



Monthly Bulletin

VOLUME XLIX, NO. 4 ■ APRIL 2020

**WE
SHALL
OVERCOME**



THE ASIATIC SOCIETY
(AN INSTITUTION OF NATIONAL IMPORTANCE)
1 PARK STREET • KOLKATA-700016



THE PLAGUE MANIFESTO

In May 1898, when a plague epidemic broke out in Calcutta and numbers of terror-stricken residents fled the city in panic, Swami Vivekananda wrote this manifesto in Bengali and Hindi, which was printed and freely distributed amongst the people.

Om Salutations to Bhagavan Shri Ramakrishna

Brothers of Calcutta!

1. We feel happy when you are happy, and we suffer when you suffer. Therefore, during these days of extreme adversity, we are striving and ceaselessly praying for your welfare and an easy way to save you from disease and the fear of an epidemic.
2. If that grave disease — fearing which both the high and the low, the rich and the poor are all fleeing the city — ever really comes in our midst, then even if we perish while serving and nursing you, we will consider ourselves fortunate because you are all embodiments of God. He who thinks otherwise — out of vanity, superstition or ignorance — offends God and incurs great sin. There is not the slightest doubt about it.
3. We humbly pray to you — please do not panic due to unfounded fear. Depend upon God and calmly try to find the best means to solve the problem. Otherwise, join hands with those who are doing that very thing.
4. What is there to fear? The terror that has entered people's hearts due to the occurrence of the plague has no real ground. Through God's will, nothing of the terrible form that plague takes, as seen in other places, has occurred in Calcutta. The government authorities have also been particularly helpful to us. So what is there to fear?
5. Come, let us give up this false fear and, having faith in the infinite compassion of God, gird our loins and enter the field of action. Let us live pure and clean lives. Disease, fear of an epidemic, etc., will vanish into thin air by His grace.
6. (a) Always keep the house and its premises, the rooms, clothes, bed, drain, etc., clean.
(b) Do not eat stale, spoiled food; take fresh and nutritious food instead. A weak body is more susceptible to disease.
(c) Always keep the mind cheerful. Everyone will die once. Cowards suffer the pangs of death again and again, solely due to the fear in their own minds.
(d) Fear never leaves those who earn their livelihoods by unethical means or who cause harm to others. Therefore, at this time when we face the great fear of death, desist from all such behaviour.
(e) During the period of epidemic, abstain from anger and from lust — even if you are householders.
(f) Do not pay any heed to rumours.
(g) The British government will not vaccinate anyone by force. Only those who are willing will be vaccinated.
(h) There will be no lack of effort in treating the afflicted patients in our hospital under our special care and supervision, paying full respect to religion, caste and the modesty (Purdah) of women. Let the wealthy run away! But we are poor; we understand the heartache of the poor. The Mother of the Universe is Herself the support of the helpless. The Mother is assuring us: "Fear not! Fear not!"
7. Brother, if there is no one to help you, then send information immediately to the servants of Shri Bhagavan Ramakrishna at Belur Math. There will be no dearth of help that is physically possible. By the grace of the Mother, monetary help will also be possible.

— N. B. In order to remove the fear of the epidemic, you should sing Nāma Sankirtanam [the name of the Lord] every evening and in every locality.

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From the Desk of the General Secretary

Dear Members and Well-wishers,

You will kindly remember a concluding line in my last Monthly Desk (March, 2020) which mentioned "A number of academic programmes are already scheduled to be organized during the month of March, 2020." When I pen down my note for the Desk of April, 2020, the whole of our country has been subjected to a condition of initial LOCKDOWN for a couple of weeks (March 25-April 14, 2020), if not further extended for any unforeseen development. I need not emphasise on the criticalities one is passing through this difficult phase but for the very very unique, grave and global phenomenal crisis that the present generations of the existing populations of the World are undergoing, perhaps as the unparalleled experience during their life time.

The Council of the Society has already announced about the postponement of all the academic programmes until further order including other activities such as Monthly General Meeting of April, 2020 and all committee meetings because of the prevailing situation in the Country as safety measures following the instructions of the Govt. of India as well as of the State Govt. from time to time. The Election Committee constituted for the purpose of holding biennial election of the Office-bearers and Members of the Council of the Asiatic Society for 2020-22 has also announced the postponement of the election process through news papers and Society's Website. We are not sure at the moment whether we will be able to hold the 237th Annual General Meeting and Award Giving Ceremony scheduled on 4th of May, 2020 observing all necessary formalities. However, we will communicate to our members

on this event at a later date.


Friends, like all of you, we were virtually dumb-founded as to the continuation of our committed academic programmes and other routine activities in the immediate future. In the meanwhile, some of us have put their minds together to at least give a try to bring out Monthly Bulletin of April, 2020 on line. Some academic and other relevant inputs may be collected and collated on the very burning topic that has gripped us all over in various ways and magnitude. This is, as you can easily guess, COVID 19 (Corona Virus Disease 2019). This is not the first time that the human populations of the World have faced such onslaught arising out of the destructive nature of a contagious virus of special kind, so far unknown and probably not fully researched. Human civilizations all around have already experienced some rare and extremely critical outbreaks caused by the ferocity of deadly virus and its aftermaths since long.



Even a cursory glance would reveal that only during the last two or three centuries the world populations of all diversities – ecology, economy, polity and emerging bio-technology had suffered seriously on account of the sudden attack emanating from the outbreak of Plague, Smallpox, Cholera, Typhus, Flu (Spanish and Asian), Influenza, Polio, Tuberculosis, AIDS, and so on, finally culminating into the latest explosion i.e. COVID-19, which had taken thousands and lakhs of lives from almost all geographical locations cartographed on the world atlas. The Corona Virus -2019 has jerked the globe across all latitudinal and longitudinal divides. This has pushed the people face to face levelling down the usually cognized socioeconomic hierarchies to confront, combat and finally to get out of the

NOTIFICATION

In view of the extraordinary circumstances created by the threat posed by Novel Corona virus [COVID -19], which has necessitated stringent precautionary measures, the election of the Office - bearers and other Members of the Council of the Asiatic Society, Kolkata for 2020-22 and all processes associated therewith will be put on hold until further notice. Any further course of action will be based on an assessment of the evolving situation.

Date: 20th March, 2020
Time: 15:00 hrs.
Place: Kolkata


[Professor Jayanta Sengupta]
Chairman, Election Committee
The Asiatic Society, Kolkata

**THE ASIATIC SOCIETY**

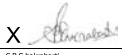
Founded in 1784
(An Institution of National Importance declared by an Act of Parliament)
and
(An Autonomous Organization under Ministry of Culture, Government of India)
1, Park Street, Kolkata - 700016
Phone : 2229-0779, 2249-7250, 2229-7251, Fax: 033-2252-0600
Website: www.asiaticsocietykolkata.org

Ref No: 34 Dated: 06/04/2020

CIRCULAR



Hon'ble Minister of Culture has desired that all officers and staff of the Ministry, its Bureau, Attached or Autonomous Organization and Public Sector Undertakings should download **AarogyaSetu** App for staying informed and alert against COVID19.

- AarogyaSetu** App is an initiative of Government of India to develop a digital bridge to fight against COVID 19. This mobile application empowers the users by informing about potential risk of infection through Bluetooth contact tracing and equips people with self -assessment tools and contextual advice. This application can be downloaded from:
Play Store: bit.ly/AarogyaSetu_PS
ioS: <https://appleco/2X1KMz0>
- All the sectional heads are requested to take necessary action in respect of their section and furnish the information about numbers of downloads done by the staff members working in their section by the afternoon of 7th April, 2020.
06-04-2020

X 
S.B.C. Chakrabarti
General Secretary

Distribution through Web Notification /WhatsApp:

- Librarian
- Controller of Finance
- Administrative Officer
- All Sectional Heads with a request that the content of the Circular may be brought to the notice of all staff members working in their section.

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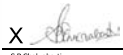
Ref No: 33 Dated: 06/04/2020

CIRCULAR

In pursuance of OM vide F. No H-13011/05/2020-Esst, dated 31.03.2020 issued by the Ministry of Culture, Govt. of India, it has been decided to appeal to all the regular officers and staff members of the Asiatic Society, Kolkata to contribute their one day's salary to the Prime Minister Citizen's Assistance and Relief in Emergency Situation (PM CARES) Fund to aid the Government's effort to fight the Corona virus pandemic.

- Any officer or staff member of the Asiatic Society, Kolkata having any objection in this regard may intimate the Administrative Officer or the Controller of Finance of the Society through e mail [gs.asiatic@gmail.com] or text message/WhatsApp [94346 08396 ; 98301 93901] latest by 11th April, 2020.
- All the sectional heads are requested to take necessary action in respect of their section.

06-04-2020

X 
S.B. Chakrabarti
General Secretary

Distribution through Web Notification /WhatsApp:

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- Administrative Officer
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deadly microbial attack so suddenly and silently penetrated into the large number of human bodies.

In our case, we have experienced perhaps for the first time in life such unusual situations like total curfew, lockdown, physical (or social) distancing, isolation, quarantine and so on. Observance of protective practices including personal hygiene and healthcare measures have become a must-do precondition in this context. This extraordinary situation has also provided us with an opportunity to relook into many finer nuances embedded in such problematic spectrum. We have felt inclined to know the distinction between epidemic and pandemic, quarantine and isolation, SARS (Severe Acute Respiratory Syndrome) and Corona virus, respirator and ventilator, the impact in epicentre and pericentre and so on and so forth. Public awareness has become a real national concern in a big way for fighting out such emergent killer disease. The World Health Organization (WHO) declared on March 11, 2020 Corona virus outbreak as pandemic (a disease prevalent over a whole country or the world) due to global spread and magnitude and virulence of the disease.

As far as the Asiatic Society, Kolkata, its members and staff members are concerned, we can modestly claim that we have taken all possible steps in creating general awareness, continuing with all possible preventive measures to contain the possibilities of its negative impact on them so far. It has been appreciated, on record, by the Hon'ble Secretary, Ministry of Culture, Govt of India, during his video conference with different organizations under the said Ministry on 19.03.2020. We have also taken care within these constraints of lockdown to activate the air-conditioning machines in the Museum section to protect our invaluable treasures of manuscripts with the help of security staff who remained on duty during this trying time.

We sincerely hope to tide over this unimaginable fatal phenomenon collectively with all others hopefully at an early date. We also look forward to come back to our committed academic programmes and various other activities in full strength with the active co-operation from our members, staff members and well-wishers. Till such time please take individual and collective care and stay safe.



The Pandemic COVID-19

Dr Sankar Kumar Nath, Consultant Oncologist &
Member of the Academic Committee of the Asiatic Society

COVID-19 virus is a new (novel) coronavirus and was originated by December, 2019, the spread of which at present has been totally accelerated from human to human transmission. The first incidence of such infection has been reported unofficially in Wuhan, China on 17 November, 2019 and later on this infection by COVID-19 virus was confirmed by the World Health Organization (WHO) on 8 December, 2019.

The disease COVID-19 quickly went on spreading from one country to another and at least 208 countries have been affected globally so far. As a result WHO declared it as Pandemic on 11 March, 2020 and called the disease as COVID-19 in February, 2020 (CO=corona, VI=virus, D=disease and 19=2019 the year in which the outbreak started) and the full name of this virus is given as SARS-CoV-2 i.e. Severe Acute Respiratory Syndrome Coronavirus 2).

Earlier in 2003-04, outbreak of another type of coronavirus occurred globally. It was known as SARS-CoV-1. Then came the MERS-CoV i.e. Middle East Respiratory Syndrome Coronavirus in 2012, still to be existing.

But this new or novel coronavirus is somewhat aggressive in nature in comparison with the previous ones. COVID-19 is highly infectious in nature and transmitted from human to human by the droplets during coughing, sneezing and talking while people come in close contact amongst themselves at least within 1 to 3 meters.

It is to be noted that this virus can survive on an inert object like paper, cardboard for 24 hours and on plastics or stainless steel for 72 hours.

Infection by COVID-19 virus produces similar symptoms like other Flu-diseases including dry cough, fever, sneezing, runny nose, fatigue, breathing difficulties and nausea, vomiting, diarrhea to some extent.

COVID-19 patients actually die from multi-organ failure in a state of progressive pneumonia although death rate in COVID-19 is not so high.

What is an incubation period of this disease? This is the period between exposure to a

pathogenic organism and the appearance of the symptoms. In case of COVID-19, the incubation period is ranging from 2 to 14 days, on an average it is mostly from 5 to 6 days.

Diagnosis of COVID-19 is done by swab test known as reverse transcription polymerase chain reaction. The test is done by taking nasopharyngeal swab and result is usually obtained within a few hours to 2 days. Now the Indian Council of Medical Research (ICMR) has recently released an interim advisory for use of rapid antibody test for COVID-19.

As there is no specific treatment for COVID-19, the prevention is the only way to fight against the disease process. These are as follows :-

1. To wear a face-mask
2. To cover coughs and sneezes with tissues or inner elbow
3. To wash hands off and on with soap and water for 20 seconds. Do not touch your mouth, nose or eye before washing your hands.
4. Or you can use an alcohol-based sanitiser with at least 60% of alcohol.
5. Take lot of water and balanced diet including Vit C containing foods.

Please remember :-

1. To keep social or physical distancing from other people (as in lockdown)
2. Do not assemble or take part in any social gathering, rather discourage it.
3. Any of the symptoms as stated above, if found to exist, do contact your house physician or hospital/ clinic recommended by the government
4. Keep close vigil to the children, aged persons, people suffering from hypertension, diabetes, kidney disease, lung disease, cancer etc. because they are more prone to getting the infections easily.
5. Please abide by the advice as per scheduled by the WHO.

Coronavirus Disease 2019: An Overview and Update

Dr. Agnibha Maiti, Assistant Professor, Dept of Medicine, I.P.G.M.E & R, SSKM Hospital
Prof. Anup Kr Bhattacharya, Dept of Medicine, Agartala Govt Medical College, Tripura

Introduction

Novel Corona-virus(Covid-19) pandemic is one of the biggest threat to the mankind and society today. There are several lakhs of Covid-19 confirmed diagnosed patients worldwide including India and several thousands have died till date. Covid-19 was first reported in December 2019 in Wuhan city of China. Till then it has spread across the world and significantly impacted the community health. Covid-19 is the infectious disease caused by the most recently discovered corona-virus.

Epidemiology

Corona viruses are a large family of viruses which may cause illness in animals or humans. In humans several corona viruses are known to cause respiratory infections ranging from common cold to severe disease such as middle east respiratory syndrome(MERS) and severe acute respiratory syndrome(SARS). The most recently discovered corona virus is causing covid-19. The virus that causes Covid-19 and the one that caused the outbreak SARS in 2003 are related to each other genetically. But the diseases they cause are quite different. SARS was most deadly but less infectious than Covid-19. There have been no outbreaks of SARS anywhere in the world since 2003. Understanding the transmission risk is incomplete. Person to person spread is thought to occur mainly via respiratory droplets. Virus released in the respiratory secretion when a person with infection coughs, sneezes or talks and can infect another person if it makes direct contact with the mucous membrane. Infection

can also occur if a person touches an infected surface and then touches his/her eyes, nose or mouth. Droplets typically dont travel more than 6 feet.

Clinical Features

The incubation period of Covid-19 is thought to be within 14 days following exposure with most cases occurring approximately 4-5 days after exposure. The spectrum of symptomatic infection ranges from mild to critical. Most infections are not severe. The most common clinical features are fever, dry cough, tiredness. Some patients may have headache, bodyache, nasal congestion, anosmia, sore throat or diarrhoea. This symptoms are usually mild and begin gradually. Some people become infected but don't develop any symptoms and don't feel unwell. Most people recover from the disease without needing special treatment. Severe disease (eg. with dyspnea, hypoxia, or >50 percent lung involvement on imaging within 24 to 48 hours) was reported in 14 percent. Critical disease (eg. with respiratory failure, shock, or multiorgan dysfunction) was reported in 5 percent. The overall case fatality rate is 2.5 to 5%. Older age group and patients who have other co-morbidities like diabetes, hypertension, chronic obstructive pulmonary disease are more prone to infection and has a high case fatality rate.

Evaluation and Diagnosis

In patients with Covid-19 infection White Blood Cell count can vary. Leucopenia, leucocytosis, and lymphopenia have been reported. Elevated lactate dehydrogenase, ferritin, pro-calcitonin

and elevated amino transferase level has also been described. Chest C.T. in patient with covid-19 most commonly demonstrate ground glass opacification with or without consolidative abnormalities consistent with viral pneumonia. Patients who meet the criteria for suspected cases should undergo collection of naso-pharyngeal or oro-pharyngeal swab and detection of SARS-COV2 RNA by reverse transcription polymerase chain reaction. Covid-19 rapid test qualitatively detects IgG and IgM antibodies to SARS-COV-2 in human whole blood, serum and plasma samples by immuno chromatography.

