

*Terribly Severe Though Mercifully Short:
The Episode of the 1918 Influenza in
British Malaya*

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The influenza epidemic swept through our midst in September and October, unhappily with fatal consequences to a number of friends in the Tamil community. We are glad to say that though terribly severe while it lasted, its duration was mercifully short. On the other hand, the great news that the armistice has been signed filled us with unaccustomed joy.

Notes from Negri Sembilan to *the Singapore Diocesan Magazine* in 1918.¹

I work in a mine close by and a few days ago, I was laid down with influenza. One day, I was very ill. I had told my prayers because I thought I was going to die, and was lying down. Then my *mater* (police) came along and together with several others who were ill, I was taken to a certain place . . . where I found hundred of others as bad as ourselves. Some were dying and I felt that my end too had come. There a clerk came alongside my bed and gave me some neat brandy, which I relished very much. While all the other people around me were sleeping, I was awoken and saw my native land, The Himalayas, and the burning Ganges, and many other things, suddenly I became stiff and know no more. I opened my eyes. The place was pitched dark and I heard birds singing outside and cocks crowing far away. I was in the room of the dead, awaiting burial, the clerk thought that I was dead and had taken me to the mortuary.

An account of a Tamil victim of the influenza translated by the *Times of Malaya* under the title 'Dead men stories'²

Introduction: Dead Men Stories

About thirty lives were lost in the recent Severe Acute Respiratory Syndrome (SARS) epidemic in Singapore when the virus spread

¹ *The Singapore Diocesan Magazine*, Feb. 1919, Vol. IX, No. 34, pp. 35–6.

² *The Times of Malaya* (henceforth *TM*), 7 November 1918.

through Asia in 2003. Even as the death rate was significantly lower than those resulting annually from common accidents and other chronic diseases, the SARS episode has been memorialised in the republic with commemorative speeches, articles and books chronicling the 'war' against the microbe. Far less attention, however has been paid to the Spanish Influenza which struck the region 85 years ago that brought substantially greater sufferings and took far more lives than SARS. The accounts mentioned above were one of the rare individual voices documented. Their stories were not isolated, but common to the residents from the isolated plantations to the urban centres in the Malay Peninsula. From October to November of 1918, school closures, empty cinemas, deserted plantation estates and villages, corpses on streets and funerals became frequent as the influenza raged. Although the mortality rates arising directly from influenza amounted to about 35,000, the epidemic also engulfed those who were already sickened by other common diseases.

This article seeks to resurrect the period of the Spanish Influenza in British Malaya. Primary materials on the Influenza in the colony have been scant. The only available relevant sources include annual reports of the Straits Settlements and the Malay states, Legislative Council Proceedings, and accounts from local newspapers. A rare glimpse into the epidemic was also offered into reports from Malayan branches of the Singapore Diocese. The discussion here will take place along four main segments, namely, the discourses on the historiography and the historicisation of diseases and epidemics, the route of transmission of the virus, its demographic impact, as well as the responses from the government and community.

Before delving into the main segment, it is necessary to highlight the problematic nature of writing histories of epidemics whose importance have either been understated or not critically assessed. Based on the primary sources available the author will attempt to retrace the possible routes of transmission of the influenza virus given that the epidemic had broken out almost simultaneously across the British colony. This will be followed by the reconstruction of mortality figures within the different governing entities of the Straits Settlements, Federated and Unfederated Malay States as well as British North Borneo. As the author will elaborate, an accurate tabulation of figures has not been possible given the absence of a coherent and well-equipped census regime. Nonetheless, from the figures derived, one would be able to appreciate the scale of the epidemic and its impact on different sectors of colonial society.

Finally, substantial attention here will be devoted to the role of the colonial state in terms of its response to the epidemic as well as the adequacy of its biomedical infrastructure in catering to the affected population. With overcrowded and inadequately staffed state hospitals, dispensaries and quarantine centres, the British colonial authorities had to rely on private and community efforts to provide supplementary aid to the countless victims of the epidemic. Such activities ranged from the constant updates and advice of the local newspapers, the appearance of hastily organised community relief efforts right down to the individual efforts of self-diagnosis and treatment.

Historiography of Epidemics in Malaya: ‘All we had was this one line’

From the conservative global death toll of 30 million alone, the Influenza of 1918, or commonly known as the ‘Spanish Flu’ (when the pandemic was first publicly known), should merit equal attention to the First World War. Yet, compared to the literature generated by the Great War, the pandemic, which spared neither president nor peasant, was until recently, a largely marginal subject. William McNeill, Howard Philips and David Killingray attributed its marginality to the feeling that ‘epidemic diseases . . . ran counter to the effort to make the past intelligible. Historians consequently played such episodes down.’³ It was however in the last quarter of the century that the emphasis on environmental historical writing as well as the emergence of AIDS that underlined the potency of epidemics in shaping civilisations.⁴

It is pertinent that this trend should change after the outbreak of the SARS epidemic in Singapore in 2003 in addition to the lingering concerns of other potent pandemics from the Avian Flu to HIV. The extent of the public fears of such pandemics reflects a deeper absence of individual and institutional memories of similar diseases. As a Singaporean doctor commented, ‘When the disease [SARS] hit

³ Howard Philips and David Killingray (eds), *The Spanish Influenza Pandemic of 1918–19: New Perspectives* (London, New York: Routledge, 2003), p.1.

⁴ To date, the historiography of the pandemic in the Southeast Asian region can only be equated to one secondary literature concerning the Dutch East Indies. See: Colin Brown, ‘The Influenza pandemic of 1918 in Indonesia’ in Norman G. Owen (ed.), *Death and Disease in Southeast Asia. Explorations in social, medical and demographic history* (Singapore: Oxford University Press: 1987), pp. 235–6.

Singapore . . . doctors and nurses had never seen it before, they have no answers for their patients.⁵ It is under such circumstances that the Singapore political leadership had causally regarded the pandemic as a 'defining moment' in the republic's history. As the fear subsided interest in finding a precedent for the painful episode emerged. While researching on a commemorative book on the Tan Tock Seng Hospital in Singapore that was converted into the main SARS unit, the Chief Executive Officer was surprised to find that the same institution was designated as an anti-tuberculosis treatment in 1945. But she added, 'All we had historically was this one line.'⁶ Even then, doubts were already expressed of the effectiveness of the memorialisation of the pandemic in institutional memory where 'two or three years down the line, we may forget.'⁷

The significance of such experiences was also appreciated by the generation that lived through 1918. Even as the world was barely recovering from the slaughter of the First World War and the Pandemic that accompanied it, the British Ministry of Health report on the survey stressed that:

There can be no doubt that as an historical survey it [the report] will prove invaluable for future reference in the event of subsequent epidemics . . . That to understand the aetiology of a disease we must study both its historical and contemporary manifestation is as much a truism to the epidemiologist as the parallel position in the science of social and economic institutions.⁸

The need to re-trace the path of the Spanish influenza in British Malaya however goes beyond offering lessons and references for future generations. More importantly, it seeks to balance, within a broader historical context, the extrapolated and triumphant interpretations by the contemporary Singapore state in its 'war' against SARS. The People's Action Party (PAP) government had turned the containment of SARS to an apocalyptic struggle, with not just the mobilisation of its resources and population, but also the militarisation of its rhetoric. Along with battling the unseen microbe, the government had also simultaneously justified and further legitimised its authoritarian political culture over a frightened society eager to surrender their

⁵ *The New Paper* (henceforth *TNP*), 8 May 2004.

⁶ *Straits Times* (henceforth *ST*), 7 May 2004.

⁷ *TNP*, 8 May 2004.

⁸ Taken from: Philips and Killingray (eds), *The Spanish Influenza Pandemic of 1918–1919*. p. 14.

civil liberties or see detractors punished.⁹ In this respect, a dangerous selective amnesia in the historiography of health and disease will result if certain epidemics are selectively remembered based on the dominant discourses of the day, while others, though larger in magnitude are conveniently forgotten.

