EPIDEMICS IN 20TH CENTURY MALABAR: A HISTORICAL ANALYSIS

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KEY WORDS

Malabar, Cholera, Smallpox, Plague, Malaria, Influenza, Poliomyelitis, Typhoid, Tuberculosis, Famine, Collective Memories, Colonial Administration.

ABSTRACT

The paper throws light on the major epidemics that seized Malabar in 20th century during the colonial rule and thereafter during the post-colonial regime. The study examines how diseases like the Cholera, Smallpox, Plague, Malaria, Influenza, Poliomyelitis, Typhoid, and Tuberculosis affected the region, throwing human lives out of gear. The history of the spread of epidemics in Malabar is intertwined with the history of famines, poverty, migration, and the existence of an inefficient healthcare system in the region. The paper focuses on the imperialist designs of the British, and their neglect in healthcare affairs, which led to increased death rates in the region. It also investigates the extent of government intervention in such matters, which include vaccination drives, quarantine measures, and the restrictions imposed during the outbreak of contagious diseases and the transformations in the public health sector which followed. Other than the study of epidemics, the paper relates the socio-cultural impact it made on the lives of people of Malabar through autobiographies, memoirs, oral histories, and Malayalam literary works. The records preserved the collective memories of sufferings, fear and resilience of those, victimized by the attack of epidemics. The paper links the recurrence of the epidemics with the defective policies of the colonial administration in addressing the issues. The study, in addition provides significant lessons to the contemporary society on health and health related issues.

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Introduction

The paper explores the serious issues of the recurrence of contagious diseases and famines in the 20th century Malabar under Madras Presidency. The poor health care system which prevailed then, is brought into focus through the lines. The causes which led to such grave situations pertain to colonial policies, socio economic disparities and recurrent famines. S. R. Christopher, who observed the series of contagious diseases and famines through his studies, established the link between both. He observed that in the late 19th century Punjab, 7 out of 12 Malaria epidemics were preceded by famine or serious shortage of food.[2] David Arnold, who had studied the Cholera epidemic of 19th century noted that the death rates increased two folds or three folds, when Cholera was preceded by famine. In the same way, Mike Davis has established the link between epidemics and famines, through his study on the 1918 Flu pandemic. The incidence of Flu was preceded by severe famine.[3] Malabar was a region affected by famine – 4 times they occurred between 1918 and 1943.[4] The neglect on the part of the colonial authorities was a major reason for the spread of diseases. The healthcare department was not adequately funded, and consequently, it led to the neglect in giving care to the affected ones. The neglect raised the contagious diseases to the level of epidemic or pandemic. The paper aims at establishing how the epidemics paralyzed the socio-economic lives of the people of the region then. Several literary works and oral histories have marked epidemics in Malabar as an important chapter in the history of the region.

[2] K. G. Sivaswamy et.al., *The Exodus from Travancore to Malabar Jungle*, Servindia Kerala Relief Centre, Coimbatore, 1945, p. 17.
[3] Sheetal Chhabra, *TIF Manufacturing Epidemics*, in. 'The Indian Forum', June 5, 2020. https://www.theindiaforum.in/article/manufacturing-epidemics.
[4] Vinodan Navath, *Disease, Medicine and Colonial Gaze: The Spanish Flu in Malabar*, in 'Proceeding of the South Indian History Congress', Vol. 42, 2024, p. 3.

Epidemics in Malabar and Social Determinants

The famines of 1943 exposed the fact that it had something to do with the outbreaks of Cholera that followed it. Not only that, the disease rose to level of an epidemic. It was when the second world war was going on, and financial crunch was at its peak. C. A. Innes, a British colonial administrator, who authored the extensive Malabar Gazetter, noted that the spread of Cholera accelerated in the months of March and April, prior to the onset of monsoon.[5] The first indications of the disease in 1943, were visible in the beggars of Calicut who lived in poor and unhealthy surroundings. As a precautionary move, the government got them relocated to the outskirts of the city. The government had to pay a heavy price for this step, as Cholera spread to the countryside of Calicut and to the interior parts of Malabar.[6] The temporary camps could not break the chain. Every taluk was affected. The leading newspapers, including The Hindu, reported that the epidemics had reached its pinnacle in Malabar, with 22 losing their lives in Calicut on a single day. Subsequently, the spread became uncontrollable, and another 1500 affected ones surrendered to death in two months. In remote villages, nearly 6000 were reported dead.[7] The official records have it as 28,432 cases of death due to Cholera alone in the (Malabar) region in 1943.[8] The vernacular issues reported it as nearly 100,000. It was Liberator, a newspaper from Calicut that reported so, though the officials concerned denied it.[9] The outbreak of Cholera

