

## The Spanish Flu Outbreak in India (1918-1919)

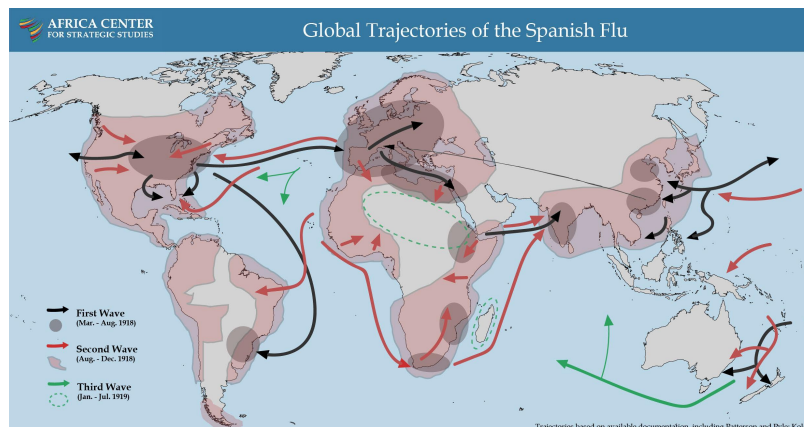
This resource packet includes a selection of secondary and primary sources on the Spanish Flu Outbreak of 1918-1919 in India. These resources were presented by the University of Michigan [Center for South Asian Studies](#) as part of the 2020 World History & Literature Initiative: Pandemics & Power in World History and Literature.

### Secondary Sources:

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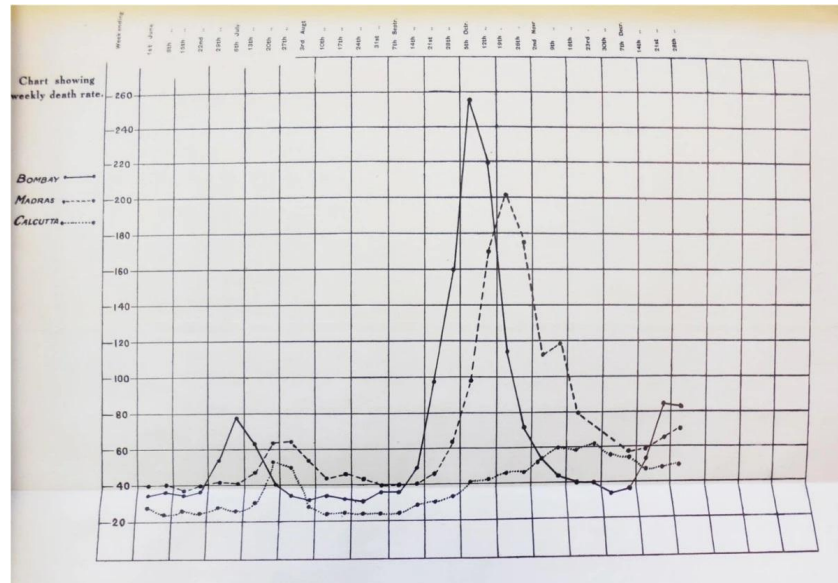
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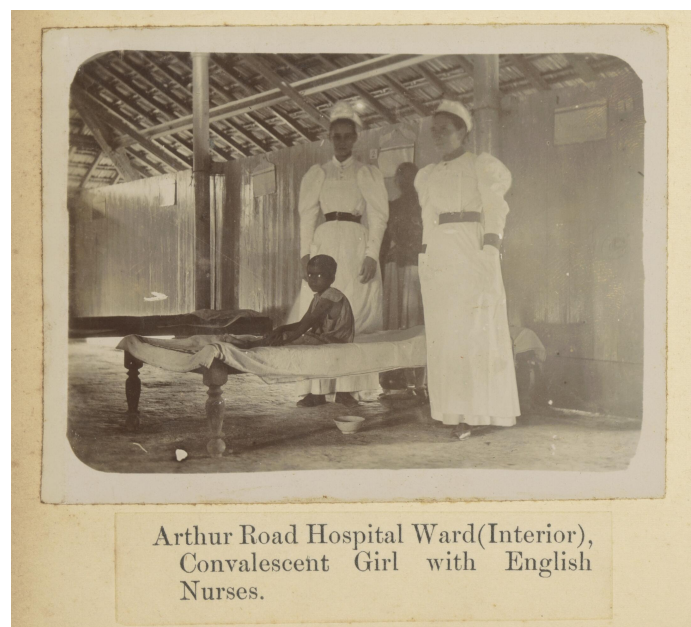
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Weekly Death rates in Bombay, Madras, and Calcutta, June-December, 1918. Reproduced from Siddharth Chandra and Eva Kassens-Noor. "The evolution of pandemic influenza: evidence from India, 1918–19". *BMC Infectious Diseases* 14 (2014).

