



Cholera epidemics in colonial India: A survey of its occurrences and causes in western and central districts of the United Provinces of Agra and Oudh

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Abstract

Cholera became a challenge for the colonial state in India to control. The causes of the disease was being investigated by medical professionals. The government was keen to contain the disease as it affected the army as well as the civilians. However, the efforts were not sufficient as is evident from the rapid spread and high mortality rate of the disease. This article attempts to survey the instances and causes of cholera epidemics in western and central divisions of the United Provinces of Agra and Oudh during the nineteenth and early twentieth centuries through the study of various district gazetteers of the province.

Keywords: Colonialism, disease, cholera, epidemics, united provinces of agra and oudh

Introduction

The colonial administrators had to face diseases and epidemics in India as it threatened the army and civilians alike. Cholera, as an epidemic, was one such disease that became a challenge for the colonial state to control. It seemed to threaten the slender basis of British power in India and to stand at the critical point of intersection between colonial state and indigenous society ^[1]. The history of cholera in India could be traced back to second half of eighteenth century when it was first reported from Madras in 1769 ^[2]. Eventually, it spread to other parts of the country. Development of new means of communication during the nineteenth century facilitated movement of army, traders, pilgrims as well as contagious diseases like cholera along with them from one region to another. In fact, after spreading in Asia it knocked the doors of Europe thus attracting the attention of medical professionals towards the disease ^[3].

The specific cause of the disease was long debated and was initially assigned to lunar activities ^[4]. Later, it was linked with climate that either aggravated or repressed it under varying conditions ^[5]. Nonetheless, it was understood that the disease was closely associated with poor sanitation and crowded conditions. Areas with high water level were prone to infection and became the site of its spread. This was the case in all submontane districts of the United Provinces of Agra and Oudh in which the open water wells were easily contaminated as the water level was closer to the surface. Other cause for the spread of cholera can be traced to the movement of infected persons from one place to another. This was the case with the travellers and pilgrims ^[6] who occasionally were nodal in spreading the disease. The disease was more severe in years of scarcity i.e. during or after a famine. The preventive measures against the disease included disinfection of water supply, promotion of cleanliness, restrictions on gatherings in prone areas and distribution of medicines to control the disease. This article attempts to survey the instances and causes of cholera epidemics in the western and central divisions of United Provinces of Agra and Oudh during the nineteenth and early twentieth centuries through the study of various district gazetteers of the province.

Cholera in Western and Central Divisions of United Provinces of Agra and Oudh

Meerut Division

The disease owed its origin to the high water level in Saharanpur that was easily contaminated. It was also traced to the religious gatherings at Haridwar. The worst epidemic on record in the district occurred in 1872 in which 1,351 persons died. The annual average deaths for the decade 1881-1890 was 230 or 0.57 percent of the total mortality. The average dropped to 178 during the succeeding decade. In 1908, the number of deaths due to the disease was 563 ^[7]. In Muzaffarnagar, there was a severe outbreak of cholera in 1861 after a famine. With its epicentre near the Kirsani, in the west of the district, it caused considerable mortality. It struck the district again in April 1867 and occurred chiefly along the line of road followed by the pilgrims, and caused 2,051 casualties. Minor epidemics occurred in 1875, 1879 and 1900. The number of deaths in 1890, 1891 and 1892 were 534, 2,109 and 575 persons respectively ^[8].

Cholera was first reported in 1817 in the district of Aligarh. It took an epidemic form in 1821 and caused so many deaths that 'firewood is said to have become scarce owing to the quantity used for burning the dead' ^[9]. It struck the district again with severity in the years 1827, 1837 (during famine), 1856, 1861, 1867, 1872 and 1879. The last one was a "black year" for Aligarh ^[10]. An average of 667 persons died from cholera between 1881 to 1890 that was 1.95 percent of total mortality. Number of deaths in 1889 alone was 2,402. The average fell to 279 or 0.85 percent in the following decade, the only series outbreak being that of 1892. Cholera appeared every year during the first decade of the twentieth century, however, the mortality was not great except in 1903 and 1906 ^[11]. It is notable that the disease was not usually much severe in the adjoining district of Bulandshahr. The worst year was 1890 in which 1,045 victims succumbed to cholera. In 1900 the mortality was 488 ^[12].

Cholera was a frequent occurrence in Dehradun, but was not widespread except in 1892 and 1903, when 3,049 and 807 persons died respectively. The comparative freedom of the people from cholera is remarkable when the vast number of pilgrims passing through the district is considered. They carried cholera to the neighbouring district of Garhwal ^[13].

The disease claimed few victims yearly in Meerut but severe epidemics were rare. One of the worst known epidemics occurred in 1867 that took 4,073 lives. The disease was introduced in the district by pilgrims from Haridwar. It killed 924 and 3,553 persons in 1891 and 1892 respectively. Epidemics occurred in the years 1896, 1899 and 1900 but were not much severe [14].