[5] C. A. Innes, *Madras District Gazetter: Malabar*, Vol. 1, Government Press, Madras, 1908, p. 292.
[6] P. Priya, *Malabar Famine of 1943: A Critique of War Situation in Malabar (1939-1945)*, in 'Proceedings of Indian History Congress', Vol. 75, Platinum Jubilee, 2014, p. 632. https://www.jstor.org/stable/44158440.
[7] *Ibid.*
[8] *Census Hand Book 1951: Malabar District*, Government Press, Madras, 1953, p. 10.
[9] P. Priya, *Malabar Famine of 1943: A Critique of War Situation in Malabar (1939-1945)*, *Op. cit.,* p. 632.

coincided with the famine that preceded it. Famine and the outbreak of epidemics were common across the Madras Presidency. The link between the two were established through the studies on it. Genuine reports indicate that in 1943, 117,039 died of Cholera,[10] which had its repercussions in British Parliament. Hansard, the document of UK Parliament recorded it on 21 October, 1943. Sorenson, a member of House of Commons, as well as Bowles, another member, took up the matter with the Secretary of State for India. Sorensen asked the Secretary of State for India about information he has respecting the Cholera in Malabar and in other parts of India. Bowles asked the parliament whether there was any element of truth in the press reports that the people of India preferred quicker death from Cholera and not the long-drawn-out death from starvation.[11] The horrors and miseries were serious challenges to the British administration in India, and their failure and neglect in mobilising the official machinery for the containment of the epidemic was exposed through their passivity. Quite many memoirs and autobiographies have recorded the horror of the Cholera epidemic in those days. M. N. Vijayan's Kaleidoscope pointed out that the threat of contagious diseases loomed large every year in the month of *Karkkatakam* without fail.[12] Cherukad's Jeevithapatha records the anti-Cholera initiatives in Pulamanthol under Nalloli Kunhikannan.[13] A. K. Gopalan's Manninuvendi states that during the famine of 1942-43, Cholera grabbed the lives of nearly 30,000 people across Malabar. A. V. Kunhambu's biography also refers to the tragedy that struck Mangalam

[10] *Ibid,* p. 638.
[11] *Hansard - House of Commons UK Parliament*, Debate, Vol. 392, 21 October 1943.https://api.parliament.uk/historic-hansard/commons/1943/oct/21/cholera-cases-and-famine-deaths.
[12] M. N. Vijayan, *Kaleidoscope: M. N. Vijayante Ormakkurippukal* (Mal.), Nishagandi Publications, Trissur, 2006, p. 24.
[13] Cherukad, *Jeevithapatha* (Mal.), Current Books, Trissur, 1974, pp. 427 - 429.

village in Ponnani taluk, with 900 people losing their lives.[14] Karadan Moideen Haji, recollects how much the people had to suffer in the early 1940s, owning to the attack of Cholera and Smallpox. Many children became orphans, and an orphanage in Thirurangadi had to be opened in 1943 to accommodate the children.[15] Punathil Kunhabdulla's Smarakashilakal also makes a reference to the disasters caused by Cholera.[16] There is a popular reference in Malabar on Cholera as '*Thalamathatti'*, indicating the colloquial identity and dimension of the horrors it spread in the region.[17] Prior to the chain of outbreaks of Cholera in the 1940s, there was a serious attack of it in Calicut in 1913, a correspondence between the Diwan of Kochi and the collector of Malabar, dates 29 July, 1915, brings out the gravity of this situation. It also indicated the matter of disposing surplus Sardine fish caught by the fishermen. The collector informed the Diwan that drying of fish was to an extent controlled by law, in Tellicherry.[18] According to Raveendran Gopinath, the combined attack of Cholera and Dysentery in Malabar in 1919 was deadlier than the outbreak of flu in 1918.[19]