Management

At the moment the therapeutic strategies to deal the infection are only supportive and prevention end at reducing transmission in the community is our best weapon. Home management is appropriate for patients with mild infections who can be adequately isolated in the outpatient setting. Home isolation are needed for > 72 hrs afebrile or 7 days after symptom onset whichever is longer or two negative samples 24 hours apart. Moderate to severe cases should be admitted and treated with oxygen supplementation, anti-pyretics, anti-tussive, antibiotics as indicated. Hydroxychloroquine may be considered in some cases. For prevention of Covid-19 Hydroxychloroquine is the drug of choice as of now. Asymptomatic health care workers and asymptomatic household contact of laboratory confirmed cases should take 400mg twice a day on day 1, followed by 400mg once weekly for next 7weeks; to be taken with meals.

Important Steps For Preventing Transmission in the Community

- Diligent hand washing, particularly after touching surfaces in public. Use of hand sanitizer that contains at least 60 per cent alcohol is a reasonable alternative if the hands are not visibly dirty.

- Respiratory hygiene(eg. Covering the cough or sneeze).
- Use triple layer disposable surgical mask if you have any respiratory symptoms.
- Avoiding crowds (particularly in poorly ventilated spaces) if possible and avoiding close contact with ill individuals. Also try to maintain a safe distance of 1 metres.
- Avoid handshakes, hugs and kisses.
- Avoid non-essential travels/gatherings.
- Avoid holding on railings of steps.
- May use pens for switching on lights in common areas, lift buttons.
- At hospitals, avoid keeping patients files on bed.
- Use gloves. Cleaning and disinfecting objects and surfaces that are frequently touched.
- Used mask and other personal protective equipment should be considered as a potentially infected material and it should be disposed separately in an infectious waste disposable bag.

Conclusion

It is normal to feel sad, stressed, confused, scared or angry during a crisis, talking to people you trust can help. When staying at home maintain a healthy lifestyle- including proper diet, sleep, exercise and social contact with loved one. Don't use smoking, alcohol or other drugs to deal with your emotion. If you feel overwhelmed talk to a health worker or counsellor.

Like any epidemic Corona cannot be prevented without social bonding or initiative. Social distancing excludes it. Therefore we must talk about physical distancing and social bonding (PDSB) instead of social distancing while fighting corona. The poor, under privileged, elderly can be supported by this social bonding. Health is a right and a social responsibility. Social distancing denies it but physical distancing and social bonding takes up that task.

COVID 19 and Basic Principles for Maintaining A Healthy Workplace

Arupratan Bagchi, Administrative Officer, The Asiatic Society

What is COVID-19?

COVID-19 is a respiratory infection caused by a new strain of coronavirus. COVID-19 is the name given by the World Health Organization (WHO) on March 11, 2020 for the disease caused by the novel coronavirus SARS-CoV-2. It started in Wuhan, China in late 2019 and has since spread worldwide and been classified by the WHO as a global pandemic.

COVID-19 is an acronym where 'CO' stands for corona, 'VI' for virus, 'D' for disease and '19' for 2019.

What is a coronavirus?

Coronaviruses are common human and animal viruses. They were first discovered in domestic poultry in the 1930s. In animals, coronaviruses cause a range of respiratory, gastrointestinal, liver, and neurologic diseases.

The word "corona" is Latin for "crown." A coronavirus is a type of virus that has crown-like spikes around it. That's why it has the word "corona" in it.

Only seven coronaviruses are known to cause disease in humans. Four human coronaviruses cause symptoms of the "common cold." Three human coronaviruses cause much more serious lung infections, also called pneumonia: SARS-CoV in 2002 (Severe Acute Respiratory Syndrome or "SARS"), MERS-CoV in 2012 (Middle East Respiratory Syndrome or "MERS"), and SARS-CoV-2 (the current pandemic known as COVID-19).

What is a novel coronavirus?

A "novel" coronavirus means that it is a new type of coronavirus that has not been previously identified in humans. This means it is different from coronaviruses that cause the common cold, and those that caused SARS in 2002 and MERS in 2012. Like, SARS and MERS, the novel coronavirus is a zoonotic disease which begins in animals and is transmitted from animals to people.

What are the symptoms of COVID-19?

The symptoms of COVID 19 are similar to the flu or the common cold. These symptoms include fever, dry cough, tiredness and shortness of breath. In more severe cases, infection can cause pneumonia or breathing difficulties. Most people (about 80%) recover from the disease without needing special treatment.

More rarely, the disease can be serious and even fatal. Older people, and people with other medical conditions (such as asthma, diabetes, or heart disease), may be more vulnerable to becoming severely ill.

What is the treatment for COVID-19?

There is no specific medicine to treat coronavirus disease (COVID-19). There is also no currently available vaccine for COVID-19. However, many of the symptoms can be treated and getting early care from a health professional can make the disease less dangerous. In some cases, people may need supportive care to

help them breathe. If an individual has mild symptoms, he/she should stay at home, take rest and sleep, drink plenty of liquids and use a room humidifier or take a hot shower to help ease a sore throat and cough.

How does COVID-19 spread?

The virus is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing and sneezing). Individuals can also be infected from and touching surfaces contaminated with the virus and touching their face (e.g., eyes, nose, mouth). The COVID-19 virus may survive on surfaces for several hours, but simple disinfectants can kill it.

How can the spread of COVID-19 be prevented?

The key is not to stop the disease, but to slow down its spread. As with other respiratory infections like the flu or the common cold, public health measures are critical to slow the spread of illnesses. Public health measures are everyday preventive actions that include:

- washing hands frequently and carefully with soap and water
- avoid touching any part of the face
- stop shaking hands and hugging people for now
- covering mouth and nose with flexed elbow or tissue when coughing or sneezing. Dispose of used tissue immediately
- cleaning and disinfecting frequently touched surfaces and objects.
- Maintaining Social distancing or more specifically physical distancing and
- staying home when sick.

What are the basic principles for maintaining a healthy workplace?

Following basic principles can help keep employees safe at workplace and help stop the spread of this disease:

- The office should ensure proper cleaning and frequent sanitization at its every

places. Arrangement should be made to clean and disinfect office premises, workrooms, kitchens and dining facilities, and especially water and sanitation facilities at least once a day, particularly surfaces that are touched by many people (railings, door and window handles, etc.)

- The office should ensure regular supply of hand sanitizers, soap and running water in the washrooms.
- It should enforce regular hand washing with safe water and soap, alcohol rub/hand sanitizer. It should prepare and maintain hand washing stations with soap and water, and if possible, place alcohol-based hand sanitizers in each workroom, at entrances and exits, and near canteen and toilets.
- The office should promote social distancing (limiting large groups of people coming together)
- Entry to the workplace should be restricted and all the employees and other essential visitors should be screened at the Entry point through IR thermometer and provided with a drop of hand sanitizers.
- Masks and Gloves should be provided to the Janitorial and Security staffs of the workplace.
- Employees feeling unwell should not come to the workplace.

What are the essential steps for implementing effective social distancing in workplace?

Social distancing is the practice of maintaining a greater than usual physical distance from other people or of avoiding direct contact with people or objects in public places during the outbreak of a contagious disease in order to minimize exposure and reduce the transmission of infection.

Effective social distancing practices in workplace may include:

- The office should continue to work with minimum number of employees to meet emergency services and all remaining employees should work from home.
- While making such arrangement, officials who are residing in close proximity to their office or use their own transport to travel to the offices should be considered for attending the office.
- The working hours for all employees who attend office on a particular day should be staggered.
- Wherever possible, meetings, workshops, seminars and other events that create crowded conditions should be cancelled/postponed.
- When possible, create space for employees' desks to be at least one metre apart.

the basic information about coronavirus disease (COVID-19), including its symptoms, complications, how it is transmitted and how to prevent transmission. They should be informed about COVID-19 through reputable sources such as UNICEF, WHO and Ministry of Health and Family Welfare advisories. All the employees should be aware of fake information/myths that may circulate particularly through social media.

The Office should coordinate and follow guidelines from the WHO and Ministry of Health and Family Welfare. It should share known information with employees, provide them updated information on the disease situation, including prevention and control efforts at the workplace.

The world at present is dealing with a Pandemic and hope we all work together to fight it for a **pink of health and wellness**.

What are the key roles of Information Sharing among the employees?

All the employees should understand

Source: Various Advisories from WHO, UNICEF, and Ministry of Health & Family Welfare, Govt of India



Staying Connected in An Unconnected World

Swapan Kumar Pramanick, Vice-President, The Asiatic Society

The nation wide lockdown is on the tenth day today. Even before it formally started, on 22nd March, 2020 through a declaration by Prime Minister, Narendra Modi, there was a "Janta Curfew" for one day and a lockdown declared by the West Bengal Government. Programmes in the Asiatic Society stood cancelled at least one week before that. I was to participate in a two-day seminar jointly organised by the Asiatic Society and the Dibrugarh University to be held at Dibrugarh on 18,19 March, 2020 for which I had purchased ticket also. But seeing that things have started worsening I did not take the risk of air travel and cancelled the trip. Later on I was informed that the programme itself has been "postponed" due to the very unusual situation.

So, since the middle of March, 2020 I am locked in my house. My friends and well-wishers are additionally worried for me since this virus has a particularly adverse impact on the aged people. Even my routine morning work which I have been diligently following since the last two decades has been stopped. Though the Government has allowed the essential services market to remain open and though a good number of people now unnecessarily flock to these places defying all norms of security, both for self and for others, I am not venturing out even for these purposes. My daughter, who is a medical practitioner who is going out to the hospital along with my son in law, who is also a doctor – and their risk exposure is causing additional tension for me – are sending all the necessities to my house so that I do not have to venture out. So, that is what my life is at the moment – solidarity, lonely and tension ridden. But am I that lonely? Am I really living alone? Am I 'socially distanced'? More appropriate term in place of social distance would have been physical distancing. The fact is that I am in an interaction mood – though physically remaining separated from the larger society. That television is on, the web

portals are on, the smart phone is active. Technology has enabled me to arrange collateral meetings all at a time with my extended family members living in different parts of the country and abroad. I can see live pictures of the deserted streets either California or London or Hambrook. Level of interaction has widened and deepened because everybody is at home and everyone has sufficient time at his hand to dispose of. A thing which was unthinkable at a time when life was normal and everybody was busy. For the first time home has really become 'home'.

And, as it is normal to human beings, everybody is trying to adjust himself to the new situation which has not been experienced by anybody in his life time. The spectra of death is there – nobody knows who will be the next victims of this deadly virus. The news channel are now the messenger of death across the world. People are dying everyday in thousands. And yet, amidst this gloomy situation worldwide, people are inventing newer ways of networking, staying connected in an otherwise unconnected world. For the first time, family has become a worthy place to live in. Relatives and friends who couldn't perhaps contact earlier because of business are now regularly keeping track of me. Facebook has now enabled many lost friends to reappear again. Films which I missed viewing earlier are now being enjoyed. Many books which I cherished earlier to read, are now being read through the net. Friends with whom I remain disconnected because of misunderstanding, have come forward and renewed the bond of friendship once again. In other words life has got a new meaning, a new set of priorities, a new type of social bonding in an 'unconnected world'. I have come to learn that physical distance has not the barrier to remove social distance. Now when I am used to it, 'lockdown' doesn't appear to me is deadly as it was during the initial period.

My Days in Isolation : A Few Reflections

Tapati Mukherjee, Library Secretary, The Asiatic Society

At a crucial juncture when the entire world is grappling to combat Covid 19 virus caused pandemic - a monster thrust upon mankind challenging our basic survival, we were put into nationwide lockdown for 21 days - a crucial but inevitable decision to save us from total disaster and peril. Most of us are baffled and rushed to shops and markets to procure food items, medicines and whichever is available. The aged and infirm were in more distress as they had to depend upon others.

It is a fact that this concept of isolation or quarantine is quite familiar in our Indian concept as is evinced in the recommendation for isolation in case of contagious diseases like smallpox to prevent further contamination. In Indian literature also, there are instances of this quarantine phase. One is reminded of Amal in Tagore's drama *The Post Office (Dakghar)*, who has been put into home quarantine as a remedy for his unexplained disease.

But the present lockdown is a bit different. For the first time in post-independence India, the entire milieu has been advised to stay at home to be safe and "social distancing" has been publicized as the

only remedy to combat this menace. Any violation of this decree is considered as a culpable offence.

At first we felt exasperated and frustrated for being locked up within the four walls of our homes.

But as the days passed, certain solace and hitherto unexplored feelings slowly and gradually emerged. For the first time, we could presumably realise the silent contribution of our household staff who used to assist us in our daily core, but seldom offered due weightage. Now their absence due to this lockdown has forced us to realise and appreciate their role in our daily life.

Against a backdrop when migrant workers had to walk miles after miles to reach home, we are indeed delighted to find that students and staff of various universities in Bengal are organising community kitchen in the universities to feed the underprivileged. As a teacher, I feel proud to find ex-students of a reputed school reaching out to their former teachers with a zeal to supply essentials and medicines. Equally remarkable is the illustration set by the police officers at Gariahat junction



who took upon themselves the cudgel of making people aware of the Corona threat by music and song - an unheard of experience. In this hour of crisis, we express our sincerest gratitude to our doctors and medical staff who are staking their lives to make us corona-free.

This lockdown has another significant aspect. There may be physical distancing, but mentally a new sense of togetherness has emerged. I received phone calls, messages from my friends and relatives who were left into oblivion for quite a long stretch of time presumably due to our busy schedule. This sudden forced isolation has revived our lost relationship. Our humane face has once again been resurrected like the pollution free environment.

Our isolation may be aimed to eradicate a virus, but at the same time it promotes solidarity and self-introspection.

So let us endure our isolation in a good spirit.

Future of the Past: A Short History of COVID-19 and the World Beyond 2020

Arun Bandopadhyay

Historical and Archaeological Secretary, The Asiatic Society

For reasons more than one, the short period from November 2019 to April 2020 (the last six months in other words) in the long recorded history of the mankind in the last 10,000 years seems to mark an extraordinary phase, the full nature of which is still unknown to us. It is extraordinary because the specter of a virus located sometime in November 2019 in the country of its origin (China) spreading over more than 200 countries of the world, and the rapidity of the scale of its havoc only partly visible in April 2020. It is also extraordinary because of its medical, social, economic, political and even cultural dimensions, the long range of which is still to be fully comprehended by the mankind. It will be quite in order, therefore, to look into the history of this virus, scientifically identified as Covid-19, a brief re-visit of its causation and course, along with its comparison with some of its nearest historical parallels such as the Great Spanish Flu of 1918-20, and of course the long repercussions of the short period for the world beyond 2020, to the extent it is possible to visualize at present.

It is quite understandable that there are hurdles even for the construction of the rudiments of a brief history of what is popularly known as Corona virus at this stage. Our knowledge is limited about its origin, evidence scanty and sporadic, and because of the frequent mutations of the virus, the history of its past partly lies in the exposure of its nature in future. However, there is no denying the fact that the most unique feature of Covid-19, where co stands for Corona, vi stands for virus, and 19 stands for 31 December 2019 when the detection of the virus was officially announced by the World Health Organization

(WHO). The naming followed the WHO's declared policy of *not identifying* any virus with a locality, region or country.

But there is a history even before the official announcement of Covid-19. The earliest reported infection has been unofficially reported to have occurred on 17 November 2019 in the city of Wuhan, the capital of Hubei province in China. It has been identified as an infectious disease caused by Severe Acute Respiratory Syndrome (SARS) of 2002 but now mutated and extended as Corona virus 2 (SARS-CoV-2). The virus is thought to be natural and have an animal origin, through spillover infection. The origin is unknown but by December 2019 the spread of infection was almost entirely driven by human-to-human transmission.. A study of the first 41 cases of confirmed COVID-19, published in January 2020 in *The Lancet*, revealed the earliest date of onset of symptoms as 1 December 2019. Official publications from the WHO reported the earliest onset of symptoms as 8 December 2019. Covid-19 began to spread beyond China with great rapidity with the new year of 2020, in various countries of the World, first in Europe, then in the USA and in countries of Asia, Africa and Australia, so much so that the WHO declared the 2019–20 Corona virus outbreak a Public Health Emergency of International Concern (PHEIC) on 30 January 2020, and a Pandemic at a global scale on 11 March 2020.

Several things are apparent from this narrative of causation and course of Covid-19. First, Corona viruses are a large family of zoonotic viruses that cause illness ranging from the common cold to severe respiratory diseases.