Underlying the official interpretation of the SARS episode is a medical geography that posits 'First World' Singapore as 'Clean and Green' or 'Garden City' surrounded by the pathologies of the 'Third World'. This worldview is analogous to Alan Bewell's explanation that European civilisation, despite its perceived superiority, saw itself closer to the regions where 'frightening diseases roam.'¹⁰ He expands on this imagined topographical dichotomy by using Susan Sontag's observation of the construction of histories and identities in the European and non-European countries whereby in the former, 'major calamities are history making or transformative, while in the poor African or Asian countries, they are part of a cycle, and therefore something like an aspect of nature'.¹¹ While not choosing to reduce the SARS experience to merely that of 'an aspect of nature' this article aims to elevate the position of the 1918 Influenza in British Malaya closer to the legitimate process of 'history making.'

Tracing the Transmission of the 'Foul Wind'

Apart from the characteristic catarrh in the throat and nose...infective pneumonia is common to about 50 per cent of the cases. Not only has agonising headaches been common, but cerebral symptoms appear to occur in an average of 25 per cent of the cases. These vary from a delirium, causing more or less anxiety, to definite meningitis producing rapid and stupor and ultimately, coma.

Pinang Gazette description of the clinical symptoms of influenza.¹²

As the epidemic had broken out almost simultaneously in both the Malayan Peninsula and British North Borneo at around June

⁹ For a more thorough and updated insight into the themes of authoritarianism in Singapore see: Garry Rodan, *Transparency and Authoritarian Rule in Southeast Asia; Singapore and Malaysia* (London, New York: Routledge, 2004).

¹⁰ Alan Bewell, *Romanticism and Colonial Disease* (Baltimore: The Johns Hopkins University Press, 1999), p. 47.

¹¹ *Ibid.*

¹² *Pinang Gazette* (henceforth *PG*), 18 October 1918.

and October in 1918, it remains difficult to pinpoint the route of transmission. Commonly believed to have spread from the principal port of Singapore to the rest of the region, the pandemic was nicknamed as the 'Singapore Fever' or 'Europe Fever'.¹³ Locals termed the influenza epidemic as 'foul wind' coming from evil spirits.¹⁴ The *Malayan Tribune* speculated several routes of transmissions, mainly from Manchuria and Vladivostok via Hong Kong, from India and Ceylon, and Spain through The Philippines, where the influenza was given the term of the 'Spanish Flu'.¹⁵ All these theories, however, have yet to be concretely substantiated.¹⁶

In fact, as early as July 1918, a concerned reader wrote to the Singapore based *Straits Times* about the outbreak of Cerebro-Meningitis Fever in the United States and accused the local authorities of endeavouring to keep the matter secret.¹⁷ At the same time, the colonial medical officer in the eastern Malay state of Pahang reported the non-fatal outbreak of influenza in the coastal town of Kuantan along the South China Sea.¹⁸ Two weeks later, the President of the Municipal Commission in Singapore reported an increase in the mortality rates. Excluding new arrivals, the death rates for the colonial port city from June to July ranged from 44.85 to 58.61 per 1000, from the average of 20.0–25.0 per 1000.¹⁹ According to the *Pinang Gazette*, 'in the memory of the oldest resident in Singapore, there had never been such an extensive epidemic of influenza and dengue fever in the town.' Work in both the private and public sectors was faced with the shortage of staff, affecting even the highest level of government. When asked by a Legislative Council member on the failure to publish

¹³ *Singapore Free Press* (henceforth *SFP*), 16 October 1918.

¹⁴ *Ibid.* The Malays in Kedah termed the influenza as 'demam Khamis' or 'Thursday Fever' as many were believed to have been infected on Thursdays. The influenza was also given the same name of plague or 'khamis'. *PG*, 1 November 1918.

¹⁵ *The Malayan Tribune* (henceforth *TMT*), 26 October 1918.

¹⁶ The first attempts to control its variant manifestation came in the suspension of immigration from China to Malaya after the news of an outbreak of Cerebral Spinal Meningitis fever in Southern China and Hong Kong in 1917. *Ibid.*, 30 March 1918.

¹⁷ *ST*, 8 July 1918.

¹⁸ *Annual Report for the State of Pahang. 1918.* p. 20.

¹⁹ *Ibid.*, 27 July 1918. The two successive waves of attacks seem to concur with the pioneering hypothesis of Edgar Hope Simpson who postulated that unlike measles, influenza appears to attack only a small part of the population at first, leaving a larger pool of susceptibles for second and later waves. From Geoffrey Rice and Edwina Palmer, 'Pandemic Influenza in Japan, 1918–19: Patterns and Official Responses' in *Journal of Japanese Studies*, Vol. 19, No. 2 (1993), p. 392.

a military bill, the Colonial Secretary replied that his staff in the printing department had mostly fallen ill to influenza.²⁰

Meanwhile, newspapers in Malaya had as early as September carried out reports of the raging influenza pandemic in South Asia.²¹ All these trends could have connoted knowledge of the existence of the influenza in Singapore, or a mere coincidence in the rise of death rates from malaria. The only details of the spread of the epidemic were substantially documented from the medical report of British North Borneo from June to November of 1918. At the end of June 1918, a batch of Javanese coolies from Singapore on board of the *S.S. Rajah of Sarawak* destined for The New Darvel Bay Tobacco Plantations at Dato Lahad was incapacitated by the influenza. Most coolies exhibited what was referred as 'straightforward cases' of symptoms of influenza. But, no further incidences were reported subsequently until October.²²

When the influenza returned, it was first reported in the districts of Sandakan and Tawau and Kudat of which about 40 percent of the residents became infected. The epidemic also swept through the west coast of Jesselton on 19 October and fanned out rapidly towards the various rubber estates along the railway lines into the interior of the territory in the directions of Keningua, Tambunan and Ranau. The territory also received a case of an outbreak of influenza on board the Japanese steamer off the coast whereby a clerk had died on board. The captain who was also infected was brought ashore died shortly as well. It was also found to have moved southwards toward Rundaum and Pensiagan.²³ The authorities were however puzzled that certain estates nearer to the railway lines and neighbouring estates that were infected, escaped the epidemic without a single case of death.²⁴

The account indicates most possibly the transmission of the influenza virus from the maritime and land routes ferrying passengers and migrant workers from the South China Sea to the rest of the hinterland. Nonetheless, the beginning of the more serious outbreak came shortly during a telegram sent from the Governor General of

²⁰ *PG*, 5 June 1918.

²¹ *SFP*, 12 October 1920.

²² State of North Borneo, *Annual Report 1918*, p. 239. Cases of Cerebro-Spinal Meningitis was detected among the deck passengers from Hong Kong earlier in April in the state's Quarantine station at Berhalle Island. They were detained for seven days.

²³ *Ibid.*, p. 114.

²⁴ *Ibid.*

South Africa to Singapore on 12 October 1918 about the dangers of the influenza. Read in full to the Legislative Council of the Federated Malay States the telegram stated that:

In view of the terrible experience through which South Africa is passing as a result of the violent outbreak of so-called Spanish fever with highly pneumonic characteristics, the Prime Minister of the Union of South Africa considers it advisable to draw to your special attention to the extreme seriousness of the malady with a view to the possibility of timely measures being taken by your government to prevent its introduction from overseas. This malady is infectious in the highest degree and produces extreme prostration with an appalling death rate among coloured persons and natives while among Europeans after a week's experience, there is, now distinctly increased seriousness in the character of attack. At Kimberly yesterday, 50 Europeans died. At Cape Town, a large number of coloured persons and natives are dying daily in hundreds. The Prime Minister is anxious that your country be spared similar calamity and has accordingly taken this step to give your timely warning.²⁵

Unfortunately, Malaya was not spared a 'similar calamity' as the influenza swept like wildfire across the British colony in the Straits Settlements, the Federated and Unfederated Malay States and British North Borneo. In early October, the media was convinced that the influenza 'in the East does not assume so serious a character as it does it the West.'²⁶ A week later, it changed its opinion to a more alarming tone whereby:

The present epidemic of influenza is one of the worst that has occurred. It has finally broken through hygienic precautions and taken the fullest advantage of the deplorable neglect of the native population of Singapore, Penang and the Federated Malay States.²⁷

A Precision Never Before Known? Determining Death Rates of 1918

As with the rest of the world, the exact numbers fallen to the pandemic in British Malaya may never be known. With regard to colonial Malaya, the comprehensive report by the British Ministry of Health (that covers both the British isles and the wider world) seems to suggest that the region was only lightly affected. Even as the report recognised that the disease was apparently widespread, from the death rates of 36,294

²⁵ Federated Malay States. Legislative Council Proceedings, 13 October 1918.

²⁶ *PG*, 9 October 1918.