Parallel to the outbreak of Cholera, the dominant presence of Smallpox, known as '*Vasoori'* in Malabar, also threatened the people. It came out in its most disastrous forms in the first half of the 20th century. The two world

[14] A. K. Gopalan, *Manninuvendi* (Mal.), Chinta Publishers, Trivandrum, 1975, p. 26., also in M. N. Kurup, *A V Kunhambu* (Mal.), Prathiba Books, Mavelikara, 2000, p. 189.
[15] Samad Karadan Chemmad, *Mahavyadiyude Nadukkunna Ormakalil Karadan Moieden Haji* (Mal.), in 'Malayalam News.com', 18 May 2020, 2.30 PM. https://www.malayalamnewsdaily.com/node/300641/articles/karadan-moideen-haji.
[16] Punathil Kunhabdulla, *Smarakasilakal* (Mal.), DC Books, Kottayam, 1993, p. 13.
[17] Samad Karadan Chemmad, *Mahavyadiyude Nadukkunna Ormakalil Karadan Moieden Haji* (Mal.), *Op. cit.*
[18] T. B. Seluraj, *Kozhikodinte Paithrukam* (Mal.), Mathrubumi Books, Kozhikode, 2011, pp. 36 – 37.
[19] Raveendran Gopinath, *Understanding Pre-Transitional Fertility in Colonial Malabar*, in 'The Indian Economic and Social History Review', Vol. 35, Part. 1, 1998, p. 82. https://doi.org/10.1177/001946469803500105.

wars which came along with it, created hell in Malabar. It is reported that from 1941 to 1945, the casualties due to Smallpox were 2925, with the highest number of deaths recorded in 1945, as 1226.[20] All over Madras presidency many lives were lost between 1939 and 1944, and around 9860 died in 1943 itself.[21] The social stigma attached to the affected ones, even after cure, was more unbearable than the disease itself. People maintained a safe distance with them. Devaki Neeliyangode, who had lost her stepbrother and aunt, observed that in those days, people avoided using the term *Vasoori* for Smallpox, and instead called it *'Dannam'*.[22] So much was the rippling effect the disease caused to the people of Malabar. Cherukad, in his autobiography, Jeevithapatha, comments on Smallpox in detail in the chapter titled *'Irunavuri'*, with special reference to fever, inflammation and body aches as the symptoms of Smallpox.[23] So severe inflammation and fever created a dreaded picture in the minds of the people. M. N. Vijayan's Kaleidoscope further describes the presence of Smallpox in Malabar between 1942 and 1945, and how his uncle was affected. He points out to the services of Dr. M. S. Prabhu, the only qualified doctor in Tellicherry during the 1960s. The doctor used to visit the houses of Smallpox and Chickenpox patient to treat them.[24] K. Madhavan's Oru Gandhian Communistinte Ormakal, A. C. Kannan Nair's anecdotes and P. Krishna Pillai's biography, written by Chandavila Dineshan have recorded the medical urgency of the situation. Under Madras Presidency, Kannur, Tellicherry and Ottapalam were badly affected by the recurring epidemics

[20] *Census Handbook 1951*, *Op. cit.,* p. 10.
[21] P. Priya, *Malabar Famine of 1943: A Critique of War Situation in Malabar (1939-1945)*, *Op. cit.,* p. 638.
[22] Devaki Neeliyangode, *Kalapakarchakal* (Mal.), Mathrubumi Books, Kozhikode, 2008, pp. 109 - 115.
[23] Cherukad, *Jeevithapatha* (Mal), Current Books, Trissur, 1974, pp. 324 - 325.
[24] M. N. Vijayan, *Kaleidoscope: M. N. Vijayante Ormakkurippukal* (Mal.), *Op. cit.,* pp. 82 - 83.