Zoonotic means these viruses are able to be transmitted from animals to humans. There are several corona viruses known to be circulating in different animal populations that have not yet infected humans in recorded history. COVID-19 is the most recent to make the jump to human infection. Is it because of a larger environmental imbalance between man, animals and natural habitats? We do not know. We also do not know if several other corona viruses are coming to affect human populations in future

Second, corona viruses are typical examples of mutation and change unthinkable by human intellect beforehand. It is precisely because of this that most scientists have considered the Covid-19 outbreak not as human contrivance but as result of natural mutation, developments impossible to produce in laboratory tests. There is no extant vaccination of Covid-19 so far, and by all reasonable calculation, we have to wait till 2021 to have something like that. However, we do not know if and when Corona will again mutate its nature, posing further difficulties for the mankind.

Third, the outbreak of Covid-19 at the unprecedented global scale raises further questions on its management. Should it be confined on the control and containment in the realm of virology only or extended to the control and projection of society, economy and politics? The problem is further deepened because there is no extant medicinal cure of it, and most available methods are preventive ones, whatever may be their efficacy. Hence come the questions of quarantine, isolation, test and treatment with far-flung problems of their management. Some of these preventive methods are lockdowns, partial or total, for a short or longer periods, making forced physical and social distance, but all having definitive impact on the state and conditions of society, economy and politics. There is a plausible dichotomy in the entire effort with its attendant problems, and there is no solution in sight.

Herein comes the crucial issue of searching historical parallels of this endemic in the past,

aspiring for lessons from history. Admittedly, there is a viable argument in this, and following this we may go about 100 years back from Covid-19 to find a comparable case in the Great Spanish Flue of 1918-20. But, as argued by Robert Peckham, Covid-19 can lead to some “non-lessons from history” also. First of all, there are problems with analogical views of the past because they constrain our ability to grasp the complex place-and-time-specific variables that drive contemporary disease emergence. In his famous book *Permanence and Change: An Anatomy of Purpose* (1935, reprint 1984) Kenneth Burke, borrowed the term called “trained incapacity” from the late nineteenth century economist and sociologist Thorstein Veblen, a term further extended as “that state of affairs whereby one’s very abilities can function as blindnesses”. When the present is viewed through the lens of former disease outbreaks, we typically focus on similarities and overlook important differences. In other words, analogies create blind spots. As Burke commented, “a way of seeing is also a way of not seeing—a focus on object A involves a neglect of object B”. As Peckham elaborates it, “historians need to contest false analogies that obscure, rather than elucidate, the social processes partly driving new infections. They need to challenge efforts to corral and straitjacket the past into summary lessons. By contrast, espousing an anti-lessons approach to history might prevent trained incapacity” but can help “ensure a strategic open-mindedness”.

Historical comparison with this perspective of “non-lesson from history” in mind may give us unexpected dividend when we re-visit the Great Spanish Flu of 1918-20 in 2020. The world in 1918 had witnessed a pandemic, which claimed the lives of 55 million people, 5.5 million alone in the United States. The cause of the deaths had been ascribed to a virus, which led to high fevers, congestion of the respiratory organs and eventually a collapse of the immunity safeguards, which protected human lives. The morality rates

were particularly high in Western Europe and North America, though the cargo and passenger traffic across the Atlantic was nowhere close to normal shipping figures. The spread of this disease had remained unknown to the multitudes, possibly because the statesmen representing the victorious powers, preferred to maintain a stoic silence, lest their post First World War ideas of international security, national interests and global balance, be lost in the hue and cry of a war tired hungry citizenry. But, then there was the other side of the story, which was revealed in the Annual Reports of the Rockefeller Foundation of 1918 and 1920, when the doctors attached to the International Health Board, fully funded by the Rockefeller Foundation, spelled out some of the factors in brevity, which had led to large scale deaths, long periods of illness and near extinction of "primitive people" in regions located far off from the 'civilized' territories of the west. They argued, that people much derogatorily classified as "primitive" could ward off the imminent dangers of the epidemics, because they followed their own logic of quarantine, avoiding all possible contacts with the white men. But, the picture was a lot different in the advanced countries, which boasted of a better health care and medical institutions turning out medical graduates, well versed in western medical sciences. The reasons behind these, as upheld by the salaried medical doctors of the International Health Board, which was undoubtedly the most important global health agency before the founding of the World Health Organization, was two-fold. In the first place, the governments in the West had made little contributions towards the progress of western medicine and the weakness was all the more palpable because of the near absence of private philanthropy. The more glaring lapse was the lack of concern for many diseases, which were straight forward classified as "tropical" and the sheer antipathy for public health, with the exception of

Britain and Germany. The involvement of the International Health Board, therefore, became well marked in the spheres of public health and the eradication of epidemics. Secondly, the obvious reason behind this realization was the logic that health issues could not be overlooked, because it could pose the greatest hindrances to productivity and also had the ominous influence of razing the figures of the employable work force to the ground level, leaving the doors open for anarchy and dislocation. These arguments seem to hold some ground, when the world is battered and bruised by the pandemic caused by the Corona virus. The lesson (or non-lesson in a different sense) to be learnt comes from the age long adage that keeping a large section of the global community away from the networks of social security and social entitlements, will only lead to more dislocations and make the world more fragile than what is ever imagined. Unlike Covid-19, the devastating cause-and-effects of the Great Spanish Flu might not be immediately known to the world at large, but its implications were long-standing.

What are the consequences of Covid-19 for the world beyond 2020? It is a difficult question to answer at this moment of one of the most devastating events in the history of humanity. But two things are certain about its legacy. First, it is a remarkable departure in world history, in terms of medical, scientific, social, economic, political and cultural considerations. Probably, the world will not be the same again when we shall be able to tackle, in whatever form we can, the Covid-19. Secondly, the cause and consequence in the world beyond 2020 will be so inextricably mixed up that we are tempted to say that a significant part of the past now lies in the future. The long twentieth century probably has just ended in the true sense of the term, and the nature of the twenty-first century that followed with Covid-19 is still unknown and uncharted for many of us for more than one reason.

The Plague of Athens in Fifth Century BCE



The Plague of Athens, Michiel Sweerts, c. 1652–1654

The Plague of Athens was an epidemic that devastated the city-state of Athens in ancient Greece during the second year of the Peloponnesian War (430 BC) when an Athenian victory still seemed within reach. The plague killed an estimated 75,000 to 100,000 people and is believed to have entered Athens main city through Piraeus, the city's port and sole source of food and supplies. Much of the eastern Mediterranean also saw an outbreak of the disease, albeit with less impact. The plague had serious effects on Athens' society, resulting in a lack of adherence to laws and religious belief; in response laws became stricter, resulting in the punishment of non-citizens claiming to be Athenian. In addition, Pericles, the leader of Athens, died from the plague. The plague returned twice more, in 429 BC and in the winter of 427/426 BC. Some 30 pathogens have been suggested as having caused the plague.

Courtesy: Wikipedia

Black Death: Whom to Blame?

Urvi Mukhopadhyay, Professor, Department of History, West Bengal State University

"I know positively... that each of us has the plague within him; no one, no one on earth is free from it."

Albert Camus, *The Plague*

The plague is not only an epidemic that inflicts death amongst a large section of the population but also a devastation that completely disrupts the economic, social and moral fabric of a society. This is perhaps the reason why the pandemic of plague that occurred between 1347 and 1351, also known as the Black Death in Europe, was marked as a watershed in history. The pandemic shook the rubric of the hierarchical society of the Middle Ages as none of the privileged sections left untouched by the devastation and the general belief in their power and authorities met with steep challenges as they all were left completely helpless to counter the phenomenon called the plague. Even the known means of art of healing was proved to be wrong as the pandemic could hardly be prevented or cured by means of medical practices of the time.

In this vacuum of knowledge to counter the plague, the pandemic was initially explained as a divine phenomenon where human beings were responsible only in aggravating the misfortune by committing their sins. Historian Norman Cohn has observed that with the outbreak of plague in western and central Europe, the poorer sections of the society turned to become flagellants performing self-flagellation for their committed sins to ward off the evil of plague in Germany and France.¹

But soon the divine root of the plague became too much to handle and the people and the communities that caused the wrath amongst the divinity were targeted as the

'social enemies'. The Jewish community became an easy target for their non-Christian beliefs as well as for their association with the usury trade in an already dwindling economy. As Samuel K. Cohn Jr observes, this period could be matched with the time of holocaust when hundreds and thousands of Jews were banished, brutally murdered or sanctioned to get killed by the civic authorities from the Flanders region in the west to the eastern parts of Bavaria in west-Central Europe on suspicion of poisoning wells and civic amenities with the miasma of plague.² The mob violence against the Jews reached to such a height that the Pope Clement VI had to personally pacify them by mentioning that the Jews were also becoming victims of the epidemic as well as the Christians, which unfortunately hardly had any audiences.³

Not only the Jews, often the outsiders were also blamed for causing the plague. The plague outbreak in France coincided with the English invasion and the cotemporary French records singled out the English troops as causing and spreading the infection of plague.⁴ Thus the fighting motivation against England was further fanned by the zeal of avenging the bad omen of plague.

In the areas south of Alps however, the phenomenon of plague was often linked with the long-distance trade and particularly

1 Norman Cohn, *The Pursuit of the Millennium: Revolutionary Millenarians and Mystical Anarchists of the Middle Ages*, 2nd edn (London, 1970), p.128.

2 See Samuel K. Cohn Jr, 'The Black Death and the Burning of the Jews', *Past and Present*, No.196 (August 2007) pp. 3-36.

3 Ibid.

4 Ilza Vieth, 'Plague and Politics', *Bulletin of the History of Medicine*, Vol. 28, No.5, Sept-Oct 1954, pp.408-415.

to the trade items like textiles imported from the East. As the outbreak of the plague was first caused in the ports of Genoa and Venice when the ships from the East harbored there, it was believed that the evil of plague was actually travelled from the East along with the shipped items. Often the shipped textiles were quarantined before it could get sanctions to be sold in the markets.⁵ This practice lasted for nearly another three hundred years and made it difficult for the textile traders to sell their imported items from the Orient without the official sanction.

The myth of the origin of the plague in the East was also fanned by the early chronicle of the Black Death written by Gabriel d' Mussi where he quoted a Flemish priest, then residing in India, who mentioned that a devastating plague struck India much before Europe when in a divine act the whole atmosphere was poisoned after serpents were showered from sky there.⁶

Interestingly, contemporary records from India did not report any such divine phenomenon or any occurrence of bubonic plague in years preceding to 1347. The contemporary court chronicler Ziauddin Barani however noted down devastating famine during this time in northern and western India, but did not mention any major disruptions caused by bubonic plague. He however mentioned that there was an outbreak of epidemic in the southern region when Muhammad bin Tughlaq attacked the southern state of the Pandyas, but the symptomatic nature of the epidemic was not clearly mentioned.⁷ The

famous Moorish traveler Ibn Batuta, who was residing in India, also did not mention about any occurrence of plague in India. He however mentioned the devastation caused by the plague in Syria where he travelled much after India in his travelogue.⁸ Lakshmikanthan Anandavalli made an interesting observation when he noted that Batuta used the Arabic word *taun* to describe bubonic plague in Syria while he used the word *waba* for other epidemics, which both unfortunately, were translated to European languages as 'plague'.⁹ He is of the opinion that this error in translation caused the wrong impression that plague actually occurred in India before Europe. Secondly, he also made us conscious about the geographical area which was mentioned as India in pre-modern European records. He pointed out that the word India was mentioned for the vast area between the so-called central Asia to China. So it is also possible that the plague broke out somewhere in this area, which may not be the land which we now understand as India.¹⁰ The bubonic plague with graphical details were first reported from India almost another three hundred years later, during the reign of Jahangir where the phenomenon was mentioned along with an interesting observation on death of the house-rats preceding the epidemic.¹¹

5 Ibid.

6 Gabriele de' Mussis, "The Arrival of the Plague [Historia de Morbo]" in *The Black Death*, ed. Rosemary Horrox (Manchester, UK Manchester University Press, 1994), pp. 14-26.

7 Barani, Ziauddin. "Tarikh-i Firoz Shahi". *The History of India: As Told by its Own Historians*. Ed. Elliot, H.M. Vol. 3. New York: AMS Press, 1966. 93-255.

8 See Ibn-Battuta's Itinerary in India, Ceylon and the Madive Islands." In: Ross E. Dunn. *The Adventures of Ibn Battuta*. Berkeley: University of California Press, 2005.

9 Lakshikanthan Anandavalli, 'The Black Death in Medieval India: A Historical Mystery', *Tangents: The Journal of Liberal Arts Program at Stanford University*, Vol.6, Summer 2007, pp.20-26.

10 Ibid.

11 See Jahangir, *Tuzuk-i Jahangiri*, ed., Syed Ahmad, Sir Syed Academy, Aligarh Muslim University. Aligarh, 2007, p. 225, 226 and 259; Mu'tamid Khan, *Iqbalnama-i Jahangiri*, cd., Maulvi Abdul Hai and Maulvi Ahmad Ali. Asiatic Society of Bengal, Collage Press. 1865, Calcutta, p. 11 4- 15

Linking China as the source of the plague started when the pandemic was explained as a phenomenon that occurred along the trade route from the East. In the early eighteenth century when the first wide range historical work started in Europe, the researches often cited a Chinese Imperial Encyclopedia *Ku Chin Tu Shu Ch'eng* which recorded that a series of unspecified "pestilences" occurred from 224 B.C. in various regions of China. In 1333, 1334 and 1337 these were associated with natural disasters: floods, famines, droughts, earthquakes and plagues of locusts.¹²

However, the first mention of buboes along with plague-like symptoms were reported in China not before the mid seventeenth century in Chinese records.¹³ Writing in the mid eighteenth century, the Abbé de Guignes reiterated this view by quoting fourteenth century Arab historian Al'Marqizi who said to have noted down that the disaster of the plague was first started in Cathay and was later transported to the western regions by the Tartars.¹⁴ This view actually gained popular support when the so-called third pandemic of 1855 could be traced back to the region of Yunnan in China.

12 See John Norris, 'East or West? The Geographic Origin of the Black Death', *Bulletin of the History of Medicine*, Vol. 51, No. 1 (Spring 1977), pp 1-24.

13 Ibid.

14 Michael Walter Dols, *The Black Death in the Middle East*, Princeton University Press, 1977, pp. 33, 35.

I know positively [...] that each of us has the plague within him; no one, no one on earth, is free from it. And I know, too, that we must keep endless watch on ourselves lest in a careless movement we breathe in somebody's face and fasten the infection on him. What's natural is the microbe. All the rest – health, integrity, purity (if you like) – is a product of the human will, of a vigilance that must never falter. The good man, the man who infects hardly anyone, is the man who has the fewest lapses of attention. And it needs tremendous will-power, a never-ending attention of the mind, to avoid such lapses...

According to John Norris, the epidemiological phenomenon of plague most probably occurred in the region bordering Europe, not in India, Central Asia or in the far east. He explains that the bacteria causing the bubonic plague must have been in zoonotic stage amongst the rodents in the vast grasslands of Eurasia. With the sudden burst of human movements by trade, agriculture and the warfare between the tribes around the 13th-14th century in the steppe region, the habitat of the rodents were disrupted and the microbes residing there came out of

their zoonotic stage. But even there, the occurrence of plague was sporadic and in a sparsely populated area it never had a devastating effect as it had when it was transported to more densely populated cities of Europe and the near East.¹⁵ The comparative impact of the phenomenon of the plague could be understood if we keep the historical perceptions about the plague in these regions side by side: while the western historical narratives describe the black death as a watershed phenomenon, the indigenous narratives hardly refer to the occurrence of plague either Chinese or Indian sources.

15 John Norris, 'East or West? The Geographic Origin of the Black Death', *Bulletin of the History of Medicine*, Vol. 51, No. 1 (Spring 1977), pp 1-24.

The Story of C-E-I-P-Q

Sabyasachi Chatterjee, Department of History, University of Kalyani

C for Corona

Loosely people are talking of the coronavirus as responsible for the present situation. But truly speaking coronavirus is a common one. It is the second important virus which is responsible for our common cough and cold. The first important virus is the rhinovirus. It is the COVID 19 which is our contemporary concern. As a unique one, it has been identified as novel coronavirus.

E for Epidemic

Epidemic means a widespread occurrence of an infectious disease in a community at a particular time and space. It refers to a sudden increase in the number of cases of a disease above what is normally expected. We can see a number of epidemics in history. Among those mention must be made of the *Black Death* of the fourteenth century. It was in the period between 1346 and 1348 the epidemic spread over Italy due to plague. Approximately twenty five million people died out of approximately eighty million total population of Europe. The custom of quarantine was started from that time.

