muslim world, this new technology fundamentally transformed one of its most sacred pillars: the Hajj. Where the pilgrimage to Mecca had once been an arduous, multi-year journey for a select few, the steamship made it accessible to the masses (Pearson 1994). From the Dutch East Indies, French Algeria, and Russian Central Asia, and in massive numbers from British India, pilgrims traveled in their tens of thousands. This mass mobility, however, converged with another global phenomenon: the pandemic. Cholera, erupting from the Indian subcontinent, repeatedly followed these new routes of travel, turning the Hajj into a global amplifier of the disease and creating a genuine international public health crisis (Harrison 2004).

This confluence of mass pilgrimage and pandemic disease presented the British Empire with a profound challenge, particularly in the administratively vital and politically sensitive province of Punjab. The British response to this challenge was a calculated and dual-purposed policy of regulation. On the surface, this policy was articulated in the modern, rational language of public health, sanitation, and disease control. It involved medical inspections, quarantine stations, and the regulation of pilgrim ships (Arnold 1993). Yet, this sanitary apparatus functioned as a sophisticated mask for a deeper, political objective. The British state in India weaponized the very real threat of cholera as a pretext to establish a comprehensive system of surveillance and control over its Muslim subjects (Low 2020).

The true target of this biopolitical regime was not the *Vibrio cholerae* bacterium, but the potent ideology of Pan-Islamism. In the 1870s, the Ottoman Sultan Abdul Hamid II began leveraging his position as Caliph to unite the world's Muslims against encroaching European imperialism (Landau 1990). The Hajj was the primary vector for these ideas, a space where Muslims from across the colonized world, including the restive Punjab, could network and absorb anti-colonial sentiment (Qureshi 1974). British policy was therefore a calculated response to this political threat. Caught between the fear of Pan-Islamic sedition and the fear of an open revolt if they banned the Hajj outright—a violation of the 1858 Queen's Proclamation—British authorities developed an indirect "sanitary" regime. This essay contends that the regulation of the Hajj in Punjab from 1857 to 1920 was an act of political securitization, where the "problematic pilgrim" was constructed as a dual vector of both disease and sedition, justifying a new form of imperial control that penetrated the most sacred rituals of its subjects.

The scholarship on the colonial management of the Hajj is robust, typically falling into three distinct streams. The first, and most traditional, perspective interprets the colonial interventions primarily as a rational, if imperfect, response to a genuine public health crisis. Scholars in this vein, such as David Arnold (1993) and Mark Harrison (1992), have detailed the devastating impact of cholera and the nascent development of international sanitary governance. From this viewpoint, the establishment of quarantines and medical inspections, while coercive, was part of a broader, modernizing project to "colonize the body" and impose Western medical standards to protect both the colony and the metropole. This scholarship provides

an essential context for the epidemiological realities of the nineteenth century but tends to underplay the political calculations that decisively shaped these "health" policies.

A second stream of scholarship, exemplified by the work of Saurabh Mishra (2011) and John Slight (2015), views the Hajj as a site of a "dual threat" for the colonial powers. Here, the political and the medical are not mutually exclusive but are seen as two parallel anxieties. The British, in this view, were genuinely concerned about both the spread of cholera and the spread of "fanaticism." This perspective offers a more nuanced reading, acknowledging the political dimension but still treating the medical and political as distinct, if overlapping, concerns. It correctly identifies the twin anxieties of empire but does not fully explore the deliberate *subordination* of medical discourse to a political strategy.

The third stream, and the one within which this essay is situated, treats the Hajj primarily as a political and anti-colonial space. Works by Michael Christopher Low (2020) and Jacob Landau (1990) have been foundational in demonstrating that for the British, the Hajj was, above all, a security problem. The pilgrimage was a "chronic center" for the dissemination of anti-colonial ideas, a place where Indian Muslims escaped the direct gaze of the Raj and interacted with a global community of co-religionists, often led by the Ottoman Caliph. This essay builds directly upon this third stream of scholarship. It extends the "surveillance" thesis by focusing specifically on the colonial Punjab, a region that has not been the central focus of previous Hajj studies. It argues that Punjab, as a crucible of both Muslim reformism and simmering anti-colonial sentiment, represented a unique threat profile that drove the British to perfect their methods of control

(Talbot and Kamran 2016). This analysis moves beyond seeing the medical and political as parallel threats and instead argues for a *hierarchical* relationship: the medical discourse was the *instrument* specifically chosen to neutralize the political threat.