especially that of February 1945.[25] C. K. Muhammed, a homeopathic consultant, remembers the horrifying incidents in 1930s and 1940s, as narrated by his father, Gandhi Alavikkutty, a timber merchant. His father donated 18 wooden cots to Smallpox patients in Irumbuzhi, Malappuram.[26] Kalluveetil Pazhaya Padillath Beefathima, a simple homemaker also recorded orally how her father had contracted Smallpox while traveling from Mangalore to Kasaragod and later on passed away at Kaikkottukadav in Thrikkaripur, with nobody to look after him. Panniyan Raveendran, the Communist leader was also affected by Smallpox in 1946.[27] U. K. Kumaran in his work Thakshankunnu Swaroopam, set in a fictionalized North Malabar, refers to the Smallpox epidemic in the 1930s and 40s as *Nadappudeenam* or *Kurippudeenam*.[28] Treating Smallpox in densely populated areas was a hell of a job, and families often left infected ones in distant shelters, camps or hospital. The supply of vaccines, and treatment forms improved after independence. Still, the recurrence of this contagious disease remained a major cause of concern even in the late 1950s. In Kerala legislative assembly, a submission was raised to this effect, and the government version was that 695 lives were lost in 1954, while in 1956 it was 233. The official records indicate that 3 people died

[25] K. Madavan, *Oru Gandhian Communistinte Ormakal* (Mal.), Prabhath Books, Thiruvananthapuram,1987, p. 180., K. K. N. Kurup, *A. C. Kannan Nair: Oru Padanam* (Mal.), Kerala Bhasa Institute, Thiruvananthapuram, 1985, pp. 130 - 131., and Chandavila Dinesan, *Sagav P. Krishnapilla* (Mal.), Chinta Publishers, Thiruvananthapuram, 2008, p. 747.
[26] Vimala Kottakal, *Vasuriye Orkan Vasoorikattil* (Mal.), in 'Malayalamnews.com', 29 November 2017.
[27] Kunhahmed Vanimmel, *Keralathe Bhayapeduthiya Vasurikalam* (Mal.), in. 'Malayalamnewsdaily.com', 7 May 2020. https://www.malayalamnewsdaily.com/node/281401/articles.
[28] B. Iqbal, *Thakshankunnu Swaroopathile Vasoori* (Mal.), in. 'Mahamari Sahithya Sastra Pustakangaliloode', Luca Science Magazine Portal, 19 April 2021. https://luca.co.in/thakshankunnu-swaroopam/.

of smallpox in 1954-55 and 2 in 1955-56.[29]

Apart from Cholera and Smallpox, the Plague also affected many. It was visible mostly in the coastal regions of Malabar. Calicut, Tellicherry, and Cannanore reported some cases. Basel Mission Hospital in Calicut had 131 patients of the Plague in 1903.[30] Expect in Tellicherry, where it first took hold in 1906, the Plague didn't assume the form of an endemic. Consequent to it, the people of Calicut and Cannanore contracted it,[31] and the disease had its recurrence through the 1930s. In 1920s, Calicut was engulfed by the Plague, but by 1921, it was contained through combined efforts of administration, and the public.[32] Calicut was a Plague hotspot alongside Mattancherry, Kochi, and Kunnamkulam. The merchants and workers in the shipyards and warehouses, were the carriers of it.[33] In 1921, Palghat also reported cases of the Plague.[34] Four localised outbreaks of Pneumonic Plague were occurred in Malabar since 1922.[35] Between 1941 and 1950, as many as 242 died.[36] In the Madras Presidency, 10,496 lost their lives between 1939 and 1944.[37] To contain the spread, the colonial administration, imposed restriction on travel, using the enactment of 1897.[38] An incident of travel ban worth mentioning is the one in 1900 between 13 November and 30 December, to control the spread during the

[29] R. K. Bijuraj, *Pakarchavyadikal Keralathil* (Mal.), in Mujeeb Rahman Kinalur (Ed.), 'Covid Kalam Ananthara Lokam', Yuvatha Book House, Kozhikode, 2020, p. 35.
[30] Vinodan Navath, Disease, *Medicine and Colonial Gaze: The Spanish Flu in Malabar*, *Op. cit.,* p. 5.
[31] C. A. Innes, *Madras District Gazetter: Malabar*, *Op. cit.,* p. 293.
[32] Vinodan Navath, Disease, *Medicine and Colonial Gaze: The Spanish Flu in Malabar*, *Op. cit.,* p. 5.
[33] R. K. Bijuraj, *Pakarchavyadikal Keralathil* (Mal.), *Op. cit.,* p. 35.
[34] Vinodan Navath, Disease, *Medicine and Colonial Gaze: The Spanish Flu in Malabar*, *Op. cit.,* p. 5.
[35] C. A. Innes, *Madras District Gazetter: Malabar*, *Op. cit.,* p. 294.
[36] *Census Hand Book 1951*, Op. cit., p. 10.
[37] P. Priya, *Malabar Famine of 1943: A Critique of War Situation in Malabar (1939-1945)*, *Op. cit.,* p. 638.
[38] The Epidemic Diseases Act of 1897.