How did the germ originate then? Is there any definite answer? You would be astonished to know that like contemporary days the allegation was made against China. Sevket Pamuk, in his paper 'The Black Death and the origins of the 'Great Divergence' across Europe 1300-1600' (*European Review of Economic History*, II, C.U.P, 2007) opined that "It began to appear in China during 1330s and reached the Crimea in 1346. From the China, *Pasteurella pestis* and the plague took ship and travelled to Constantinople and Sicily in the year 1347, Egypt and Syria in 1348, and spread to the rest of Europe in the following years."

I for India

Epidemics were important problem in the history of India also. In the 3rd International Sanitary Conference held in Constantinople in 1866, allegation was made against India for spreading the germ of cholera. There was a cholera epidemic in Europe in the previous year, i.e. 1865. The Sanitary Conference was organised to address the problem. The 1866 conference is also known as *Cholera Conference*. It was said that the pilgrimage and religious fairs in British India were responsible for the spread of the germ that caused cholera. The British ruler was however not in a position to take any stringent action against religious customs as it had to face the wrath of the people just a decade earlier during the revolt of 1857. It was said that interference of the British ruler in the religious matter of the Indians was one of the causes of the revolt.

Ultimately the British ruler had to enact the *Epidemic Diseases Act 1897* after the outbreak of epidemic due to plague in Bombay. That was the first act for controlling epidemics in India.

P for Pandemic

Pandemic refers to an epidemic that has spread over several countries or continents, usually affecting a large number of people. The outbreak of Spanish Flu in 1918 was probably the foremost pandemic in history.

Q for Quarantine

All of us know now-a-days what quarantine is. It is a state, period, or place of isolation in which people or animals that have arrived from elsewhere or been exposed to infectious or contagious disease are placed. This strict isolation imposed to prevent the spread of disease.

The period of quarantine was originally of 40 days. Its history lies in Italy. Quarantine derived from the word *quaranta* (forty) and the ships were not allowed to enter the Italian port Venice for forty days to prevent the spread of the

germ of plague in the fourteenth century. The detention imposed upon ships has now been replaced by isolation imposed upon persons on arrival at a port or place, when suspected of carrying some infectious or contagious disease.

Pandemic A(H1N1)2009 [A(H1N1)pdm09]

TIMELINE

- April 15, 2009: This virus first shows up in a 10 year old patient in California.
- April 25, 2009: WHO declares this outbreak as a Public Health Emergency of International Concern.
- April 27, 2009: WHO raises the influenza pandemic alert from phase 3 to phase 4.
- April 29, 2009: WHO raises the influenza pandemic alert from phase 4 to phase 5.
- June 11, 2009: WHO declares it as pandemic.
- August 10, 2010: WHO announces beginning of post-pandemic period i.e. end of the pandemic.

FACTSHEET

- According to WHO, over 214 countries and territories reported cases of H1N1.
- WHO declares 18,500 confirmed deaths between April 2009 and August 2010.
- According to US Centers for Disease Control and Prevention (CDC), the actual H1N1 death toll is likely to be much higher than the WHO number, somewhere between 1,51,700 and 5,75,400.
- CDC estimates 12,500 deaths for US alone.
- Later a separate study reports from 19 countries, including India, puts infection rate at 24% of the total population.

Compiled by : Samik Biswas

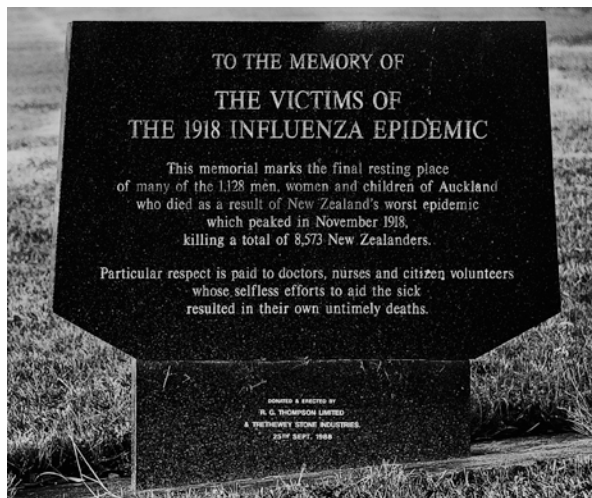
Spanish Flu 1918 (-20)

Kunal Ghosh, Fellow of The Asiatic Society and INSA

In January 1918, an unknown deadly viral disease was detected first in Spain which soon engulfed the entire Europe. French and the British armies were initially most affected. War censor suppressed the news of this dangerous epidemic and in reality they had no time for anything except their survival from the imminent defeat. Ludendorff almost won the war first through his spring and then summer offensives. German army surged deep inside the French territory and picked up the disease. In autumn, the tide turned with fresh American divisions which along with French and the British retraced the lost territory, wonderful free mixing of a deadly disease. Till the November 1918

artistic, although the disease became pandemic, no news was allowed to trickle out. Europe got devastated so was the entire world. US Army returned home and freely spread the virus and statistically produced the highest death toll. Japan is the only country which dealt with this danger most scientifically and most strictly and remained virtually unscathed. Interestingly, although it is called Spanish Flu and the source is believed to be the French-British army compounded by poor food

and hygiene, alternate hypothesis suggests the root to be, like Coronavirus, in China. In India, it was brought by the Army regiments returning particularly from Flanders and hence the worst affected areas were Garhwal, Kumaon, Punjab etc. Bengal Regiment newly raised with Bengalees went only to Mesopotamia and hence were relatively safe. As British censored all the news, people gave a name, "ladai ka bimari". But the real danger came later, a mutant as the second wave, then designated as "influenza". People died like flies. Even cremation was not possible. In the hills, bodies were thrown into the gorges with only one burning charcoal in the mouth. This turned the famous leopard of



Rudraprayag into a man eater (vide Jim Corbett). Like Bengal famine, British tried to hide all the related information but later reasonable estimation leads to the death toll figure as high as 1.8 crores and that too with a much lower Indian population. The figure is not at all unusual. About 50 crores, one

fourth of the then world population, was affected and at least 5 crore died; death can be as high as 10 crores as no figures from many countries like China are not available. This pandemic preyed till December 1920, full three years.

Spanish Flu in India

Subhasis Biswas, Professor, Department of History, Jadavpur University

The Spanish flu or 1918 flu was a deadly influenza pandemic. Lasting from January, 1918 to December, 1920 it infected 500 million people – about a quarter of the world population at that time. The number of deaths estimated from 17 million to possibly as high as 100 million, making it one of the deadliest pandemics in human history.

But the Spanish Flu is not a Spanish phenomenon neither did it originate in the country of Spain. The most affected countries like Germany, the United Kingdom, France and the United States did not want to highlight this deadly event to maintain the morale of the world war. These countries did not impose or advise any kind of social distancing which was in those days also scientifically necessary to keep the infection away. The news came to the newspaper pages of a neutral Spain, and it was named as 'Spanish flue' for this reason.

In India, the first public entry of the virus was said to be coincided with 28th May, 1918 when one ship reached the Bombay shore. On June 10th, 1918, several police sepoy were admitted to the hospital as influenza patients. The flu caused 18 million casualties which was six percentage of the country's population at the time. The country was affected from Kashmir in the north to Kanyakumari in the south. A report released by the Sanitary Commission in 1918

documented that all the rivers of the country including the Ganga was clogged up with dead bodies.

There were some interesting features of these deaths in India. It was the only country where women died more than men in number. Perhaps women had lesser immunity than men as they usually ate less than men in the country.

The British found themselves incapable of handling the crisis at this scale. So many local and caste organisations mobilized themselves to assist relief efforts. Such grass root organisations became united for the single cause created by the flu besides other political reasons.

As a result, the newcomer in Indian politics Mohandas Karamchand Gandhi managed to garner support of the grass root organizations of the National Movement. The 1918 flu indirectly helped Gandhi to develop himself as a mass leader. Such crisis creates unity and a central leader is the need of the time, particularly in such a diversified country like India. Covid-19 of 2020 can also give a scope to India to be united and it can give the country a scope of leadership. Only the future will say whether the country has already found such leader or will find in the near future. This way Spanish flu is important not only in the history of medicine in India, but also history of nationalism in a country like India.

The highly infectious Spanish flu had swept through the ashram in Gujarat where 48-year-old Gandhi was living, four years after he had returned from South Africa. He rested, stuck to a liquid diet during "this protracted and first long illness" of his life. When news of his illness spread, a local newspaper wrote: "Gandhi's life does not belong to him - it belongs to India".

The Curious Case of Tuberculosis

Samik Biswas, Publication Division, The Asiatic Society

There was a time when in literature, painting, play, film and many other forms of art, death and sufferings of / from tuberculosis (TB) were quite frequent, both in India and abroad. In recent times this rhetoric seems not in vogue, even in our own country. The fact that India has registered more than 4,40,000 (four lakhs forty thousands!) TB deaths in 2018, according to World Health Organization (WHO), is even pushed further back by recent hue and cry over COVID-19.

The Disease

Tuberculosis is a communicable disease caused by the bacillus *Mycobacterium tuberculosis*, which is spread when people who are sick with TB expel bacteria into the air; for example, by coughing. It typically affects the lungs (pulmonary TB) but can also affect other sites (extrapulmonary TB). According to a report of WHO, published in 2019, about a quarter of the world's population (1.7 billion or 170 crores) is infected (latent) with *M. Tuberculosis* and thus at risk of developing TB disease.

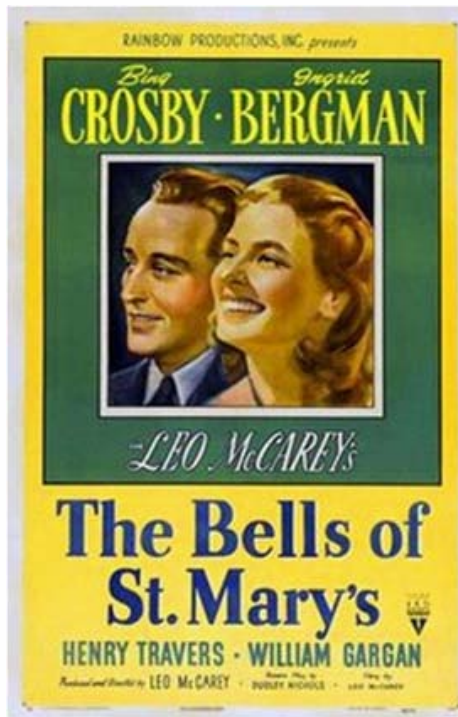
Looking Back

In 1882, Robert Koch identified the etiologic

agent *tubercle bacillus* as the cause behind the disease and got Nobel Prize in Medicine in 1905 for this path breaking discovery. It has been hypothesized that *Mycobacterium* may be

originated in the Jurassic period. Old medical texts emanating from different parts of the world – in ancient lands of India, China, Egypt, Babylonia and Greece – portray the disease through its different names. Father of Allopathic Medicine, Hippocrates (460-370 BCE) called TB as phthisis and warned his students against treating persons in the late stages of the disease because all of their patients will die and their image as a doctor would be tarnished. Scientific research revealed typical skeletal abnormalities of tuberculosis even in the Egyptian mummies. Tuberculosis also mentioned in the Vedas, where it is called *Yaksma*.

The Sushruta Samhita, written around 600 BCE, recommended milk, various meats, alcohol and rest for the treatment of tuberculosis. In Europe through the Middle Ages and well into the industrial age, tuberculosis was referred to as phthisis, the white plague or consumption— all in reference to the progressive wasting of the victim's health and



The Bells of St. Mary's (1945) is an American film in which Ingrid Bergman plays the role of Sister Benedict, who suffers from tuberculosis.

vitality. It was the cause behind as much as one-quarter of all deaths in Europe at that time. Tuberculosis was also referred in literature as the 'captain of death'. In colonial India it was believed that TB is a disease prevalent mostly among Europeans. But later many studies revealed that diagnosis of TB in case of indigenous people was overlooked owing to greater prominence of abdominal symptoms rather than those of the chest. Moreover, on several occasions TB fever has been mistaken as malaria.

Present Scenario

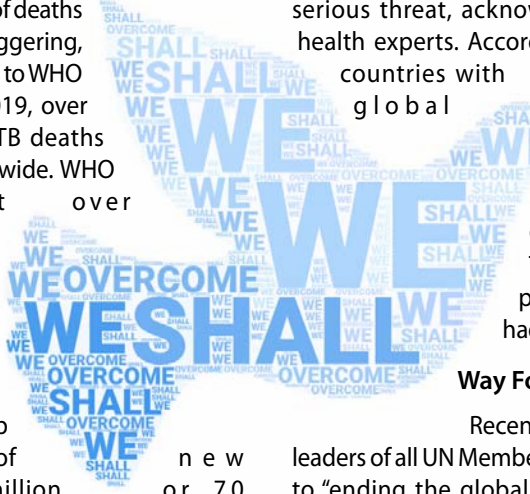
It is quite clear that tuberculosis as a fatal disease has an unmatched antiquity in the history of human civilization. Almost hundred years ago employment of BCG vaccination began and discovery of drugs like streptomycin, isoniazid etc later made mankind well equipped to fight against TB. Despite of all the efforts of public health experts, number of deaths from tuberculosis is staggering, even in today. According to WHO report, published in 2019, over 1.4 million (14 lakhs) TB deaths occurred in 2018 worldwide. WHO further estimated that over 10 million (one crore) people fell ill with TB in 2018 in 202 countries and territories. Despite increases in TB notifications, there is still a large gap between the number of new cases reported (7.0 million or 70 lakhs) and the estimated 10 million or one crore incident cases in 2018. This gap is due to a combination of underreporting of detected cases and underdiagnosis (i.e. people with TB do not have access to health care or are

not diagnosed when they do), WHO added. Ten countries accounted for about 80% of the gap, with India (25%), Nigeria (12%), Indonesia (10%) and the Philippines (8%) accounting for more than half of the total. TB affects people of both sexes in all age groups but the highest burden is in men (aged ≥ 15 years), who accounted for 57% of all TB cases in 2018. By comparison, women accounted for 32% and children (aged < 15 years) for 11%. Among all TB cases, 8.6% were people living with HIV, clarifies WHO. Eight countries accounted for two thirds of the global total: India (27%), China (9%), Indonesia (8%), the Philippines (6%), Pakistan (6%), Nigeria (4%), Bangladesh (4%) and South Africa (3%). The figure is astonishing as far as India is concerned. Among every four TB patients one is from India.

Multi-drug-resistant TB, infection caused by bacteria that are resistant to treatment with at least two of anti-TB drugs, is also a very serious threat, acknowledged by the public health experts. According to WHO, the three countries with the largest share of the global burden were India (27%), China (14%) and the Russian Federation (9%). Globally, 3.4% of new TB cases and 18% of previously treated cases had multi-drug-resistant TB.

Way Forward

Recent WHO report states that leaders of all UN Member States have committed to "ending the global TB epidemic" by 2030, backed up by concrete milestones and targets. When the crisis of COVID-19 gets over one hope that due importance would be given to the eradication of this health menace, both in India and abroad.



Under the Shadows of a Globalized Disease

Jayanta Acharya, Former Principal, S.A. Jaipuria College

Our planet – long back turned into a global village – is now threatened by the spread of a lethal virus, infamously known as the Corona virus that has taken a toll of 75000 and more human lives in the wake of affecting more than 1.2 million people across the globe within about three and a half months' time since the virus was detected.

Apart from the spread and the strike rate of this novel disease the multi-faceted reactions witnessed with its arrival and the measures adopted in different countries to control the sweep and the sway of the virus present a good number of issues to ponder over. The current experiences of suffering from and combating the disease have thrown up questions the range and depth of which merit considered and also call for serious studies and appropriate actions by those who would survive this onslaught.

We discuss here briefly the most important measure advised by medical experts and organisations like the *World Health Organisation* (WHO) to contain the spread of infection. The measure has been to enforce a lockdown on the entire community, total or selective for a given period. Almost all countries in Asia, Europe and America have followed suit by putting a near siege on the daily lives and free movement of the people. It has to be noted that such measures of clampdown on social gathering, trade, transport, schools, colleges, theatre halls, stadia et al are universally acknowledged to be the most effective and as of now the only available means of coping with this menace. Historians, sociologists, political philosophers, practitioners of all hues and disciplines will have to burn midnight lamps to explore if such consensus of the homo sapiens was ever arrived at in any phase of written or unwritten history and if ever such compliance with advisory issued by the state-heads was ever seen to have taken place on such a large scale cutting across

the divides of geography, stage of development, varying degrees of levels of education and income. May be the fear of the contagion and the prospect of waging a successful war against it, one hopes, would open up new possibilities of more and more consensus and agreements amongst the Govts, for reaching peaks hitherto unreached. May be we would see one day agreements come true on non-proliferation of nuclear weapons or on climate change directives on carbon emission reduction.

