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## RESEARCH ARTICLE

## Diseases in Orissa of Eastern India: A Brief Account of the History of Smallpox and Cholera in Mayurbhanj, 1905-60

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### Abstract

The present study deals with the health scenario in the region of Mayurbhanj in the state of Orissa in eastern India, how and to what extent both the colonial and post-colonial governments implemented their respective medical or health care policies for the development of the common people or the masses during the five and a half decades. During the period under study from 1905 to 1960 the death rate from various diseases was ups and downs during the colonial period and even also in the post-colonial times. The question can be raised, the colonial health care policies implemented in India since long for the development of the health condition for the common masses. Numbers of people lost their lives due to improper implementation of the health care or vaccination policies, smallpox and cholera these two diseases were especially significant because of its death rate and number of deaths from these diseases. Sometimes some year the death rate from these diseases was a tiny percent and the very next year it becomes so high, the question then arise whether the colonial health care policies which was functioning in the state it was pro-people policy or colonial oriented. For the well and smooth function of the medical and health care system, the government of India introduced Montague-Chelmsford Reforms 1919, placed public health matters under the Provincial Governments. Popularly elected Indian ministers holding the portfolio of Local Self-Government. In Orissa the public health bill passed in 1946, the Mayurbhanj state merged with Indian state two years after this bill. The question is why the development of health scenario stagnated even in the post-colonial times?

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## INTRODUCTION

This is one of the significant studies due to the relation between people's expectation and government's implementation of health care policy. Health is one of the major concerns in the developing states, whether improper implementation or unwilling to develop the condition of health scenario, the masses reacted the colonial health care policy and resisted to implement the system, it became a bone of contention between the pros and cons. Mayurbhanj was a princely state before merging with the Indian state of Orissa in 1948, it situated on the south of than Chhotanagpur region, on the south-west of Bengal and north of Orissa Province. Majority of the people of this region belongs to *Santhal* tribal community, the people of this community were living both in the hill and plain areas, the north-west region was covered by Similpal mountain area.

Smallpox was a devastating scourge. A highly contagious viral disease, it killed up to half of those infected, and seriously maimed survivors through severe scarring of the skin with pockmarks, blindness and infertility.<sup>1</sup> Smallpox epidemics were customarily treated as major events in South Asia, receiving the attention of the ruling elites,

government agencies, medical practitioners, civilian commentators and ordinary people. The disease evoked widespread fear, and it is important not to ignore this fact. British officials in colonial India were aware that smallpox could transcend racial and geographical barriers, even if they were often unsure about why this was so.<sup>2</sup> Cholera known as “Murree” or “visuchika” or “ola-utha” or “aolautha”, mainly a water-borne disease, originated in India. It was one of the most frequent epidemics in Mayurbhanj. In India, the occurrence of cholera was attributed to the wrath of the cholera deity for violation of Hindu religion by slaughtering cattle for feeding British troops camped in a sacred grove.<sup>3</sup> The modern history of cholera begins from 1817 when it first attracted attention by its fearful ravages in Jessore and soon ran its pandemic course within two years over the whole world. The report of 1920, on the nature of this disease, prepared by Dr James Jameson in compliance with the orders of the Indian Government, proved that although cases of the so called cholera morbus had been known to end fatally.<sup>4</sup>

## Discuss

Both the two diseases smallpox and cholera were significant because the common people or the downtrodden unusually and unknowingly suffered in large numbers. Colonialists, they partially succeeded to check the fatal diseases, then the free India government also applied the same policy which had been prevailing for the last so many years. The present study seeking the true microscopic characteristic of demography during the period under study. First we have to study about smallpox scenario of this region then to the cholera.

Year	Number of Deaths in Mayurbhanj	
	Smallpox	Cholera
1904-05	30	50
1905-06	8	305
1906-07	17	134
1907-08	9	208
1908-09	24	1116
1909-10	22	12
1910-11	62	36
Total	172	1861

Source: *Report on the Administration of Mourbhanj, For the Year 1909-10*, The Government State Press, Baripada, p. 60

