

Historiography of the Indian Indentured Labour Migration
A dissertation submitted to the University of Hyderabad in Partial
Fulfillment of the Requirement for the Award of

DOCTOR OF PHILOSOPHY

In

Indian Diaspora

By

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DECLARATION

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I hereby declare that the research embodied in the present dissertation entitled **“Historiography of Indian Indentured Labour Migration”** is carried out under the supervision of **Prof. Ajaya Kumar Sahoo, Centre for the Study of Indian Diaspora, University of Hyderabad, Hyderabad**, for the award of Doctor of Philosophy in Indian Diaspora, is an original work of mine and to the best of my knowledge no part of this dissertation has been submitted for the award of any research degree or diploma at any University. I also declare that this is a bonafide research work which is free from plagiarism. I hereby agree that my thesis can be uploaded in Shodhganga/INFLIBNET.

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Part of this thesis have been:

A. Research Papers published in the following publication.

1. ‘The Emigrant Ship at the Interstices of 19th Century Imperial Governmentality’, in Mapping Indian Diaspora; Continuities and Challenges, Ajay K. Sahoo (Ed.), Rawat Books, New Delhi, 2017.
2. UGC MHRD e-PG Pathshala Modules
 - i. Impact of Marxism and Freudian Psychoanalysis on Indian Drama“.
 - ii. “Texts and History: Georg Lukacs, Terry Eagleton”.

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- 2) ‘Port Spaces in Early Colonial India’, in Workshop on Historiography and Research Methodology, at University of Hyderabad, Feb 10, 2011 to March 2, 2011
- 3) ‘Solidarity on the High Seas; The Case of the Lascars or the Indian Sailors who worked on British Ships in the Colonial Era.’ In the Workshop on ‘Early Bengali Materials: Digitisation and Research’, hosted by the National Library, Kolkata on 6-7 January, 2011.
- 4) ‘An Itinerant Diaspora; The Case of the ‘Lascars’ or Sailors From the Indian

Subcontinent In the Age of Colonialism’ in the 33rd Indian Social Science Congress, held in B.R. Ambedkar Open University, Hyderabad from March 10-14, 2010.

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6) ‘Seasonal Migration in AP Brick Kilns’, in the conference on ‘Rural and Unorganized Labour’ organized by NIRD, Hyderabad, 28-29 June, 2013

7) ‘The Emigrant Ship at the Interstices of 19th Century Imperial Governmentality’, in the Conference on ‘Global Indian Diaspora: Continuities and Changes’, University of Hyderabad, 6-7 November, 2014

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Introduction

It may be humbling to note that the present 20 million + Indian diaspora with quite an illustrious list of achievements had its inception in the various imperial labouring traditions within the erstwhile British colonial possessions in 19th century.

All throughout The 19th century, an unprecedented number of people left their erstwhile habitations to embark on long distance journeys for livelihood. The expansion of the capitalist world economy in the era of European imperialism necessitated a colossal demand for labour, especially in the rapidly expanding sectors of plantation, railroad construction and navigation which at times could not be met by locally available labour. With that the era was marked by large scale disruption of erstwhile systems of production in colonized lands like in India. The displaced workforce of the ravaged pre-colonial production systems provided a steady supply of people desperate to sell their labour power, wherever and howsoever cheap it need be.

The servants accompanying East Indiamen, the sailors, the soldiers, the railway and plantation workers in far flung British colonies in the Caribbean Islands, Africa or the Pacific were an offshoot of this conjuncture. The Lascars, the Ayahs, the coolies – terms denoting various labouring practices in different Indian languages got resignified in the process to attain heightened markers of racial traits and habits.

The indentured “coolie” labourer was a particular labour regime within this plethora of migratory labouring practices of the era of empire, which by virtue of its greater numbers and long range of deliberations had often stood as a synecdoche for the Indian immigrant labourer in the colonies. The system was elaborately regulated by a slew of imperial apparatuses – the British Indian Government, the colonial governments of the various destination locales and

apex imperial bodies located in metropole like the Colonial Land and Emigration Commission.