This analysis is rooted in a methodological framework that combines the insights of Michel Foucault with a strategic reversal of Antonio Gramsci's concept of "dual consciousness." Foucault's work on discourse as an instrument of power is central to this essay's argument. The British policy was not simply a reaction to the "facts" of cholera; it was an active participant in *constructing* the "problematic pilgrim." Knowledge produced by colonial doctors, travelers, and consulates was not neutral or objective; it was a "discourse" (Foucault 1972). This knowledge defined the Hajj as a "hub of epidemic" and the pilgrim as a "carrier of disease," thereby creating the very categories that legitimized and demanded state intervention. This application of Foucault moves beyond a simple "policy" analysis and instead examines the *epistemological* foundations of colonial power—how the British *knew* what they knew about the Hajj, and how that "knowledge" served the interests of control. This framework of "biopolitics," the state's control over the biological lives of its population, is essential for understanding how a public health apparatus became a tool of political surveillance.

This Foucauldian lens is complemented by a modified Gramscian concept of "dual consciousness." While Gramsci applied this to the colonized, this essay reverses the concept and applies it to the colonizer. The British state in India, particularly after the 1857 Revolt, operated with a profound dual consciousness. On the one hand, it possessed the consciousness of an imperial power,

fearing the rise of Pan-Islamism and the threat it posed to its sovereignty in India. This consciousness demanded a decisive intervention to halt the flow of such ideas from Mecca (Landau 1990). On the other hand, the British were burdened by a *second* consciousness: the fear of their own subjects. They knew that a direct, overt ban on the Hajj would be interpreted as a catastrophic interference in religion, violating the 1858 Queen's Proclamation and risking another widespread rebellion. This paralysis—the desire to intervene versus the fear of the consequences of intervention—was resolved by the policy of regulation. The medical discourse provided the perfect, non-religious justification to achieve their political aims, allowing them to control the Hajj without appearing to attack Islam.

This framework is applied to a wide range of primary sources. These include official British records, such as the *Home Department Proceedings* and *Sanitary Administration Reports*, which reveal the state's internal discussions, anxieties, and the mechanics of its regulatory policy. District *Gazetteers* from Punjab provide a granular, on-the-ground view of sanitary conditions, highlighting the frequent hypocrisy of British policy. Critically, this research juxtaposes these colonial sources with indigenous narratives, primarily Urdu travelogues (Haji Bahadur Shah Khan 1893). These local sources provide a vital counter-narrative, exposing the realities of the "sanitary" regime from the perspective of the pilgrims themselves and often directly contradicting the "benevolent" claims of the British.

The Creation Of A "Sanitary Threat"

The construction of the Hajj as a global health menace was not an instantaneous event but a deliberate process that unfolded over decades. It was the work of European travelers, diplomats, and doctors who, embedded within the colonial project, produced a body of "knowledge" that framed the pilgrimage as a primitive, dangerous, and diseased affair. European travelers who entered Mecca in disguise were central to this process. The French soldier Leon Roches, who had participated in the suppression of Abdul-Qadir's resistance in Algeria, traveled to Mecca and reported that Arabs were inherently hostile to Christian rule, using the Quran to justify rebellion. His reports reinforced the idea of Mecca as a "fanatical" center (Ralli 1909).

More famously, the British explorer and spy Sir Richard Burton, disguised as a Pathan, undertook the Hajj and published his influential *A Pilgrimage to Al-Madinah and Meccah*. Burton (1898) provided his government with a stark warning: the Hajj "sends forth a horde of malcontents that ripen into bigots" and "teaches foreign nations to despise our rule." He explicitly advised the British Empire to regulate the pilgrimage to gain information about the pilgrims. While Burton's primary concern was political, his vivid descriptions of the "nakedness of once wealthy India" and the plight of destitute pilgrims laid the groundwork for later "pauper" policies. These travelogues, presented as objective ethnography, were in reality intelligence reports that solidified the image of the Hajj as a dual threat to colonial order and sanitation (Keane 1881).