But these are the words of high hopes which infect our minds in times of calamities. But looking now at the ground level, we find how pathetically inadequate the real-time medical, technical, human resource arrangements are in place in rich as well as poor countries. This brings to the fore the all-important question of provision of public health care. The ideas of welfarism have taken a backseat in running the Govts long ago. Whatever health care for public is delivered by most states at present is shamefully at a level that leaves a majority of citizens to become easy prey to such demons as Coronavirus. But when the demon actually arrives, the contagion begins to show huge externalities. Economic theorists have held the presence of externalities responsible for failure of operation of principles of free market and have made out a case for state intervention when markets cannot take care of such externalities. The affluent millionaires cannot stay safe if the run-of-the-mill public do not stay safe. It is time to realise that the world has seen enough of free market. For a freer society across the globe free from abominable inequalities, ruthless consumption of nature and her precious resources, occasional outbreaks of such dreadful diseases that tend to globalize suffering and death we must pause to learn a few lessons as the shadows of the disease lengthen and darken.

Colossal Impact of Pandemic Covid-19 on Mental Health — Are We Prepared to Handle ?

Dr. Tapas Kumar Ray, Founder Secretary, SEVAC Mental Hospital and Clubhouse

Pandemic Corona virus has shaken the human civilization from its root just within a short span of 4 months. The entire world is now helplessly searching a way to get rid of it. India is no exception. At this stage very aptly our primary objective is to arrest the spread of the infection at second stage only at any cost as well as to develop infrastructure to treat the affected people.

But no severe medical emergency like the present one comes alone. In near future many expected and unexpected crisis will develop and put the entire society in a turmoil. So it is the need of the hour to have preparedness to handle those situations in a befitting manner.

As for example we can refer to the mental health issue. It is evident that the individuals who are infected with Corona Virus or are in quarantine are bearing an inexplicable load of anxiety; agony and stress. Such condition has a very adverse effect on their mental health.

Apart from them a considerable number of individuals who are living in 'lockdown condition' are also under the spell of severe anxiety, uncertainty, fear and stress due to varied socioeconomic factors. Different segments have different unique crises. While adolescents and children are getting irritated due to forceful confinement, their parents are tremendously worried about their job security. This is just a noticeable example. Numerous factors like this one are now acting as triggering factors of mental health impairment. Precisely, nobody of us is in a safe zone and in coming days a sizeable number of individuals might develop varied mild to severe problems.

Persons with mental illness are also very vulnerable at this stage. Widespread inexplicable

fear, anxiety and uncertainty might have adverse effect on them. The condition of the persons with mental illness coming from the disadvantaged sections is really alarming. Most of these survivors are treated in different government hospitals and get free medicines from the OPD. Now everything is closed. As a matter of fact they don't have the resource to buy medicines from outside. So now many of them have stopped taking medicines. It is obvious that such abrupt discontinuation of medicines will invite the relapse of symptoms in many cases.

Keeping all these realities in view government should recognize the mental health crisis mitigation policy as an integral part of the Corona Virus management strategy from national level to district level. No casual approach or namesake token service will lead us to the expected goal. Multifaceted service delivery infrastructure will have to be developed on war footings at district level throughout the country without any further delay.

A branch of the said infrastructure will closely monitor the mental health of the corona virus positive cases, quarantined people, individuals living in isolation as well as the health workers of all categories including the doctors who are working at the frontline and extend psychological/ psychiatric support to all of them as and when necessary.

An online care delivery system has to be developed in such a manner so that any person from any part of the country get the access to a mental health professional during a stipulated period. say from 10 in the morning to 6 in the evening. For this purpose temporary FM radio stations may be opened and the local TV Channels of the Cable Operators may be used.

Simultaneously, a Mental Health Expert Team has to be constituted in every state for monitoring the mental health scenario. It will be made mandatory that all popular T.V Channels will design a variety of need-specific programmes to ensure the mental health wellbeing of different age groups, children and adolescent in particular, in consultation with the said expert team and telecast the same at least for next four months or so as their 'Prime Time Programme'.

Last but not the least, Asha Workers, Anganwadi Workers and Community based NGO workers will be asked to track the persons with mental illness who have abruptly discontinued treatment due to the unavailability of medicines. It will be the responsibility of the BMOH to take necessary steps to supply them necessary medicines.

Since mental health has always been considered a less priority in the health care delivery infrastructure of our country, administration may treat such type of proposition useless and irrelevant in this crucial period. If this happens so, it is needless to mention that Corona Virus will take a heavy toll on mental health and lead the country to a very crucial condition.

Now I would like to highlight some humble measures, which we have adopted at SEVAC Mental Hospital and Rehabilitation Centre, which is known as the Clubhouse. Firstly we have totally sealed its campus and no outsider is allowed to come in. It does not mean that we have stopped performance and communication. In this

protective situation the members of our Clubhouse i.e. Rehab Centre, who reside in the shelter home, are performing as usual following a work order. They are also communicating with other members who have been staying at their own homes at present through Phone Call, Skype Call and Video Conference. Thus the SEVAC Clubhouse Family is performing and staying connected with each other. Such togetherness, meaningful engagement and uninterrupted psychiatric/psychological care have enabled all of them to face this unprecedented global disastrous situation, courageously.



In view of technical limitations, there may be some typographical errors and discrepancies in copy editing in the e-version of this bulletin which we shall rectify as and when print version is published. Kindly bear with us.

করোনা যেন মনকে সংক্রামিত না করে

অম্বেষা বন্দ্যোপাধ্যায়, অতিথি অধ্যাপক, মনোবিদ্যা বিভাগ, যোগমায়া দেবী কলেজ

বছর কুড়ির মেয়েটি অনেক স্বপ্ন নিয়ে দিল্লী বিশ্ববিদ্যালয়ে রাষ্ট্রবিজ্ঞান নিয়ে পড়তে গেছিল বাবা মায়ের প্রবল অনিচ্ছা সত্ত্বেও, রাজনৈতিক পরিস্থিতি তাকে কখনোই মূল লক্ষ্য থেকে টলাতে পারেনি, দিল্লীর ভয়ঙ্কর পরিস্থিতিতেও সে ছিল ঐশীরই পাশে। অত্যন্ত সাহসী লড়াকু মেয়ে অঙ্কিতা লকডাউনের পর কাঁদতে কাঁদতে ফোন করে বাড়িতে। বাবা মা এখন প্রচণ্ড উদ্ভিন্ন, চিন্তিত।

মধুবন্তীর সাথে রাহুলের সম্পর্ক ৫ বছর। রাহুলের ব্যাঙ্গালোরে চাকরি পাবার পর এনগেজমেন্টের দিন ঠিক হয়। সমস্ত আয়োজন সত্ত্বেও শেষ মুহূর্তে সরকারী নির্দেশে স্থগিত হয় ওদের বহু প্রতিশ্রুত মুহূর্ত। একা মধুবন্তি তাই এই সময়ে হয়ে গেছে আরোও একা।

গোটা দেশ জুড়ে লকডাউনের যে পরিস্থিতি তৈরি হয়েছে তাতে ঘরবন্দি হবার পর মানসিক অবস্থা এখন সবচেয়ে বেশি প্রভাবিত। এক মাস আগেও আমরা কোয়ারেন্টাইন শব্দটার সাথে পরিচিত ছিলাম না। অথচ করোনা ভাইরাস আমাদের বিশ্বের সকলকে হঠাৎ করেই প্রচণ্ড একা করে দিয়েছে। ফলে অনিশ্চয়তা, উদ্বেগ, চিন্তা ও বিষণ্ণতা হয়ে উঠেছে আমাদের নিত্য সঙ্গী। অফুরন্ত সময় আর নির্দিষ্ট কোনো কাজ না থাকার ফলে ফাঁকা মাথা হয়ে উঠছে শয়তানের আখরা আর তাতে প্রতিনিয়ত ইন্ধন দিচ্ছে সোশ্যাল মিডিয়া। নিউজ ফ্ল্যাশের মতো হোয়াটসঅ্যাপে আসা ফরওয়ার্ডেড মেসেজ টেনশন বাড়িয়ে দিচ্ছে ক্রমাগত। তার থেকে তৈরি হচ্ছে প্যানিক অ্যাটাক, মানসিক চাপ বা স্ট্রেস যা রাতের ঘুম কেড়ে নিচ্ছে। দীর্ঘক্ষণ কোনো সুগঠিত কাজকর্ম না থাকার ফলে সিগারেট খাবার অভ্যেসও বেড়েছে প্রবল। এর সাথে বিশ্ব অর্থনীতিতে আসন্ন মন্দার ভয়ও আমাদের গ্রাস করেছে। এদিকে বিশেষজ্ঞদের মত অনুযায়ী ইমিউন সিস্টেমের দুর্বলতা এই মুহূর্তে বেশ বিপজ্জনক। তবে এই দুর্বলতার কারণ কি শুধুই শারীরিক? মনের কি কোন ভূমিকাই নেই? অনর্থক নেতিবাচক ভাবনা, প্রবল টেনশন,

ভয়, ঘুমের সমস্যা এবং তার ফলে ডাইজেসটিভ

সিস্টেমের গোলমাল এইসবই

এখন ইমিউনিটি কমে যাবার মূল কারণ। তাহলে এই অস্থির সময়ে অস্থিরতা থেকে মুক্তির উপায় কী? সেই বিষয় নিয়ে আলোচনাই এই লেখার মূল উদ্দেশ্য।

মানসিক সমস্যার যে মূল বিষয়গুলো এখন বিশেষভাবে প্রভাবিত, তা হল Anxiety ও Depression। অনেকটা সময় যখন আমাদের হাতে আসে তখন আমরা সময়ের গুরুত্ব না বুঝে তাকে অপচয়ই করি নিজের অজান্তে। আর স্মার্ট ফোনের যুগে এই সুযোগের 'সদ্যবহার' একটু বেশি মাত্রায় বেড়ে গিয়েছে। ফেসবুক ও হোয়াটসঅ্যাপে প্রয়োজনের তুলনায় সময় কাটিয়ে ফেলি দীর্ঘক্ষণ, যার ফলে গঠনমূলক কাজ করার সময় কমে যায়। উল্টে ক্রমশঃ আসতে থাকা করোনার বিভ্রান্তিমূলক খবর Anxiety বাড়ায়। তাই সচেতন ভাবে সোশ্যাল মিডিয়ার ব্যবহার করা এবং এই ধরনের ভ্রান্ত খবরকে গুরুত্ব না দিয়ে সংবাদমাধ্যমের ওপর ভরসা করা খুব প্রয়োজন। বিশেষ করে রাতে টিভিতে খবর শোনা ও বিশেষজ্ঞদের মতামত, তথ্যকে সুষ্ঠুভাবে পৌঁছে দেয় আপনার কাছে। তবে এই মুহূর্তে গোটা বিশ্বের যা ভয়াবহ পরিস্থিতি তা আপনাকে আতঙ্কিত করবেই যা কিনা ভীষণভাবেই স্বাভাবিক। তবে বৃহত্তর চিত্রটা দেখলে আপনি বুঝতে পারবেন এত মৃত্যু, এত হাহাকার, দীর্ঘ পথ চলে হেঁটে আসা মানুষদের চেয়ে আপনি অনেক নিরাপদ। তাই আমাদের মানসিক উন্নতি ও সমাজের বৃহত্তর স্বার্থে কিছু অসহায় মানুষ ও পশুপাখিদের যথাসামর্থ সাহায্য করা প্রয়োজন। সাইকোলজির ভাষায় যাকে আমরা বলি gratitude। অন্যকে সাহায্য করলে এই সময় কিছুটা ভালোলাগা কাজ করবে যা আপনাকে ইতিবাচক হতে সাহায্য করবে।

এবার আসি মানসিক চাপ বা স্ট্রেসের কথায়। ভবিষ্যতের অনিশ্চয়তার কথা ভেবে আমরা এই মুহূর্তে আতঙ্কিত যা কেড়ে নিচ্ছে রাতের ঘুম আর বাড়িয়ে দিচ্ছে অ্যালকোহল বা সিগারেটের পরিমাণ।



Meditation ও Exercise এই সমস্যা কমাতে পারে বৈকি কিন্তু বেশিরভাগ সময় অস্থির মানুষের এসবের প্রতি অনিহা দেখা দেওয়ায় আমরা মনোবিদরা Relaxation Technique এর দ্বারস্থ হতে বলি যার সময়ও লাগে অপেক্ষাকৃত কম এবং Stress ও ঘুমের সমস্যায় যা বিশেষ উপকারী।

একদম প্রাথমিক Relaxation এ আপনারা Deep Breathing করার চেষ্টা করতে পারেন। ২ সেকেন্ডে নাক দিয়ে শ্বাস নিয়ে ৩সেকেন্ড ধরে রেখে ৪সেকেন্ডে মুখ দিয়ে নিশ্বাস বার করা। দিনে কমপক্ষে ৫বার এই অভ্যাস করতে পারেন।

এছাড়াও Mindfulness ও খুব কার্যকরী একটা Technique। উপরিউক্ত দুটি বিষয় বিশদে জানতে Internet এর সাহায্য নিতে পারেন।

ঘুমের ক্ষেত্রে মূলত একটি নির্দিষ্ট সময়ে ঘুমোতে যাওয়া ও ঘুম থেকে ওঠা এই নিয়ম এই সময়তেও মেনে চলা জরুরী, এতে আপনার biological clock ও স্বাভাবিক থাকবে। আর বিছানা যেন শুধু ঘুমের ক্ষেত্রেই কার্যকরী হয় অন্য কাজের জন্য চেয়ার টেবিল বা সোফা ব্যবহার করা বাঞ্ছনীয়।

সারাদিন বাড়ি থাকার জন্য যারা ঘন ঘন চা, কফি খাওয়া বাড়িয়েছেন তারা তা কমানোর চেষ্টা করুন। ক্যাফেন আমাদের মূলত ঘুম কমায় এবং নার্ভকে উত্তেজিত করে। আর যারা সিগারেট খাওয়া বাড়িয়েছেন তারা একটা পদ্ধতিতে তা কমানোর চেষ্টা করতে পারেন। যেমন যে সময়ে আপনার সিগারেট খুব প্রয়োজনীয় সেই সময়গুলো চিহ্নিত করুন। যেমন হয়ত ঘুম থেকে উঠে পেট পরিষ্কারের জন্য সিগারেট দরকার পরে বা ধরুন লাঞ্চার পর বা চা খাবার পর, এই must time টা সিগারেট না খাওয়া সমস্যার, মূলত withdrawal symptom এর জন্য। তবে এই must time বাদে বাকি সময় সিগারেটের ব্যবহার চাইলে কমাতে পারেন এবং উপায় যদি বেশ কিছুদিন মেনে চলেন তবে সিগারেটের অভ্যাস কিছুটা মুক্ত হতে পারেন।

যেহেতু এখন কাজের চাপ অনেকটাই কম এবং পুরোটাই বাড়ির মধ্যে তাই অনেক মানুষ তার পুরনো কিছু হবিকে পুনরুদ্ধার করতে পারেন। এতে চর্চাও যেমন হতে পারে পুরনো স্মৃতিও তেমন ফিরতে পারে। রুটিনমাসিক জীবনধারণ করা এই সময়েও

বিশেষভাবে প্রয়োজন। একটি তালিকা তৈরি করা প্রত্যেকদিনের তাতে প্রিয় কিছু জিনিস করে শখ পূরণও করা যেতে পারে তার মধ্যে creative কিছু বিষয়ও থাকতে পারে।

মনোবিদ অনুত্তমা বন্দ্যোপাধ্যায়ের কথায়,

“এই পর্ব কবে মিটেবে সে কথা আমরা কেউই নির্দিষ্ট করে বলতে পারি না। তাই রাস্তার শেষের কথা চিন্তা করলে আমরা অযথা আতঙ্কিত বোধ করব বা অধৈর্য হয়ে পড়ব। এই ঘটনাকে মনোবিজ্ঞানের পরিভাষায় Anticipatory Anxiety বলা হয়। সফর যখন এতটাই দীর্ঘ তখন আমাদের উচিত প্রত্যেকটা দিনকে আলাদা ভাবে দেখা। অনিশ্চয়তার উদ্বেগ কাটাতে এই পদ্ধতি কাজে আসবে। নিজের সমস্যার উপরে অতিমাত্রায় গুরুত্ব আরোপ না করে বৃহত্তর সমাজের দিকে তাকালে দেখা যাবে অনেকেই আমাদের চেয়ে বেশি কষ্টে আছেন। ঘরে ফিরতে না পারা পরিযায়ী শ্রমিকদের দুর্দশা বা আমাদেরই শহরের বহু নিঃসঙ্গ প্রবীণ-প্রবীণাদের কথা তো এ প্রসঙ্গে বলাই যায়। তখন নিজের অবস্থার নানা ভালো দিক নজরে পড়বে ও আমরা যে এই অবস্থাতেও কতটা সুযোগ-সুবিধে পাচ্ছি সে কথা বুঝতে পারব। জীবনের প্রতি এ ধরনের দৃষ্টিভঙ্গী গড়ে তুলতে পারলে আমাদের প্রতিটা দিন আরও অর্থপূর্ণ হয়ে উঠবে।”