## Smallpox

The above statistics shows that from 1904 to 1911 the number of deaths from smallpox was 172, sometimes it ups and downs depended upon the system of vaccination to implement to check such type of endemic.<sup>5</sup> Public health was bad during the year under report in comparison with that of the previous year. In the year 1905-06 there were only 9 cases of smallpox reported from Sadar Sub-Division. The victim in all the cases recovered and prompt precautionary measures prevented its spread further. The Sub-Divisions of Bamanghatti and Panchpir remained quite free from cholera and smallpox.<sup>6</sup> In 1906-07, Public health was good during the year under report throughout the Mayurbhanj state with the exception of Olmara pergannah which showed no improvement. Active preventive measures were adopted to check the progress of the disease and they were successful. There was no epidemic of smallpox during the year.<sup>7</sup> From 1907-08, Public health was much better in the year under report than in the two preceding years. There was no epidemic of smallpox during the year.<sup>8</sup> In the year 1908-09, the public health was not satisfactory during the year under review as compared with that of the preceding two years. The public health was as bad as the natural accompaniment of a year of scarcity when the people owing to high prices of food grains ruling in the market fall back upon unsuitable food.<sup>9</sup> In the year 1909-10, public health was good under report. The diseases noticed in the year previous as due to scarcity, disappeared gradually with the return of good harvest.<sup>10</sup>

The year 1914-15, public health was on the whole good during the year. Prompt measures taken by the Municipality and Medical Department to segregate and treat cases as they occurred and to guard and prevent pollution of sources of water supply stopped the spread of the disease. 246 cases of smallpox were reported from 11 thannas in the year. Prompt measures were taken to vaccinate all unprotected persons in each locality on the outbreak of the disease which in on case was allowed to assume the proportions of an epidemic.<sup>11</sup> The year 1917-18, public health was better, 315 cases of smallpox were reported from 10 thannas in the year (8 within the Sadar and 2 in the Kaptipada Sub-Division) with 14 deaths. 167 cases were reported in the Baripada town of which 5 were proved to be true cases

of smallpox.<sup>12</sup> In the year 1919-20, deaths were 202 from smallpox which reported in the state. 150 deaths in Sadar, one at Bahalda, 19 in Panchpir and 32 in the Kaptipada Sub-Division.<sup>13</sup> The year 1923-24, the health of the people throughout the Mayurbhanj state was satisfactory due to good harvest in four successive years and better economic condition of the people. Very interesting thing was that, some cases of smallpox were reported from the jurisdiction of the Muruda, Baisinga and Barsahi thanas in the Sadar Sub-Division. A few cases occurred in the Kaptipada Sub-Division, and some cases were reported from the Bamanghati and Panchpir Sub-Divisions. The people of the infected areas were immediately vaccinated and re-vaccinated; this prevented the spread of the disease and checked further cases.<sup>14</sup> In the year 1925-26, the cases of smallpox was 1,063 out of that 118 people died.<sup>15</sup> And the very next year in 1926-27 the cases increased four times than the previous year as 4,712 and the number of deaths increased nearly six times as 648.<sup>16</sup>

From the very beginning of the year 1934-35, smallpox broke out at some places which, in no time, spread all over the state of Mayurbhanj with the exception of a few places. Vigorous campaign of vaccination and re-vaccination put a check to the further spread of the diseases. Out of 12,506 cases, 1,112 deaths were reported against 1,887 cases with 563 deaths in the previous year. Public health was not quite satisfactory at many places during the year.<sup>17</sup> After five years in 1939-40 the number of deaths decreased nearly half as 713 deaths and the cases decreased nearly one sixth as 2,068.<sup>18</sup> And then after five years 1944-45, the number of deaths increased nearly doubled as 1,338 and the cases increased more than double.<sup>19</sup>

During the last forty years from 1905 to 1945, the number of deaths from smallpox sometimes nil and some year very tiny percentage and the very next year it increased so high, the question is why this type of trouble situation was prevalent in the region, due to the unwillingness of the colonial officials and improper implementation of vaccination.

Smallpox		
Year	Attack	Death
1955	37	6
1956	51	9
1957	374	117
1958	292	32
1959	314	48
1960	39	Nil
Total	<b>1107</b>	<b>212</b>

Source: Nilamani Senapati, *Orissa District Gazetteers, Mayurbhanj*, Orissa Government Press, Cuttack, 1967, p. 436

In the post-colonial period Mayurbhanj district (after merge with the Indian state of Orissa) was sometimes trouble in the disease especially due to smallpox. The death rate of smallpox was 0.02 in 1955 after three years in 1958 the death rate was as high as 0.55.<sup>20</sup> But as per the number of deaths from this disease was so high in the year 1957, more than twenty times people died in this year, increased from 6 to 117. After three years the number of death was nil in 1960. During the last five years 1,107 people attacked due to this disease and 212 people died.<sup>21</sup>