This "knowledge" was formalized and weaponized at the International Sanitary Conferences, which began in the 1850s. The Constantinople Conference of 1866 was a watershed moment. Driven by repeated cholera outbreaks in Europe that were traced back to the Hajj, European powers like France and Russia championed the "con-

tagionist" theory (Huber 2006). They argued that cholera was transmitted person-to-person and that the Hajj was the primary engine of its global spread. They proposed a draconian international regime to control the pilgrimage, including mandatory quarantines. This was not just a scientific debate; it was a geopolitical one. It represented an attempt by other European powers to extend their influence into the Ottoman-controlled Red Sea and, by extension, to gain leverage over Britain's connection to India.

Crucially, the British delegation at the 1866 conference *opposed* these conclusions. Britain was the dominant anti-contagionist power, arguing that cholera was spread by "environmental" factors or "miasma" and that quarantines were useless. This opposition was not based on superior medical science but on cold, hard imperial interests. First, Britain was the dominant shipping power in the Red Sea and India was a massive exporter; accepting the contagionist theory and the resulting quarantines would devastate British commerce (Harrison 1992). Second, and more importantly, the British government in India was terrified of the political fallout. Any interference in the Hajj, especially at the behest of other European powers, would be seen as a violation of the 1858 Queen's Proclamation and could provoke a massive Muslim uprising. Thus, in the 1860s, Britain publically defended the Hajj from the very sanitary discourse it would later embrace.

This political posturing was deeply hypocritical, as the reality of cholera in British India, and specifically in Punjab, was catastrophic. While British officials denied in international forums that India was the "hub of epidemic," their own domestic reports told a different story. The *Sanitary Administration Report* of 1879 detailed tens of thousands of deaths from cholera in Punjab alone. The *Gazetteer of the Lahore District* (1883) decried the capital city's "poor kind of drainage system" as the "main cause of dissemination of cholera." A sanitary commissioner's report noted that presented remedies for the drainage system "are either ignored by government or done very poorly." This administrative failure was widespread. Gazetteers for Hissar and Sirsa noted that polluted water was the clear cause of cholera, yet the government "paid no attention to improve sanitization" (*Gazetteer of the Jhang district 1883-1884*). This reality exposes the British "dual consciousness": they were fully aware of the sanitary crisis at home but chose to politically oppose the global discourse on it to protect their trade and political stability. This stance would hold only as long as the political stability itself was not threatened by a greater force.

THE POLITICAL PIVOT: PAN-ISLAMISM IN PUNJAB

The event that fundamentally altered the British calculus was the rise of organized Pan-Islamism under the Ottoman Sultan Abdul Hamid II. Ascending to the throne in 1876, the Sultan faced an empire in crisis, beset by internal separatism and external aggression, epitomized by the disastrous Russo-Turkish War of 1877-78. In response, Abdul Hamid launched a defensive, modernizing ideology that centered his authority as the Caliph of all Muslims (Landau 1990). He skillfully used modern print media, telegraphs, and diplomats to project his spiritual authority far beyond the borders of his empire, calling for global Muslim solidarity against European colonial expansion. This was not just a spiritual revival; it was a direct geopolitical challenge to Britain, France, and

Russia, all of whom ruled over millions of Muslim subjects.

The Hajj was the physical and spiritual center of this new policy. It was the one place on earth where the Sultan's claim to be the "Protector of the Holy Places" was made manifest. Every year, pilgrims from British India, the Dutch East Indies, and French North Africa gathered in Mecca, where they were directly exposed to the Sultan's influence, free from the surveillance of their colonial masters (Ochsenwald 1984). They were met by Ottoman officials, Ulemas, and anti-colonial exiles who preached a message of Muslim unity against the "infidel" rulers. The pilgrims would then return to their homelands, carrying these ideas with them. The British Viceroy, Lord Lytton, recognized this immediately, warning that pro-Turkish sentiments were a "danger" to British rule (Low 2007). The Hajj had transformed from a religious ritual into a vector for political sedition.