Ekadashi Festival in Guruvayur. The entry from Mysore was blocked as part of it.[39] It indicated the active intervention of British administration in the healthcare issues of the urban areas in Malabar, while the rural parts of the region were neglected. However, when the Plague struck Tellicherry, the government licensed Plague huts in the Malabar and arranged preventive medicines through state funds. Later on, money was allocated to the affected ones, to get the roofs of Plague-infected houses removed.[40] Documentation of the Plague's evolution in Malabar faded by the 1950s, though the disease left a long-lasting impact on the families who survived it.

In the forests of Malabar, Malaria was widespread, and it took an ugly turn in the late 1920s. Migration from Travancore had already started by then. Due to extreme poverty, they were forced to leave their native land, though many stayed back. Those who penetrated into the fertile forest regions of Malabar were badly affected by a series of Malaria attacks. The highlands of Malabar were prone to the illness, and when it attacked, the attack was severe. By 1943-44, migrants from Travancore started infiltrating into the highlands of Sultan Bathery. Vythiri was a major settlement zone. They were hardworking people and struggled a lot to clear the path for successive settlers. Climate conditions were unfavourable. They had little to eat and therefore malnutrition and ill health hindered their efforts for quite some time. Gradually Malaria dominated the region. Many early settlers succumbed to the deadly disease then.[41] Government records and

[39] If you Hate Travel Curbs See this Order From 1900, in. 'Express News Service', The New Indian Express, 8 May 2021, 11:29 AM. https://www.newindianexpress.com/states/kerala/2021/May/08/if-you-hate-travel-curbs-see-this-order-from-1900-2299828.html.
[40] Vinodan Navath, Disease, *Medicine and Colonial Gaze: The Spanish Flu in Malabar*, *Op. cit.,* p. 5.
[41] P. T. Sebastian, *Remembering the Uprooted: The Fate of Peasant Migrants of Malabar*, in C. Balan (Ed.), 'Reflections on Malabar Society, Institution, Culture', Post

reports of missionary testify this. Wayanad became the hotspot of Malaria in no time. Lack of balanced diet and inclement weather conditions amplified the spread of Malaria and Cholera. A survey conducted in Kunnoth and Alex Nagar colony indicated that the regular and heavy intake of tapioca, with no protein and fat to supplement, was the primary reason for the early settlers being anaemic and weak. Easily they became vulnerable to Malaria.[42] However, Miss Atzori of the medical mission team, disproves this theory. The team was stationed at Marikunnu.[43] Based on her study on Thamarasserry settlement, she established that the malarial attack was not due to malnutrition. It was just an assumption, according to her, and not a fact. Forest areas are prone to Malaria, and this affected the settlers, as they stayed in settlement areas and not in isolation. The urgent need of a medical dispensary was pinpointed in her study.[44] Manathana, Vilakkod, Kakkayangad, and Pothukuzhi were villages struck by Malaria and related diseases in their chronic form. A medical survey on the composition of Malaria, conducted in Koluthuvayal confirmed that Malaria in that region was chronic in nature.[45] So, the life and struggles of early settlers from Travancore is a prominent chapter in the history of Malabar. The migrants themselves had recorded the bygone chapters of their struggles in Malabar highlands, and how many relatives of theirs had to sacrifice their lives. Aikkara Thazhath Thomas, an early migrant in the 1940s, remembers his struggles against Malaria, and the death of his friends and relatives due to it. A. P. Narayan Nair, a native of Kalpetta,

Graduate Department of History Nehru Arts and Science College, Kanhangad, 2000, p. 65.

[42] K. G. Sivaswamy et.al., *The Exodus from Travancore to Malabar Jungle*, *Op. cit.,* pp. 24 - 29.

[43] A place within six miles of Calicut on the Wayanad road., in K. G. Sivaswamy et.al., *Ibid.,* p. 87.

[44] *Ibid.,* pp. 85 - 86.