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Unknown author. "Arthur Road Hospital (interior). Convalescent girl with English nurses" [digital image]. <https://www.repository.cam.ac.uk/handle/1810/282428>.



Arthur Road Hospital (Exterior)  
Medical and Nursing Staff.

Unknown author. "Arthur Road Hospital (exterior). Medical and nursing staff" [digital image].  
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**Nasarwanji Hormusji Choksy (1861-1939)** was a pioneering Indian medical officer. He served as President of the Bombay College of Physicians and was a member of the Bombay Medical Council from 1912 to 1932. Dr. Choksy first rose to prominence during the bubonic plague epidemic that swept India starting in 1896. In 1897, he contracted the bubonic plague but was saved by an experimental anti-plague serum. Scroll to the next page to read his report on the 1918-1919 “Influenza” outbreak in Bombay (today, Mumbai) from the *Administration Report of the Municipal Commissioner for the City of Bombay, 1918-1919*.



**N.H. Choksy**

Image from James Lind Library ([www.jameslindlibrary.org/choksy-nh-1900/](http://www.jameslindlibrary.org/choksy-nh-1900/))

15. The epidemic of Influenza began very mildly about the end of June, supplying a few patients with hardly any severe respiratory complications. It was however towards the middle of September, when the present writer himself fell a victim to it, that the epidemic burst forth in its full virulence. The admissions in September were 247, in October 793, and in November 109 only. Admissions began to be very heavy towards the latter end of September reaching to the maximum of 76 on the 3rd October. The resources of the Hospital were thus once again strained to the utmost. But for the timely help of the Combined Labour Corps Hospital at Dadar, another hospital would have become absolutely necessary to deal with the enormous numbers afflicted. The fatality was 32·2 per cent. but nearly one-third of it occurred within 24 hours of admission. All these patients were brought to the Hospital practically in a dying condition, their life having been prolonged by a few hours through the help of restoratives. The class of patients admitted into the Hospital consisted mainly of domestic servants, labouring and coolie classes, mill-hands, etc., whose general condition appeared to be simply deplorable. In all the present writer's long experience of 31 years in dealing with Infectious Diseases, he had never come across so many cases of physical deterioration, men with haggard features, emaciated from semi-starvation and clothed literally in rags, as during this epidemic. Their condition was greatly aggravated by their continuing to work for 2 to 3 days after the onset of the disease, so that they naturally fell easy victims to it. The high prices and consequent dearth of food coupled with high rents had practically knocked all stamina out of them and it is not to be wondered at that the toll in hospital mortality was over 32 per cent. It is probable that the death-rate among those who died at their homes without any or adequate treatment must have been considerably greater. Although medical men in this city had considerable opportunities of treating the largest number of patients, the severer complications that came under notice at this Hospital, were not observed by them to any considerable extent.

16. *Types of Influenza.*—Two principal types were observed: (1) The purely febrile type of short duration with slight catarrhal symptoms, (2) and The septicæmic type with involvement of the respiratory, Gastro-Intestinal and Nervous systems.