Labourers were required to “sign” contracts upon arrival in the colony. Their lives were regulated through the general “Terms of Engagement of Intending Emigrants” which laid out the conditions of labour for the duration of the indentureship period.

It is noteworthy that the then prevailing economic doctrine of Laissez Faire which advocated freedom of commerce uninhibited by tariffs and other control mechanisms in the rapidly expanding global market, had consistently moved for ever increasing strictures on the freedom of labour contract. At the height of laissez faire, the supposedly non-interventionist state had been deeply involved in regulating the terms of contract between employers and employed. Ensuring subsidized labour recruitment for the planters in the colonies, laying out beneficial terms for the planters to employ the said labourers, Indentureship became a widespread aspect of the social relations of British Empire.

The Advent of Indian Indentured Emigration Scheme

Indian indentured migration has its genesis in the post-abolition imperial milieu of early 19th century. Planters in the sugar-producing colonies like Mauritius and West Indies had long complained about dearth of labour-supply even during the heydays of slavery. The abolition of slavery in 1834 in the entire British Empire blocked up a large and cheap source of labour supply. Agricultural Products like sugar, coffee or rubber which were generally cultivated in large plantations were desperately exploring alternative streams of labour supply.

The planting interest groups preferred the contract system against free labour migration because it ensured the availability of a captive labour force for a fixed period with the possibility of further extension. Master and servant law were applied in most of the colonies

after emancipation. It remained a vital tool in the hands of employers for labour control throughout the colonial period (Linden, Price ed. 2000). Their first choice was the liberated African slaves. However, few ex-slaves were willing to go back to plantations which were a symbol of captivity for them.

The next option explored by the planters was to bring in European labourers under indentureship. Planters and administrative functionaries were for a while optimistic about the benefits of bringing in a putatively more efficient and superior workforce which would also further the cause of civilization in the tropical plantation colonies. However, colonial planters could not secure sufficient supplies of Europeans to migrate and work under servile indentureship contracts in the tropical heat. Intending European emigrants had better outlets available in Australia and North American regions to work as free labourers. Indeed a few English and German workers were brought under contracts to work in Mauritius. Dearth of numbers and ill health of the workers who arrived made the plan unviable. Authorities read this failure within the prevalent trope of the tropics to be debilitating to the health of the “white” man, who was supposed to engage himself only in managerial capacity and not as a labourer. The fact that the tropic was inherently malevolent to the moral and physical health of the individual was noted too, as it was reported, abundance of cheap rum took away all inclination to work in case of the few European contract labourers.

It is from these regions that planters got a steady and cheap source of contract labourers throughout the 19th century and beyond. Upwards 3 and half hundred thousand Chinese migrants crossed the Pacific to work in the sugar plantations of the Americas (Northrup, 1995). However, for the British Empire, the largest and most dependable source of indentured labourers was India. It was easier to legislate and enforce regulations by dint of it being part of the British empire, thus from 1834 to 1920 about 1.2 million British Indian subjects went overseas to work as indentured labourers in the crown possessions of the British Empire.

Slender stream of Indian labourers had moved in and between the British colonies since the advent of English rule in India. The Lascars or the Indian sailors are documented to be frequenting London since 17th century. Evidences of Indian labourers and servants in Mauritius, Malta and Britain are found from late 18th century.

In 1820s sugar planters of Reunion and Mauritius experienced success in importing Indian labourers (Mahmud, 2012). The first attempt at rationalization was made in 1830, when two colonial land and emigration Commissioners were appointed in India for recruitment of Indian labourers for British plantation colonies. On 9th September, 1834, Mr G.C. Arbuthnott of the firm of Messrs'. Hunter, Arbuthnott and Co signed an agreement with thirty six "hill coolies" in the presence of D. McFarlan, Chief Magistrate at the Calcutta Police Office. The agreement mentioned that the labourers will work on the sugar estate for five years and will receive Rs. Five as monthly wages. In addition to the cash remuneration, they were also to be provided with free food and clothing and after completion of five years of service were entitled to a return passage.

