

“A Good Winter Rain Will Put Everything Right”:

The British Government in India’s Response to the 1918 Influenza

Pandemic and Famine

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Abstract

The 1918 Influenza Pandemic killed over twelve million Indians while a concurrent famine drove up the cost of basic necessities. The British government framed the pandemic as a complicating factor in their otherwise successful management of the famine, but more accurately the famine was a contributing factor to the pandemic’s death toll.

Key words: 1918 Influenza Pandemic, Spanish Flu, British India, colonialism, famine, British Empire.

In just over a year, the 1918 Influenza Pandemic claimed between 50-100 million lives worldwide, some 12-13 million of them in India alone.¹ Distracted by a concurrent famine and the end of the First World War, the British Government of India did little to respond to the pandemic, even as famine-driven price spikes caused widespread malnutrition and sharp demographic differences in death rates. While the Indian people noted the connection between the famine and flu mortality, as did the British medical community, the Government of India itself paid it little attention. Instead, the government framed the pandemic as a complicating factor in their otherwise successful management of

¹ *Annual Report of the Sanitary Commissioner of the Government of India for 1918*, (Calcutta: Superintendent Government Printing, 1920), 57, and *The Sanitary Commissioner with the Government of India, A Preliminary Report on the Influenza Pandemic of 1918 in India*, (Simla, Government Monotype Press, 1919), 4. The 30 to 100 million figure comes from Susan Kingsley Kent, *The Influenza Pandemic of 1918-1919: A Brief History with Documents* (Boston: Bedford/St. Martin’s, 2013), 1.

the famine, rather than seeing the famine as compounding the effect of the flu. While the lack of widespread starvation was enough for the British to declare their famine intervention a success, influenza's devastating death toll would suggest otherwise.

Mistakenly called the Spanish Flu because Spain alone of the western powers did not censor its newspapers, the 1918 strain of influenza incubated in the American Midwest during the spring and traveled across the Atlantic with United States soldiers headed to fight in the last year of World War I.² It tore through the trenches before spreading to every corner of the world that summer. The first wave was relatively mild, notable for its virulence but not for its deadliness. In late summer, however, the virus mutated and became a devastating killer, responsible for most deaths worldwide.³ Deaths began to recede in November and December, before the virus returned again in the winter for a third wave that fortunately saw fewer deaths than the second.⁴

In typical years, influenza strikes three main categories of victim: the very young, the very old, and the immune compromised. The version that swept the globe in 1918, however, added a new demographic: young adults ages 15-45.⁵ By triggering a massive immune response, the virus destroyed sufferers' lungs and those in the prime of their life tended to have the most vigorous immune systems, thus making them more prone to disproportionate immune responses. Many of the deaths were due to respiratory

² Jeffrey Taubenberger, "Genetic Characterization of the 1918 'Spanish' influenza virus" in *The Spanish Influenza Pandemic of 1918-19: New Perspectives*, edited by David Killingray and Howard Phillips, Routledge Studies in the Social History of Medicine 12 (London; New York: Routledge, 2003), 39, and Kent, 7-8.

³ Kent, 4.

⁴ Kent, 5.

⁵ Taubenberger, 40. Taubenberger uses age 34 as his cut off for "young" adults, but the data shows death rates do not level off until roughly age 45, and other scholars use the 15-45 age bracket instead.

complications such as pneumonia.⁶ When influenza arrived in India, however, it found yet another category of victim thanks to the famine: the malnourished poor. This dual catastrophe may account for India's outsized death toll compared to the rest of the world.

The exact number of victims in India will never be known, with estimates ranging from seven million to an upper bound of 18.5 million.⁷ The official death toll, as reported by F. Norman White in the *Annual Sanitary Report for 1918*, was 7,089,694, although the report qualified that these numbers are given "without any claim to accuracy."⁸ The 1921 census added another 1.3 million to the death toll, and then noted, "Even this, however, must be a substantial underestimate since, owing to the complete breakdown of the reporting staff, the registration of vital statistics was in many cases suspended during the progress of the epidemic in 1918."⁹ More recently, a group of demographers examined Indian census data from 1891-1941 and determined that the flu pandemic led to 13.88 million in "lost population."¹⁰ However, this flu had a propensity for killing pregnant women, and therefore 13.88 million may be a slight overestimation as it also counts fetuses that died in utero. The flu did not attack uniformly throughout India, with the Punjab and United Provinces suffering very high death tolls while places like Madras and

⁶ *Preliminary Report*, 1.