²⁷ *Ibid.*, 18 October 1918.

TABLE 1
Total Estimated Death Rates from 1918 Influenza in British Malaya

State	Estimated Deaths from influenza in 1918	Total Population (according to the 1921 census)
Straits Settlements (Singapore, Malacca Penang)	6,344	883,769
Selangor	5,285	401,009
Pahang	2,129	146,064
Negri Sembilan	5,114	178,762
Perak	6,056	599,055
Kedah & Perlis	5,028	378,645
Kelantan	Not Available	309,300
Trengganu	Not Available	153,765
Johore	2,758	282,234
British North Borneo	1,930	226,677
Brunei	Not Available ²⁹	25,451
Total deaths from Influenza	34,644	3,584,761

Author's compilation of data from the Annual Reports of the Straits Settlements, Federated Malay States, Unfederated Malay States and British North Borneo.

in the Straits Settlements, 'only 3,500 were ascribed to influenza.'²⁸ The final toll tabulated by the author (Table 1) from the annual reports of the various states in the Straits Settlements puts the figure at around 35,000 (including the Straits Settlements).

From the data in Table 1, it seems that close to one per cent of the population of British Malaya perished during the influenza pandemic, distorting population figures significantly. As reported from a census in 1921: 'On the whole of British Malaya, it is probably that the number of deaths due to influenza was not less than 40,000 or approximately 1 in 80 of the population.'³⁰ The report however played down the severity when: 'Heavy as this death roll was it cannot compare even proportionately with that of British India, where it is estimated that 7,000,000 deaths were directly attributed to the disease or 1 in 35 of the total population.'³¹

The actual collection of data, particularly on health statistics, remained difficult on several grounds. Returns on morbidity and mortality were mostly obtained from government hospitals or police stations.

²⁸ Ministry of Health (United Kingdom), 'Report on the Pandemic of Influenza, 1918-1919' p. 386.

²⁹ According to the British Resident's report, the protectorate had largely escaped the epidemic with only mild cases of infection among coolies in plantation estates. Report for the State of Brunei for the year 1918. p. 5.

³⁰ J.E. Nathan, *The Census of British Malaya, 1921*, p. 20.

³¹ *Ibid.*

With the exceptions of the larger agriculture estates and urban centres, such institutions remained largely inaccessible to the local population, especially those from the rural and poorer sections. Thus, while the more established areas like the Straits Settlements and Federated Malay States along the west coast of the Malaysian Peninsula reported higher cases of deaths from the pandemic than the Northern Malay States, it was probably the latter that had suffered more from the epidemic. And, as medically trained officers remained scarce, the task of determining the cause of death rested in the hands of the police constables who were far less competent in categorising the myriad causes of mortality. Hence, it was not surprising that in his report on the section of 1918 influenza in Singapore, the League of Nations official, Norman White, stated that the 'death rates . . . are obviously of little value' in estimating the extent of actual mortality figures.³²

But, the more chronic frustration faced by the authorities was their inability to convince many sections of their colonial subjects to accept and utilise the logic and function of Western medical institutions. The constant movements of ethnic Chinese and Indian migrant labour had also rendered any efforts of accurate monitoring difficult. In his attempt to explain the disproportionately high rates of Influenza mortality of the ethnic Indian population, F.W Field, the Medical Officer of the Malay state of Perak, pointed out that a sole reliance on statistics was inadequate as:

We cannot fairly compare the Indian with his prompt hospitalisation in the early stages of the disease to the Chinese who resorts to hospital only when his native remedies failed, or with the Malay who seeks hospital aid for minor distresses of his race, but elects to be among his own kampong folk in times of serious illness. It is doubtful if serious racial death rates help us more. With the ebb and flow of our immigrant populations, comparison would of necessity rest on the shifting sands of incessant racial change. Moreover, the tendency for Indian immigrants to return to India so soon as they have saved enough money to do so, and for Chinese immigrants to remain in their country of adoption, is so general as to vitiate accurate comparison.³³

Given the constraints discussed, one would have to attempt to determine the scale of mortality from the influenza through existing

³² Norman F. White, *The Prevalence of Epidemic Disease and Port Health Organisations and Procedures in the Far East*. Report presented to the Health Committee of the League of Nations. Geneva, 1923, p. 49.

³³ J.W. Field, 'Some observations on Vitamin 'A' starvation among immigrant Indians in Malaya' in *The Malayan Medical Journal: The Journal of the Malayan Branch of the British Medical Association*, Vol. VI. 1931, p. 51.

TABLE 2
Death Rates for the Straits Settlements for the Year 1917 and 1918

Death rates	1917	1918	Net increase
Singapore	12,837	15,372	2,532
Labuan	264	198	-66
Penang	5,351	6,685	1,334
Province Wellesley	3,914	5,676	1,762
Dindings	473	730	257
Malacca	7,111	7,633	522
Total	29,950	36,294	6,344

Source: Straits Settlements Annual Report, 1918, p. 435.

data from local annual reports and anecdotal accounts of the degree of loss in newspaper reports from witnesses and journalists.³⁴ It is proposed here that the examination of the impact of the influenza epidemic should be undertaken along three areas of geography, health and race. The first area relates to the extent in which the influenza impacted on different regions of British Malaya while the issue on health explores how the epidemic had also exacerbated other endemic diseases. More than regional and health trends, the poignant characteristic of the episode was its apparently wide disparities in mortality between the main ethnic groups in the colony.

‘Comparatively Mild’ to ‘Repeating Last Rites’

As seen in Table 2, the total mortality rates for the governing entities of the Straits Settlements increased by about 6,344 or 21 per cent from the previous year. The state surgeon attributed 844 deaths to the influenza, but stressed that this figure bears little relation to the actual numbers resulting from the epidemic.³⁵ Aside from the unexplained fall in death rates in the offshore island of Labuan, all the territories under the Straits Settlements registered an increase in the loss of lives, the most drastic being seen in Province Wellesley.

It is interesting to note that, in spite of being the busiest, congested and densely populated colonial port city, Singapore was spared the calamity of the epidemic that had ravaged the neighbouring states under British jurisdiction. Compared to a high of 74 in Penang, the

³⁴ The basis of computation would be to gauge the death rates against that of the previous year in 1917, a relatively constant year in terms of fluctuations in mortality figures) to derive the estimated net changes attributed to the epidemic.

³⁵ *Annual Report for the Straits Settlements, 1918*, p. 435.

maximum deaths registered a day in Singapore was 53 at the height of the influenza in spite of the fact that the Singapore municipality had about 259,610 people compared to only 101,182 in Penang.³⁶ It seemed that the epidemic was so severe in the latter that many house servants were sick to the extent where people had to rely on their neighbours for cooked meals.³⁷

Having conjured untold fears in the population of the region since the middle of October, it was peculiar that the influenza did not come into the minds of thousands who poured out to celebrate the news of the armistice in the First World War. Seeming oblivious of the earlier health warnings of large public gatherings, the celebrations for the official announcement on 13 November 1918 were widely attended. In the words of the *Singapore Free Press*,

Yesterday was observed as a general holiday in Singapore and unprecedented scenes of enthusiasm was again witnessed. Decorations abound everywhere. The chief function of the day took place towards the evening on the Esplanade where thousands of people assembled to hear his Excellency, the Governor publicly announce the news concerning the armistice.³⁸

A report from the *Malaya Tribune* indicated that Singapore might have escaped the worst of the influenza as:

We are not suffering as badly as other countries and other towns. Our epidemic is comparatively mild and there are indications that the virulence is abating . . . Many who have acquired the disease are now back to work and one does not hear whole firms having to close down owing to the lack of staff or whole families being swept away as has occurred elsewhere. There is no reason why we should anticipate an increased severity in the present epidemic provided the government, the municipality and the people cooperate in preventing the disease being allowed to check unchecked.³⁹

The influenza scourge was however experienced more tragically in several Malay states. According to accounts from the clergy of the Anglican Church in Selangor:

At the time of the writing, this epidemic is playing havoc in Selangor. There is hardly a house that has gone unscathed, and in not a few every inmate has been attacked. Hospitals have been crowded. Our own school of St. Mary had to be closed . . . In the Clergy House, all have been down with the flu except the Chaplin, leading as it has done in so many cases, to pneumonia and other

³⁶ *ST*, 2 November 1918.

³⁷ *PG*, 18 October 1918.

