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Public Health Challenges in Pre-Liberation Hyderabad

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Abstract:

This paper discusses the neglected state of public health in Hyderabad prior to integration with India. Under the Nizam, health provisions were confined mostly to urban areas and rural Telangana had to deal with insufficient medical facilities, unclean conditions and frequent epidemics like plague, cholera, malaria, and smallpox. A lack of primary health centers, and a high percentage of poverty, malnutrition and illiteracy left the rural denizens exposed. The book examines the urban–rural health divide with particular emphasis on how elite-driven development excluded marginalized groups. Based on medical reports and historical accounts, the study illustrates how lack of public health aggrandized socio-political turmoil and catalyzed the Telangana Armed Struggle. The paper also argues that the liberation of Hyderabad fostered public health breakthroughs and represented a starting point for systemic change.

Key Words: *public health, Nizam administration, epidemics, rural Telangana, healthcare inequality, Hyderabad State, sanitation crisis.*

1. Introduction

Public health forms the foundation of social stability, economic productivity, and human well-being. Regions with weak health systems often experience poverty traps, demographic distress, and social unrest. The historical trajectory of the former Hyderabad State provides a compelling case study of how inadequate public health infrastructure can shape political and social outcomes. Before its integration into India in 1948, the state was governed by the Mir Osman Ali Khan, whose administration concentrated development largely in urban centers while rural districts particularly Telangana remained neglected.

Despite Hyderabad's reputation for architectural grandeur, administrative sophistication, and institutions such as Osmania University and modern hospitals in the capital, the broader countryside presented a starkly different picture. Public health provisions were uneven, sanitation systems were primitive, drinking water sources were often contaminated, and medical facilities were scarce. Villages lacked trained doctors, midwives, and preventive health measures. Epidemics such as plague, cholera, malaria, and smallpox occurred frequently, resulting in high mortality rates and deep social insecurity.

This paper examines the public health challenges in pre-liberation Hyderabad, focusing on the structural inequalities that produced an urban–rural divide. It argues that health neglect was not merely an administrative lapse but a systemic outcome of elite-centered governance. Such neglect intensified poverty and fueled socio-political dissatisfaction that later contributed to mass mobilization, including the Telangana Armed Struggle. Furthermore, the study highlights how post-liberation integration-initiated reforms that laid the foundation for public health transformation.

2. Objectives

The present study seeks to:

1. Examine the state of public health infrastructure in Hyderabad before liberation.
2. Identify the major epidemics and diseases affecting rural Telangana.
3. Analyze disparities between urban and rural health facilities.
4. Evaluate the socio-economic consequences of health neglect.

5. Understand the link between public health conditions and political unrest.
6. Assess how liberation and integration created opportunities for systemic reform.

3. Review of Literature

Scholars of colonial and princely state history have increasingly emphasized the importance of health as a determinant of governance quality. Studies on South Indian princely states reveal that health investments were often symbolic, designed to project modernity in capital cities rather than to ensure universal access.

Research on Hyderabad frequently highlights its administrative modernization under the Nizams, including the establishment of hospitals, medical colleges, and sanitation boards in urban areas. However, historians also point out the limited reach of these reforms. Medical anthropologists argue that the benefits of modern medicine remained confined to elites, government employees, and urban residents.

Public health historians note that epidemics were common in late nineteenth- and early twentieth-century Deccan regions due to climatic conditions, stagnant water, and poor waste management. Malaria was endemic, while cholera and plague outbreaks periodically devastated populations. Scholars analyzing Telangana's agrarian history link health crises to exploitative land revenue systems, indebtedness, and malnutrition, which weakened resistance to disease.

Literature on the Telangana peasant uprising suggests that chronic neglect of welfare—including health and education—fueled resentment against feudal landlords and state authorities. Thus, health deprivation formed part of a broader pattern of structural inequality.

While previous studies address these themes individually, few works integrate public health directly into the socio-political narrative of Hyderabad's transformation. This paper attempts to fill that gap by combining medical history with political and social analysis.

4. Methodology

The study adopts a historical and qualitative research design.

Sources

- Archival medical reports from Hyderabad administration
- Government records on hospitals, dispensaries, and sanitation
- Census and demographic data
- Historical accounts, memoirs, and newspapers
- Secondary scholarship on Hyderabad and Telangana history

Approach

A comparative analysis between urban and rural regions is undertaken to assess disparities. Epidemiological data are interpreted alongside socio-economic indicators such as poverty, literacy, and nutrition. The methodology also incorporates a socio-political framework to understand how health conditions influenced public movements.

