

Decolonization, Development and Disease: A Social History of Malaria in Sri Lanka

A book by Kalinga Tudor Silva

Published by Orient Blackswan in 2014

Reviewed by

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Decolonization, Development and Disease by Kalinga Tudor Silva, a Senior Professor of Sociology working at the Peradeniya University, is a rigorous investigation of the modernist history of colonial medicine and the epidemiological approaches to the social history of malaria in Sri Lanka. Well researched in the secondary literature, sound in methodology and dealt with in-depth as far as analysis was concerned, I found this book rewarding and a fulfilling read, not least on account of the profoundly embedded empirical sources it uses and the social anthropological insights it provides into the social history of malaria.

The book begins with a discussion of the complex and diverse inter-linkages among the discourses of colonialism, nationalism, and internal conflict, and then goes on to examine how these discursive as well as pragmatic forces have impacted the dialectical relationship between traditional systems of medicine and the threats posed by the domination of the western medical paradigm vis-a-vis the malaise of malaria. However, Tudor Silva does not relegate the social history of malaria to the battle between colonial practices and discourses alone but makes it a point to capture the nuances of the impact of local agency and internal conflict on the dynamics of malaria transmission, development and control.

Medical scientists of the colonial administration were the first to come up with a scientific study of the prevalence and spread of malaria in the late 1920s. Historically, Sri Lanka's dry zone had borne the brunt of malarial attacks due to its specific climatic and geographical conditions. While the intermediate zone and the wet zone had experienced less impact from Malaria, during the period 1935-43 the wet zone experienced devastating consequences as a rare drought produced the conditions favorable to the growth of *Anopheles culicifacies*, the vector of the disease in an area where the inhabitants had developed little immunity to cope with the disease. However, extensive application of anti-malarials since the 1940s has caused a gradual decline in the epidemicity of the disease.

This article should be cited as: Herath, D. (2022). Decolonization, Development and Disease: A Social History of Malaria in Sri Lanka, by K.T. Silva. *Sri Lanka Journal of Sociology*, 1(2): 143 – 147.

The long history of Malaria in Sri Lanka

Some of the earliest references to Malaria are found among the literary sources created during the period of the Portuguese conquest of Sri Lanka, observes Tudor Silva. However, by then, the concern of the rulers was more with the safety of themselves (the colonialists) and the deleterious impact it had on their trade and plantation projects. The dawn of the 20th century witnessed a firm and concrete ambition on the part of the governing authorities of Ceylon to combat malaria, which saw its ugliest facets in history during 1934-35, when Malaria decimated an estimated 80000-100000 people across the country. The gravity of the epidemic is made starkly obvious by the death toll which came close to 1.5-2% of the total population of 5.5 million people within a period of eight months. Although Tudor Silva does not make it a point to compare the malarial deaths of 1934 - 1935 with conflict-related deaths in the ethnic conflict, it is quite unsettling to realize that, if the ethnic conflict /war killed 70000 -100000 people over a period of three decades, malaria killed 80000-100000 people in less than one year.

Sri Lanka believed it had eradicated Malaria during the 1940s with the application of DDT and other anti-malarials, but the disease made several reappearances in the late 60s, 80s and 90s, and to some extent, even in the 2000s, reminding us that eradication is a more complex process than we are wont to assume.

Why this book is vastly appealing to a wide spectrum of academics, policymakers and general readers is not just its academic rigor but how Tudor Silva sketches the interesting but complex history of malaria, its spread and its impact on nationalism, identity politics, and development discourses in Sri Lanka.

The social science studies of diseases, Malaria in particular

The study of diseases in the tropics has an interesting history, which reveals the complex relationship it has had with colonial ambitions for control of resources and economic expansion. The social anthropologist who finds expression through Silva's lengthy work on this subject does not fail to grasp the immanent confrontation between what was considered 'local and traditional' that which was considered 'modern and powerful'; the latter, most often, consigning the former to the realm of myth. This does not, however, prevent the anthropologist, as Silva splendidly does in this book, from discovering the elements of resilience that *the local* develops, however insignificant that could be, in the eyes of the hegemon. Way back in the 16th century and even much later, neither the colonizers nor the locals understood the workings and progress of malaria as a potentially deadly disease, but the '*agues and fevers*' as they were called then, caused devastating impacts on both natives and colonialists: that is, until scientific research deconstructed malaria and developed mechanisms to control and treat its victims. Nevertheless, as this book points out, the winding road the colonial officers and scientists took to properly comprehend what malaria was did nothing to prevent various misconceptions. The native, the official, the medical professional and almost everyone else attributed the cause of the disease to heat, the cold dews, acts of intemperance and to other factors, except to its real cause, the *Anopheles Culicifacies* mosquito. It was very ironical that the 'ignorant locals' as well as the 'enlightened European explorers of the colonial period' lit the same sort of fires with an apparent intention to ward off the 'unhealthy air' supposedly responsible for the fevers. Smoke which came from the herbs they burnt may have clouded their knowledge, but it

certainly did drive away the mosquitos which we know now caused those fevers. In fact, as Silva vividly illustrates, in this fascinating anthropological account, some 30 years before the scientific establishment of the connection between mosquitos and malaria, some European travellers had found mosquito nets to be an effective preventive mechanism of fevers, irrespective of what they understood as its causes.