Agra Division

There were frequent outbreaks of Cholera in the district of Muttra (Mathura). 1,060 deaths were recorded in the year 1869 due to the disease. The years 1884 and 1889 saw severe cholera outbreak in Muttra and Brindaban. The presence of the disease was ascribed to the filthy state of the Jumna (Yamuna) river. The outbreak in 1892 is attributed to importation by pilgrims from Soron in which 686 persons died. The district saw similar outbreaks in the years 1903, 1902, 1901, 1897, 1896, 1891, 1890, 1887 and 1883. Severe outbreaks appear to be punctuated by periods of almost complete immunity. From 1877 to 1907 some 4.36 percent of annual mortality is attributed to this disease [15].

The disease was not as common in the district of Mainpuri, however, there were two severe epidemics in 1892 and 1894 in which 1,150 and 752 persons died respectively. Other epidemics of a less serious nature occurred in 1901 and 1903, while in the intervening year the district was almost free from cholera, only 3 persons falling victims to it. In 1898, no deaths at all were recorded from cholera, and one victim each succumbed to the disease in the years 1899 and 1905. Outbreaks of cholera was usually traced to bad sanitation, coupled as a rule with a dry season, the highest mortality being reached towards the end of the rains [16].

Farrukhabad was usually free from the severe form of the disease with only few serious outbreaks with considerable mortality. 1885, 1887 and 1891 were such years causing 2,416, 3,336 and 4,412 deaths respectively. The average annual mortality during 1881 to 1890 was 649. It reduced to 256 during 1901 to 1908 [17]. The disease occasionally appeared in Etawah in the hot weather, and there is only one year on record in which no deaths from it at all were reported. Only on two occasions, namely in 1887 and 1894, have over 2,000 deaths been recorded. Excluding these years cholera has been responsible, during the last thirty years, on an average for 121 deaths annually, ranging from only one in 1898 to 1,107 in 1906. The worst epidemic known was that of 1887, when this disease carried off 3,946 victims [18].

In Agra, cholera sometimes appeared in the hot weather but assumed a more severe form during the rains in July-August. During the last quarter of nineteenth century, the average annual mortality from the disease was 438 or 1.21 percent of the number of deaths. Cholera epidemics broke in the years 1878, 1884, 1885, 1887, 1889, 1892 and 1897. The maximum causality was during 1889 when 2,066 persons died from the disease [19]. The record of Etah in case of mortality from cholera was better compared to other districts. The highest mortality was in 1875 and 1887 i.e. 0.264 and 0.292 percent of the total population respectively. The district was entirely free from the disease in 1874, 1888, 1893, 1904 and 1905 [20].

Rohilkhand Division

Like all submontane districts, the spread of cholera in Bijnor was associated with high water level in the wells due to

which they were easily contaminated. Other cause for the outbreak of cholera in the district was traced to the great religious gatherings at Haridwar. From 1871 to 1880 the average annual number of deaths from cholera was 316 or 1.4 percent of the total mortality. The only severe epidemic was that of 1878, when 1,300 persons succumbed to the disease. From 1881 to 1889 barely ten deaths were recorded annually. In 1890, however, a serious outbreak occurred, the mortality reaching to 1,570. There was a widespread epidemic in 1892, when 1,767 deaths were registered. For the ten years ending in 1900 cholera accounted for some 530 deaths annually or nearly two percent of the recorded total, and only on three occasions was the number less than one hundred. There was no perceptible relation between cholera and the rainfall, and its prevalence was apparently ascribed to other causes [21].

The disease was usually introduced in Moradabad by the pilgrims returning from the Haridwar fairs. Notable outbreak of the disease occurred in 1819, 1836, 1856 and 1867. During 1867 as many as 4,300 deaths were reported. From 1881 to 1890, the average deaths from the disease was 1,238 in which the last two years saw the death of over 10,000 persons. In the following decade there were four bad outbreaks, the worst being that of 1896, while the annual average was 897 deaths. Another widespread epidemic was in 1906, which started from eastern districts and swept through the United Provinces, establishing centres of contagion all over the country [22].

In Shahjahanpur cholera caused high mortality in 1872 and 1880, the latter showing death of 5,738 persons. The mortality due to cholera from 1881 to 1890 was 0.19 percent in which 7,046 persons died in 1890 alone. The average rose to 2.1 during the next decade due to exceptionally heavy rainfall in the first half, followed by scarcity and famine in the second. The annual average deaths amounted to nearly 2,000 persons. From 1901 to 1907, the district was comparatively free from the disease, the death-rate being but 0.07 percent. The prevention and extirpation of the disease was done by prompt attention to the water supply. However, it was difficult in those tracts where the water level was high and the wells were contaminated [23]. The average mortality due to cholera in Badaun from 1877 to 1905 was 584 persons annually. The worst outbreak of the disease was in the year 1900 when 3,591 persons lost their lives [24].

It was difficult to contain cholera in the district of Bareilly due to high water level that was easily contaminated. The district had high mortality during the years 1881-81, 1885-86, 1899-1900 when 4,672, 5,486 and 5,456 lives were lost due to the disease. The average annual mortality during the decades 1881-1890 and 1891-1900 was 1,783 persons or 4.59 percent of total mortality and 1,505 persons or 3.71 percent of the total mortality respectively [25].