I. The purely febrile type with slight catarrh was more prevalent in June and July and caused scarcely any fatality.

II. The septicæmic type was the most common during September-November, characterised by acute inflammatory conditions of the lungs and air passages, larynx, pharynx and naso-pharynx, Broncho-pneumonia, lobar pneumonia, and bronchiectasis with copious muco-purulent or almost purulent and fœtid sputum, with or without hæmorrhage. Many cases were characterised by considerable chronicity, the patients discharging large quantities of muco-purulent sputum for weeks.

There were frequent attacks of what may be called acute cardiac failure, or more appropriately cardio-vascular crises with feeble, almost imperceptible, low tension pulse, cold clammy perspiration and slow sighing respirations with total absence of dyspnoea. Such attacks recurred frequently, two to three times in the day and for three, four days in succession. Patients were however tided over these crises so long as dyspnoea did not co-exist. Many cases lingered on till the middle of the third week when they succumbed from progressive myo-cardial degeneration. Grave symptoms of toxæmia were observed, such as aphonia, aphasia, cerebral hæmorrhage and hemiplegia, facial paralysis, peripheral neuritis and paraplegia; ulcer of the cornea, inflammation of the middle ear, deafness, parotitis and occasionally suppurating arthritis were noted. Severe neuralgic pains in bones, joints and muscles were frequently complained of. In some cases marked tenderness of the lymphatics of the neck when the pharynx was involved was seen; sometimes general lymphocytosis in other parts of the body. Post pyrexial or afebrile delirium during convalescence, generally low muttering, but occasionally, fierce, maniacal and uncontrollable was also seen. Marasmus with the mental faculties rather dulled and feeble, ideas clouded and memory defective, came under observation. Hæmorrhages were frequently observed such as epistaxis, melæna, sometimes hæmoptysis but rarely hæmaturia. Kidney complications were present but they were not found to be so very grave and uræmic symptoms were not noted. Peri and endocarditis came frequently under notice and in a few cases perisplenitis was discovered. Intense prostration and weakness, out of all proportion to the attack, were the features most marked. In many cases there was association of malaria, latent or active. In a few septicæmic cases there existed with high fever vomiting, generally intermittent, diarrhœa, tympanites, hiccough and sometimes melæna. It is possible that some of these gastro-intestinal symptoms may have been due to irritation brought about by the so-called specifics against influenza that then flooded the market. With cerebral symptoms the patient lay in an almost comatose condition with stertorous breathing and a high temperature. Such cases sometimes lingered for a week and but died without recovering consciousness. The records of autopsies performed at the J. J. Hospital fully explained the causation of the above symptoms inasmuch as there were found hæmorrhages beneath the arachnoid, œdematous condition of the brain, increase of fluid in the ventricles with swollen convolutions of the brain. These pathological changes exhibit a marked similarity to those observed in Plague. Signs of meningeal irritation or actual meningitis were however practically absent.