The initiative of Arbuthnot was immediately followed by other planters and, by the end of 1835, fourteen ships carried coolies from Calcutta to Mauritius.

In 1836, The firm wrote to the planter, ex-slave owner and future British liberal Prime Minister, John Gladstone about the success of transporting Indian labourers under indenture to the Mauritius, whose "cost [was] not one-half that of a slave." (Kale, 1994). Learning of such success, John Gladstone, representing Caribbean planters, became enthusiastic to probe the possibility of similarly obtaining Indian labour for the Caribbean. He contacted the English recruiting firm, Messrs'. Gillander, Ogilvie and Co. for such an endeavour. The reply of the firm was encouraging. They wrote back, "We are not aware that any greater difficulty would present itself in sending men to the West Indies" (Tinker, note in P. 63, 1974).

Premature Truncation of the Scheme

The system started with little regulations and completely from non-state initiatives. Various instance of malpractice regarding recruitment and lackadaisical management in passage were reported. The Government passed a regulating act - Act V of 1837 in May of that year which dealt with emigration from the Calcutta Port. It fixed the length of service under contract, stipulated provisions and made it mandatory to explain the details of the contract to the intending emigrant in vernacular language by an appointed officer. At the request of Governments of Madras and Bombay, provisions of Act V of 1837 were reformulated as Act XXXII of 1838 which extended the regulations of Act V, 1837 to the whole of the East India Company's territories.

In course of time, the scheme would be supplying cheap subsidized labour to Natal, Fiji, East Africa and even French, Dutch and Danish imperial possessions.

The origin of the scheme is directly linked to the concerns of planters in the wake of abolition of slavery. Slavery would form a significant frame of reference for Indian indentureship henceforth. The British and Foreign Anti-Slavery Society (henceforth BFASS), the principal activist group of abolitionist movement denounced the system at its outset as a “new system of slavery”. BFASS collected evidences of crimp recruitment and atrocities in the scheme, which were not hard to come by. Even reports from East India company officials painted not so rosy picture of the workings of the scheme. It showed evidences of rampant coercion against the migrants, inadequacy of provisions, high rate of sickness from contagious diseases and alarming mortality figures on passage and plantations.

The reports fomented a hostile public reaction against the indentureship scheme. The Anglo Indian press in India strongly denounced the machinations of the recruitment process as a

systematic process of abduction of Indian labourers to work under servile conditions in far off lands. They blamed the government for its insensitivity and urged to put an end to the practice. A meeting was organized in Calcutta Town Hall on 10 July 1838 to protest against the system, which was attended by influential members of the European and native publics of the city. A petition was submitted on behalf of the congregation to the President in Council demanding a complete end to the regime of indentured transportation from India. Government stopped emigration from India, the very next day.

Subsequently it passed Col. Emi. Act XIV of 1839, which barred recruitment of any native of India except seamen to work overseas.

Resumption of Indentureship

When the scheme was finally resumed after insistent lobbying by planters 3 years later, welfare of the emigrants became established as a potent political issue. Act XV of 1842 and Act XXI of 1843, together considered the prime resumption clauses of Indian indentured emigration laid out elaborate measures of provisions and regulations regarding recruitment and passage of emigrants. The acts were hinged on the guarantee that the natives of India would be cared for in passage and in the host colonies, aberration of which would result in closure of emigration. Emigration was indeed stopped for Mauritius in 1856 and 1865 from Madras and Bombay due to high mortality of emigrants on passage and in the colony. Subsequent legislations followed up progressive increase in provisions (with certain significant cases of exception), while the trope of health attained discursive purport in the delicate conjuncture of imperial governance, mercantile interests and public pressure groups sharing among them varied and at times conflicting priorities, which made up the world of 19th century migration in the British Empire.