³⁸ *SFP*, 14 November 1918.

³⁹ *MT*, 28 October 1918.

complications, it has been responsible for what is surely an unprecedented mortality. All too often lately, one has the sad task of repeating last rites of the Church over those who have succumbed. A particular sad case occurred in Central Worship where wife and husband followed each other to the grave within the space of three days, leaving behind a family of five children.⁴⁰

In highlighting the impact of the influenza in the state of Pahang, the British Resident reported that while birth rates exceeded death rates in 1917 by 245 persons, the reverse happened a year later with death rates racing ahead by 2,752. Of the total number, 1,080 deaths were attributed to influenza of which 334 died in hospitals.⁴¹ In Negri Sembilan, whereby death rates had only exceeded birth rates marginally in 1917, the year 1918 widened the gap drastically with 11,600 deaths against 4,117 in the previous year.⁴² The British state surgeon reported deaths for the first three quarters of the year at 6,085. In the closing months of the 1918, deaths shot up by 4,162.⁴³ For a population of 605,964, the state of Perak suffered a death rate of 29,882 or 49.31 per thousand in 1918. This was a marked increase of almost 50.7% from 1917. According to the British Resident, 'the great increase in the number of deaths is undoubtedly due to influenza, and the Registrar is of the opinion that at least more 10,000 deaths can be debited against this disease, nearly all of which occurred within six weeks.'⁴⁴

The *Times of Malaya* recorded about 38 deaths in one day in some areas of Perak, while the class attendances were drastically reduced in its schools. The influenza had also severely affected the public infrastructure network of the state. Train services in the town of Ipoh were suspended without notice as a majority of the rail staff had fallen ill, leaving passengers stranded. As the *Straits Echo* reported, consequently, 'daily travellers to Batu Gajah, Kampar, Taiping and Kuala Kangsar were put to considerable inconvenience and annoyance by the failure of the Railway Department to observe the most elementary mode of business.'⁴⁵

In the Northern Malay states of Kedah and Perlis, the *Straits Times* reported that mortality was substantially heavier than the returns reflected, that is, largely confined to municipal limits. In a thinly veiled

⁴⁰ *The Singapore Diocesan Magazine*, Vol. IX, Nov. 1918, No. 33, p. 22.

⁴¹ *Annual Report of the State of Pahang, 1918*, p.19.

⁴² *Annual Report of the State of Negri Sembilan, 1918*, p.12.

⁴³ *Ibid.*, p.14.

⁴⁴ *Annual Report for the State of Perak, 1918*, p.17.

⁴⁵ *Straits Echo* (henceforth SE), 23 October 1918.

critique against the government figures, the paper stated that 'it is only those who had been mixing up with people and moving around plantations and remote kampongs in distant districts who could realise the misery, despair and pain which (the influenza) had wrought on its people.'⁴⁶ The *Pinang Gazette* reported that Kedah was in a grip of influenza as work was at a standstill in many plantations.⁴⁷ Filing a report two months after the peak of the epidemic, the *Straits Times* mentioned that in some districts, people were dying like flies, and some were left on the roadside, having failed to make it to the local hospitals. The village of Permatang, for one, was losing ten people a day in the same period, and the mortality in areas like Sungei Penang, Sungei Rusa and Permatang Pasir registered a loss of 300 people. The saddest case seemed to be in a hamlet in Kampong Raju whereby only 12 out of 60 people survived the influenza. In many cases, children were left without basic necessities as the influenza plunged the poor into greater suffering.⁴⁸ As the correspondent noted:

It was really pathetic to see member after member of the same family being carried out of the house within a short interval of each other. A Malay in Kuda Prye buried a child one day another the next day, another and was himself buried. In many cases, after burying a mother, the funeral party would return home to take away the child and wife.⁴⁹

In British North Borneo, about 31,000 labourers in British North Borneo, close to one-third were down with the influenza with a death rate of 1.2 per cent. Like that of the Malayan Peninsula, the coastal areas in the East and West Coasts seemed to have suffered significantly less than the interior like their Interior Residency in which close to two-thirds of its labour force was sickened by the influenza.⁵⁰

Sparing Neither Presidents nor Peasants: Race and the Influenza

From a clinical standpoint, the influenza virus would not have discriminated against social divides, infecting both presidents and peasants alike. Perhaps the main personification of the nameless thousands perished in the influenza was Sultan Abdul Jalil of Perak. He died on the early morning of 26 October having been infected

⁴⁶ *ST*, 8 January 1919.

⁴⁷ *PG*, 18 October 1918.

⁴⁸ *ST*, 8 January 1919.

⁴⁹ *Ibid.*

⁵⁰ *Annual Report for British North Borneo, 1918*, p. 241.

TABLE 3
Death Rates by Race in Perak in 1918

Race	1917 (Death per 1,000)	1918 (Death per 1,000)	Percentage of increase	During period of Influenza (Deaths per 1,000)
Malays	27.37	39.90	45.70	129.60
Chinese	32.05	43.48	35.60	158.40
Indians	48.36	83.31	83.31	372.00

Source: Annual Report for the State of Perak, 1918, p. 17.

with pneumonia shown from coughs and slight fever on 22 October. Known to have been one of the outstanding Malay monarchs who took an active interest in public affairs in the British dominated administration, Sultan Jalil's funeral was well attended on 28 October in spite of the raging influenza.⁵¹ Albeit affecting all groups in British Malaya, it became apparently evident that the death rates were disproportionately lower in several more privileged groups like the European communities. Conversely, other groups like the ethnic Indian migrant population seemed to be the worst affected, though official statistics alone did not reveal the complete picture.

While the influenza wreaked untold sufferings on all in the state of Negri Sembilan, the death toll was high for the local Malay population that witnessed an increase from an average of 2,300 in the previous years to about 4,250. Among the Chinese, a similar trend was observed where the pandemic vastly accelerated the death rates from 2,835 in 1917 to 4,593 in 1918. But the largest rate of mortality was from the predominant migrant Tamil immigrant population that registered more than a twofold increase in its mortality rates from 1,079 to 2,631.⁵² This was devastating for the Tamils who had only a labour force of 13,074 as compared to 27,536 for their Chinese counterparts.⁵³ Similar with the other states, the Tamils in Perak bore the brunt of the burden, having registered 26,668 deaths compared to 20,612 in the year of 1917. This was in contrast to the increase in fatalities of about 2,000 by their Chinese and 200 for their Malay counterparts.⁵⁴ This toll was further reflected statistically by the annual report in Table 3.

In the state of Johore, the medical report for the year recorded the death rates on plantations and estates at 2,298, giving a ratio of

⁵¹ *Ibid.* For details of the funeral, see *SE*, 31 October 1918.

⁵² *Annual Report for the State of Negeri-Sembilan*, p. 12.

⁵³ *Ibid.*

⁵⁴ *Ibid.*

TABLE 4
Death Rates on Estates in Johore in 1918

Singapore	Average monthly labour force	Death rate per 1000 per annum
Chinese	22,973	44.10
Tamils	10,650	83.85
Javanese and Malays	9,423	39.37
Others	632	33.23
Total	43,676	58.36

Source: Johore Annual Report for the year 1918, p.15

52 per mille, an increase of 16.20 per mille from the year 1917 for all nationalities.⁵⁵ As seen from the breakdown (Table 4), the Indian estate labour force suffered disproportionately from the influenza compared to the other races.

These trends were also repeated in the northern Malaya states of Kedah and Perlis. The death toll for the Malays rose from 4,057 to 7,859 and the Chinese 1,660 to 1,994. Again, the Tamil migrant population was hit with a disproportionate rise from 1,328 against 436 in 1917. The state surgeon estimated that the total deaths from 'fever' related symptoms also rose from about an average of 3,000 for the past few years to about 7,831 in 1918.⁵⁶

Table 5 sums up the mortality of the estate Indian labour population for the Federated Malay States (consisting of Perak, Selangor, Pahang and Negri Sembilan). Aside from the malaria epidemic from 1911 to 1912, the death rates were highest in 1918 with a record of 53.8 per 1,000 in 1918 compared to an average of about 25 per 1,000 in most years. In other words, the death toll of the Indian estate workers had exceeded the average rate of about 3,500.