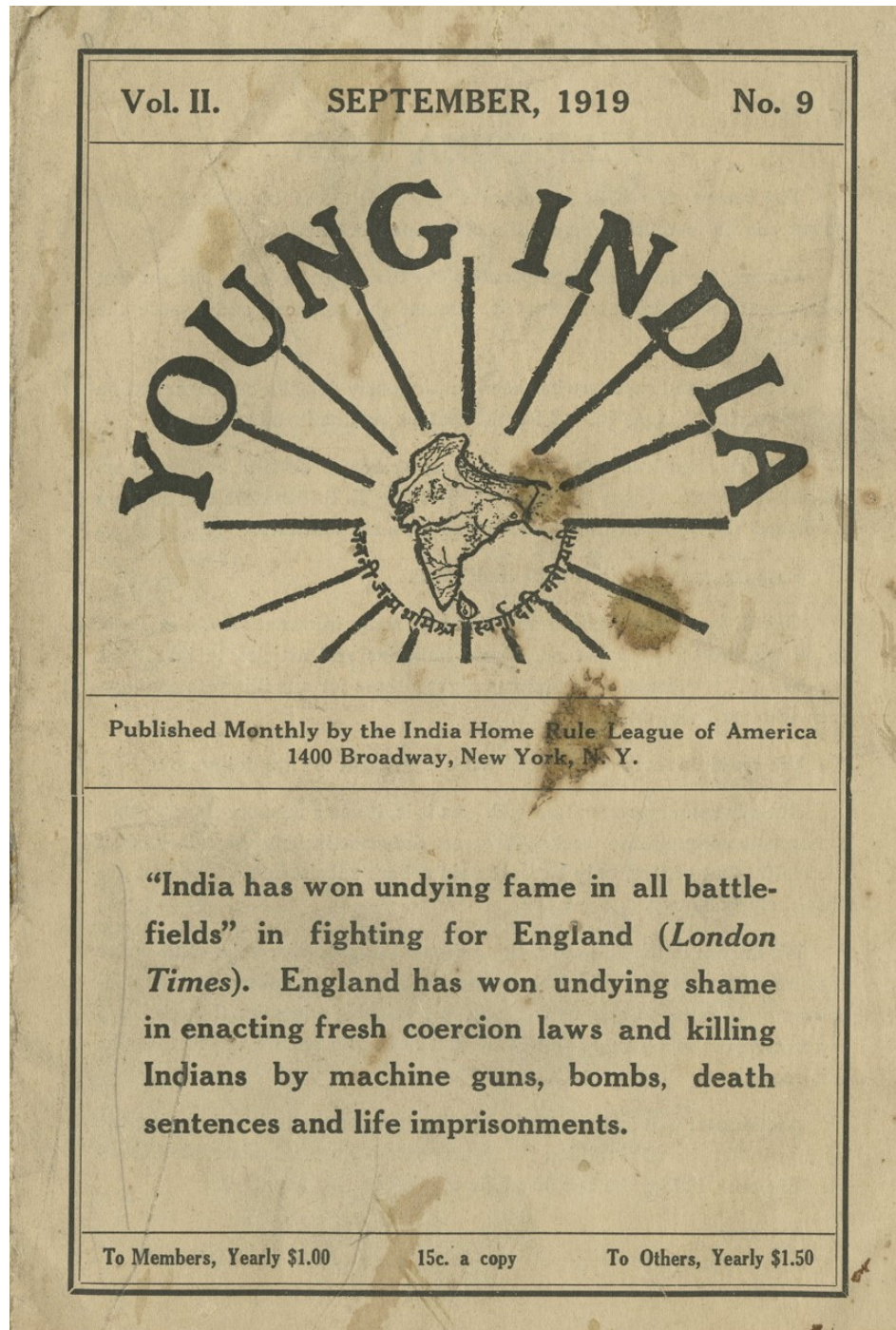
17. No age was exempt; the age periods extended from infants in arms to advanced age up to 65 to 70 and over. The frail, the weakly and the half-starved were most susceptible to infection, but the better classes did not altogether escape. Those afflicted with pre-existing pulmonary troubles such as chronic bronchitis, emphysema, asthma, and phthisis were more prone to infection with higher fatality. The latter, it might be added, was considerably augmented by the moribund and semi-moribund patients picked up from the roadside.

18. The treatment of influenza was mainly symptomatic. No special drug or combination of drugs was found to cut short the disease. Creosote, guaiacal, duofal, allylene quinine, salicine, salicylic acid, salol, all had their supporters. The disease however ran its allotted course, though the discomfort was mitigated. Injections of collodial iodine, as also Polyvalent vaccines appeared to do good in a few cases. The treatment therefore resolved itself into that of the most urgent symptoms and complications, to the support of the circulatory system and to keeping up the strength of the patient by suitable measures. It is true that now and again a particular line of treatment appeared to be beneficial, but further observations showed its inutility in all cases.