This ideology found exceptionally fertile ground in the colonial Punjab. Lahore, in particular, had become a vibrant center of Muslim reformism and press activity (Talbot and Kamran 2016). The message of Pan-Islamism was disseminated through two primary channels: the Ulema and the press. The Deoband school, with its history of anti-colonial resistance, established influential madrassahs in Lahore that promoted the idea of Muslim solidarity and the illegitimacy of infidel rule (Qureshi 1974). More locally, Sufi orders like those at Sialvi Sharif, led by Khwaja Shams-ud-din, openly defied British rule and fostered connections with the broader Muslim world (Shah 2016). Khwaja Shams-ud-din famously instructed his disciples never to work as servants of the British and expressed solidarity with Afghans fighting the British. These religious networks provided a powerful, grassroots infrastructure for Pan-Islamic and anti-colonial ideas.

This religious fervor was amplified and spread by Punjab's burgeoning Urdu-language press. Newspapers like the *Akhbar-i-Am* in Lahore explicitly advocated for the Ottoman Sultan. After the Russo-Turkish war, it declared that "if Muslims of the world were compare to the human body, Sultan would be the heart and mind." (Cited in Thesis, p. 26). Other papers, like the *Anjum-i-Punjab*, condemned British and French imperial expansion in Egypt and Tunis. Later, the *Zamindar* and *Paisa Akhbar* became powerful voices, publishing pro-Turkish sentiments and, during the Balkan Wars, organizing medical and financial aid for the Ottoman Caliphate. The British viewed this as naked sedition, eventually confiscating the *Zamindar* for its role in fanning the flames of Muslim solidarity.

This explosion of Pan-Islamic sentiment in the strategic heartland of the Raj triggered the British "dual consciousness" into a crisis. The political threat of Pan-Islamism, carried directly from Mecca to Punjab by returning *hajis*, had become intolerable. The old policy of "non-interference" was no longer tenable. But the fear of an open ban remained. The British ambassador in Constantinople, Layard, declared that the Hajj was the "strong means to spread the idea of Pan-Islamism" (Cited in Thesis, p. 27). The colonial state was trapped. It had to stop the flow of ideas but could not stop the flow of pilgrims. It was this political imperative that caused the British to pivot. They now *embraced* the very medical discourse they had rejected in 1866. Cholera, the disease they had previously downplayed, now became the perfect, non-religious justification for intervening in the Hajj. They could now regulate the pilgrims,

not as potential rebels, but as potential "carriers of disease."

THE "HAJI REGIME": SURVEILLANCE AND CONTROL

The British acceptance of the sanitary discourse unleashed a new "Haji regime" designed to control the pilgrimage from its point of origin in Punjab to its destination in Mecca. The first step was to reform the consular service in the Hejaz. The old system of using non-Muslim consulates, who were confined to Jeddah, was useless for political intelligence. In 1879, the British appointed their first Muslim consulate, Abdul Razzack, who could enter Mecca, observe the rituals, and monitor the activities of Indian pilgrims (Low 2020). The reports from these new consulates reveal their true function. They were not sanitary officers; they were spies. The consulate Zohrab reported that the Hajj was indeed a "center of anti-colonial agitation" and recommended that the number of "spies should be increased to avert political threat" (Cited in Thesis, p. 32). Another consulate, Yussuf Khudzzi, reported that the Sharifs of Mecca "openly claim dislike for Christians and hate against English" and were mobilizing Indian pilgrims toward "fanaticism and rebellion." This intelligence from the heart of the pilgrimage confirmed British fears and solidified the link between the Hajj and political danger.

With this political justification, the British turned their attention to the pilgrims themselves, specifically identifying the "pauper pilgrim" as the primary object of regulation. This was a strategic choice. Paupers were framed as both more susceptible to "fanaticism" from Meccan authorities and as the primary vectors of disease due to their "unsanitary habits." This class-based targeting allowed the British to begin regulating the

Hajj under the guise of benevolence and health. This policy was institutionalized in 1884 with the appointment of Thomas Cook & Son as the official pilgrim travel agent for British India (*Home department proceeding July 1887*). On the surface, this move was presented as a modernizing step to protect pilgrims from exploitation. In reality, it was a masterstroke of indirect control.

