

August 24, 2021

The Deadly Fever

A people's history of the influenza epidemic in India

By: Hardeep Dhillon

"The history of influenza serves as a reminder of how Indians & individuals across the Global South have long experienced the ravages of epidemics, and how marginalised peoples across the globe made meaning from the devastation as they struggled for survival."

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In December 1918, Ram Singh Thind penned a [poetic prayer](#) lamenting the “*khooni bhukhar*,” the deadly fever that was rapidly spreading across his home region of Punjab. Thind, a high school student in Patiala, belonged to an elite urban community, but his position did not protect him from the growing outbreak around him. In his prayer, he mourned the millions who begged their doctors and gods for relief that never came.

The devastation witnessed by Thind and others across India was brought about by the influenza epidemic. India suffered the highest national death toll during the global pandemic, which lasted between 1918 and 1920. Scholars today estimate that influenza caused more than 20 million Indian deaths, revising the count of six million published by British officials in 1920.

Despite influenza's outsized impact in India and the Global South, the experiences of wealthier Western nations dominate global conversations.

The history of the influenza epidemic outside of the Western world has received little public or scholarly attention until recently, with interest renewed largely by parallels to the Covid-19 pandemic. Despite influenza's outsized impact in India and the Global South, the experiences of wealthier Western nations dominate global conversations of the most severe pandemic in recent history, relegating the worst afflicted populations to the margins of public memory.

Amidst these silences and erasures, stories of individuals like Ram Singh Thind, serve as testaments to the ways everyday people on the margins of a colonial economic order cared for the sick even as their lives were imperilled, and made meaning of the death that surrounded them. Their stories further illuminate how Indians demanded governmental reform and accountability from their colonial masters to ensure the devastation they experienced as a result of state neglect did not repeat itself for future generations.

A most virulent outbreak

The influenza pandemic most likely originated in the American Midwest in March 1918. It entered India sometime in May 1918 as sailors, lascars, peddlers, and soldiers returned from the front lines of World War I. These men carried influenza into port cities such as Bombay and Karachi and then, unknowingly, transmitted the virus across India as they travelled inland by rail, horse, and foot.

Within weeks, India's medical infrastructure was overwhelmed. Dispensaries across India quickly ran out of basic medical supplies and hospital beds became unavailable in many provinces.

British officials were well aware of a pandemic spreading across the world, but they initially downplayed the risk of contagion in India. Sanitary officials and other colonial authorities in Bombay and Karachi did not take the threat seriously until large numbers of employees stopped appearing for work in the seaports in June. British officials also squabbled over the origins of the outbreak. Health officers insisted the new illness came from abroad while the Indian government ascribed it to the unsanitary conditions of the city and local Indian population. The government's position was in line with a larger tendency to attribute any epidemic that they could not control to India's unsanitary conditions, as the scholar Mridula Ramanna (2003, 87) notes.

The local press ultimately made it impossible for colonial officials to ignore the epidemic. By October, papers like *The Tribune*, run by India's English-educated elite, reported news of an outbreak of the “most virulent type” with “sudden and generally fatal” attacks.