19. This visitation was unprecedented in the annals of Infectious Diseases in Bombay and India. It has carried away within a few months more than six million people, that is almost half the total mortality from Plague in 20 years.

In its rapidity of spread, the enormous number of its victims and its total fatality in India, Influenza reached a virulence before which even plague with all its horrors fades into insignificance. It is a question whether in such a rapidly spreading disease, any prophylactic measures such as vaccines could be applied sufficiently early, in sufficient number and on a sufficiently large scale in order to prevent its spread. Looking however to its brief period of inoculation, and its great wave like rapidity of spread over a whole continent like India, it does not appear that preventive measures however efficacious could be applied with any material success. Although the epidemic has declined, the disease has not yet completely disappeared from Bombay, inasmuch as a few sporadic cases still continue to come under observation.

**Young India** was a weekly paper in English published by Mohandas K. Gandhi from 1919 to 1931. Gandhi used *Young India* to popularize *satyagraha* (non-violent or civil resistance) and urge readers to consider India's eventual independence from Britain. In this edition, Gandhi criticizes British public health policy in India with particular attention to the Spanish flu pandemic of 1918-1919.



“Public Health,” *Young India* 2, no. 9  
(September 1919): 199-200.

*Reproduced from original for clarity*

## Public Health

The high death rate in India is due chiefly to poverty. Under-nourishment reduces the vital resistance of the body and thus makes a person an easy prey to micro-organisms. There is, in addition to poverty, another reason for the high death rate. Sir Sankaran Nair, a former member of the Viceroy’s Executive Council, in a speech made recently at the Simla Conference of Medical Experts, observes:

“We can claim the most revolutionary and certain discoveries in regard to malaria, and yet malaria carries off its hundreds of thousands in our midst every year. We can claim the theory of plague infection, and yet for 22 years this scourge has infested our country. We are carrying on valuable research on the subject of hookworm, leprosy, and other diseases, yet our labour force is disabled by hookworm, and the leper is too often found among our villages. Our rural tracts are insanitary, our cities are frequently models of unsatisfactory housing.” And he added, “We cannot fold our hands while millions perish and national vitality is lowered.”

Well, what are the Government of India going to do about it? They have voted a sum of five lakhs of rupees as the nucleus of a public health fund. It does not look very gaudy in the light of what

was spent last year on the renovation of Belvedere to give the Viceroy a holiday in Calcutta; but we have to be thankful for small mercies, and there is a crumb of comfort in the assurance that ‘it is separate from the sum which we (the Government of India) annually disburse for medical research.’ Further, “it is to be used in the application of medical science in a practical and work-a-day form among the people who have been called together as a body of experts to advise the Government as to the best means of doing this.”

Thus he indicts the policy of the Government of India, placing the blame on their shoulders.

In its issue of July 13, the Searchlight of Patna (India), commenting on the influenza epidemic, makes the same accusation:

“In no other civilized country could a government have left things so much undone as the Government of India did during a prevalence of such as terrible and catastrophic epidemic.”

Lack of medical organization in the rural areas, their habits of red-tapism and dilatoriness, their slavish regard for departmentalism and the ‘men on the spot’ and the like combined to keep them off their guard while the epidemic by rapid strides was decimating hundreds of thousands.

The poor efforts they put forth go to indicate the extent of their neglect and omission to take special measures in proportion to the urgency of the demand.



If the urban and rural areas are ill supplied with medical institutions even for normal needs, whose fault is it? Surely Indians are not responsible for this mismanagement. The great and illustrious Civil Service has had the whole field at its command and any credit for the shortage and inefficiency must go to it. If the needs of public health have been so grossly neglected, the obvious remedy is to change the system of control and vest it in the people themselves. They at any rate would not be so careless as to enable every epidemic to carry away a large number of people. We trust Lord Chelmsford's Government would be disposed to take into serious notice the full meaning of the failure to grapple with Influenza. The mere deputation of men to study the origin and history of the fell disease will not achieve much, if it reappears in the same season this year. The only effective course to adopt is to establish more hospitals and dispensaries in time. But there's the rub.