5. Results and Discussion

5.1 Urban–Rural Health Divide

Hyderabad city enjoyed relatively advanced facilities. Hospitals, dispensaries, and trained physicians were available, especially for the administrative elite. Institutions such as Osmania General Hospital symbolized modernization. Clean water supply systems, though limited, were more developed than in rural districts.

In contrast, rural Telangana lacked even basic dispensaries. Villagers often relied on traditional healers or home remedies. Medical assistance was far away and expensive. Travel to the city for treatment was impractical for poor peasants. Consequently, minor illnesses often escalated into fatal conditions.

This divide reveals a governance model focused on prestige projects rather than inclusive welfare.

Aspect	Urban Hyderabad	Rural Telangana
Hospitals	Well-established (e.g., Osmania General Hospital)	Very few or none
Doctors	Available, trained professionals	Mostly absent
Sanitation	Partial drainage systems	No proper sanitation
Drinking Water	Relatively safer supply	Contaminated wells/tanks
Vaccination	Limited but present	Rare or absent
Awareness	Higher literacy and awareness	Low literacy, poor awareness
Disease Control	Reactive but organized	Almost non-existent

Table: Urban–Rural Health Inequality in Pre-Liberation Hyderabad

5.2 Epidemics and Disease Burden

Disease outbreaks were frequent and devastating.

Malaria: Stagnant tanks and irrigation channels became breeding grounds for mosquitoes. Lack of drainage and preventive measures led to recurring malaria epidemics, reducing agricultural productivity and increasing mortality.

Cholera: Contaminated water sources spread cholera rapidly, especially during monsoon seasons. Entire villages could be affected within days.

Plague: Overcrowded urban neighborhoods and poor waste disposal contributed to plague outbreaks, prompting temporary evacuations and quarantine camps.

Smallpox: Low vaccination coverage caused repeated smallpox waves, particularly affecting children.

The absence of organized vaccination drives and preventive campaigns worsened these situations. Disease management was reactive rather than preventive.

Disease	Cause	Impact
Malaria	Stagnant water, mosquitoes	High mortality, reduced labor productivity
Cholera	Contaminated water	Rapid village-level outbreaks
Plague	Poor sanitation, overcrowding	Panic, migration, deaths
Smallpox	Lack of vaccination	High child mortality

Table: Major Diseases and Causes

5.3 Sanitation Crisis

Sanitation conditions were unsatisfactory across much of the state. Villages lacked drainage, toilets, and clean water supply systems. Open defecation and waste accumulation were common. Wells were often located near animal sheds or waste pits, contaminating drinking water.

Urban areas also faced challenges. Slums inhabited by laborers suffered from overcrowding and poor ventilation. Such environments accelerated disease transmission.

The sanitation crisis illustrates how public health is inseparable from environmental management and infrastructure.

5.4 Poverty, Malnutrition, and Illiteracy

Health outcomes cannot be understood without examining socio-economic conditions. Rural Telangana was marked by:

- High land rents and debt
- Low wages
- Food insecurity
- Illiteracy
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Malnutrition weakened immunity, making populations vulnerable to infections. Pregnant women faced complications due to anemia and lack of maternal care. Infant mortality rates were high.

Illiteracy prevented awareness about hygiene practices or disease prevention. Thus, health neglect and poverty reinforced each other in a vicious cycle.

5.5 Institutional Limitations

Although the Nizam's government established some hospitals and dispensaries, these were insufficient and poorly staffed. Shortages of trained doctors, nurses, and medicines were common. Rural postings were unattractive, leading to uneven distribution of personnel.

Moreover, healthcare remained centralized and bureaucratic. Community participation or local governance in health planning was minimal.

5.6 Social and Political Consequences

Health neglect contributed to widespread dissatisfaction. Peasants perceived the state as indifferent to their suffering. Recurrent epidemics and deaths intensified feelings of insecurity and injustice.

These conditions indirectly supported political mobilization. During the Telangana peasant movement, demands for land reform were accompanied by calls for welfare measures including health and education. Thus, public health became intertwined with struggles for social justice.

The liberation of Hyderabad in 1948 marked a turning point. Integration into the Indian Union allowed for coordinated planning, rural health centers, vaccination programs, and national disease control initiatives. The establishment of primary health centers after independence laid the foundation for more equitable healthcare access.