সারাটা দিন গৃহবন্দি থাকার ফলে বাড়ির অনেকের সাথে মতান্তর হতে পারে এবং তা যথেষ্টই স্বাভাবিক। তবে দেখুন এই মুহূর্তে আমরা অনেক বেশি মূল্যবোধকে গুরুত্ব দিতে শিখছি, পারস্পরিক সম্পর্কে যে ছেদ ছিল তা মিটিয়ে নেবার সময় এখনই, তাই সময়কে ঠিক ভাবে ব্যবহার করাই এখন আমাদের মূল লক্ষ্য হয়ে উঠুক। তার সাথে দেশব্যাপী যে অসহায়তা তৈরী হয়েছে কোনভাবে যদি তার পাশে দাঁড়ানো যায়, তা আর্থিকভাবে বা নিজের উদ্যোগে তাতেও আপনার ভাললাগা তৈরি হবে।

এই বিষণ্ণতা, উদ্বেগের মুহূর্তে কাছের ও দূরের মানুষদের সাথে নিয়মিত যোগাযোগ রাখা, কথা বলাও প্রয়োজনীয় এই সময়। সমগ্র বিশ্বে এই মুহূর্তে জাতি ধর্ম নির্বিশেষে আমাদের মানবিকতাই আমাদের একমাত্র পরিচয় হয়ে উঠুক।

Visual Supports Help Autistic Students Adjust and Cope up During the Lockdown

Mitu De, Secretary (Hony.), Autism Society West Bengal (ASWB)

Lockdown due to the COVID-19 pandemic is difficult for most people as it has thrown life out of order for people across the globe. Changes in familiar activities, places or people can make all of us feel anxious. However the lockdown is especially stressful for those with Autism Spectrum Disorder (ASD) as people on the autism spectrum may not be comfortable with the idea of change. Autism is a lifelong developmental disability that affects how people perceive the world and interact with others. Autistic people see, hear and feel the world differently to other people. Even very small or slight disruptions to a routine can cause a child diagnosed with autism to feel distress and confusion.

Autism Society West Bengal (ASWB) is a parent initiated non-profit organization in Kolkata that champions the right of individuals with Autism Spectrum Disorder (ASD) to participation in areas of education, employment, and social events. A school for autistic individuals, Dikshan, a pre vocational unit, Aarohan, parent training unit, ASPIRES are at present under the ASWB management. Proven methods like social stories, visual supports, structured teaching are used regularly in school. Effective strategies are taught that help the child plan and prepare for any changes. In their classes and parent training

units the students are taught that change may occur in their daily routine. As the individual with autism need order and predictability in their lives parents were encouraged to use visual supports at home. A visual support refers to using a picture or other visual item to communicate with a child who has difficulty understanding or using language. Visual supports can be photographs, drawings, objects, written words or lists. Social stories are a learning tool that supports a

meaningful exchange of information between parents and professionals with individuals with autism. Structured Teaching is creating a highly visually based structured environment that promotes an understanding of schedules, activities and expectations.

It is a fact that most individuals with autism may be able to cope better if they can prepare for changes in advance. But this lockdown hardly gave the parents of autistic children time to

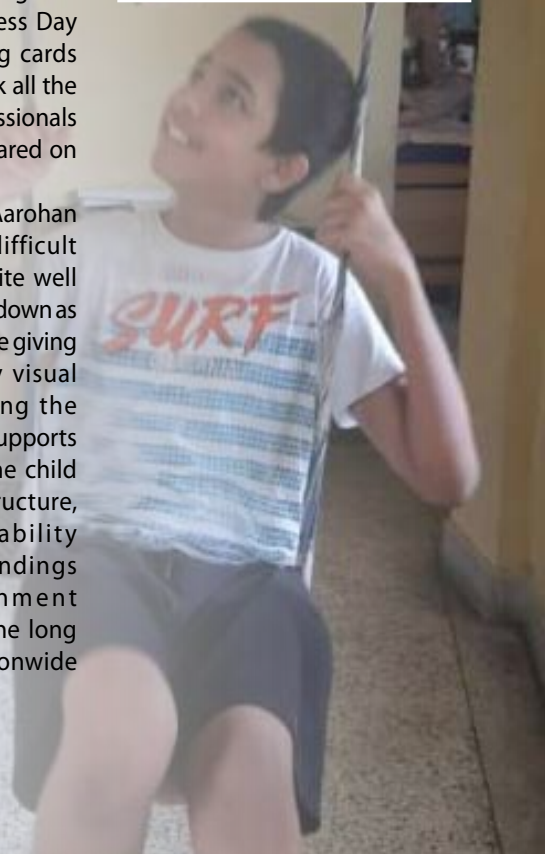
prepare for the unprecedented change. So the school authorities helped. At the start of the lockdown parents of the students were distributed social stories via WhatsApp about the lockdown and how one could cope and adjust. Social stories helped the students understand that staying at home was not a punishment but rather something to protect them and others from COVID-19. Parents were requested to



keep their children meaningfully engaged. Their regular training in school on 'Activities of Daily Living (ADL)' came to the rescue. Students were encouraged to help in the household chores.

The students helped in cutting and peeling vegetables, watering houseplants, mopping the floor, making the beds, washing and drying clothes, peeling eggs, preparing snacks as per their ability. The parents provided necessary supports. Leisure activities that could be done alone like skating, swinging, jigsaw puzzles, drawing, stitching, listening to music, typing, dancing, watching videos were actively pursued. Many exercised regularly and some did yoga to maintain physical health. Spending quality time with parents and siblings was an additional bonus during lockdown. Video conferences and online classes with the special educators made the students feel connected. Parents were encouraged to share pictures of their children helping at home in the school-parent WhatsApp group. Technology helped in the keeping the social connections in the time of physical distancing. The students also celebrated World Autism Awareness Day (WAAD) on 2nd April in their homes by making cards and posters. Innovative cards were made to thank all the essential service providers and health care professionals during the lockdown. The creative items were shared on Facebook and WhatsApp.

It is ironic that autistic students of Dikshan & Aarohan units of ASWB who find change inherently difficult are coping quite well during the lockdown as their parents are giving the necessary visual supports. Using the correct visual supports can provide the child with order, structure, and predictability in his surroundings and environment even during the long days of a nationwide lockdown.



An Idea can Change Your Life but a Virus can End It

Sudipto Roy, Content Producer, Pearson Education

The above phrase has not been taken from any book or movie but from the reality we are living in. It is true that the sudden onset of the corona virus has created an epidemic worldwide. As we struggle to fight this truth (and the deadly disease of course), many optimists are viewing the other side of the grass. Since Government has decided to act by locking down the residents at their respective residence, many are forced to work from home. Work and home are oxymorons for many as we view home as the hub of our leisure and work the opposite of leisure. Purists would complain that work and home are different spaces and it's difficult to mix the two. We must leave our home for work and then come back to it to recharge and restart the cycle again. But times are changing, and companies have been encouraging, even before this disaster happened, their employees to work from home and to be flexible. Mental health is being given priority in today's world as more and more employees stress its importance. But the question is is this something new? The answer is not simple. When my Google search of the key terms 'Work from home history' led to an interesting article, I could see why. Historically many civilizations have always thrived working from the comfort of home and in countries like England, it thrived after the industrial revolution. In our country, working from home is considered 'business' and a *bhodrolok* or a *babu* needs to dress up and go to office to qualify for a poster boy of successful life. This idea has thrived for long but with time, it is weakening.

The concept of work-life balance is becoming an important term in understanding the ethics which the various companies desire to strive into. The human resource departments of various organisations are playing an active role in encouraging the employees to enjoy their time off the work. Sometimes employees are reluctant in availing this opportunity as they think availing work from home would invite the wrath of their managers. But therein lies the challenge to educate the employees properly so that they can overcome this disinclination. As we discussed about the mental health of an employee, we are realising that productivity has nothing to do with the physical space that person is in. A happy employee is a productive employee too. There's also an economic side to this too. An employee coming to office adds to the cost which a company must bear. Hidden costs like electricity consumption, providing coffee/tea and other amenities are becoming cumbersome during these cost-cutting times.

So will the offices obliterate and we will all be working from home in the future? The answer is again complicated. As human beings we are social animals and love to socialize and live with others. Office as a space allows one to socialize, make friends so it will be difficult to compromise on that. The approach should be the best of both worlds as with flexible work hours an employee can be empowered to work according to his/her timetable without suffering the productivity. Many experts have theorized that this is the future as like human life, the corporate life is also bracing for an evolution.

The Plague: Many Layers and Aspects

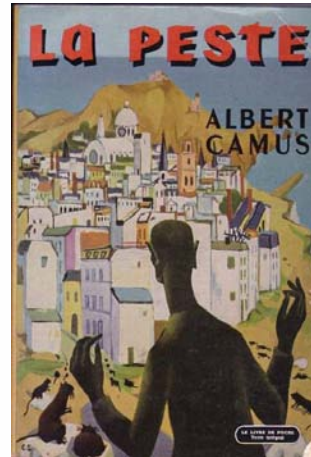
Sudeshna Chakravarty, Former Professor,
Department of English, University of Calcutta

Man has survived many epidemics, large and small, in the course of his long history. Often he has written about these gruesome incidents. Perhaps the most celebrated work of this genre is *La Peste* (The Plague) by Albert Camus, the great French Algerian writer. The novel was written in 1947, in the aftermath of the Second World War and many have seen in it a metaphor of the human condition as well as the recent political situation. However before discussing the novel, it is necessary to examine its background.

Algeria, the setting of the novel, was a colony of France from 1830 to 1962. It was conquered by a bloody war and liberated in the same way. In between, many emigrants, mainly from France but also from other parts of Southern Europe settled in Algeria and neighbouring countries. The white settlers were known as colons or 'black feet' (pieds noirs). They occupied an intermediate position, between the metropolitan whites and the coloured Arabs. Camus himself was one of them. Not that all colons were rich. Young Albert spent his childhood in great poverty after his father had died through wounds received in the First World War. However, even so he was a notch above the 'native' Arabs and aware of it. Camus was also a firm upholder of the French Empire and opposed all anti-colonial wars.

The story of *La Peste* is as follows. Dr. Rieux is a doctor in the Algerian port city Oran. His wife has just gone to a sanatorium for treatment of T. B. (Camus himself has long suffered from this disease, which was then almost incurable.) A rat is found in the streets and soon there is a full-fledged epidemic. Oran is placed in strict quarantine. Nobody is allowed to enter or leave the city. In this context, various personages play their role and show the development of their character. Rieux, partly based on Camus himself, fights bravely against the plague almost as the leader of the community. His friend Tarrou was once a revolutionary, in protest against the ruthlessness of the ruling classes, including his own father. But Tarrou realises – and this was the view of Camus – that revolutionary violence is only the other side of the coin. He dies in peaceful work among the plague-stricken. Rambert, a young journalist who wants to escape from the lock-down and join his beloved, instead decides to stay. Finally, the plague disappears but there is a chance that it might come again.

The novel has been considered a political allegory of the German occupation of France, 1940-44. The government and the army had surrendered. The non-official 'Maquis' or guerilla fighters carries on a resistance war, often under leftist leadership. A section of the french



Catholic church preached the defeatist slogan that France was suffering for her sins and should repent, rather than resist. In the novel, some priests declare similarly that the plague was the punishment of human sins. The worst elements in Oran enjoy the plague just as the lowest scum in France teamed up with the occupation power. Thus, *La Peste* is seen as a heroic allegory of the Resistance and in general of man's upward struggle.

However, critics such as Conor Cruise O'Brien and Edward Said offered another theory or interpretation. At the time of writing the novel, Algeria was a colony. Oran was indeed under occupation, French occupation. The French represent the plague itself, rather than freedom from plague. Significantly, no Arab character appears in the story, though Oran was mainly an Arab city.

La Peste thus appears a multi-layered complex metaphor of the epidemic involving different places and time

Revisiting Camus: Life in the Time of Corona

Chinmoy Guha, Professor of English, University of Calcutta

It is a strange feeling of emptiness. A white sheet of smoke has enveloped the world. In an instant we have all changed into fragile glass vessels. There is an invisible cold stream moving up the arteries.

We are invaded by fear. A dismal tocsin. The smug, placid air reminds us of Albert Camus's *La Peste* (The Plague), published in French in 1947. In 1941, the twenty-eight year old author had started working on this novel on a deadly virus that spreads from animals to men. Hasn't the universe made giant strides since then? No,

it hasn't. The anxiety of an unknown virus that eats up our entrails has exposed us. The houses are bone-dry.

This anxiety is both physical and metaphysical, as Camus showed so well in his chronicle of the plague in Oran. The English translation by Stuart Gilbert has curiously (criminally, I thought) left out the epigraph of Daniel Defoe: 'It is reasonable to represent one kind of imprisonment by another as it is to represent anything that really exists by that which exists not.' In Camus, it was of course in French (*Il est aussi raisonnable...*).

The first sentence calls the predicament 'unusual' ('curieux'). 'Everyone agreed', said the second sentence, 'considering their somewhat extraordinary character, they were out of place there'. The town in Camus's text is 'ugly', like ours. It seems all of a sudden 'a thoroughly negative place'. There is suddenly *no remedy*.

Unlike the ancient stoic philosophers, like Epictetus and Marcus Aurelius, Camus's narrator gently reminds himself: 'There have been as many plagues as wars in history; yet all plagues and wars take people equally by surprise.' 'And there was suspicion in the eyes of all.' Everyone was struck by the change of mood. The storm may



blow over one day, but it will certainly change us for all times. Like the inhabitants of Oran, we too have learnt how terribly fragile we are. And the scar bleeds.

Wrapped up in ourselves as we are, some of us would pretend to disbelieve in pestilences. 'A pestilence', Camus reminds us in his chef-d'oeuvre, 'isn't a thing made to man's measure; therefore we tell ourselves that pestilence is a mere bogey of the mind, a bad dream that will pass away. But it doesn't always pass away, and the humanists first of all, because they haven't taken their precautions. Our townsfolk were not more to blame than others, they forgot to be modest—that was all—and that everything still was possible for them; which presupposed that pestilences were impossible.' Nothing has altered in the human psyche despite the unimaginable technological achievements of science, which now seem so hollow as a simple virus wrecks this wretched earth.

As the protagonist Dr Rieux looked out of the window, he could see 'the tranquil radiance of a cool spring sky'. Yet anxiety engulfed him when he called to mind the plague-fires of which Lucretius spoke, which the Athenians kindled on the sea-shore. The dead were brought there after nightfall, but there was not room enough, and the living fought each other with torches for a space where to lay those who had been dear to them; for they had rather engage in bloody conflicts than abandon their dead to the waves.

As the number of the dead across the world soars up to alarming level, all this seems to be a cinematic rerun of what already happened numerous times in history: the Black Death

in Europe which killed many millions in the fourteenth century, the plague in Italy in early seventeenth century, the London plague, or the Spanish Flu, for example.

Yes, the political implications of *The Plague* are obvious. Wasn't Camus talking about the Third Reich too in this chronicle published after the Occupation? That is very much a part of the rugged existential crisis of France. One remembers the young child in Tarkovsky's film *Nostalgia* who asked his father, 'Papa, è questa la fine del mondo?' (Dad, is this the end of the world?)

In the midst of this crash, as the deadly Corona virus spirals out of control across the globe, and our skeletons shiver before a cracked mirror, we go back to Camus: 'I have no idea what's awaiting me, or what will happen when all this ends. For the moment I know this: there are sick people and they need curing.'