The disease occasionally acquired serious proportions in Pilibhit, and on such occasions its spread was very rapid owing to high water level due to which the wells became contaminated. In 1882 and 1890, the deaths were 5,731 and 5,078 respectively due to the disease accounting for one-fourth of the total number of deaths registered in those years. Since 1891 there have been six years in which the victims numbered more than a thousand persons, the worst being 1892. In 1906 the whole country was swept by cholera, which originated in the Nepal Tarai and spread all along the submontane tract, though Pilibhit suffered less than many other districts [26].

Luknow Division

Cholera occasionally assumed violent epidemic form in Lucknow. This was notably the case in 1891, when 4,349 persons died of the disease. Other epidemics of considerable intensity was in the years 1892, 1894, 1897 and 1901. Cholera usually appeared at the starting of the rainy season and was generally prevalent from July to November. In 1897 it broke out in an epidemic form in July and August, the mortality for these months from this disease being 743 and 538 respectively [27]. It appeared annually in the district of Sitapur, its source being frequently traced to the great fairs at Nimkhar. From 1869 to 1880 the annual average mortality from the disease was about 1,000, the chief outbreaks being those of 1869 and 1880. The average rose to about 1,770 in the succeeding decade, more than half of the deaths occurring in 1882, when 9,000 persons died. Another considerable outbreak occurred in 1890. From 1891 to 1900 the annual average number of deaths from cholera was no less than 2,641. There were bad epidemics in 1891 and 1892, the latter killed 10,000 persons that included about six percent of the population of the town of Laharpur. During this period cholera accounted for 2.5 percent of the total deaths, whereas the provincial average was only 1.7 percent. From 1897 onwards, however, there was no serious epidemic, except in the year 1901 [28].

The average annual mortality due to cholera in the district of Unao from 1891 to 1903 was 1,328 or 4.1 percent of the total number of deaths recorded. The disease generally commenced in April or May, peaked during August, then declined and disappeared at the end of the year. There was a severe outbreak in 1891, when 2,881 persons died and in the following year it reappeared in which about 1,000 persons died. This, however, was entirely eclipsed in 1894, when cholera of a very severe type broke out in July and spread to all parts of the district. The epidemic raged till September and was particularly virulent in the towns of Unao and Purwa. The number of deaths recorded reached the appalling figure of 8,342. During the following three years it remained in the district, but entirely disappeared in 1898 and 1899. There was another epidemic in 1901, when cholera claimed over 1,500 victims [29].

In Rae Bareilly, the disease was liable to appear in epidemic form at any time, but especially in the autumn and spring. Between 1868 and 1903 violent epidemics, involving the death of over 1,000 persons in each case, occurred in no less than eighteen years. The worst outbreak known was that of 1887, when 14,601 persons died. Severe cholera outbreaks took place in 1884, 1885, 1891 and 1892. Other severe epidemics were those of 1869, 1894, 1900 and 1901. From 1891 to 1903 the average annual mortality from cholera was over 3,000 representing 8.8 percent of the total number of deaths [30].

For the ten years ending with 1880, the annual mortality in Hardoi averaged 1,124. Mortality was high in the years 1872, 1875, and 1880, the last took a toll of 5,050 persons. During the following decade the annual average was 934. There were epidemics of considerable severity in 1884 and 1887, while in three other years the total was over 1,000. The average number of deaths from cholera from 1891 to 1903 was 2,880 annually, or 7.8 per cent, of the total mortality. The worst epidemic was that of 1891, when as many as 9,291 persons died from this disease; and in the following year there were 5,539 deaths. In the wet year of 1894 cholera took no less than 7,874 lives. Other epidemics

occurred in 1896, 1897 and 1898 however there was no death in 1898. There was another severe outbreak in 1901, the mortality reaching the high figure of 5,822. It is usually worst during the rains, when the drinking water of the wells were easily contaminated. The epidemic fizzled out in November [31].

The annual mortality due to cholera in the district of Kheri was 865 from 1871 to 1880. There were severe epidemic in 1882, 1883 and 1890. The last one was the harshest and took the life of over 11,500 persons. The annual average of the decade amounted to 2,252. The worst epidemics during the following decade were those of 1892 and 1894, which together carried off over 11,000 persons. In only three years since 1871 had the number of deaths from this cause been under 100 [32].

Kumaun Division

In 1892, 5,103 persons died of the disease in Almora. In 1903, 1907 and 1908 the deaths were 1,395, 1,143 and 602 respectively. Outbreaks of cholera were generally attributed to infection imported from the plains, either by the pilgrims on their way back from the Garhwal shrines or by the Kumaonis themselves returning from one of their periodic visits to the plains. When once the disease had appeared it spread with terrible speed [33]. The end of the hot weathers and beginning of the rains was the most favourable time for the outbreak of cholera in Garhwal. The disease was often introduced in the district by the pilgrims [34].

The disease was often introduced in the district of Naini Tal by the pilgrims who passed through it to visit the shrines of Garhwal. The cholera outbreaks 1857, 1867 and 1879 coincided with Hardwar fairs. On an average this disease accounted for 2.4 percent of the total mortality in the district during the last quarter of nineteenth century [35].

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