⁷ Kingsley Davis, *The Population of India and Pakistan* (Russell & Russell, 1968), 237.

⁸ *Annual Report*, 56-57.

⁹ J. T. Marten, *Census of India, 1921* (Calcutta: Superintendent Government Printing, 1924), 13. This extra 1.3 million comes from deaths recorded in 1919, many of which were not counted in the original reports. Still, even 8.5 million was a very low estimate.

¹⁰ Chandra, et al., "Mortality from the Influenza Pandemic of 1918-1919: The Case of India" in *Demography*, 2012, Vol 49, Issue 3, 862. Chandra et al. arrive at their numbers through careful calculations, but the uneven reporting within India leaves much open to interpretation. The nearly 14 million in lost population, they argue, may not represent 14 million deaths but rather 14 million fewer people in the 1921 census than would be expected based on the numbers present in the 1911 census. However, given the flu's high death toll among pregnant women and young adults—the group of the population most likely to reproduce—some of the "missing" population would be children that were never born, either because they died in utero along with their pregnant mother or their parents died before reproducing.

Calcutta escaped with comparatively smaller death tolls. I.D. Mills' 1986 investigation of the pandemic, based largely on India's 1921 census, gives an estimate of 12-13 million dead in three to four months for India as a whole, and declares "India thus represents possibly the hardest hit country by the most virulent outbreak of influenza in recorded history."¹¹

The lack of an effective response by the British government to the pandemic was complicated by several factors, most notably the concurrent famine. With a long history of devastating famines in the past, the Government of India sprang immediately into action when the monsoons failed in 1918. The Famine Codes, a provincial set of procedures for officials to follow, were well-established and despite the strain placed on the bureaucracy by the First World War, the British considered themselves in a good position to weather a famine. The relatively minor famine of 1918—"There was wonderfully little acute distress amongst human beings," proclaimed the *Review of the Famine Relief Administration in the Bombay Presidency During the Year 1918-1919*—seemed well suited to British modes of control. However, the British standard for successful management of a famine was focused specifically on preventing the sort of widespread starvation that brought them negative international attention in the late nineteenth century.¹² The British were less interested in moderating or controlling prices of basic necessities such as milk, grains, and blankets—the latter important for keeping a patient stable through a fever—to keep them accessible for the poorest citizens, which would be critical during the flu pandemic.

¹¹ I. D. Mills, "The 1918-1919 Influenza Pandemic: The Indian Experience" in *Indian Economic and Social History Review*, March 1986 (23:1-40), 2.

¹² Mike Davis, *Late Victorian Holocausts: El Niño Famines and the Making of the Third World* (London; New York: Verso, 2001), 147.

The British viewed the pandemic through its effect on the famine and not without reason. The summer wave of the pandemic had weakened laborers, further contributing to low yields that would lead to high prices.¹³ As the *United Provinces Report* on the famine proclaimed, “The effect of the partial failure of the monsoon was profoundly influenced by the results of the disastrous epidemic of influenza, and also by the disturbance of economic conditions owing to the war.”¹⁴ This allowed the British to focus on what they saw as a success about 1918—their response to the famine—while downplaying the disastrous pandemic, which raged out of control across the globe and did not seem to have an easy solution. Malnutrition, however, is widely known to play an influential role in disease susceptibility and survival, and the fall wave of the pandemic was just beginning.¹⁵

The British touted their achievements in avoiding the famine even as the death tolls from influenza reached catastrophic levels. Any price controls came very late in the fall, weeks after the worst of the pandemic had peaked in most areas.¹⁶ The Lieutenant Governor of the United Provinces wrote in December, “A good winter rain will put everything right and secure a fine spring harvest though on a reduced area. Prices are steadier. The price of cloth has largely fallen since government intervened. I hope things will gradually rectify themselves.”¹⁷ He made no mention of the pandemic, even though his province lost some two million people, and much of the rest of his letter was concerned

¹³ *Review of the Famine Relief Administration in the Bombay Presidency During the Year 1918-1919* (Bombay: Government Central Press, 1920), 35. Hereafter *Bombay Famine Report 1918-1919*.

¹⁴ *United Provinces Famine Report 1918-1919*, 1.

¹⁵ Davis, 22.

¹⁶ Hon’ble Maulvi Abul Kasem, “Resolutions,” November 26, 1918, Bengal Legislative Council, 1078, and Hon’ble Mr. McAlpin, “Questions and Answers,” December 19, 1918, BLC, 1120-1121.