Indeed the deliberations regarding the pros and cons of indentured emigration from India were deeply probing on the health of the migrant. The vignettes of contemporary observers that had come down to us are replete with references of the physical appearance of the “coolies”. The emaciated, famished body of the intending migrant; the debilitated migrant body possibly suffering from contagious disease on shipboard, quarantine or in plantation or the widely trumped image of the healthy return emigrant as a symbol of success of the scheme - all reflect the centrality the trope of health had in the discourse on migrant populations in British Empire. High rate of Disease and mortality were significant issues which the abolitionists invoked as parallels to slavery in their campaign leading up to the initial closure of the scheme. It became imperative on part of imperial policy to provide convincing regulatory safeguards to dispel the allusion. Literature on the ground realities of the indentureship regime do provide us a different picture altogether. Tinker and subsequent scholars had convincingly demonstrated that upbeat legislations did little to alleviate the day to day exploitation of the indentured workers. In most of the recruiting colonies, wage cuts for days lost due to sickness was a common practice and rate of disease, taking into consideration the gross underreporting of sickness was alarmingly high.

However there were other reasons to maintain strict iatocratic surveillance on the bodies of the migrants. One of the reasons stressed by Tinker to consider Indian indentureship to be a new system of slavery was the employers’ and the state’s emphasis to exert a moral influence on the workers. Creating docile bodies is integral to this process of maintaining a controllable and captive labour force. Correspondences from the onset of the scheme are full of queries regarding the predilections of the Indian labourers. Planters stressed the need for an able bodied, obedient workforce suited to agrarian work (Bates, Carter 2010).

On that note it was posed the necessity of also being attentive to factors of race (Bates, Carter 1995). Extant discourses of metropolitan science, especially of racial physiology, disease

aetiology, and environment were enthusiastically deployed for this endeavour. Public Health thus function more than a therapeutic and prophylactic buffer to the excesses of the labour regime. It was integral to the project of codification and control of the migrant labouring body.

Globalized Pathogens

Perhaps the only other worldwide flow in 19th century that matched the traffic in migrants was of contagious diseases. Large scale epidemics or pandemics as they were rhetorically put by contemporaries swept across the globe all throughout the century. Known ailments like plague or malaria attained unprecedented speed in circulation while hitherto remote diseases in Western medical schema like Cholera and Yellow Fever were carried from their endemic aetiological locales through the global circuits of circulation, and attained epidemic form when it attacked the cosmopolitan contact zones like ports, transport nodes and the colonial metropolises. Scholars had suggested links between increased traffic in goods and people with the spurt in epidemics as pathogens were carried from endemic locales to different ecologies where the host population lacked immunity to the new diseases. However this connection between diseases and migrants as human vectors purportedly circulating unchecked was discursively morphed into diabolic figures of aversion. The spectre of migrant ships arriving in port came to be associated with xenophobic tropes of alien invasion, be it in Mauritius or New York. Metaphors of plague, carbuncle, ulcer, consumption, venereality and viral infections were regularly resorted to in assertions of autonomous racial spaces and sensitizing campaigns against such “malaises” of race-mixing. The immigrant was set up as the pathologized other to the National body politic.

Indian immigrants were routinely suspected as prime carriers of pathogens whenever there were cases of epidemic disease, like in Mauritius and the West Indies during cholera and small pox

outbreaks. In Natal, just reports of incidence of plague in Bombay led to punitive detention laws for incoming Indian passengers in ports. Indeed, the history of anti-Indian racial legislations in the South African dominions show the wide scope the trope of health might attain to determine politics of race, citizenship and projects of national imagination (Naono, Atsuko 2009). In Burma, nationalist public rhetoric always equated smallpox with the influx of mainland Indian labourers which by extension implied an infection of the national body politic. In Britain, Lascars were consistently suspected right to the middle of 20th century in case of outbreaks of Bubonic plague or smallpox – diseases which had been present in their since at least the medieval times.