Aside from the difficulties in obtaining reliable data, the subject of the disparities in mortality rates came under scrutiny as various explanations were offered. Comments from the media suggested that the disease came most probably from the Indian subcontinent via migrant workers. It was also believed their inherent 'racial weakness' and failing health coupled with their 'unhygienic' eating and bathing habits rendered them more vulnerable to any diseases.⁵⁷ The only point of difference was aired by the *Pinang Gazette* that claimed:

We regret to learn that the epidemic is spreading and whole families are being attacked. This is hardly to be wondered at, as we are told... that

⁵⁵ *Annual Report for the State of Johore 1918*, p. 15.

⁵⁶ *Annual Report for the State of Kedah*, p. 5.

⁵⁷ *ST*, 28 October 1918.

TABLE 5.
Mortality of Indian Estate Labour, Federated Malay States of Selangor, Pahang, Negri Sembilan and Perak

Year	Death	Average population	Death rates per 1000
1911	7,162	110,000	65.1 (malaria epidemic)
1912	5,014	122,000	41.1
1913	4,057	133,072	30.5
1914	3,695	128,506	28.8
1915	2,519	120,190	21.0
1916	2,860	129,964	22.0
1917	3,144	140,346	22.4
1918	7,786	144,719	53.8 (Influenza epidemic)
1919	2,747	147,229	18.7
1920	3,910	162,535	24.1

Source: Ralph Shiomowitz and Lance Brenan. 'Mortality and Indian Labour in Malaya, 1877-1933' in *The Indian Economic and Social History Review*, 29, 1 (1992), p. 62.

90 per cent of the Chinese wilfully neglect to follow the instructions of the health department, particularly in the matters of segregation and observance of hygiene rules. The Indian patients, we believed, are far more tractable and a larger percentage of recoveries are reported where proper medical treatment is given to them.⁵⁸

The most concrete attempt to rationalise the apparent vulnerabilities of the Indian population in Malaya was made by Field. As he observed, Influenza spared no social category and defied all vaccines, it was therefore concluded to be a process of 'intense natural selection, where those least adapted to resist the virus succumbed—a true survival of the fittest'. In Social Darwinist analogy, Field observed that vitamin 'A'-starved animals seemed to be more prone to respiratory infections due to degenerating changes in the respiratory mucosa. Drawing from this notion, he connoted that 'the racial response to the great influenza outbreak should afford a measure of relative racial resistance, and logically should differentiate vitamin 'A' deficient communities.'⁵⁹ As he suggested:

An outbreak of influenza on the scale of the great post-war pandemic is a searching test of relative virility, and in face of evidence of so unequivocal a character, can we entertain any reasonable doubt of the inferior resistance of the immigrant southern Indian?⁶⁰

⁵⁸ *PG*, 25 October 1918.

⁵⁹ J.W. Field. 'Some observations on Vitamin 'A' starvation among immigrant Indians in Malaya' in *The Malayan Medical Journal: The Journal of the Malayan Branch of the British Medical Association*, Vol. VI, 1931, p. 51.

⁶⁰ *Ibid.*

Albeit expressing a degree of scepticism, Field nevertheless argued that this deficiency could be part of the larger manifestation of the 'subnormal' racial characteristics of the Tamil coolies in Malaya. Unlike their ethnic Chinese counterparts, he thought the Tamils were inherently indolent and eugenically unhealthy with an unhygienic and imbalanced dietary habit. In other words, they were assumed to have:

Endogamous marriage, imposed by the caste system, which its logical train of wholesale inbreeding, can scarcely fail to react on the physical well being of the Southern Indian coolie. An inferior inheritance is assumed, though the evidence is by no means convincing. The distribution of malaria may react rather to the disadvantage of the Indian than to that of the Chinese, yet here again there is evidence to the contrary; for while it is generally true that the Indian enjoys a relatively protected environment, it is the Chinese whose pioneer enterprise blazes the trail that the Indian will later follow, when the environmental risks have passed.⁶¹

This he believed could have rendered them more vulnerable to the 'process of intense natural selection.' Field's racialisation and essentialisation of his analysis of the vulnerabilities of the ethnic Indians in Malaya was not established in a vacuum, but a manifestation of the impressions of British colonial administrators and plantation owners on Indian labour in Malaya. They were seen to be subservient and a cheap source of labour supply, yet constantly enfeebled and diseased, creating a series of health and labour problems for the plantations and agricultural estates. Such, in turn, required the paternalism of the colonial government and estate managers in ensuring that they are properly taken care of and their 'inherently unhygienic habits' be removed. In fact, the racial arguments for the differences in the mortality rate of the various ethnic groups were favoured by the colonial administration as reflected in the address by the colony's High Commissioner, Sir Arthur Young. As he noted in an address in December 1918:

I regret to say the second half of the year has brought with it no improvement in this disease, which appears to be worldwide. Incidentally, the epidemic has caused serious dislocation to business and the traffic on some railway lines had to be altogether suspended. I hope that it is sufficient understood by employers that a complete rest is essential for convalescent from this disease, especially in the case of Asiatics, who have less stamina to withhold or less degree of immunity from its attacks than have Europeans.⁶²

⁶¹ *Ibid.*, pp. 51–2.

⁶² 'High Commissioner of Federated Malay States, Sir Arthur Young to Federal Legislative Council,' Federated Malay States, *Legislative Council Debates*, 3 December 1918.

No Specific Cure or Preventive? Measures of the Colonial State

Given the virulence of the influenza that seemingly defied the understanding of diseases, contagion and medicine of the early 20th century, it would be too simplistic to fault the colonial state totally for the high death rates. As the Preliminary Report on the Influenza Pandemic of 1918 by the Sanitary Commissioner with the government of India in 1919 noted:

There is no specific cure or certain preventive for influenza and when it spreads with the alarming rapidity to which reference has been made, medical science can do but little to check its incidence. Overcrowded ill ventilated dwellings and large congregations of people offer unrivalled facilities for the rapid dissemination of the epidemic disease of the influenza type. Unfavourable environmental conditions doubtless contributed in many instances to the severity of the outbreak, but even the most up to date sanitary surroundings by no means postulate complete immunity from influenza.⁶³

Nonetheless, an assessment of the colonial biomedical infrastructure can be based on the state of its medical institutions as well its speed and ability to co-ordinate and mobilise resources to cope with a major public health crisis. The response level can in turn be gauged on several levels, namely that of identification and information of epidemiological aetiologies and patterns, implementation of preventive measures and also the provision of relief and welfare for the victims. Even if these measures do not necessarily offer the 'silver bullet' in combating the influenza, it serves more as a reflection on the extent of the actual involvement and reach of the colonial state over its society.

The medical authorities in British Malaya had an established epidemiological regime since the 1870s covering the early detection of infectious diseases from foreign ports and a network of huge quarantine camps from Singapore in the south to Penang in the north. However, a fundamental loophole in the structure was the failure to include influenza in the list of notifiable contagious diseases alongside the more common scourges of plague and smallpox until the middle of 1918.

Given the experience in port health and the established quarantine infrastructure at the harbours of British Malaya, it seemed surprising that the colonial authorities failed to notice the early signs of the pandemic, particularly from information and news from Europe and India. This was highlighted most evidently in the Federated Malay

⁶³ Preliminary Report: *The Influenza Pandemic of 1918 in India by the Sanitary Commissioner with the Government of India* (1919), p. 4.

States Legislative Council session whereby the Chief Secretary was not able to reply adequately to the query on the government's response to the telegram warning from South Africa.⁶⁴ The frustrations were however felt much more strongly in the earlier stages of the epidemic. In dramatising the death toll in Perak of 90 victims within two days, *The Times of Malaya* stressed: 'we give these figures not of course with the object of scaring the public, but solely for the purpose of impressing upon the authorities the seriousness of the situation.'⁶⁵ In fact, to one reader, the influenza was already felt in Kinta Valley in Perak as early as September, but the authorities only took action on 22 October after the reports on the epidemic appeared repeatedly in the newspapers.⁶⁶ Another angry reader wrote to the paper questioning the belated efforts by the medical department to print and disseminate pamphlets about the influenza immediately when it was first reported.⁶⁷

Attempts were made at the institutional level to decipher the outbreak of the influenza epidemic. While the initial suspicion of another attack of plague was cleared, the Kuala Lumpur based Institute for Medical Research admitted that it was 'far from possessing the exact knowledge of the cause of the epidemic influenza as brings it within the category of preventable diseases.'⁶⁸ This followed the failure by the institute to develop a preventive vaccine prepared from organisms isolated from the respiratory secretions.⁶⁹ Nonetheless, they were keen to be involved in larger preventive measures. These medical authorities were well represented and outspoken in a high profile meeting of medical and sanitary officials along with community leaders to discuss the epidemic on 21 October 1918 in the Federal capital of Kuala Lumpur.