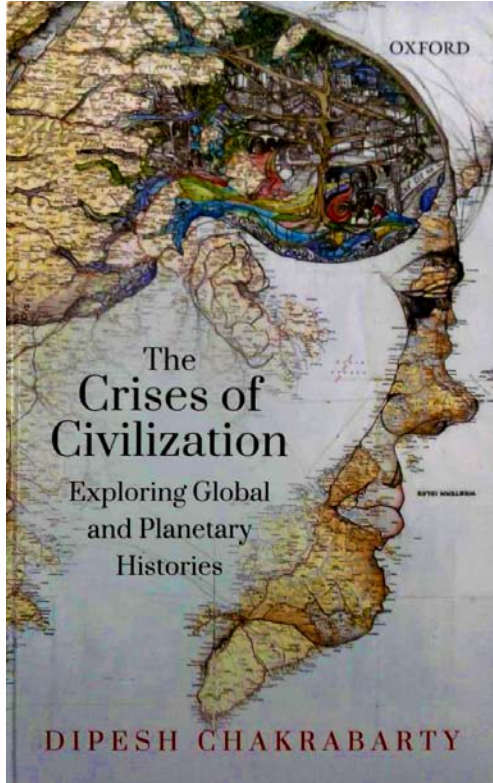
As silence overpowers us at this moment of confinement, we have to bear in mind what Marcus Aurelius had stated in *Meditations* in the 2nd century A.D.: 'All this happened in the past, and will happen again.' But Camus's addendum in the last paragraph of *The Plague* is intimidating:

[T]he plague bacillus never dies or disappears for good; it can lie dormant for years in furniture and linen-chests; it bides its time in bedrooms, cellars, trunks, and bookshelves; and perhaps the day would come when, for the bane and enlightening of men, it roused up its rats again and sent them forth to die in a happy city.

The virus will fade out one day, but it may still stagger in the unconscious before reemerging again.

করোনা ভাইরাস আক্রমণ ও আমাদের চৈতন্যের উদয় : দীপেশ চক্রবর্তীর চিন্তাভাবনা

নির্মল বন্দ্যোপাধ্যায়, বিশিষ্ট গবেষক ও সদস্য, প্রকাশনা সমিতি, দি এশিয়াটিক সোসাইটি



‘পৃথিবীর আবহাওয়ার পরিবর্তন নিয়ে যারা কাজ করেন এমন সব বৈজ্ঞানিক আজ কিছুদিন ধরেই বলে আসছেন যে দু’হাজার কুড়ি সাল নাগাদ পৃথিবীর তাপমাত্রা বৃদ্ধি যদি দুই ডিগ্রি সেন্টিগ্রেডের মধ্যে সীমিত না রাখা যায়, তা হলে মনুষ্যপ্রজাতির বিপদ।’ – কথাটি বলেছিলেন ঐতিহাসিক দীপেশ চক্রবর্তী একটি প্রবন্ধের একেবারে শুরুতে।

প্রবন্ধটির শিরোনামটিও খুব আকর্ষণীয়-‘আরেক টোয়েন্টি টোয়েন্টি:পৃথিবীর উষ্ণতা-বৃদ্ধি ও মানুষের ইতিহাস’। প্রবন্ধটি প্রকাশিত হয়েছিল তাঁর প্রথম বাংলা প্রবন্ধ সংকলনে – *ইতিহাসের জনজীবন ও অন্যান্য প্রবন্ধ* (২০১১)। আজ যখন আমরা এই টোয়েন্টি টোয়েন্টি-তে এসে(মার্চ-এপ্রিল) করোনা ভাইরাসের আক্রমণে ছারখার হয়ে যাচ্ছি তখন মনে পড়ে যাচ্ছে কত আগে তিনি এই বিষয়টি আমাদের জ্ঞানচর্চার জগতে আনতে চেয়েছিলেন কিন্তু আমরা হয়ত সেইভাবে গুরুত্ব দিইনি নি। উল্টে, কখনো ব্যঙ্গ, কখনো তীক্ষ্ণ প্রশ্নবাণ (যেমন-class history ছেড়ে আবার climate history চর্চা কেন; কিংবা ‘পরিবেশের বিভিন্ন ইতিহাস’ নিয়ে তো ভারতে চর্চা শুরু হয়েছে ১৯৮০ র দশক থেকে, আবার তাহলে কেন ‘আবহাওয়া ও জলবায়ু-রাজনীতির ইতিহাস’ চর্চা করতে হবে; কিংবা পরিবেশ-আবহাওয়া-জলবায়ু নিয়ে ভারতে/বাংলায় যথেষ্ট আন্দোলন/রাজনীতি হয়েছে ও হচ্ছে, ইত্যাদি) দিয়ে বিষয়টিকে লঘু করার চেষ্টা করেছি। প্রশ্নগুলোর মধ্যে নিশ্চয়ই সারবত্তা আছে এবং আলোচনার যোগ্যও, কিন্তু তিনি চাইছিলেন বিষয়টি আরো গুরুত্ব দিয়ে জ্ঞানচর্চার জগতে স্থান পাক অন্তত ভারতে ও বাংলায়।

২০০৪-০৫ সাল নাগাদ দীপেশ চক্রবর্তী এ বিষয়ে পড়াশোনা শুরু করেন। এরপর বিশ্বায়ন-বিশ্ব উষ্ণায়ন-অস্ট্রেলিয়ার দীর্ঘ খরা, ঘনঘন বাড়ঝাঞ্জা-অগ্নুৎপাত-শস্যহানি একদিকে আর অন্যদিকে হিমালয় ও অন্যান্য পাহাড়ের বরফ গলে যাওয়া-মেরু অঞ্চলের বরফগলন-সমুদ্রের অ্যাসিড বৃদ্ধি ও জলরাশি বেড়ে যাওয়া, খাদ্যশৃঙ্খলা ভেঙ্গে পড়া। এর সাথে যুক্ত হল এই ঘটনাগুলোর রাজনৈতিক

ও অর্থনৈতিক ক্ষেত্রে তীব্র অভিঘাত ও তা নিয়ে পাশ্চাত্যে অ্যাকাডেমিক স্তরে তীব্র আলোড়ন। এর মধ্যে বেরল ২০০৭ সালে আইপিপি-র রিপোর্ট ক্লাইমেট চেঞ্জ নিয়ে। এইসবের অভিঘাতে তিনি প্রথম বাংলায় একটি প্রবন্ধ লেখেন *বারোমাস* পত্রিকায় ২০০৭ সালে, পরে এটি তাঁর প্রথম বাংলা গ্রন্থে সন্নিবেশিত হয় ২০১১ সালে। প্রথম বাংলা লেখাটি কিন্তু অবহেলিত ছিল, ২০০৯ সালে এই প্রবন্ধটি ইংরেজিতে পরিবর্তিত হয়ে প্রকাশিত হয়। ছড়িয়ে পরে সারা বিশ্বে-আমেরিকায়, লাতিন আমেরিকায়, অস্ট্রেলিয়ায়, ইংল্যান্ডে, চীনে, দক্ষিণ আফ্রিকায় এবং বিশেষ করে ইউরোপে, বিভিন্ন ভাষায় অনূদিত হয়ে, গুরুত্ব ও স্বীকৃতি পেতে থাকে। এরপর তিনি ইংরেজিতে গ্লোবালাইজেশন ও প্লেনেটারি ইতিহাস নিয়ে একাধিক প্রবন্ধ রচনা, বক্তৃতা প্রদান করতে থাকেন, যার ফলস্বরূপ প্রকাশিত হয় তাঁর শেষতম গ্রন্থটি- *The Crises of Civilization: Exploring Global and Planetary Histories* (2018)^৪। কিন্তু বাংলায় তাঁর প্রথম রচনাটি অবহেলিত হলেও তিনি এই চর্চা চালিয়ে যান-২০১৫ সালে ঢাকায় প্রদত্ত বক্তৃতা^৫, ২০১৬ সালে কলকাতায় অনুষ্ঠিত পত্রিকা আয়োজিত ‘সমর সেন স্মারক বক্তৃতা’, কলকাতায় ‘সপ্তদশ প্রণবশ সেন স্মারক বক্তৃতা’ ২০১৮ সালে^৬। এইভাবে গত প্রায় পনেরো বছর ধরে দীপেশ চক্রবর্তী তাঁর অন্যান্য ভাবনা-চিন্তা ও গবেষণার মধ্যে [এ বিষয়ে তাঁর-*Provincializing Europe: Postcolonial Thought and Historical Difference* (2000); *The Calling of History: Sir Jadunath Sarkar and His Empire of Truth* (2015) উল্লেখযোগ্য] এই ‘আবহাওয়া ও জলবায়ু-রাজনীতির ইতিহাস’ নিয়ে চর্চা করে যাচ্ছেন। খুব সম্প্রতি করোনা ভাইরাস আক্রমণের প্রেক্ষিতেও তিনি রচনা করেছেন একাধিক রচনা বাংলা ও ইংরেজিতে (এর মধ্যে উল্লেখযোগ্য হল-The Telegraph [29.3.2020], আনন্দবাজার পত্রিকা[৫.৪.২০২০])

দীপেশ বাবু যা বলতে চাইছেন সংক্ষেপে তা হল- ‘আবহাওয়া ও জলবায়ু রাজনীতির ইতিহাসচর্চা’ নিয়ে ভাবনার সূত্রপাতেরও প্রাক-ইতিহাস আছে। ১৯৯০ এর দশকের বিশ্বায়ন শুরুর হাত ধরে যে বিশ্ব উষ্ণায়ন শুরু হল তা নিয়ে একাডেমিক মহলে

গুরুত্বপূর্ণ চর্চা শুরু হলেও মানুষের চেতনায় ধাক্কা দিতে লেগে যায় ২০০০ এর দশক পর্যন্ত। এর কারণ হিসেবে বলা যেতে পারে ১৯৮৮ তে নাসার ডিরেক্টর এ বিষয়ে সচেতন করলেও রাজনৈতিক নেতাদের উদাসীনতা ছিল এর জন্য প্রধান দায়ী। (দীপেশ চক্রবর্তী ২০১৮ এ: ১৬৩-১৬৬) বিশ্বায়ন ও আবহাওয়া পরিবর্তনের সমস্যা নিয়ে ১৯৯০ এর দশক থেকে ইতিহাসবিদরা ভাবনা চিন্তা করলেও (যেমন ক্রিস্টোফার বেইলি ‘Global history’, সঞ্জয় সুব্রামনিয়াম ‘Connected history’) মানুষের ইতিহাসের সমস্যা হিসেবে দুটি এক নয়। বিশ্বায়নের সমস্যা নিয়ে ইতিহাসবিদরা ভাবলেও মনুষ্যজনিত কারণে আবহাওয়া পরিবর্তনের যে ইতিহাস চর্চা তার কী গুরুত্ব থাকতে পারে তা নিয়ে এখনও বিশেষ কোনো চিন্তাচর্চা হয়নি। যেটুকু চিন্তাচর্চা করেছেন তা মূলত জীববিজ্ঞানী, ভূতাত্ত্বিক, আবহাওয়া বিশেষজ্ঞরা; এ বিষয়ে গুরুত্বপূর্ণ আলোচক হলেন Edward Willson(১৯৯৬ ও ২০০২)ও আরো অনেকে। দীপেশবাবু এই চিন্তা চর্চাকে শুধুমাত্র ধনতন্ত্রের সংকট, পুঁজির অসম বন্টন, কনজুমারিজমের বিপদ, বিশ্বায়নের থাবা হিসাবে না দেখে একটা বড় সময় একটা বড় ইতিহাসের অঙ্গ হিসেবে দেখতে চেয়েছেন; যার সঙ্গে যুক্ত হতে পারে আধুনিকতা, উন্নয়ন, রাষ্ট্রের উত্থান ও তার সর্বগ্রাসিতা, দুটো বিশ্বযুদ্ধ, গণতন্ত্র, জনসংখ্যার বৃদ্ধি, সাধারণ মানুষের জীবনধারণের সংকট প্রভৃতি। এর সঙ্গে সবচেয়ে গুরুত্বপূর্ণ সংযোজন হবে এই পৃথিবী, তার মাটি, আকাশ, বায়ু, জল, গাছপালা, অসংখ্য জীব যার মধ্যে আছে ভাইরাস ও ব্যাকটেরিয়া। এদের সকলের সঙ্গে সহাবস্থান ও সহর্মিতার প্রশ্ন। শুধু মানুষ নয়, সমগ্র জীবজগৎ। শুধু মানুষের ইতিহাস নয়, জীবনের ইতিহাস (history of life)। এখন ইতিহাসবিদদের কাছে শুধু Recorded history (এর অর্থ-গত ১০ হাজার বছরের ইতিহাস, পেশাদার ইতিহাসবিদরা বেশিরভাগ ক্ষেত্রে গত পাঁচ হাজার বছরের শুধু সভ্য মানুষের ইতিহাসের কথা বলেন।) নয়, দরকার Deep history (অর্থাৎ যা রেকর্ডেড নয় হোমো স্যাপিয়েন্স হওয়া থেকে শুরু করে কৃষি উদ্ভাবন পর্যন্ত মানুষের যে ইতিহাস)এর চর্চা। তার সঙ্গে যুক্ত হবে জীবজগৎ ও পৃথিবীর সমগ্র পরিমণ্ডল। তাই বর্তমানে এই

আবহাওয়া ও জলবায়ু পরিবর্তনের সমস্যা বুঝতে হলে গত ৩০ বছরের ইতিহাসের মধ্যে ঘুরপাক না খেয়ে একটা বড় সময়ের মধ্যে যেতে হবে। ঐতিহাসিকভাবে আধুনিকতার সমস্যা গত ১৭ শতাব্দী থেকে ভাবা শুরু হয়। গত দেড়শো বছর ধরে তার সঙ্গে উন্নয়ন ও গণতন্ত্র যুক্ত হয়ে রাষ্ট্রের নির্মাণ, পুঁজিবাদের বিভিন্ন পর্বের নির্মাণ পার হয়ে বর্তমান সময়। তাই আজকের এই সমস্যা শুধু 'বর্তমান সর্বস্বতা' দিয়ে বুঝলে হবে না। অর্থাৎ মানুষকে সবসময় একটা পরিবর্তনশীল ইতিহাসের মধ্যে ফেলে ভাবা প্রয়োজন। শুধু মানুষ নয়, অনুজীব, ব্যাকটেরিয়া, ভাইরাস, মাইক্রোবদের কথাও প্রাণিজগতের হিসেবের মধ্যে নিয়ে আসতে হবে। ভাবতে হবে বায়োফিয়ার এর কথাও অর্থাৎ মাটির নিচে তিন কিলোমিটার ও মাটির উপরে ১০ কিলোমিটার এর ভেতর প্রাণ থাকে। এরা পরস্পরের সম্পর্কিত। শুধু মানুষকে নিয়ে নয়, না-মানুষকে নিয়েও ভাবতে হবে। শুধু মানুষের অধিকারের কথা নয়, না-মানুষের অধিকারের কথাও ভাবতে হবে। সভ্যতার জয়যাত্রা, মানুষের জয়যাত্রা, বিজ্ঞানের জয়যাত্রা বলতে আমরা বুঝেছিলাম প্রকৃতিকে জয় করা দিয়ে। নদীকে বাঁধ দিয়ে সেচ, গাছ কেটে নগরায়ন দিয়ে, নেচার ও কালচারকে আলাদা করে দিয়ে। ১৮৭০ থেকে ১৯১৪ পর্যন্ত ইউরোপ চেয়েছিল উন্নয়ন। দুটো বিশ্বযুদ্ধ সেই আত্মবিশ্বাসে আঘাত হানে ফলে তারপর থেকে চলছে 'বর্তমান সর্বস্বতা'। তার সঙ্গে প্রবল জনবিক্ষোভ, প্রযুক্তিরও বিক্ষোভ। এর থেকে তৃতীয় বিশ্বের ছবিটাও খুব একটা পৃথক নয়।

মাত্র ১৫ দিনে যখন প্রকৃতির পরিবর্তন দেখা দিচ্ছে, সমুদ্রের ধারে ডলফিন ফিরে এসেছে, গাছে নতুন পাখি দেখা দিচ্ছে, শহরের রাস্তায় ভাম ও শিয়াল দেখা দিচ্ছে, গঙ্গা ও যমুনার জল স্বচ্ছ হয়ে উঠছে, ২৪০ কিলোমিটার দূর থেকে প্রায় ৫০ বছর পর পাহাড়ের রেঞ্জ দেখা দিচ্ছে তখন আমাদের নতুন করে ভাবতে হবে বৈকি! কিন্তু

প্রশ্নও আছে খুব গুরুত্বপূর্ণ, এত কিছু ভাবতে গিয়ে পৃথিবীর ৭০০ কোটি মানুষের মধ্যে ৭০% যে সাধারণ মানুষ তার ভালো থাকার প্রশ্নটা কিভাবে এর সঙ্গে যুক্ত হবে, কিরূপ হবে তার রাজনীতি যেখানে প্রকৃতি-জীবজগৎ-সাধারণ মানুষ সকলেই ভালো থাকতে পারে। এখনো পর্যন্ত জানা নেই তার উত্তর। দীপেশ বাবুও জানেন না। যে বাজারি অর্থনীতির সম্প্রসারণের ফলে বিশ্বপ্রকৃতির আজ নাভিশ্বাস উঠেছে, তার বিকল্প কী, জানা নেই কারুর। সমাজতন্ত্র তার একটা উত্তর দেওয়ার চেষ্টা করেছিল। কিন্তু তা আপাতত ব্যর্থ হয়েছে। তাহলে বিকল্প কী? কী সেই বিকল্প রাজনীতি? আসুন করোনার এই ধাক্কায় তা খুঁজতে, বুঝতে, ভাবতে সচেষ্ট হই। মনে পড়ে যায় বিষ্ণু দে-র সেই কবিতার লাইন -

'হয়তো বা যন্ত্রণাই সার /দেখে যেতে হবে আজ ঠেকে শিখে/ সত্তার অক্ষরে লিখে লিখে ...'