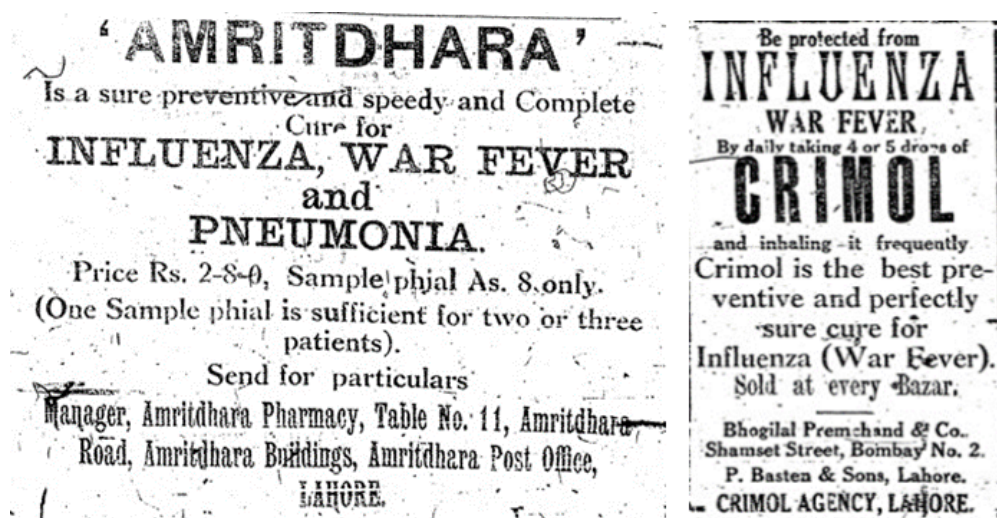
Within weeks, India’s medical infrastructure was overwhelmed. Dispensaries across India quickly ran out of basic medical supplies and hospital beds became unavailable in many provinces. In cities such as Lahore and Amritsar, major hospitals provided extra beds for influenza patients, but they were filled as quickly as they became available.

Some of Thind’s neighbours believed that India’s colonial masters had unleashed a war disease to punish the local population for protesting for greater autonomy and political power.

The colonial government’s priorities during the First World War contributed to the devastation across the colony. Indians had requested additional medical services and personnel before and during the war but the government rerouted funds to the war effort instead.

Rallying help

In his poetic prayer, Ram Singh Thind described several theories that circulated in Punjab to explain the death and devastation that engulfed many households. Some of Thind’s neighbours believed that India’s colonial masters had unleashed a war disease to punish the local population for protesting for greater autonomy and political power. Others theorised that the outbreak originated from the gas attacks across European trenches during World War I. Some assumed the gods inflicted the ailment on local people for their misdeeds, while others imagined the contagion to be the result of witchcraft. Others across the colony offered diverse interpretations of the epidemic. For example, the historian David Hardiman (2012) notes that Adivasi communities in the mountain tracts running between Gujarat and Maharashtra referred to the growing illness as *manmodi*, most likely meaning “neck-breaker,” to symbolise the ferocity of the epidemic.¹



Newspaper advertisements for influenza cures | The Tribune (13 and 19 November 1918)

By the close of 1918, the high death rate in India and mounting cries for medical provisions compelled the government to act. The Government of India and many provincial governments instructed civil surgeons and personnel associated with disease management to suspend all existing operations and manage the growing influenza epidemic. Officials also requested assistance from retired medical officers, anyone trained in first aid such as members of the St. Johns Ambulance Association, and even *baids* and *hakims*, practitioners of indigenous forms of medicine whom colonial officials traditionally mistrusted and otherwise labelled as “quacks.”

Medical students were sent out to their home districts to map the contagion, without pay or proper medical tools. The students were all young and susceptible to illness themselves.

Indians provided much of the frontline relief efforts, while most European officials retreated into their spacious homes in the hill stations or in urban centres. British officials relied on local officials, Indian elites, and medical practitioners to conduct the most precarious work. Colonial officials ordered zamindars and government officials in the villages like zaildars, lambardars, schoolmasters, and postmasters to distribute pamphlets in English and local languages, informing people of the symptoms and dangers of influenza. In Punjab and the United Provinces, medical students were sent out to their home districts to map the contagion, without pay or proper

medical tools. The students were all young and susceptible to illness themselves. How many died providing medical aid to others remains unknown.

By and large, European employers and capitalists denied any responsibility for the spread of influenza. European tea planters in Assam and Bengal, for example, claimed they were not responsible for any deaths of workers across their plantations because the epidemic spread from local *bastis* (hamlets) and places beyond their estates. Medical doctors and civil surgeons, as the historian of medicine Nandini Bhattacharya (2012, 124–6) notes, supported these views and even quoted them verbatim in their reports.