¹⁷ Harcourt Butler, Butler Collection: Private Papers and Correspondence of Sir Harcourt (Spencer) Butler, British Library, London, United Kingdom, MSS F 116/20, letter of December 4, 1918.

with snipe hunting.¹⁸ Influenza also inordinately killed poorer Indians, making it easier for wealthy British officials to overlook its terrible legacy and focus on the famine.

In contrast to those in the civil service, British medical officials took frequent notice of the confluence of the two disasters and highlighted the famine as a major contributing factor to the pandemic. F. Norman White drew strong connections between the flu, famine, and war in his *Preliminary Report on Influenza*. He detailed the impact of the war in draining medical personnel from the subcontinent, and then claimed,

Still more serious were the effects of the almost total failure of the monsoon, practically throughout the country. The staple food grains, were at famine prices and the scarcity of fodder enormously reduced the quantity of milk available. The price of blankets and warm clothing was extremely high. Actual famine conditions prevailed nowhere, though there was undoubtedly a greater degree of malnutrition than has been the case during many years past.¹⁹

The note about the price of fodder indicates that the true pain of the failure of the monsoons was felt in indirect, economic ways. If it cost more to feed animals due to rising fodder prices, then many animals would be left to die rather than produce milk. A lower quantity of milk—a good source of nutrients for those afflicted by the pandemic—meant increased suffering from the disease. Major White also noted, “Though no claim that the disease originates in malnutrition can be substantiated, it cannot be denied that malnutrition was occasionally a factor of importance in determining a fatal issue.”²⁰ As their bodies mined precious stores of body fat for glucose, those struck by influenza

¹⁸ *Annual Report*, 57.

¹⁹ *Preliminary Report*, 12.

²⁰ *Preliminary Report*, 2.

would have a defense system in disarray.²¹ By adding another category of possible victims—those suffering from malnutrition—the famine deepened the crisis.

As noted earlier, the impact of famine and malnutrition did not hit all demographic groups evenly. A report from the Punjab, where case mortality in some communities ranged from 50% and above, made a compelling argument for the link between famine, socio-economic status, and survival.²² The medical officer observed,

All classes and creeds are liable to suffer, but the mortality varies with classes. Europeans who live under almost ideal hygienic conditions suffer very slightly. Indians under good conditions of livelihood and assured of proper medical attendance, food, and clothing, escape comparatively lightly. The people who suffer most are the poor and the rural classes, whose housing conditions, medical attendance, food and clothing are in defect. . . . In the present epidemic the poor and rural classes were adversely affected by the economic conditions resulting from the war and the failure of the monsoon. Food prices were high, a sufficiency of blankets and warm clothing almost impossible to obtain, and milk was scarce owing to the fodder famine.²³

In Bombay, the death rate for Europeans hovered around 8.3 per thousand while low caste Hindus died at the astonishing rate of 61.6 per thousand.²⁴ As in the Punjab province, wealth mattered nearly as much as race. The *Preliminary Report* lists death rates for “Hindus, other castes” and “Mohammadans” in Bombay as 18.9 per thousand and 19.2 per thousand, respectively.

H. M. Crake, Health Officer, filed a report in January of 1919 detailing the influenza outbreak in Calcutta, and while the death toll there averaged 4.1 per thousand,

²¹ Kent, 2.

²² *Punjab Influenza Report 1919*, IOR:P/10588, British Library, London, United Kingdom, 5 [hereafter *Punjab Report*.] Case mortality indicates the number of deaths per infection, so in this case, one out of every two poor Indians in the Punjab who contracted influenza succumbed to the disease.

²³ *Punjab Report*, 5-6.

²⁴ *Preliminary Report*, 8.

he noted that poor areas were hit much harder.²⁵ For example, the neighborhood of Kidderpore saw a mortality rate of 21.1 per thousand, more than five times the average mortality rate in Calcutta. Crake wrote,

The excessive mortality in Kidderpore appears to be due mainly to the large coolie population, ignorant and poverty-stricken, living under most insanitary conditions in damp, dark, dirty huts. They are a difficult class to deal with, and not only conceal cases but often refuse all advice and treatment.²⁶

Crake stood out with his callous attitude towards those most afflicted, but he was hardly alone in noting the connection between poverty and high death rates. J. A. Turner, Public Health Officer, published an article in the *Times of India* in late September of 1918, noting, “the dark, ill-ventilated, over-crowded houses of the poor, the want of stamina and absence of proper food, nursing and medicine render the people easy victims.”²⁷ Thus, there is a curious divergence between the higher level governmental response to the pandemic and the conclusions drawn by public health officials on the ground. The former seemed unconcerned with the connection between malnutrition and death tolls, while the latter emphatically underlined it, even when their own racism was plain to see.