[45] *Ibid.,* pp. 80 - 83.

could recollect the picture of the roads strewn with the dead bodies of the malaria affected ones.[46] Documented evidence of the children of early settlers having lost their parents due to Malaria, are with various orphanages of Latin catholic order. Two orphans from Marikunnu orphanage – Varghese and Thrasia recollect the bitter experience of how they become orphans. Maria, another orphan from Peravoor orphanage, shared that her father was forced to return to Travancore due to his ill health caused by Malaria.[47] K. A. Keraleeyan had also mentioned the strong presence of Malaria in highlands of Malabar between 1944 and 1946. He mentioned that in addition to Malaria, Scabies and Conjunctivitis had spread in Irikkur *Firka*.[48] The literary works of the period had characters built up in the backdrop of survival against poverty, epidemics, and their settlement issues. S. K. Pottekkad's Vishakanyaka portrays a character by name Ouseppu who uttered through the novel that *Pullu* (grass), *Panni* (boar) and *Pani* (fever) made their lives miserable, forcing many to return to Travancore.[49] A few other novels in Malayalam were also set in the background of migration from Travancore to Malabar, and their pressing issues.

The Influenza pandemic of 1957, otherwise known as the Asian Flu, found its way to Malabar through passenger ships from southeast Asia. Malaya, Singapore and Japan were seriously affected by the initial outbreak of Flu. The inflow of passengers from these places to Madras, Mysore, Kerala and Andhra Pradesh placed the natives in deep trouble. The two steamers, S.

[46] P. Priya, *Medicine and Modernity: A Case Study of Malaria in Wayanad*, in 'Proceedings of Indian History Congress', Vol. 77, 2016, p. 603. https://www.jstor.org/stable/26552688.
[47] K. G. Sivaswamy et.al., *The Exodus from Travancore to Malabar Jungle*, *Op. cit.,* pp. 36 - 39.
[48] An administrative and revenue subdivision within Madras Presidency, in K. K. N. Kurup, *Keraliyante Lekhanangal* (Mal.), Keraliyan Smaraka Samithi, Kozhikode, p. 43.
[49] S. K. Pottekad, *Vishakanyaka* (Mal.), DC Books, Kottayam, 1948, p. 138.

S. Rajula and S. S. State of Madras which came respectively on 21 and 28 May contributed to the spread of the deadly disease.[50] Between 2 June and 8 June, 60 passengers from S. S. Rajula, happened to travel to different parts of Palakkad district, and its impact was visible in a big way in Kozhikode too.[51] Moreover, the two steamers mentioned earlier had 1622 and 1065 passengers in them.[52] Mostly, the urban population was affected. The situation was extremely serious, as evident from the official records. Around 2.1% of the state's population was affected, with no sufficient health workers to help the affected ones. Not only that, medical professionals and the nursing staff were also affected by the epidemic, perhaps more than any other section in the society.[53] The pandemic brought into focus the need of containing airborne diseases on war footage. Even before the arrival of the steamers, the localised outbreaks of Type B[54] virus had been reported in the Madras Presidency. Samples from Kozhikode, Coimbatore and Tuticorin reported the Type B.[55]

In 1987, southern Kerala, the outbreak of Poliomyelitis (Polio) confused the medical fraternity, despite the improved healthcare system that prevailed in the state. There was a sharp increase in cases, mostly, children with acute, Paralytic Poliomyelitis, who were admitted to Sree Avittam Thirunal (SAT) Hospital in Trivandrum.[56] Earlier, in the year 1981, within 90 days (between April and June), 30 children died and another 220 were

[50] I. G. K. Menon, The 1957 Pandemic of Influenza in India, in. 'Bulletin of World Health Organization', 1959, 20 (2-3), p. 200. https://pmc.ncbi.nlm.nih.gov/articles/PMC2537734/.
[51] *Ibid.,* p. 206.
[52] *Ibid.,* p. 200.
[53] *Ibid.,* p. 206.
[54] A local variant of Influenza virus.
[55] *Ibid.,* p. 202.
[56] Total admitted cases in 1987 were 458 in contrast to 119 in 1986., in C. Sulekha, *An Epidemic of Poliomyelitis in Southern Kerala*, in. 'International Journal for Epidemiology', Vol. 19, 1990, p. 177. https://doi.org/10.1093/ije/19.1.177.