## Cholera

From 1905 there were outbreaks of cholera at one place or other in the Sadar Sub-Division throughout the year. The epidemic was of a rather virulent form in the town of Baripada and in the two months of April and May 1905, 77 persons succumbed to the disease. 204 deaths were reported from the interior of the Sadar Sub-Division. Olmara reported reported 47 and Baisinga 181. Most of the cases appeared to have originated from pilgrims returned from Puri. Active preventive measures were taken as far as possible. This together with the peculiar nature of the soil and climate and timely rain prevented the epidemic from taking root at Baripada.<sup>22</sup> In the year 1908-09 the public health was not satisfactory as compared with that of the preceding two years. There was moreover an outbreak of cholera in Mayurbhanj Proper and about Bahalda and Karanjia, 1,357 attacks and 1,105 deaths were reported. The spread of the disease was checked by the adoption of preventive sanitary measures. The sanitary and vaccination sub-inspector, 1 hospital assistant and 3 experienced compounders were sent out to places where medical aid was found necessary and they did all that could be done to alleviate the sufferings of the men struck down by the disease. The

public health was as bad as the natural accompaniment of a year of scarcity when the people owing to high prices of food grains ruling in the market fall back upon unsuitable food.<sup>23</sup>

After ten years the death rate and the number of deaths decreased nearly half, in 1920, due to cholera 638 deaths reported in the year. 205 deaths in the Sadar Sub-Division, 97 in Bamanghati, 299 in Panchpir and 37 in the Kaptipada Sub-Division.<sup>24</sup> After a decade in 1930, only 17 cases of cholera reported, 6 at Thakurmunda in the Panchpir Sub-Division with two deaths and 8 within the jurisdiction of the Muruda Police Station in the Sadar Sub-Division with 6 deaths. Inoculation with cholera vaccine of all healthy persons of the affected neighbouring villages and energetic treatment and preventive measures checked the spread of the disease. It is reported that the infection was brought from outside the state. No case of cholera was reported from the Bamanghati Sub-Division.<sup>25</sup> In the year 1940, unlike the previous year, the condition of public health continued to remain very unsatisfactory in several parts of the state throughout the year, in spite of the adoption of all sorts of ameliorative measures. Cholera broke out in epidemic form in villages under Baisinga, Mududa, Bangripasi, Khunta and Udala Police Stations. In all 80 cases of cholera were reported from these thanas, of which 56 proved fatal. Immediate and efficient prophylactic measures were taken in the affected areas. As a result, the disease could be brought under control with 56 deaths against 35 deaths out of 52 cases last year.<sup>26</sup> In 1944, the public health was rather unsatisfactory at several parts of the state in spite of all measures taken to improve it. Cholera broke out in epidemic form in villages under the jurisdiction of Baripada, Kuliana, Bangripasi, Suliapada, Muruda, Olmara, Barasahi, Baisinga, Betnoti, Khuntia, Udla, Rairangur, Bahalda, Jashipur and Reruana Police Stations. In all 1,698 cases of cholera were reported of which 959 proved fatal. Immediate and efficient prophylactic measures were taken in epidemic areas and the disease was controlled. The Prevention of Cholera Regulation, 1943 had to be enforced to control the cholera epidemic of Baripada town and its suburbs.<sup>27</sup>

<b>Cholera</b>		
Year	Attack	Death
1955	6	2
1956	20	10
1957	68	23
1958	208	89
1959	48	16
1960	Nil	Nil
Total	<b>350</b>	<b>140</b>

Source: Nilamani Senapati, *Orissa District Gazetteers, Mayurbhanj*, Orissa Government Press, Cuttack, 1967, p. 436

During the five years from 1955 to 1960, the people of Mayurbhanj attacked in cholera as 340 out of that 140 people lost their lives. The year 1958 was so fatal because 89 people lost their lives the death rate was 0.02 in the year. From 1955 to 1958 the number of deaths steadily increased from 2 to 89. And the very next year in 1959 it suddenly decreased as 16 nearly one fourth.<sup>28</sup>

## Conclusion

During the period under study, the colonial health care system and then in the later time the free India government applied the same system which was so prevalent in the colonial times. As far as our study period is concerned both the colonial and post-colonial period, the health scenario remained same both under the colonialists and post-colonial times even in the two five year plan periods. It is really no doubt that vast number of lives could save due to the British medical or health care policy. But the health scenario had not changed phenomenally over the period and also even after 1947. It proved in the statistics, due to improper and unwillingness of the government official, the number of deaths was sometimes nil and sometimes so high and even in sometime a tiny percentage suffered. In the year 1904-05, 30 people lost their lives in smallpox, in 1959, 48 people died, the health scenario remained same after more than five and a half decades. The scenario of cholera, due to this 50 people died in 1904-05 and after five and a half decades 16 people died due to this disease, we can say that the cholera condition remained same and unable to satisfactorily change. The colonial health care and medical policies were responsible for the health condition because the scenario remained same even in the post-colonial time during the period under study.

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