The Indian people inside and outside the subcontinent also consistently drew a direct line between the famine and the misery of the epidemic. A nationalist periodical published in New York titled *Young India* carried an article with a sub headline stating “7,000 cases of Influenza in One City and Prices are so High Poor Can’t Get Clothing.”

²⁵ *Reports of the Health Departments of the Ports of Calcutta and Chittagong for the Year 1919* (Calcutta: The Bengal Secretariat Book Depot, 1921), 1. Hereafter *Calcutta Report*.

²⁶ *Calcutta Report*, 2.

²⁷ J. A. Turner, “Influenza Pandemic: Health Officer’s Appeal,” *Times of India*, September 28, 1918. Dr. Turner laments high food prices in this article, and the *Annual Sanitary Report for 1918* makes this connection as well. *Annual Report*, 86.

The article continued to note “Cloth is so expensive that the making of clothing for the poor has been almost impossible, and multitudes are now suffering not only from hunger, but from cold.”²⁸ The same issue also noted, “India perhaps never saw such a hard time before. There is wailing on all sides... There is famine of everything, trade is at a standstill, and all traffic is dislocated... The misery of the poor villagers knows no bounds, and to make the misery complete the influenza is ravaging the whole country.”²⁹ The government may not have been concerned with the relationship between famine and flu, but the Indian people saw it clearly.

Anger at British negligence over the famine and the epidemic leached into Indian writings, both for the general public and in nationalist publications. The *Behar Herald* published a tirade on British action over the famine that asserted, “What shall we however say of our so-called leaders whose attitude on this occasion may be compared to that of Nero when he is said to have fiddled while Rome was burning?”³⁰ Drawing allusions to the villainous emperor with no compassion for his people certainly sets a stark, accusatory tone. Rather than the involved government successfully avoiding a massive famine, as the British saw their actions, the article depicts careless aristocrats unconcerned by high prices affecting the poorest people.

Another article in *Young India* deepens the critique, first noting the connection between poverty, malnutrition, and death from disease. “The high death rate in India is due chiefly to poverty. Under-nourishment reduces the vital resistance of the body and thus

²⁸ “Famine and Grip Sweeping India,” *Young India*, February, 1919, 43. Not to be confused with Gandhi’s journal of the same name, this *Young India* periodical was published by the India Home Rule League of America.

²⁹ “Famine and Grip Sweeping India,” *Young India*, February, 1919, 43.

³⁰ “Food Prices,” *Behar Herald*, November 30, 1918.

makes a person an easy prey to all micro-organisms.”³¹ The article eventually lays the blame for India’s immense death toll in the pandemic on the outright negligence of the British. “In no other civilized country could a government have left things so much undone as the Government of India did during the prevalence of such a terrible and catastrophic epidemic.”³²

Despite the anger in those articles, influenza would soon fade from collective memory. The pandemic and the critique of the British response to it appears only infrequently in nationalist writings after 1919, if at all. But while the loss of twelve million or more people left less of an impression than one might think, that does not mean it left no footprint at all. As David Arnold said, “Influenza received less public attention than it might otherwise have done because for many Indians the epidemic was not the primary issue. It was the symptom, not the underlying cause.”³³ The stark split in fortunes between European inhabitants of India and the poorest castes, in addition to the separation between poor and middle class Indians, merely highlighted the socio-economic disparities that had long been exacerbated by imperialist policies.

The pandemic drove to the heart of inequality within the empire. It is possible, although very difficult to prove, that had the British intervened and controlled rising prices far earlier in the fall, the death toll in India could have been lower. Even still, the British viewed their intervention in the famine as a success, preferring to focus on that to the exclusion of the pandemic while simultaneously using a very loose standard of “success.” Meanwhile, British health officials and the Indian people themselves observed the deadly

31 “Public Health,” *Young India*, September 1919, 199.

32 “Public Health,” *Young India*, September 1919, 199.

33 David Arnold, “Death and the Modern Empire: The 1918-1919 Influenza Epidemic in India,” *Transactions of the Royal Historical Society*, Vol. 29 (2019), 195.

connection between the two catastrophes to little effect. Although the British would soon go on to provide nationalists with far more obvious examples of British cruelty, such as the massacre at Jallianwala Bagh, influenza's place within the cracking foundations of empire should not be overlooked.