The fevers the British colonialists experienced in different parts of the country also impacted on their conception of the native people and the characteristics they were supposed to possess; or, in other words, they reflected the prejudices they had developed with regard to the natives. Interestingly, Silva calls this a *pathologization of the tropics*. He further points out that malaria was not merely a disease but a social phenomenon which influenced the intellectual construction of ontological categories of people with certain ‘distinguishable qualities’. The assumption by the practitioners of tropical medicine that Malaria had a devitalizing impact on the human mind and body, and that it destabilized the economic and social system is challenged critically by this ethnographic study, which highlights the importance of certain culturally adapted methods such as leasing out lands to non-affected families during times of disease or share tenancy as a means of survival.

Malaria had an impact on the entire organization of colonial rule and its economic and administrative foundations. The ultimate success of DDT as a measure of control and related methods of treatment was not merely a confirmation of the superiority of Western tropical medicine, but also the triumph of an external culture. If the habitat of the colonized was a physical space constantly exposed to dangerous pathogens, then tropical medicine was the panacea for its ills, asserts Tudor Silva. He goes on to draw a comprehensive cultural and sociological account of how tropical people in the remotest parts of Nuwara Kalaviya in Sri Lanka thought about themselves in the face of the triumph of these tropical medicines. Silva is of the opinion that *gahanauna*, *kalauna*, and *murauna* (shivering fever, fever of the jungle and delayed fever) were the alternative terms that the natives used to describe a disease which could most likely have been Malaria. The natives made connections between outbreaks of malaria and concomitant natural occurrences such as the flowering of *Thora Mal*. The language idioms natives used to describe the symptoms of Malaria provide interesting perspectives on the attempt made by them to find explanations for an unknown disease within the natural and spiritual worlds in which they resided. For the cultural anthropologist, Silva’s account of the range of simple to complex local remedies which were produced from locally available herbs is important, not necessarily for evaluating their efficacy, but for shedding light on the local cultural practices readily available at a time of disaster. According to Silva, although the people in Nuwarakalaviya made no explicit connection between mosquitos and malaria, they were adept in burning mixes of herbs to drive out mosquitos. It is even more interesting that people used different forms of the very same herbs to treat fevers, which were most likely to have been caused by Malaria.

In relation to the worst malaria epidemic in 1934-35, a very significant insight that this book offers to development scholars is the support it lends to the democracy-famine thesis developed originally by the Nobel Prize winning economist Amartya Sen, who argues that famines do not occur in democracies. Silva brings to our notice the debates in the legislative council and the quick response of the government that occurred as an outcome of the epidemic. He observes, likewise, that the epidemic and its disastrous consequences provided

the initial seeds of the Sri Lankan 'welfare state'. However, Silva should have been more cautious here, as the customary understanding of the 'welfare state' has theoretical connotations which do not always match the Sri Lanka variant of it. The chapter on the epidemic contains interesting leads to the complex relationships between disaster, means-tested and universal relief and the debate on dependency.

The book demonstrates that the malaria epidemic in the mid-1930s was also a theatre in which different policy and intellectual brands were in contest with one another to explain the problem. Against the colonial 'scientific' explanations, the nationalists thought the epidemic had laid bare the deplorable and destitute condition under which the Sinhalese peasantry had lived for over a century under British rule. For the leftists, the imperial state bore responsibility for the epidemic and for creating the conditions which made an entire population vulnerable and miserable. However, Silva goes on to assert that, in the end, the nationalist discourses, within which re-colonization of the dry zone began to be conceptualized, co-opted all scientific perspectives.

The colonialists assumed that malaria led to poverty, fatalism, lethargy and so on, and stood in the way of the Europeans' self-proclaimed mission to civilize the 'barbarians' of Asia and Africa. Silva problematizes the nexus between Malaria, social backwardness, poverty and development, which had been convincingly believed by colonial powers for centuries. However, which is more interesting, is the manner in which Silva charts his continuing line of thought, though devoid of the derogation, to applaud the post-independent local elites for the grand dry zone development program they initiated even before independence. Effective control of malaria made possible substantial development gains, as those in self-sufficiency in rice, rising employment, and enhanced productivity. Yet, significant flaws in development, planning, and implementation, as well as development-induced displacement, also contributed to increasing malaria incidence in the country. Silva offers an enriching discussion on the links among malaria, mortality rates, availability of health services, and other health indicators. What is most striking, however, is the commonality he observes in both the colonial and post-colonial powers is their conscious assertion of the rhetoric of legitimacy through development.

The complex social history of malaria presented in the book is further enriched by the discussion of the relationship between malaria, intrastate war, and the fight against malaria as an essential component of the war. During the years when the island was in the throes of an ethnic conflict, Sri Lanka exemplified a case of transition from development to war induced-malaria. The vast human and economic cost of the war in Sri Lanka has attracted substantial scholarly attention, but this book brings up a relatively hidden cost of the war, that is, how conflict-induced mass displacement and related population movements serve to expose an unlikely population that is being affected by Malaria. In this case, Silva draws parallels between colonial military dynamics and Sri Lankan military justifications in so far as the health of the general population was projected to be one of the primary goals of the takeover of territory. For those interested in the health behavior of people, here is a comprehensive account of how knowledge (or lack of it), availability of medicines (or lack of it) and beliefs collaborate with ethnic violence to create a suffocating miasma. Furthermore, peace and conflict scholars will find here the nexus between conflict, international migration and 'imported' trans-border spread of malaria, which Silva unearths to be extremely relevant. Current malaria, or, at least, mosquito control methods, including the private-non-governmental-state partnership has

aspects of novelty but still faces significant challenges. Thus, the fight against malaria is not over yet. On the way to achieving this end, Tudor Silva has made an enormously significant academic contribution through the book, *Decolonization, Development and Disease*.