Among the more informed discussants was Dr McGregor from the Medical Research Department who called for the avoidance of crowded places and the prohibition of coolies from one estate from visiting another without the permission of the medical authorities. Supporting McGregor's views, another speaker, Dr Macintyre lamented the overcrowded living conditions among the poorer sections of Kuala

⁶⁴ Federated Malay States, *Federal Council Legislative Assembly Proceedings*, 3 December 1918, p. 79.

⁶⁵ *TM*, 18 October 1918.

⁶⁶ *Ibid.*, 31 October 1918.

⁶⁷ *Ibid.*, 18 October 1918.

⁶⁸ Institute for Medical Research, *The Institute for Medical Research, 1900–1950* (Kuala Lumpur, Government Press, 1951), p. 57.

⁶⁹ *Ibid.*

Lumpur that could be a breeding ground for the influenza. Underlining the confusion of the diseases, a Chinese community participant, Mr Choo Kia Peng observed that the majority of Asians seemed to have thought that the influenza was merely another outbreak of malarial fever and had not taken any precautions against the infection. He suggested that the government should send out more circulars to the public about the nature of the epidemic. Reported across the other newspapers in British Malaya,⁷⁰ it was likely that the measures discussed in the meeting became a template for municipal authorities and public health officials across the territory for combating the influenza.⁷¹ Nevertheless, in hindsight, the government had found that these measures were limited and even counterproductive. As admitted by Annual Report of the Federated Malay States:

The layman is bewildered by this multiplicity of the recommendations received from different quarters, often contradictory, and, although various committees have met to consider the best means of combating another similar epidemic, it has not been possible to achieve anything with approved unanimity.⁷²

Of their own accord, the state health authorities had already started to take rudimentary sanitary and hygiene measures to contain the epidemic. The Municipal Health Department in Penang carried out house-to-house inspections for influenza cases, including the European community, even though they were deemed less susceptible to the virus. Disinfectants were also liberally distributed to all households and public places cleaned more frequently. Schools, cinemas and theatres were closed to prevent the further spread of the influenza during the month of October.⁷³ In Selangor, the earliest response by the authorities came in a medical circular from Kuala Lumpur urging those who were unwell to stay in bed until the symptoms of influenza subsided. Disinfection by boiling all linen, especially pillowcases, handkerchiefs and sheets, as well as plenty of good food and open fresh air, was also recommended. In addition, the circular called

⁷⁰ *SE*, 25 October 1918.

⁷¹ The authoritative pronouncement on the Influenza was only issued by a memorandum by the Royal College of Physicians in London detailing the nature and the transmission of the pandemic as well as the preventive measures which are considered 'purely measures of personal prophylaxis' by the local health authorities. *Report from the Singapore Municipal Health Office for the year 1918*, pp. 2-4.

⁷² *Annual Report for the Federated Malay States*, 1918, p. 19.

⁷³ *SE*, 21 October 1918.

on those infected to take specifically five grains of dover powder and aspirins to be taken three times a day as a curative measure.⁷⁴

The authorities in Singapore watered the streets with greater frequency and disseminated information about the influenza in both English and the other vernacular languages in the newspapers. They also attempted to house infected persons in one building to prevent them from spreading the virus.⁷⁵ The vacant wards at the Moulmein Road hospital were suggested, but could not be actualised due to the shortage of staff, which presented the chief difficulty in outbreaks which arise suddenly and quickly assume serious proportions.⁷⁶ As experienced in the rest of British Malaya, it was such difficulty that crippled the healthcare system in the colony during the influenza episode.

Gardeners to Dressers: Overcrowding in Hospitals

Almost all hospitals and dispensaries in the colony were put under tremendous strain, even as it could be accurately speculated that the figures were just a fraction of the total cases infected. Even as the epidemic was milder than in the rest of the peninsula, its effects were equally visible in Singapore. Admission rates in the island's hospitals were usually high, especially in the Tan Tock Seng hospital which registered 570 cases in the first week of November with 210 cases of mortality.⁷⁷ The Kerbang Kerbau maternity hospital treated 33 cases of influenza and had four deaths in its ward at the same time.⁷⁸ The hospital also saw itself issuing about 500 medical certificates to civil servants who were down with influenza.⁷⁹ About 3,308 cases of influenza in Selangor were treated in the hospitals, of which 523 could not be saved.⁸⁰

At the Tung Shin hospital, it was reported that 133 influenza victims died within 24 hours of admission.⁸¹ The epidemic brought the admission rates in the hospitals up to 31,003 in the year of 1918, an increase of 5,285 from 1917. The mortality rate was documented

⁷⁴ *SFP*, 17 October 1918.

⁷⁵ *ST*, 26 October 1918.

⁷⁶ *Report of the Municipal Health Office, Singapore, for the year 1918*, p. 3.

⁷⁷ *Straits Settlements Medical Report*, 1918, p. 440.

⁷⁸ *Ibid.*

⁷⁹ *Ibid.*

⁸⁰ *Annual Report for the State of Selangor, 1918*, p. 13.

⁸¹ *Ibid.*, p. 12.

at 3,706, or 11.95% compared to 9.24 the pervious year. The presence of the influenza was also detected in the Quarantine Centre at Port Swettenham, one of the main screening centres for migrant labour. Although the number of immigrants passing through the camp had dropped to 32,696 from 48,434, in 1917, about 107 influenza related deaths were reported in the Camp.⁸²

Total admissions to the hospitals amounted to 26,963 as compared to 18,344 in 1917 in Negri Sembilan. About 17,201 of them were in-patients compared to 13,403 in 1917. About 2,739 of the in-patients died in hospital, recording a death rate of 15.34% of the total admissions; 836 deaths occurred within 48 hours of admissions. Out-patient rates increased to 43,046 against 40,754, an increase of 2,292.⁸³ In Perak, about 5,144 cases were referred to the hospitals with another 8,273 as out-patients during the influenza. Of this figure, 917 died in their wards. But, the medical report warned that these figures are by no means the true index of the scale of the epidemic, for many were treated in the estate hospitals while many more, especially the Malays, preferred to remain in their houses.⁸⁴

In Alor Star, the capital of the state of Kedah, about eighteen deaths, or 10.34% arose from the 174 treated for influenza. The rates were higher in Sungei Patani with 45 deaths or 28.08 per cent of the 216 patients treated and a high of 43.82 per cent or 71 deaths from about 162 admissions. The out-patient wards also catered to about 56,507 persons at the same time.⁸⁵ *The Straits Echo* reported that at one hospital, the staff including its medical officer, fell ill with the virus. Other key European medical authorities in the state were also too sick with the influenza to administer their duties adequately.⁸⁶

The Northern Malay state of Kelantan experienced the epidemic at the same time in middle of October which spread through the state till the end of the year. The Kota Baru state hospital admitted 1,546 in-patients and 24,630 out-patients as against 1,347 and 26,212 respectively in the previous year.⁸⁷ There was thought to be a large increase in the percentage of Malays in the admissions. The death rate rose from 2.19 percent as against 1.48 per cent per 1,000 of the population. One state hospital dealt with 129 related cases of which

⁸² *Ibid.*, p. 13.

⁸³ *Annual Report of the State of Negri Sembilan, 1918*, p. 12.

⁸⁴ *Annual Report for the State of Perak, 1918*, p. 17.

⁸⁵ *Ibid.*

⁸⁶ *SE*, 19 October 1918.

⁸⁷ *Annual Report for the State of Kelantan, 1918*, p. 6.

TABLE 6.
Hospital Admission Rates in Pahang during the Influenza

Hospital	Admissions	Deaths	Out-patients
Kuala Lipis	270	84	555
Raub	293	100	198
Blatong	172	83	66
Pekan	45	3	264
Kuantan	220	47	151
Kuala Tembeling	42	17	288

Note: In addition, the two dispensaries at Temerloh and Pekan handled 544 and 780 out-patients respectively.

Source: *Annual Report for the State of Pahang*, p. 20.