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As the number of Indians dying from influenza fell temporarily after a peak in October 1918, the government was quick to congratulate itself for “perceptible improvement” and “reduced mortality.” Pomp and circumstance quickly turned to dread as the case count increased again by the end of the year. The death toll rose again in the central and northern provinces in November and then in the eastern provinces in December.

Interlocking crises

In Punjab, Ram Singh Thind noted in his poem that influenza afflicted the young and old, the rich and poor as it created havoc across the world. His understanding that influenza afflicted these demographic groups alike was most likely shaped by the large number of deaths around him.

The virus, however, disproportionately impacted people who were immunocompromised, malnourished, and from Adivasi, low caste, and rural backgrounds. In most regions, women also died in larger numbers than men. The colonial government insisted that malnourishment accounted for the higher mortality rate among women. But their superficial explanation failed to consider the gendered labour of caretaking, the gendered nature of food allocation in many families, and the gendered economy of medical care that privileged men over women.

|| The large number of deaths depleted the supply of cow dung and wood required for cremations and burials. Some families floated the bodies of their loved ones, rather than the ashes, into the rivers.

A regional sanitary commissioner based in Punjab captured the plight of colonial subjects wrangling with the devastation associated with the epidemic. He wrote, “The hospitals were choked so that it was impossible to remove the dead quickly enough to make room for the dying; the streets and lanes of the cities were littered with dead and dying people.”²

His lament continued:

“The burning ghats and burial grounds were literally swamped with corpses, whilst an even greater number awaited removal; the depleted medical service, itself sorely stricken by the epidemic was incapable of dealing with more than a minute fraction of the sickness requiring attention; nearly every household was lamenting a death, and everywhere terror and confusion reigned.”

Death became a site of interlocking crises during the epidemic. Indian families found it difficult to lay their dead to rest and conduct the rituals that enabled them to pass peacefully into the afterlife. Many families did not have male family members to conduct religious rites or carry the dead to burial and cremation sites. Over a million Indian men served in the First World War under the British Empire and more than seventy-four thousand had died. In addition to the war dead, thousands of Indian men were still in detention camps around the world by the end of 1918. Thind’s classmates, relatives, and neighbours likely numbered among the dead and detained. The British government had made Punjab the epicentre of its recruitment efforts for the war and even forced young men into service. The lieutenant general of Punjab, Michael O’Dwyer, estimated that thirty thousand of the half-million Punjabis who served had died during the war.

A shortage of material resources further impeded traditional death rites and rituals. The large number of deaths depleted the supply of cow dung and wood required for cremations and burials. Some families floated the bodies of their loved ones, rather than the ashes,

into the rivers. In other cases, families laid the dead to rest in jungles.

Gandhi wrote to his son: “I felt sad for a moment when I learnt that your family were afflicted with influenza and there was even a death.”

Even as they were hit by influenza, many Indians continued to share intimacy, love, and care amid the death and devastation. In her memoir, the writer Lakshmbai Tilak recounted how her husband Narayan Vaman Tilak refused to eat more than one meal a day and donated food to those who could not afford it. As Chinmay Tumbhe (2020, 141-2) details in his book on epidemics in India, Lakshmbai brewed three to four seers of herbal infusion daily to distribute with the food at the family’s free kitchen.

Others wrote letters and telegrams to another seeking information about their loved ones and friends and offering condolences. On 23 November 1918, Mohandas Gandhi wrote to his son Harilal: “I felt sad for a moment when I learnt that your family were afflicted with influenza and there was even a death.”³ Indian soldiers abroad asked the colonial government about their families. Their unease persisted even after leaders promised to inform soldiers abroad about any deaths in their families. Unlike the accounts of British officials that documented death tolls and state practices, these letters reveal an affective sphere where intimacy, care, and sorrow endured. They archive the emotions and solidarity of colonial subjects as their households were ravaged by influenza.