rendered paralytic permanently. The Kaloorkadu panchayat in Muvattupuzha, Ernakulam, was the spot that was worst hit by the epidemic.[57] In the 1980s, Polio cases caused some concerns in society. On record, the state appeared well protected, with vaccine distribution high enough to cover 90% of the population.[58] However, in reality, lack of even distribution facilities of vaccines, poor storage facilities, loss of potency in the vaccines, and the use of vaccines of low potency are some of the obvious reasons for the occurrences of Polio, and their recurrence in children even after getting vaccinated. N. H. Mathai, the former director of Calicut medical College stated that the potency of the vaccines were not tested before administering them to children. The frequent power outages, carelessness in transporting them without effective freezers, can also be attributed to as the causes of the rebound of Polio.[59] The Polio vaccination drives initiated by the government, met with success in the 1990s, and the state was declared polio free in 2000s. The last reported case of Wild Polio virus was in Malappuram.[60] The sustained efforts of the health workers were noted internationally. Yet a few cases of vaccine derived Polio were reported here and there. The scientific explanation for this to have happened is that, the weakened polio virus in the oral vaccine got replicated genetically in the gastrointestinal tract. In 2024, a seven-month-old child in Malappuram transmitted Immunodeficiency-Related Vaccine-

[57] Sreedhar Pillai, *Polio: A Crippling Outbreak (Polio outbreak in Kerala claims 30 children lives, leaves 220 others paralyzed of life.)*, in 'India Today Magazine', July 31, 1981, updated October 16, 2014 14:53 IST. https://www.indiatoday.in/magazine/living/story/19810731-polio-outbreak-in-kerala-claims-30-children-lives-leaves-220-others-paralysed-for-life-773075-2013-11-16.
[58] The estimated vaccine coverage with three doses of OPV (Oral Polio Vaccine) in Kerala, based on the quantity of vaccine distributed during the years 1985, 1986 and 1987 were 94%, 100% and 91%, respectively. In C. Sulekha, *An Epidemic of Poliomyelitis in Southern Kerala*, *Op. cit.,* p. 177.
[59] Sreedhar Pillai, *Polio: A Crippling Outbreak (Polio outbreak in Kerala claims 30 children lives, leaves 220 others paralyzed of life.)*, *Op. cit.*
[60] R. K. Bijuraj, *Pakarchavyadikal Keralathil* (Mal.), *Op. cit.,* p. 35.

Derived Poliovirus (iVDPV) to his father, and the child died of Severe Combined Immunodeficiency (SCID), which was a rare genetic disorder.[61]

Parallel to all these happenings, Typhoid and Tuberculosis (TB) also had their roles to perform as infectious diseases, across Kerala, in the early half of 20th century. In 1940-41, Vadakara, Thalassery and Kannur in Malabar region had to face a Typhoid outbreak. The reason was obvious – the cyclone that hit Malabar in 1940. It was a post-disaster offshoot. Many rivers overflowed its banks causing havoc to acres of paddy fields across Malabar. In Chirakkal itself, over 1000 acres of paddy fields were inundated. Thousands lost their belongings and all that they had to sustain their lives.[62] In 1942, 89 deaths related to typhoid were reported in Travancore. The contagion swept across Kerala in 1954, 1955 and 1956, causing widespread loss of lives. In 1954 as many as 716 died and in 1955 it was 690. The casualties were 746 in 1956.[63]

Tuberculosis appeared as a contagious disease posing great threat to the population of Kerala. Between 1941 and 1945 nearly 18,782 TB patient died in Travancore. In 1961 the treated cases in government hospitals across Kerala were 210,000. As per the statement made by the health minister, on July 1977, in the legislative assembly, there were three government sanatoriums in Pariyaram, Mulamkunnathkavu, and Pulayanar Kotta.[64] M. N. Vijayan's autobiography mentions the death of poet Changampuzha Krishna Pillai in 1948 due to tuberculosis. Vijayan

[61] Sumit Jha, Rare Case of Polio from Kerala: Child Transmits Vaccine Derived Poliovirus to Father, in 'The South First – Health, Published: July 31, 2024, 07:00 IST.https://thesouthfirst.com/health/rare-case-of-polio-from-kerala-child-transmits-vaccine-derived-poliovirus-to-father/.
[62] Houses, shops, boats, *machwas* or wooden sailboats, and fishing platforms., in P. Priya, Malabar Famine of 1943: A Critique of War Situation in Malabar (1939-1945), *Op. cit.,* p. 632.
[63] R. K. Bijuraj, *Pakarchavyadikal Keralathil* (Mal.), *Op. cit.,* p. 35.
[64] *Ibid.,* p. 52.