(এই রচনাটির বেশ কিছু তথ্য- তত্ত্ব- ভাবনা সূত্রের জন্য শ্রী দীপেশ চক্রবর্তীর বিভিন্ন রচনার কাছে আমি ঋণী। এজন্য তাঁকে বিশেষ কৃতজ্ঞতা জানাই।)

সূত্র নির্দেশ:

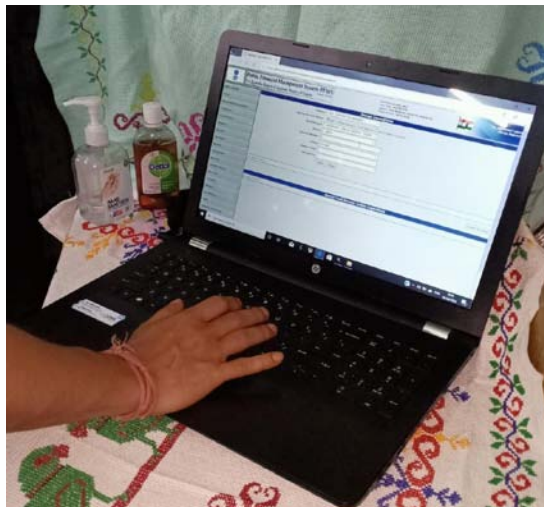
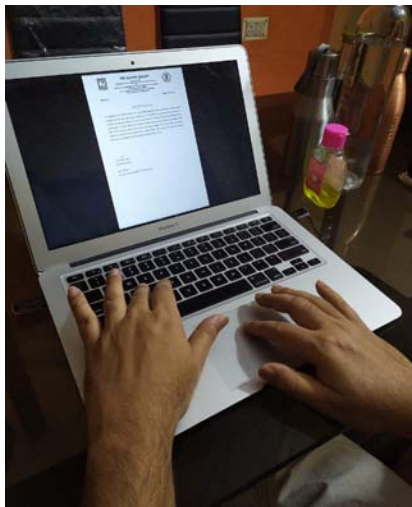
১. দীপেশ চক্রবর্তী, *ইতিহাসের জনজীবন ও অন্যান্য প্রবন্ধ*, আনন্দ পাবলিশার্স :কলকাতা, ২০১১
২. *Fourth Assessment Report of the Intergovernmental Panel on Climate Change of the United Nations*, 2007.
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৪. Dipesh Chakrabarty, *The Crisis of Civilization: Exploring Global and Planetary Histories* OUP : New Delhi, 2018 a.
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Work from Home –How The Asiatic Society Became Part of the Emerging Concept During the Lockdown

Dhiman Chakraborty, Controller of Finance, The Asiatic Society

Work from Home is nothing new, but during the Lockdown period, the concept gained a new recognition around the world. The Asiatic Society, Kolkata was no exception. The work did not stop particularly for the officers of Administration and Accounts Department of the Society during the Lockdown declared as a part of the preventive measure to contain the spread of Novel Corona virus. They continued their official work from home in the midst of the crisis with the best use of technology. Urgent communications were made through e-mails, notifications published in the website, teleconferences arranged. The General Secretary was in regular touch with them

beneficiaries. The entire preparation of salary bills for employees and payment of scholarship & remuneration to the research scholars & research assistants for the month of March were processed from home. Implementation of the Public Financial Management System (PFMS) by the Society in last November became a big saviour for remittance of payments during these difficult times as the officers could log-in in the PFMS portal from home and generate the payment advice. The Park Street Branch of State Bank of India where the Society maintains its bank accounts have actively co-operated in executing the banking transactions.

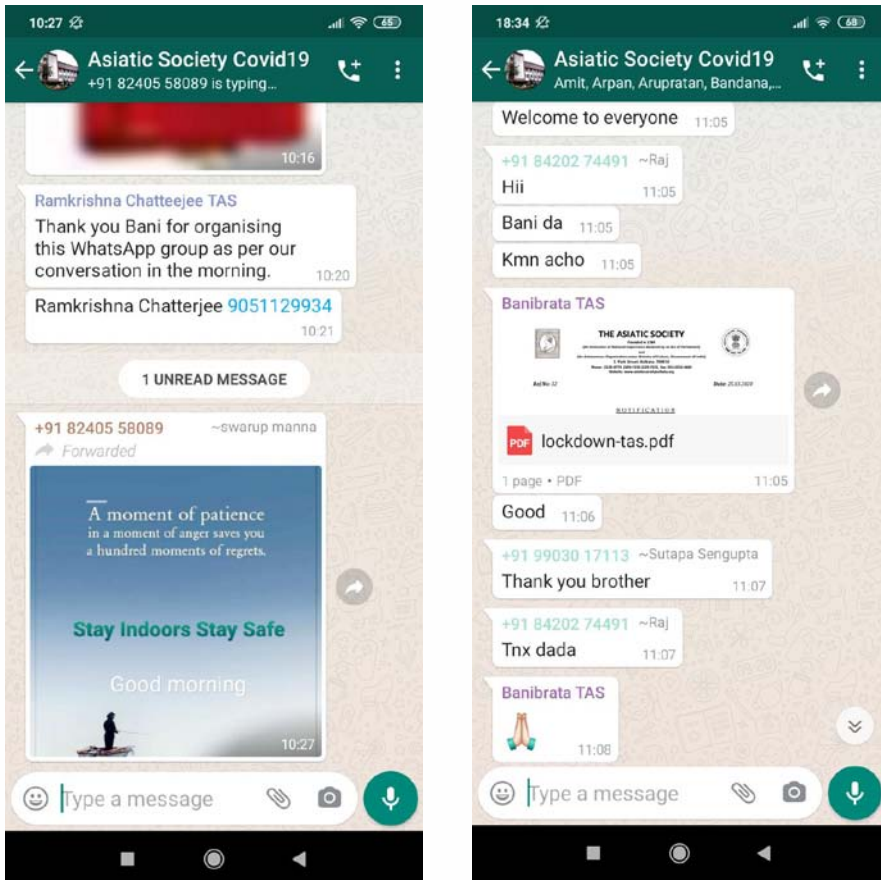


and he was updated by the Society's officers on the progress of work. The significant part of their work from home were the financial transactions covering the entire process flow from approval for payments to credit of bank accounts of the

Even for this Bulletin, which has been decided to be e-published, all contributions were submitted electronically and the entire editorial work was done from home, co-ordinated by the Publication Secretary of the Society.

Staying Connected in the Times of Lockdown through Whatsapp Group “Asiatic Society Covid-19”

Dhiman Chakraborty, Controller of Finance, The Asiatic Society



Screenshots of the WhatsApp Group “Asiatic Society Covid19”

The office of the Asiatic Society had to be closed following the countrywide lockdown for 21 days to contain the spread of Novel Corona Virus (Covid-19). But the members of staff and Council of the Society didn't want to miss each other for such an extended period of time. As the saying goes, the office is an extended family, a WhatsApp Group by the name “Asiatic Society Covid19” was created by Shri Banibrata Bhattacharya,

System Engineer on 4th April 2020 through which the group members remained connected during the lockdown period. A lot of enthusiasm was seen among the members with their posts round the clock. The messages and posts focussed on raising the awareness for preventive measures and wishes for early end of the pandemic were noticeable.



Isha Mahammad : The Asiatic Society:
Untitled

THOU INCARNATE INVISIBLE

S. B. Chakrabarti, The Asiatic Society

*Who else could brush-off
the human pride
If not you; but for you
Who could provide
Our magnum self;
To love the life, fight for its stake,
Amidst indomitable helplessness,
Flimsy-clumsy-idolatry.*

*Who else could posit us
Before this truth of existence
Unassumed but unfathomable.
You advanced at a silent moment
Beyond all cognition;
Gathered strength of excellent weaponry,
Sudden, brutal, though invisible;*

*O mysterious incarnate –
Wait for the count down,
With a robust push
At your dead-end;
Bye Bye CORONA, COVID-19*



Rekha Chakraborty : Rekha Chitram : **Fear**

লকডাউন

নির্মলেন্দু ঘোষাল, দি এশিয়াটিক সোসাইটি

দরজা খোলার আগেই মেয়েটি বল্লো —
আগে সাবান-জলে স্নান কর, তারপর ...
চেনা মুখ পাল্টে গেছে, মুখোশের আড়ালে
ফোনে কথা হয়, এক মিটার দূরত্বের বাইরে
পুনিয়া রিকসা নিয়ে দেশে যেতে পারে না, সওয়ারী কোথায় ?

চারিদিকে শুধু ভয়, আতঙ্ক —
জিনিসপত্র পাওয়া যায়, দাম দু'ডবল
ডাক্তারবাবু চেম্বারে আসেন না, বাবা মরবো নাকি !
কবিতার খাতায় শিমুল-পলাশ-কৃষ্ণচূড়া নেই
করোনা হলো না; লোকটা পাগল হলো, তারপর ...

আমার শহর

শক্তি মুখার্জী, দি এশিয়াটিক সোসাইটি

আমার শহরের আকাশ
আজ গাঢ় নীল
—নক্ষত্রের প্রাচুর্য্য
এ শহরে ট্রামের ঘন্টি আর শোনা যায় না
মানুষের দূরন্ত গতি আজ
শুধু টিভির চারপাশে ভিড় করে
ভিড় নয় — থাকো দূরে দূরে
জনহীন রাজপথে শুধু পাতা ঝরার শব্দ
শিশুরাও খেলে নাকো আর
ব্যাটবল নিয়ে
সজ্জিত হবে নাকো রমণী এবার
'সেলে'র শাড়ীতে — নববৈশাখে

কোথা গেলে আমার সুন্দরী কলকাতা
চৈত্রের দুপুরে ঘামে ভেজা মানুষের তরঙ্গ
গাড়ির ধোঁয়া আর হর্ণ আজ শুধুই শব্দহীন মৌনতা
পার্কস্ট্রীট পেরিয়ে যায় কাঠবিড়ালী
কত অনায়াসে
মানুষের ত'রে আজ শুধু ভয়
হাত ছেড়ে চলে যায় প্রেমিক পুরুষ
প্রেমিকার চোখে জল
তবু পরশ আজ নিষিদ্ধ
ভালবাসাবাসি শুধুই পাখীদের জন্য ॥

নীরবতাপন

পাবলো নেরুদা

শান্ত হও।
এক, দুই, তিন...
গোনো। বারো অন্দি গোনো।
শান্ত হও।

একবার, অন্ততঃ একবার,
সমস্ত ভাষা পালন করুক স্তব্ধতা;
নিশ্চল হই, অন্ততঃ এক মুহূর্তের জন্য,
আমাদের বাহু চাঞ্চল্য হারাক।

অনন্য এ মুহূর্ত!
কোলাহল নেই, নেই যান্ত্রিক ব্যস্ততা;
আশ্চর্য এক অস্বাভাবিকতায়
একতা বিনিময় করে চলেছি আমরা।

হিমশীতল ওই নীলে তিমিরা এখন নিরাপদ -
লবণ সংগ্রহে ব্যস্ত লোকটি ফিরে গেছে
ক্ষত শুশ্রূষার অবসরযাপনে।

সতেজ মৃত্যুর গন্ধ ফেরি করা যুদ্ধবাজ,
জয় উদযাপনের জন্য যাদের
কোনো সঙ্গী ছিল না কোনোদিন,
গ্যাস কিংবা আগুনের যুদ্ধ ফেলে রেখে,
ওই দেখো, তারাও আজ, স্নান সেরে
ভাইদের হাত ধরে হেঁটে চলে যাচ্ছে ছায়ায়।

অথচ, আমি অখণ্ড কর্মহীনতা চাইনি।
জীবন জীবনেই ব্যাপ্ত;
শুধু শববাহী কোনো ট্রাক
দেখতে চাই না আর।

একবার, অন্ততঃ একবার যদি
শুধু সংস্থানের চিন্তাচ্ছন্ন না হই,
একবার, অন্ততঃ একবার যদি
নিশ্চুপ হয়ে থাকি -
স্তব্ধ, অচঞ্চল, অনিমেঘ -
হয়তো বিশাল এক নৈঃশব্দ
আঘাত করবে এ যন্ত্রণায়
নিয়ত আত্মহত্যার দিকে ঠেলে দেওয়া
আমাদের উপেক্ষার যন্ত্রণায়।
হয়তো পৃথিবী এখনও শেখাতে সক্ষম
মৃত্যুস্নাত স্তব্ধতার শেষে
সঞ্জীবনের কৌশল।



Sagarika Sur: The Asiatic Society: Spring Offensive

এবার সময় হল।
বারো গুনতে গুনতে আমি চলে যাব।
তোমরা নীরবতাপানে প্রস্তুত হও।

অনুবাদ : সাগরিকা শূর,
দি এশিয়াটিক সোসাইটি



নির্ভয়

কৃষ্ণ ধর, বিশিষ্ট কবি ও সাংবাদিক

ব্যঙ্গমা বলছে ব্যঙ্গমিকে
শোনো শোনো কান পেতে শোনো
ব্যঙ্গমি বলে কী আর শুনবো
সবই তো পুরনো পুথির বাক্য একই ছাঁদে ঢালা
সবারই এক কথা- পালা পালা পালা
কোথায় পালাবে তারা? কার কাছে যাবে?
কে আছে ডেকে নিতে ছাদহীন ঘুঘুচরা ভিটেতে তাদের
একদিন শিখেছিল মানুষকে সঙ্গে নিয়ে থাকো
এখন ত্রস্ত তারা দিশেহারা পরিযায়ী পাখিদের মতো।
ব্যঙ্গমা বলছে, এত ঘৃণা, এত বিষ, জমা ছিল
তবে কেন একদিন জেনেছিল মানুষ মানুষের জন্য
মানুষের মাপেই সব কিছুর বাছ ও বিচার
মৃত্যুনিীল বিষের অক্ষরে ধ্বংস ও বিনাশের ভয়
আকাশে বাতাসে ছড়ায়
ব্যর্থ করো ব্যর্থ করো তারে
মানুষই ফেরাবে তাকে শুভ চেতনায়

৪ এপ্রিল, ২০২০

QUARANTINE

Pinky Isha, Rabindra Bharati University

*This disease of my flesh
lethal and infectious
I bestow on your soul
porous; it seeps
Bedrock of granite
Yet it invades
You
Embracing my fatal death
Freedom... an elixir of
my touch,
Reigning whole cities
Empty till the last soul-
Has set. YOU ME & THE DARK*



Arun Chakraborty : Rekha Chitram : **Helpless**



Urvi Mukhopadhyay, West Bengal State University : Returning to Neverland



Anuradha Bysack, The Asiatic Society: We Will Walk Hand in Hand Someday



Rupa Mukherjee, The Asiatic Society: Untitled



Fiona Mukherjee, Researcher & Freelance Artist: Against COVID19

The Desolate Look – A photo feature

A desolate look of the premises of the Asiatic Society, Kolkata at 1, Park Street, Kolkata on 4th April 2020 at the times of lockdown declared by the Government as a preventive measure to contain the spread of Novel Corona Virus (Covid-19).

Photo Courtesy: Arpan Ghosh, Security Officer, The Asiatic Society



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E-version of the forthcoming issue of
the Journal of the Asiatic Society will be
available on our website
www.asiaticsocietykolkata.org

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**We shall overcome,
We shall overcome,
We shall overcome, some day.**

**Oh, deep in my heart,
I do believe
We shall overcome, some day.**

**We'll walk hand in hand,
We'll walk hand in hand,
We'll walk hand in hand, some day.**

Oh, deep in my heart,

**We shall live in peace,
We shall live in peace,
We shall live in peace, some day.**

Oh, deep in my heart,

**We shall all be free,
We shall all be free,
We shall all be free, some day.**

Oh, deep in my heart,

**We are not afraid,
We are not afraid,
We are not afraid, TODAY**

Oh, deep in my heart,

**We shall overcome,
We shall overcome,
We shall overcome, some day.**

**Oh, deep in my heart,
I do believe
We shall overcome, some day**