David Arnold, in his book, “Imperial Medicine and Indigenous Societies” shows that health in colonies was not only important to project a benevolent paternalist image among subject populations but in an age of raging epidemics and consequent contagion hysteria it was a policy imperative to ensure the health of the enclaved European stations among vastly numerous non-European population, - always suspect as dangerous vectors. However to cut out the potency of contagion it was also important to maintain a level of surveillance on the most closely associated sections of the subject population with whom the Europeans came in close contact.

In case of the Indian Emigrant, health acted similarly as a double-edged political instrument which catapulted the Indian migrant body (which by dint of mal-nutrition and exhaustion was always instantiated of “sickly” and “feeble” racial traits) into the forefront of imperial public discourse.

Scholars had argued that colonial governmentality was set by different impetuses than what Michel Foucault shows in his works dealing with European national polities (Chatterjee, 2004;

Scott, 2005). The colonial state's disciplining initiatives stressed less on instituting a regime of internalized discipline of citizens than on controlling a subject population to neutralize risks against the imperial project. Thus structures of heightened vigilance were more central to colonial governance than in the imperial metropole. The gaze of public health on the colonized body was integral to a larger set of disciplining apparatuses conceived to maintain public order that included the more directly panoptic gaze in the spaces of incarceration as well as the elaborate textual endeavours of the state to codify and conceptually grasp the population.

Thus such salient colonial spaces as the port of embarkation, the penal colony, the ship, the coolie townships of the plantations and railroad companies were all characterized by iatocratic initiative of discipline by segregation. It might not be coincidental, that in most of the indenture recruiting colonies, implementation of draconian vagrancy laws against Indians were preceded by epidemic outbreaks. These Laws were at times deliberately confusing when it came to distinguishing between the indentured and the free Indian immigrant.

It is in this political frame that body of the Indian migrant labourer gained prominence. In this dynamic, as in the larger colonial ethnological endeavour the Indian emigrant had scarce chance of intervention.

In my research I would look into the imperial practices of segregating the Indian colonized worker from other segments of the population in these colonies. The imperial rationales and its attendant procedures deployed to achieve it depended to a large extent on the phenomenon of quarantinization.

It is essential to note quarantine as a mode of containing contagion had become increasingly unpopular by late 19th century in Metropolitan Medical and shipping circles. Indeed the zeal

that was shown in denouncing quarantine by Medical mouthpieces makes them suspect of colluding with other interests as the medical assertions employed a considerable ‘wealth of the nations’ rhetoric. Their main denouncement was that it is harmful for any “commercial nation” and the result accrued is not worth the trouble. Instead they advocated sanitary measures in place of quarantining. Indeed it is spectacular that the debate regarding effective contagion control played into this dichotomy of quarantinization versus sanitation.

However in question of migration of subject populations quarantine had always been upheld as immensely necessary measure for health control. Indeed differential medical surveillance was legalized norm in the empire. In the instance of outbreak of diseases in the metropole, be it plague or cholera or small pox, all of which cannot be subsumed within the then celebrated sub discipline of Imperial Tropical Medicine, the first suspects were the Indian immigrant labourers and sailors who were called Lascars in the ports of the cities. The disinfection norms for ships emphasized on differential germ sterilization schemes for Lascars and almost all sanitation clearance statements of ships ended with the pronouncement –“Rat guards on the line, holds fumigated, effects of the Lascars disinfected”.

Thus in this context it becomes clear that the disciplinary impetus stems much more from necessities of demographic governance of unrepresented subjects within the empire than from any secular or missionary objective of affecting voluntary allegiance to the cause of the empire. The fact that it also worked well for legitimacy concerns is another issue. Indeed the deliberations that took place regarding matters of health of migrants, was akin to civilizing rhetoric of the Empire. Thus in that context the immigrant health program can be characterized to have been designed for both immediate governmental concerns of containing dangerous etiological threats which also worked in favour of gaining legitimacy for the cause of the

civilizing empire.