What does the Government propose to do this year? Repeat the story?

the man immediately concerned can know even the facts, much less the arguments in relation to any given matter.

As a result, it is common knowledge all over India that, whatever its other merits, the supreme Government never has a policy on any subject, large or small. It would, indeed, be a miracle if it had.

The fact is that all through the Civil Service of India from top to bottom there is no provision whatever for the free discussion of the larger problems of government. There is no pooling of facts, much less of ideas, and no encouragement for any man, old or young, to look at anything but the routine of the day's office work. Anything that does not fit into this routine is dealt with, conscientiously enough, but piecemeal and haphazard, with no attempt at bringing it into its proper perspective, and where men have no positive ideas to guide them, they must in 90 instances out of 100 have recourse to suppression and repression. Which, as everybody knows, is exactly what has happened.

The only things the Government has coordinated and brought up to date are its own negative powers, and these it has consolidated into the most thoroughgoing and complete edition of Dora (Defence of Realm Act) to be found in any country in the world. As a matter of fact, the Rowlatt Act adds little or nothing to the powers already possessed by the Executive; it merely makes these powers a little more intelligible.

It may be objected that the Imperial Legislative Council is a place where policy can be discussed, and even hatched; but, apart from the impotence of this body, it meets too seldom and is not in any modern sense a public body comparable with even the Reichstag of the late German Empire. It is true that Dora makes the Press and the crowd even less representative than they need be, but in any case the illiteracy of the people and the vastness of the country render representation difficult.

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#### A Letter From India

We make the following extract from a letter received by the Hindusthan Association of America from two Indian students who are planning to come to this country to study. Their pathetic account of the conditions in India is but a repetition of the news that fills all the Indian papers and is the substance of all telegrams from India on the situation in the country. It also shows how the younger generation is anxious to learn but is unable to do so for the simple reason that there are no facilities in the country.

"In 1918 the great famine came, under the blow of which the whole of India suffered and is still suffering. Our soul was cut to see the distress of the poor people, and especially of the farmers. When we saw that the farmers, who cover the whole world with clothes, and who feed the whole world by their untiring efforts, were themselves shivering with cold for

want of clothes and starving for want of food, our hearts bled.

"Again, when we saw that these series of famines which have been visiting India, crushing down the poor, distressed people for generations, and creating engines of tyranny which swept India down under groans and cries of misery are a result of the ignorance of the farmers and agriculturists as to the modern methods of cultivation, we determined, nay, took vows, to serve India at the expense of our happiness, our youth, and even our lives. We left our studies to apply our best energies and efforts to go to America and study agriculture, then to return to our country and teach the ignorant farmers the Western methods of cultivating the land. In India there are no schools nor colleges in which a poor farmer can learn such things."

#### Prosperity in India!!!

The *Statist*, a financial paper published in London, in its issue of July 12, observes:

There seems every reason to hope that India, which has enjoyed a prolonged period of prosperity extending now over nearly 20 years and only partially interrupted by the drought of last season, will again enjoy a period of active trade in the season now approaching."

This sentence shows how far Imperial callousness and capitalistic soullessness can go.

The figures given in a circular recently issued by the India Labor Union of America will give our readers a fair idea of this "prosperity," said to have been enjoyed by India for a "prolonged period of nearly 20 years."

But the *Statist* is a respectable journal. *It does not lie*. It merely uses the words in its own sense. It has in mind the prosperity of the European capitalist who makes millions of dollars every year from the half-starved Indian ryot. What is prosperity to a European trader in India is death to millions of the Indian masses, and so long as the masses persist in living as