82 were complicated with pneumonia and 27 died as a result. Several hundred cases were reported from all districts and the medical staff was kept busy distributing medicine and disinfectants.⁸⁸ Over 200 patients attended daily as out-patients at government dispensaries. Overall, in just the month of November alone, the influenza took about 1,996 lives, the highest ever recorded by the state.⁸⁹ For a population of 226, 677 the death rate recorded in British North Borneo was 5,133 of which about 2,000 were attributed to symptoms related to influenza. Admissions to hospitals increased by 934 from 1917 to 3,071 and mortality rates within the hospitals measured 9.97 percent against 7.97 percent in the previous year.

Large numbers of labourers in Pahang were affected and many died in hospitals as reflected in Table 6. In fact, it was reported that the hospitals became so overcrowded that patients were turned away, and sanitary work around the vicinities were neglected as even gardeners and casual workers (burial coolies) were pressed into service as attendants.

‘Indifference of Those in Authority’

While recognising the severity of the epidemic and the strain on state resources, particularly the hospitals, criticism of the more outstanding limitations were forthcoming. Such was expressed through the newspapers which were quick to publish such views. Claiming anonymity, one socially reputable person stated in the *Times of Malaya*:

⁸⁸ *Ibid.*, p. 9.

⁸⁹ *Annual Report for the State of Johore*, 1918, p. 4.

'Speaking as a layman, I think when you herd together 70 men in a ward intended for only 30 or 40, there is very little chance of anyone of them recovering from any disease . . . [and] how can you say they are doing their best when the medical officer is always on leave and when staff is reduced and nothing done?'⁹⁰ He had also wondered aloud why could not the medical department print thousands of leaflets on combating the influenza to be distributed within the first week of the epidemic in early October.⁹¹

By the end of October, another reader came up with a more systematic critique of the government's inadequacy in dealing with the influenza. This ranged from the question of an absence of any warnings from their counterparts in India and Ceylon, inertia in the presence of the virus, which appeared in the Kinta Valley mining districts, until 22 October after coverage by the press, and the general ignorance of the influenza by most government departments. He also lamented the overcrowding of hospitals, but also added that the roads should have been patrolled so that 'no more cases of deaths by the roadside from those unable to reach the hospitals.'⁹² He called for the government to act against what he considered the insanitary living conditions of the non-European groups who were 'deplorably dirty in their habits' as he felt that it is 'not funk that kills the poorer classes, but the dirty habits and indifference of those in authority over them.'⁹³

Regarding the epidemic as a 'deadly scourge that was worse than the grim war itself', the *Pinang Gazette* chided the government for serious bureaucratic neglect and inefficiency given the vulnerabilities of the regions to the spread of diseases. It lamented:

To regard ourselves as immune from all the possibilities of a return of the full disease is to harbour the delusion that may have the most dire consequences. What happened some months ago when municipal and government officials had slowly to unwind themselves from the coils of red tape and reluctantly tear themselves away from the congenial occupation of indicting minute papers in excuse of their neglect to make show of human intelligent and active interest in fighting the influenza, may be pardoned. In other places, there was the same disinclination even to think of doing anything with less of taking action over an unnotifiable case.⁹⁴

⁹⁰ *TM*, 17 October 1918.

⁹¹ *Ibid.*

⁹² *Ibid.*, 31 October 1918.

⁹³ *Ibid.*

⁹⁴ The *Pinang Gazette Weekly* (henceforth *PGW*). 28 February 1919.

The concerns over the colonial government's apparent limited response during 1918, continued to reverberate into the subsequent years. The *Straits Times* editorial in 1920 noted:

That we have remained free from serious epidemics must in a very large measure be attributed to the favours of gods, but . . . we cannot continue to bank on good luck. We must have something more durable. For instance, we have remained free from yellow fever. We believed it was Dr Malcolm Watson who pointed out that once yellow fever obtained a firm hold on a city like Singapore, there would soon not be sufficient people living to bury the dead.⁹⁵

Towkays to Ambulance Drivers: Community Measures

The press was, however, not merely interested in lashing out against the failures of state biomedical institutions in handling the epidemic. Although their staff and reporters were also down with influenza, the various newspapers had also taken upon themselves in the months of October and November the medium of public information of the epidemic. In the initial stages of the outbreak, the *Singapore Free Press* tried to assure the public that there was no reason to be alarmed as such influenza usually flourishes in places with a wider range of temperature. But it had urged readers to avoid public crowded places and that houses should be kept clean.⁹⁶ It had also recommended other preventive measures covering that against promiscuous spitting and sneezing, daily washing of all floors with disinfectants, frequent baths, throat gargling with prophylactic, doors and windows to be kept closed, and beddings, mattresses and mats to be dried daily.⁹⁷

The Malay Mail identified physical symptoms of influenza as 'redness of the palate and anterior pillars of throat, pale tongue, enlargement of the glands of neck and armpits and reduction in pulse rates.'⁹⁸ It advocated iodine treatment, free purgation with calomel and salts, mixture of salicylate of soda, bicarbonate and chloroform water, in addition to the emphasis on personal cleanliness.⁹⁹ The *Pinang Gazette* listed seven main precautions against influenza involving the avoidance of crowded public spaces, the airing and drying of mattresses

⁹⁵ *ST*, 27 October 1920.

⁹⁶ *SFP*, 17 October 1918.

⁹⁷ *Ibid.*, 16 October 1918.

⁹⁸ *The Malay Mail* (henceforth *MM*), 5 October 1918.

⁹⁹ *Ibid.*

and clothes, restraint from spitting, frequent disinfections of houses and even the limited consumption of quinine once a day.¹⁰⁰

Another newspaper, *The Times of Malaya* quoted the recommendations of a plantation owner on preventive measures against the influenza in estates. He felt that Listerine was the more appropriate solution than the conventional iodine wash spraying which was deemed to be more difficult to administer. This should be supplemented with a good tonic of sanatogen and phoeferine as well. Other hygiene recommendations included the complete lime-washing of all buildings, destruction of home incinerators and the impregnation of water supplies with solutions of potassium permanganate. Even if such measures would increase labour costs, he regarded it to be cheaper than burial expenses.¹⁰¹

The letters written to the media also reflect a larger undercurrent of heightened actions taken by both individuals and communities to fight the epidemic. Across the colony, people were not just relying on government hospitals that were regarded as places of death, but were seeking prevention and treatment from a variety of local and Western medicine and herbs. During the episode, traditional Malay medicine was granted reluctant acknowledgment as it was widely administered in the countryside in areas like Kedah. Among such medical formula widely utilised was the mixture of powdered musk and milk to be served thrice a day to the patient. It was believed that such a formula would reduce the inflammation of the lungs by forcing out its mucus, thereby relieving respiration difficulties and fever. A less expensive alternative is tea made by boiling cinnamon, ginger, coriander and garlic in equal proportions.¹⁰²

As the *Straits Echo* highlighted, such methods are not prescribed by quacks but by those who are well acquainted with the European medical sciences.¹⁰³ The ethnic Chinese community on the other hand, were reportedly flocking to obtain a formula, which the government considered to be conjured by profiteers, comprising a mixture of boiled pumpkins, potatoes and coriander leaves, resulting in a price-hike of potatoes from a mere 35 cents to \$3 per kati.¹⁰⁴ In the meantime, advertisements claiming miracle cures and vaccines for influenza

¹⁰⁰ *PG*, 18 October 1918.

¹⁰¹ *TM*, 31 October 1918.

¹⁰² *PG*, 22 October 1918.

¹⁰³ *SE*, 4 November 1918.