Historiography –

This study draws on the literature of Indian labour migration in the colonial era with particular focus on indentureship. The other strand of scholarship that I draw on is the literature of social history of medicine with emphasis on the historiography of colonial medicine. Together, I attempt a critical reading of the archival holdings of the British Indian imperial era to examine the public health gaze on the Indian migrant labourer, which was part of the wider disciplining endeavour of the Imperial state.

P. Saha's magisterial work "Emigration of Indian Labour, 1834-1900" and Hugh Tinker's "New System of Slavery" were seminal contributions which anticipated the vogue in Indian indentureship studies. These works together expose the servile conditions of the recruits, in coercive and ill provisioned sites of passage and in the destination locales. P. Saha convincingly proved the correlation between the agrarian distress of 19th century India, brought forth by colonial policies and the emigration of Indian labourers to work as indentured overseas. Previous commentators did point to the linkage (Cumpston, 1953) but Saha's expose` provided nuance to it. Within the elaborate government aided recruitment mechanism having high degree of asymmetry of information between the recruiter and the recruited, the first time recruit had little chance of intervention to choose destinations or retract her decision to migrate. Distress according to Saha was thus more of an inducement for migration but within a system where the recruit scarcely had much scope to exercise agency.

Tinker's key assertion is the condition of Indian labourers in the recruiting colonies was not very different from the previous slaves. Government regulations did little to alleviate their condition. Tinker's detailed examination of official records of various levels of imperial

administration with personal correspondences of administrators; starkly reveal the gap between assertions of imperial civilizing mission and the avaricious instincts of capital in the era of imperialism. Although the parallel between slavery and indenture regimes had been suggested by previous scholars, for instance Kloosterboer's "Involuntary Servitude Since the Abolition of Slavery" (1960). Tinker had analysed the connections in detail. Later scholars had disputed Tinker's equation of Indian indentureship with slavery, however the centrality of coercive control mechanisms in indentured labour migration had been convincingly posited by Tinker in such a way that the issue of servitude could not be glossed over in the historiography thenceforth.

Madhavi Kale's work complements Tinker's story on Mauritius by providing the macroconditions of indentured labour migration in British Empire with specific focus on the West Indian colonies.

She had demonstrated that colonial authorities selectively propagated negative accounts of post Abolition conditions in the sugar cultivating colonies. Doing that they perpetuated the myth of the lazy ex slave. She also notes the fact that these accounts had been used by historians of slavery often uncritically, thus giving us a picture of ex slaves leaving plantations enmasse (Kale, 1998).

Her examinations forfeits a chronological narrative and concentrates on unravelling the intersections of the forces of capital, imperial state and its demographic concerns that deeply marked the indentured labour regime.

Northrup's study of imperialism within a larger imperialist frame. Comparing and analysing the modalities of different streams of indentured labour from Africa to the Pacific islands with

their different kinds and strata of contracts, he posits indentured labour to a specific conception of labour contracting central to the conception of “new imperialism”, i.e. the era of European colonial expansion spanning from the middle of second half of 19th century to world war 1, which was characterized by increased investment of capital and technology in the tropics for surplus extraction and search for newer colonies. The rich and comprehensive computation of data of indentured migration in the different locales and time periods provides a valuable overview of the different indentured migration streams to which my research is greatly indebted.

Marina Carter, Torabully (1996, 2002) made unique additions to the literature on Indian indentureship. Given the dearth of testimonies from indentured migrants in the historiography, her attempts at unearthing the voice of actual migrant subjects is an invaluable contribution in the field. “Voices”, offers a thoughtful and richly detailed account of the process of recruiting in India and conditions in plantations. She is scathing in her remarks on the disease ridden depots, ships and plantation sites and dispels all illusions of the British government working as “protector”. However she is careful not to give into the assertion of indentureship to be a new system of slavery.