5.7 Post-Liberation Transformation

Post-integration reforms emphasized:

- Primary Health Centers (PHCs)
- Mass immunization drives
- Malaria eradication programs
- Rural sanitation schemes
- Training of nurses and midwives

These initiatives gradually reduced mortality rates and improved life expectancy. While challenges remained, the shift toward welfare-oriented governance signaled systemic change.

6. Conclusion

The experience of pre-liberation Hyderabad demonstrates that public health is both a medical and political issue. Concentration of resources in urban centers, combined with neglect of rural welfare, produced deep inequalities. Epidemics, malnutrition, and poor sanitation were not accidental but structural consequences of governance priorities that favored elites over common people.

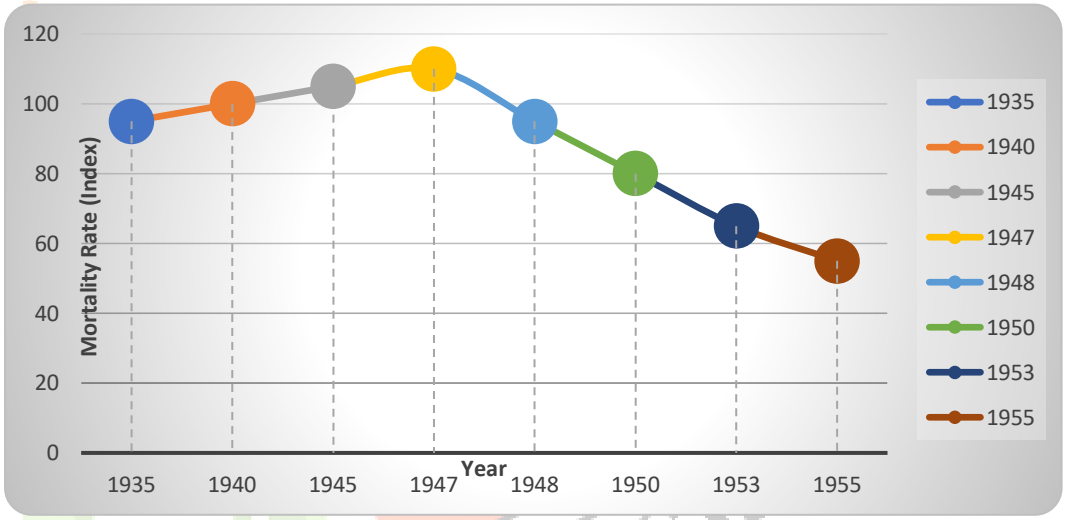
The resulting health crises weakened the population, reduced productivity, and heightened social unrest. These conditions played a subtle yet significant role in catalyzing broader political movements that demanded justice and reform. Liberation and integration with India initiated a shift toward inclusive public health planning, marking the beginning of systemic transformation.

Understanding this historical context provides valuable lessons for contemporary policymakers. Sustainable development requires equitable healthcare access, preventive measures, and attention to rural needs. Public health must be treated as a fundamental right rather than a privilege.

In essence, the history of Hyderabad's public health challenges reminds us that the health of a society reflects the fairness of its governance. Where inequality persists, disease thrives; where inclusion prevails, well-being follows.

The conceptual mortality trend graph further reinforces the argument that public health conditions in Hyderabad State were critically poor prior to its integration into the Indian Union. The high mortality levels observed before 1948 reflect the combined effects of inadequate medical infrastructure, poor sanitation, widespread epidemics, and socio-economic deprivation. However, the gradual decline in mortality rates after 1948 signifies a turning point in governance and policy orientation. The introduction of Primary Health Centers, vaccination campaigns, malaria control programs, and rural sanitation initiatives played a decisive role in improving health outcomes. This transition from neglect to structured public health planning demonstrates how political transformation can directly influence human well-being. The declining mortality trend is not merely a statistical change but a reflection of broader socio-economic progress and state responsibility toward its citizens. Thus, the post-liberation period marked the beginning of a more inclusive and welfare-oriented health system, laying the foundation for long-term improvements in life expectancy and quality of life in Telangana.

Year	Mortality Rate (Index)
1935	95
1940	100
1945	105
1947	110
1948	95
1950	80
1953	65
1955	55



Mortality Rate (Index)

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