himself had traces of TB in him in 1954, and had to undergo treatment.[65] There was a general impression those days, that TB affected only manual labourers, especially weavers.[66] M. Mukundan's novel Avilaiyile Sooryodayam has a weaver as character who contracts TB. The novel further relates that TB is deadlier than even smallpox. It was true to some extent, for many who were affected by it, did not survive.[67]

Healthcare and Collective Memory

The Epidemic Disease Act of 1897,[68] introduced by the British administration, marked a turning point in the healthcare system of Malabar, though not so efficient or effective as it were expected. The main handicap in the policy of government was that they concentrated on urban population and on those in trade circles, and paid little attention to those in rural belt, where it spread rapidly. Even after the formation of Kerala state, the healthcare system continued to be in a retarded state for some time. By 1970s, awareness campaigns were initiated by the state government and the NGOs, giving thrust to epidemic management, and handling of post epidemic situations. Subsequent events prove how health care and health management improved in the state to the extent of dealing any emergency situation. Cleanliness and sanitation in government dispensaries and hospitals were prioritised. They included TB sanatoriums too. The migrant population also was not neglected in the efforts, though their issues posed a challenge to the health workers.

It is true that epidemics remained in the form of collective memory among

[65] M. N. Vijayan, *Kaleidoscope: M. N. Vijayante Ormakkurippukal (Mal.), Op. cit.,* p. 72.
[66] R. K. Bijuraj, *Pakarchavyadikal Keralathil* (Mal.), *Op. cit.,* p. 50.
[67] M. Mukundan, *Avilayile Sooryodayam* (Mal.), DC Books, Kottayam, 1970, p. 17.
[68] Oorna Raut, The Epidemic Diseases Act, 1897: Focus and Factoids, Pari – People's Archive of Rural India, .https://ruralindiaonline.org/hi/library/resource/the-epidemic-diseases-act-1897/.

the people of Malabar. Autobiographies, anecdotes, literature books and periodicals have featured them in the form of cultural narratives. As a case in point, the outbreak of Cholera and Smallpox are referred to as hard times, marked by hardship and loss in Malayalam literature. The use of terms like *Thalamathatti* and *Dannam* by the natives of Malabar those days, point out to the fear they had about epidemics, and the havoc they caused. Public perception on the epidemics were influenced by their belief systems, and accordingly, their attitude towards health and hygiene were shaped. Many in Malabar, those days, preferred isolation to medical treatment as part of their belief. Literary works of the period bore the emotional burden of the community which had to face epidemics and their after effects repeatedly. Moreover, the resources then, were too limited.

Conclusion

To conclude, the public health sector of the 20th century offers a picture of interaction between colonial indifference, socio-economic imbalance in society on one side and the impact of recurring epidemics on the people, on the other side. The chain of epidemics which came one after the other in the form of Cholera, Smallpox, Malaria, and such other diseases exposed the inefficiency of the health care system under the British and that of Indian administration after independence. This state of affairs cannot be evaluated separately but in relation with Malabar's socio-economic condition, the acute famine that preceded outbreak of epidemic, migration issues and poverty that persisted across the region. The autobiographies of eminent personalities, oral histories, literary works, periodicals and so on have recorded the resilience of a people amidst their sufferings and hardships. The indifference of the colonial administration was one major reason for the spread of contagious diseases. It goes with the saying that rural population suffered the most, consequent to the neglect on the part of administrative machinery. Apart from that, the

indifference of certain sections in the society towards the intake of medicine, vaccination and treatment mode compounded the issues. The inherent weakness of the system is also a matter of debate. The study emphasizes the need for reforms in the healthcare, beyond the statistical information presented through the lines. The history of the bygone episodes of epidemics presents a sharp contrast to the modern means of treatment, and yet they are inseparable while portraying the evolution of public health care system in Malabar. The twin challenges of famine closely followed by contagious diseases provides a topic worth interesting to posterity to understand the resilience of the bygone generation against poverty, undernourishment, spread of epidemics amidst socio-economic disparities.

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