

Malaria and Poyami Masa

By

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If ignorance is bliss, this article will positively shriek with happiness. My qualifications for writing it are the same as those of my friend Poyami Masa—we both have all the types of malaria that were ever invented, but he is illiterate and I have to do the writing. This is a pity, because his style is certainly superior to mine.

An antimalarial unit started work in Bastar in 1949. They commenced operation in the towns of Jagdalpur and Kanker and a belt of villages around each place, and the decline in the number of cases was immediate and spectacular. Villages that had been notorious for their pot-bellied children changed in a few months into reasonably healthy spots. Even the surviving mosquitoes were non-malarious.

Bastar is fifteen thousand square miles of hill and jungle—and, till a couple of years ago, of malaria. The population is seventy-five per cent aboriginal. And the commonest picture is of an old man, covered with his entire ward-robe—(it's less than a mid-Victorian bathing suit) lying in the sun and trying to get warmer than the fever will allow. At least, it used to be the commonest picture; it isn't now, not since the "*machar mar walas*" got going.

At first, the aboriginals could not understand this business of taking blood samples, or spraying houses. Surely every one knows that blood is only taken for a sacrifice (and in case you think this statement is funny, please remember that we have hanged two men in the last three years for human sacrifice) while the spraying of white stuff on houses is obviously a form of magic. However,

they were soothed in due course, and the work continued. After the first few months, we had more trouble from the so-called "civilized" people than from the aboriginals...they thought they knew more than the anti-malaria workers, and were continually wiping the DDT from the walls. But on the whole, the only real setback we had was due to the experts. With the most laudable scientific motives, they followed in the footsteps of the parade-ground sergeant, who achieved levitation in two simple commands: "right foot off the ground; *both* feet off the ground". First they reduced the number of sprayings, then they reduced the strength of the spray, and finally they omitted the DDT altogether, using a cheaper substitute. There was loud applause, but only from the mosquitoes.

In 1953, after a careful analysis of the results achieved in the Jagdalpur and Kanker areas (we had of course gone back to the older practice and given up the DDT substitutes by then) it was decided to extend the scheme. There were difficulties and I am not sure we have overcome them completely as yet. Means of communication are practically non-existent and the huge trucks supplied are singularly unsuited to fair-weather roads. The villages are very far apart: the "*paras*" or hamlets are scattered miles from each other; in fact a single revenue village may extend over ten or twelve square miles; and even the houses are a considerable distance from each other. Naturally, this makes spraying difficult and even more difficult to supervise. The only remedy is: surprise checks and more surprise

checks.

The aboriginals have received the expanded programme with enthusiasm. It would be interesting to consider their reasons for this in some detail. They are not afraid of malaria because it kills them—it does not—but because “it takes away the zest of living. It interferes with their shikar and their dancing and their elopements—it even interferes with their work, but this is not so important. “A short life and a merry one” is Poyami Masa’s philosophy, and malaria is objected to merely as an enemy of mirth. People do die from the consequences of the disease, but they are usually the very young or the very old, and I am not sure that this is a disadvantage in an over-populated country, at least Poyami does not consider it a disadvantage. But if you live, you should feel you are alive, and the fever makes you feel you are dead—(I am quoting him). In a nutshell, that attitude is the reason for the aboriginal’s co-operation once he is convinced of the efficiency of the work. Fortunately, the results speak so eloquently for themselves that no other propaganda is required.

What of the future? Speaking with Poyami’s ignorance but not his intelligence, I think the next ten or twelve years will bring new problems and it would be as well to prepare for them now. Mosquitoes may acquire a resistance to the insecticides being used (in fact, the last one that bit me injected DDT, not malaria) and we will have to invent new ones or else supplement the present methods of malaria control with antilarval work. I am told that it will take more than ten years for mosquitoes to gain such resistance. This may be true of American and European mosquitoes who are civilized, but I doubt if it will be true of our aboriginal mosquitoes; they are altogether more adaptable, more fitted for survival under adverse conditions, and more intelligent when

it comes to dealing with exterminators. Poyami told me a story to illustrate this, a story for which he vouches. In his village, the mosquitoes have discovered that sitting on a DDT sprayed wall means death. A mosquito bit his wife while he was watching. Instead of landing on the nearest wall when it had finished, it flew out, returned with a thin blade of grass, put the grass on top of the door, and sat on it. Believe it or not!

As the incidence of malaria is reduced, the resistance which the local population has acquired to it will also go down. Children who have been brought up in a controlled area will be particularly susceptible to the disease if they go to a place where there are no control measures in force. The answer is to extend these measures to the whole country, but I do not know whether the financial position will permit. I hope it will; but if it does, we will still have to face the greatest danger of all. Once malaria has been reduced to a negligible level, the people grow careless. They stop taking the elementary precautions, they stop co-operation with the antimalaria squads. On the administrative side, we who are always on the lookout for means of economy, begin to ask the doctors why the scope of the work cannot be reduced now that the *Anopheles* has been practically eradicated. I have asked this question myself. And I was foolish enough to argue about the answer, which was that even if only twenty malaria carriers are left alive, *all* the houses will still have to be sprayed, if they are not to find sanctuaries. I did not argue about Poyami’s answer. He said, “If you leave gaps in the lines of beaters, do you think the tiger will not break back?” It is a pity that Poyami will not be available at all the places where this question is bound to be asked in the future.

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