Unmasking the Empire

The government’s response to the influenza outbreak and abject failure after the war to institutionalise reforms to improve the equity of Indians rapidly changed the political climate in India. Many Indians, including Gandhi, had believed that the loyal service of Indian soldiers and subjects during the war would inaugurate a new era of political reforms that would place Indians on a greater stage of equity with white British dominions. Some even hoped for a path towards gradual independence in the post-war period.

The haphazard response to the influenza outbreak further proved to many Indians that the colonial government continued to care for European and Indian lives on racial lines.

The close of the war ushered in a very different reality. The Crown, which many Indians had fought for and pledged loyalty to during the war with the hopes that such loyalty would be rewarded, rapidly undermined legal and political reforms to maintain its power in India. British officials responded to Indian demands for reform and equity with stringent surveillance and punishment laws such as the Rowlatt Acts. Indian moderates realised that the sacrifice of Indian lives and resources for the war, including large war loans and monetary ‘gifts’, did not usher in a new era of reform. The haphazard response to the influenza outbreak further proved to many Indians that the colonial government continued to care for European and Indian lives on racial lines.

As the epidemic raged, legislators both in Delhi and in the provincial capitals demanded the government account for the loss of Indian lives and provide medical relief in rural areas. They demanded the British account for the future of public health in a colony where British officials remained preoccupied with infrastructural developments like railroads that were used to extract wealth, resources, and labour from India.

“You have piled crores upon crores for civil and military expenditure and upon railway construction, but what have you done for health?”

Kamini Kumar Chanda, a lawyer and member of the Indian National Congress from Bengal, spoke with great force on the need for the government to provide better funding for medical infrastructure. “What have you done to prepare the country, to arm the people better to meet epidemics and visitations like these in the future?” Chanda asked the government in March 1919 during the debate in the Indian legislative council over the annual budget. “You have piled crores upon crores for civil and military expenditure and upon railway construction, but what have you done for health?”

In the Bengal legislature, Brajendra Kishore Roy Chowdhury, a wealthy zamindar from Mymensingh, asked officials to account for the difference in urban and rural deaths and the precise action taken by district boards to provide medical relief. Others in Bengal and provinces across India raised similar concerns inquiring how many medical practitioners, including female doctors, were in service in the province and the precise amounts spent by each district board to aid “poor people” infected with influenza.

“There are some people who imagine these deaths from influenza could not be avoided. I can say from my personal knowledge and experience of the work we have done that these are preventable deaths.”

Indian legislators also asked about the death toll among medical practitioners, including medical students, during the influenza epidemic. Madan Mohan Malaviya, a member of the central legislature from the United Provinces and later the president of the Congress, was keen to point to such service and demand greater funding for healthcare. The fiery educator relayed how members of the Seva Samiti, a local service organisation, distributed medicine in villages across the United Provinces until the region’s supply ran dry. “I think, sir, a government which spends so much on other departments, ought to find money to give the necessary amount of medical relief and protection to the people,” he said during the [1919 budget debate](#). He persisted, “There are some people who imagine these deaths from influenza could not be avoided. I can say from my personal knowledge and experience of the work we have done that these are preventable deaths, most of which, if not, could have been avoided.”

The questions were targeted and demanded the colonial government to actively account for the wide number of deaths. Legislators like Chanda, Chowdhury, and Malaviya made it a point to highlight how Indian lives could have been saved with greater medical provisions and resources. They compelled colonial officials to put their poor response to the epidemic on record. Their demands challenged the pretensions of British officials who insisted that their empire fundamentally rested on racial equality and civility.

By exposing the ways in which colonial officials mismanaged the influenza epidemic, Indian legislators laid a foundation to advocate for further state investment in medical personnel and infrastructure.

In the end, legislators found it difficult to compel governments to comply with their demands. The central government asserted that public health was the responsibility of provincial governments, while provincial officials insisted that financial constraints limited their ability to implement reforms. By exposing the ways in which colonial officials mismanaged the influenza epidemic, Indian legislators laid a foundation to advocate for further state investment in medical personnel and infrastructure, including the creation of a central public health department, to prevent similar crises in the future.