The Thomas Cook agency achieved several key imperial objectives. First, it centralized the Hajj trade, forcing pilgrims from Punjab and across India into a single, manageable funnel loyal to the British government. Second, it acted as a massive data-collection agency. The registration forms issued by the agency, copies of which were endorsed by the Punjab Government, required pilgrims to list not only their name and village but also their *sect* (*Home department proceeding July 1887*). This information had no sanitary value. It was, however, of immense value to the colonial police, allowing them to map potentially "problematic" groups and individuals. Third, the agency enforced new economic restrictions, such as the mandatory purchase of a return ticket, which was aimed squarely at excluding the "pauper pilgrim" who was deemed most politically volatile. The agency's role as a surveillance arm is confirmed by indigenous sources. The travelogue of Haji Bahadur Shah Khan (1893) noted that pilgrims "were distributed among the British attendees... [and] bound to follow British Laws and all our affairs were decided by the consulates."

The final layer of this regime was the medical inspection apparatus, which reached its zenith during the plague epidemic of the 1890s. Pilgrims from Punjab traveling to the Bombay port were subjected to a coercive and humiliating process. They were herded into "Haji medical inspection sheds" and, if

suspected of infection, forcefully detained in segregation camps, most notoriously at Nasik (*Home department proceedings 1879*). This was a carceral system. The police were given extended powers to detain pilgrims, and military guards were deployed to monitor them. The Bombay Police Commissioner, R.H. Vincent, wrote to the government detailing the "fanatical Muslim pilgrims" he had detained, including "31 Punjabis." (Cited in Thesis, p. 38). This system was explicitly designed to filter out "problematic" individuals, using "medical" suspicion as the justification for political detention.

Finally, to complete their control, the British actively worked to undermine the authority of their Pan-Islamic rival, the Ottoman Sultan. British officials consistently condemned the Ottoman-run quarantine station at Kamran as a "source of spread of disease," claiming it was unhygienic, brutal, and merely a tool for extortion (Low 2020). This was a propaganda campaign designed to sever the bond of loyalty between Indian Muslims and the Caliph, painting the British as the true, benevolent protectors of the pilgrims. This claim is directly contradicted by local sources. The travelogue of Haji Bahadur Shah Khan (1893) praised the Kamran station, noting that "ottoman treated pilgrims very well," provided free kitchens for the poor, and that doctors "frequently visited" them. In contrast, he described the British ship's captain as "harsh." This propaganda war demonstrates that the British sanitary policy was not just about controlling bodies, but about winning a battle of ideas for the loyalty of India's Muslims.

CONCLUSION

The British regulation of the Hajj in colonial Punjab was a signal act of modern imperial governance. It demonstrates a state that had evolved far beyond mere brute-force occupation and had instead perfected a sophisticated system of biopolitical control. The administrative machinery of public health—the doctor, the quarantine camp, the sanitary report, and the travel agent—was systematically repurposed to serve a political end. The very real and terrifying threat of cholera provided the "regime of truth" that legitimized a policy of mass surveillance. The "problematic pilgrim," a figure constructed at the intersection of medical and political anxieties, became the object of this new form of power. This allowed the British to solve their "dual consciousness" dilemma: they could manage the political threat of Pan-Islamism without being seen to attack Islam itself.

This case study reveals the true nature of colonial "modernization." The systems of categorization, inspection, and regulation introduced by the British were not benevolent gifts of an advanced civilization. They were, first and foremost, instruments of control. By turning the sacred pilgrimage into an institutionalized and monitored "process," the British state extended its gaze from the villages of Punjab to the very heart of Mecca. The policy succeeded in its aim, not necessarily of stopping cholera, but of fracturing the connection between Indian Muslims and the Ottoman Caliphate, and of embedding the state's surveillance apparatus into one of the most profound acts of religious devotion. It was a clear demonstration that in the age of empire, even the most sacred of rituals could be transformed into a site of state control.

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