¹⁰⁴ *SFP*, 16 October 1918.

proliferated as well in most newspapers. An advertisement for example urged those fallen ill to 'stay away from work, go to bed early, eat little or nothing, call the doctor' and to take the 'pink pills' recommended.¹⁰⁵ But, such claims were also met with cynicism from the newspapers like *Straits Times* which commented that: 'In the uncertainty of our present knowledge, considerable hesitation must be felt in advising vaccine treatment as a curative measure.'¹⁰⁶

The *Pinang Gazette* was more hostile to the indigenous claims of influenza, believing that these people had 'no idea of the disease and how to cope with it [as] the Eastern pathology is primitive and crude.' To the newspaper, there were only four main causes of diseases according to the locals: mainly, 'heat, cold, wind and evil spirits.'¹⁰⁷ It also lamented that 'quacks and meddling old women are having the chance of their lifetime doing their best to keep up with the heavy death rates,' relating to an incident where a man sickened with influenza was killed allegedly by his old mother who had taken him to European doctors, Chinese druggists and Siamese bomohs (local term for religious healers).¹⁰⁸ But, as the *Singapore Free Press* noted for the case of Penang, 'Never before the native population been so earnest about taking preventive as well as curative measures for any diseases as they are doing now.'¹⁰⁹

A more salient aspect of the influenza episode was seen in the efforts by various communities to organise relief work for influenza victims. This was evident in the coordination and personal involvement of community leaders, merchants, doctors and hospitals to provide medical attention and aid for those affected. Although all communities were involved, the scale and magnitude of the efforts seemed to be overshadowed by their ethnic Chinese counterparts. As will be elaborated from the examples of Penang, Selangor and Perak, the ethnic Chinese demonstrated an ability to institutionalise relief efforts comprising of medical, financial and social welfare within less than a fortnight.

In Penang, an Influenza Relief Fund was rapidly established to assist the poorer victims. Many prominent Chinese individuals and organisations made generous donations and had their names

¹⁰⁵ *ST*, 24 March 1919.

¹⁰⁶ *Ibid.*, 19 June 1919.

¹⁰⁷ *PG*, 1 November 1918.

¹⁰⁸ *Ibid.*

¹⁰⁹ *SFP*, 16 October 1918.

published in the main newspapers. A similar fund was also set up by a Chinese based Lam Huan hospital to help the poor defray medical expenses. Altogether, about \$13,000 and \$5,000 were collected respectively by the two funds.¹¹⁰ Several ethnic Chinese doctors had also volunteered their time to devote free medical treatment and drugs as well and were allocated under five different geographical divisions around the city.¹¹¹ Although the authorities in Selangor were mainly involved in containing the epidemic, assistance was also rendered by individuals and groups. In the district of Klang, an improvised hospital catering to mainly Europeans was organised, staffed by European women volunteers living around the area.¹¹²

To underline the severity of the influenza among especially the Indian community in the state, the prominent High Street Kuala Lumpur Chetty Temple priest held a public procession by parading its silver car and the Tamil God Supramania across the town on one night and prayers were offered for the victims of the epidemic.¹¹³ The influenza also brought together the Chinese associations to tackle the epidemic within Selangor. *The Straits Echo* reported a large meeting held at the Chinese Chamber of Mines at Kuala Lumpur which was attended by both Chinese doctors and business leaders. A relief fund similar to that in Penang was proposed and doctors pledged their services to visiting patients around their districts while estate owners provided financial support to the fund.¹¹⁴

In the neighbouring state of Perak, The British Resident commended the voluntary efforts of local community groups during the epidemic where

In Taiping, extra accommodation was obtained from tents lent by the Acting Commandant of the Malay States Guides, and a committee of Chinese gentlemen came forward to visit outlying villages and distributed medicine and other necessities. In Kinta, the native gentlemen, both Chinese and

¹¹⁰ *Ibid.*, 29 October 1918.

¹¹¹ *Ibid.*, 18 October 1918. There were however some who felt that the organisers should go beyond merely providing relief to stamping out what was deemed 'profiteers' and 'vampires' who exploited the sufferings of the victims. This accusation was targeted at 'quack herbalists', 'fruit sellers' and undertakers who suddenly started to charge exorbitant prices from the victims. A letter written to the *Straits Echo* cited the example of a coffin carrier who demanded and received three dollars instead of the usual 80 cents which he sometimes repeated three times in the course of a single day. *Ibid.*, 4 November 1918.

¹¹² *Annual Report for the State of Selangor, 1918*, p. 13.

¹¹³ *SE*, 21 October 1918.

¹¹⁴ *Ibid.*

Indians rose finely to the occasion and gave valuable necessities, distributed medicine, blankets and milk, and even bringing the cases to hospitals with their own cars.¹¹⁵

Like their counterparts in Penang, the Chinese in Perak started to organise themselves against the epidemic. The Kinta tin mines were divided into four sections where in each section, volunteers and community leaders confined their efforts to disseminating public information about the disease in addition to providing food and medicine to the stricken. A conference was also held between plantation owners and leading members of the Tamil community with a view of postponing the Deepavali Festival (Festival of Lights) until the influenza passed over.¹¹⁶

Aside from coordinating with the planters, the Indian-based associations were also seen conducting relief work amongst the Tamil workers with the distribution of hot congee and blankets in addition to seeking leading men in each village to look after their fellow villagers who were down with influenza.¹¹⁷ Those who displayed more serious symptoms like extreme panting and breathing difficulties were being instructed to be wrapped in blankets, put into a covered motorcar and be driven to the nearest hospital.¹¹⁸ The resources available seemed so overstretched that a wealthy merchant (known as Towkays in the region) Chung Yin Fatt provided his own motorcar that was converted into an ambulance plastered with a logo of the Red Cross, and stacked with piles of blankets and boxes of medicine for the sick.¹¹⁹

While it is not certain whether these community efforts were clinically effective against the virus, it might have provided a sense of relief and security for those affected. At the very least, the medical and economic aid offered and organised by the various organisations would have served in pulling some from the brink of death or nursing others back to health.

Conclusion: No Longer Fossilised in Reports and Census

The reconstruction of the legacy of the 1918 Influenza in British Malaya could also be taken as part of the broader discussion

¹¹⁵ *Annual Report for the State of Perak*, p.15.

¹¹⁶ *SE*, 22 October 1918.

¹¹⁷ *TM*, 31 October 1918.

¹¹⁸ *SE*, 30 October 1918.

¹¹⁹ *Ibid.*, 22 October 1918.

and examination of the pandemic. The position of the colony as a major producer of vital raw materials, its strategic location along the main international maritime routes, and its cosmopolitan migrant population attest to its importance. In sum, this article has underlined several unique epidemiological and demographic trends in the year of 1918. The influenza broke out simultaneously from the most congested ports to the most isolated hamlets in the colony. Nonetheless, it was the backwaters in the kampong communities that suffered far disproportionate fatalities than the seemingly overcrowded and filthy urban centres. The scourge did not just wreck the healthy, but also exacerbated the conditions of those suffering from existing diseases. Even as the virus was supposed to be universally contagious, certain social groups, especially the Tamil plantation workers were its worst victims compared to its Chinese, Malay and European residents. The reasons given remained unclear with speculations possibilities ranging from the collection of statistics on mortality rates to speculations based on crude Social Darwinist premises of racial resistance.

Despite having an established biomedical infrastructure from quarantine camps to hospitals, the colonial state found itself unprepared to face this pandemic. It failed to detect the looming threat of the virus, provide leadership and co-ordinate macro relief efforts as its hospitals and clinics became overwhelmed with patients. A more outstanding feature lay however in the ad-hoc measures employed by society in place of the state. In this respect, the local newspapers were tireless in their updates of information on the epidemic and recommendations to contain its effects. A variety of folk and 'scientific' medical prescriptions made by individuals and pharmacies to cure the influenza also surfaced, while community organisations provided financial relief and healthcare to the stricken.

With the re-emergence of infectious diseases, the epidemics like the scale of 1918 Influenza could no longer be forgotten. Both industrialised and newly industrialised societies have to reckon with not just diseases of affluence such as obesity and cancer, but also diseases of poverty like tuberculosis and Aids (and other new variants). The hysteria conjured by the SARS pandemic in particularly the more economically advanced societies of Asia reflected a deeper institutional and socio-historical amnesia of a more recent past where infectious diseases were persistently featured in their countries' annual medical reports. As such, conveniently oblivious of its past experiences with epidemics during the colonial era, the political leadership in Singapore

had capitalised its role in the battle of the virus as ‘a defining moment.’

One major purpose of this article on Malaya has been meant to critique the politicisation and historicisation of SARS by the Singapore officialdom by highlighting a more insidious yet almost forgotten precedence in the Spanish Influenza. On a conservative estimate, within the months from June to November the epidemic reached the shores of the colony in two waves, taking away a conservative estimate of 35,000–40,000 deaths, and about 20 million worldwide. These figures dwarfed that of the more sensational SARS pathogen that claimed 33 lives in Singapore and about a thousand around the world. Thus, for the state to selectively extrapolate and exploit the event of 2003 as being historically transformative would be to ignore the experiences of those in 1918 who endured an epidemic that was also ‘terribly severe but mercifully short’.