European businessmen with larger capitalist interests in the region also supported the government’s refusal to invest in public health and sanitation efforts across India. W. A. Ironside, a leading member of the Bengal Chamber of Commerce insisted during the [1919 budget debate](#) that, “When one deals with finance, and especially expenditure, the immediate necessity is to see what expenditure gives the quickest return.” He urged the Indian government to invest more in building railway lines, rather than health and sanitation, believing they generated revenue and wealth for the state and business community. Ironside's views highlighted the intersecting business interests that came to complement the colonial state’s refusal to invest substantively in public health in the aftermath of India’s largest epidemic.

A new wave of dissent

Protests against the government’s mismanagement of the influenza outbreak coalesced with greater demands for reform, autonomy, and even independence. Gandhi’s 1920-22 campaigns for non-cooperation and civil disobedience, as well as more revolutionary movements like Ghadar, likely resonated more deeply in the shadow of the epidemic. In Punjab, the region most devastated between 1918 and 1919 due to the war and influenza outbreak, fears over growing demonstrations led General Reginald Dyer to open fire on an assembly at Jallianwalla Bagh on 13 April 1919. Local district commissioners also approved two air bombings on Punjabis, believing they would help to disperse the assembled ‘crowds.’

British officials recognised that the government’s inadequate response to influenza, in addition to repressive colonial laws such as the Rowlatt Act, compelled demonstrators to take to the streets.

Following the Jallianwalla Bagh massacre, British officials recognised that the government’s inadequate response to influenza, in addition to repressive colonial laws such as the Rowlatt Act, compelled demonstrators to take to the streets of Punjab in the early months of 1919. These assessments were submitted to the Punjab Disturbances Committee and formed part of official reports for the India Office in London.

The impact of the influenza epidemic continued to solicit protests and reforms after the crisis subsided in 1919, particularly within the medical community. In the aftermath of the epidemic, medical practitioners insisted on desegregating the profession and developing

equity for Indian doctors. At the All-India Medical Conference in December 1920, over 150 Indian medical practitioners called on the government to create a ministry of health. They demanded a radical transformation of existing medical structures to incorporate colonial subjects in training, research, and high-level positions. Indian doctors decried the colour line that subordinated Indian doctors and medical trainees to Europeans.

Indian medical practitioners sent a clear message to the colonial government: the public health crisis might have subsided, but a new wave of dissension was spreading.

The government denied most of the requests, insisting that it did not have funds, but promised greater Indianisation of the Indian Medical Services. Decades would pass before the government committed to any substantial reforms. Nonetheless, in the wake of catastrophe, Indian medical practitioners sent a clear message to the colonial government: the public health crisis might have subsided, but a new wave of dissension was spreading at even more alarming rates.

Making meaning

The history of influenza serves as a reminder of how Indians and individuals across the Global South have long experienced the ravages of epidemics. Stories like those of Ram Singh Thind express how marginalised peoples across the globe made meaning from the devastation as they struggled for survival. Recovering their experiences opens a vital portal to explicate the historical genealogies of the global inequities in public health care that haunt the world today.

In the final lines of his poem, Thind noted his aspirations for the future. “I clasp my hands and pray before my guru for the peace of our nation.” A century on, his prayer for healing in the midst of intense suffering and protest continues to resonate.

Footnotes:

- 1 David Hardiman, “The Influenza Epidemic of 1918 and the *Adivasis* of Western India,” *Journal for the Social History of Medicine* 25, no. 3 (2012): 644–64.
- 2 In ‘Report on the epidemic of influenza in the Punjab during 1918 by the Inspector General of civil hospitals, Punjab.’ Punjab Home Department (M&S) 1919 Part A proceedings, nos. 89-104. March 1918. Punjab Civil Secretariat Archives, Chandigarh.
- 3 Letter to Harilal Gandhi. In *The Collected Works of Mahatma Gandhi* (1999 revised edition). Volume 17, 247. (New Delhi: Publications Division, Government of India.)

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