Brij Lal’s work on Indian indentured migration with his analysis of trends of emigration from India according to districts and provinces; the "push" and "pull" “factors determining population movements; caste, gender, and age composition of the migrants; the part played by recruiters as well as their agents; life in the depots prior to emigration; conditions aboard sailing (and later steam) ships during the passage; statistics on suicide in the plantations” seamlessly blend quantitative data analysis with concerns of indenture historiography. Though his focus is specifically on migration to Fiji and formation of diaspora thereof, his concern regarding the

agency of the indentured migrant which is replete in his micro studies like “Kunti’s Cry” or the “Wreck of Syria” has tremendous vibration in the field of Indian indentured migration. The microstudies, coupled with his macro analysis leading to his provocative rejection of Tinker’s “New System of Slaver” thesis opens up a world of research questions regarding autonomy and scope of manoeuvre of migrant labouring subjects operating in deeply controlled regimes of commodity production.

As the link between indentureship and other regimes of captive migrant labour remain living concern in the literature I take Clare Anderson’s work on the connections between indentured and penal transportation as a cue to explore the broader imperial logics of controlling mobile subaltern populations, at once necessary but potent enough to disrupt “Pax Britannica”. Her work provides a bridgehead between the extant scholarship on South Asian migrant labour historiography on one hand and modes of surveillance and disciplining of migrant labouring subjects in the age of empire; a process in which the gaze of public health attained salience.

For a detailed enquiry into this linkage I delve into the literature on Social History of medicine.

An offshoot of medicalization critique, social history of medicine arose through the Marxist and liberal humanist scholarship in the 1960s and 70s. Gerhardt (“ideas about illness”, 1989) connects it with the events of 1968 when medical sociologists felt “justice and inequality are legitimate topics of academic enquiry”. Irving Zola and Eliot Friedson argued that medicine had taken on the role of prescriptive disciplining hitherto done by religion and law. Philosophy of science played a central role in providing a theoretical frame to question the epistemological status of science as value neutral and objective. Roy Porter’s call for excavating the patient’s view in the social relation between the doctor and the patient in the hitherto assumed

hermetically sealed space of the Clinic led to a vogue in explorations of the discursive contours of medicine in particular social milieus. A part of this impetus contributed to the social constructionist critique of medicine, brought forth by Berger and Luckman's phenomenal publication, "The Social Construction of Reality" (1966) and later popularized by Foucault. The social constructionist critique endeavoured to expose the assumed objectivity of 'nature' and iterated that nature is itself socially constructed. By extension "disease", existing in the relational space of interaction between nature and the body of the patient becomes a discursive construction. With due acknowledgement to the contributions of the social constructionist contributions to the methodology of history of medicine, I take slight departure from their position for reasons which I would discuss in Chapter 2 of my thesis.

As disease and medicine were inserted into the studies of regional social histories, the social history of colonial medicine assumes a form quite different from the hitherto practiced social history of medicine in Europe or North America. Contemporary social history of colonial medicine is deeply marked methodologically by social and cultural anthropology and political economy. Particular reference need to be made in this regard to Mary Douglas's comprehensive anthropological work in "Purity and Danger" (1966) and Robin Horton's work on anthropology of religions. Cultural anthropology broke down the hitherto assumed dichotomy between "modern Science" and the "irrational" as it showed belief structures in different societies are intricately linked with cosmological ordering of particular societies. It paved the way to have deeper engagement with "non-western" theories of therapeutics and the effect of colonial systems of medical knowledge on them. George Basalla's 1967 essay, "Spread of Western Science" was a pioneering work in its emphasis on being attentive to factors of localization in the history of science. He argued that Western science encountered different systems of knowledge in various colonial settings and the relation between the former and the later

structures were not always of usurpation or contest but had led to different synthetic traditions of knowledge which had been mutually beneficial. 4 decades later after its publication, Basalla's methodology do seem inadequate and can justly be criticized for its muted diffusionist Eurocentrism. However the value of his work in combating the incessant Whiggish histories of science of the day cannot be belittled. It was during this time Erwin Ackernecht was working on the diseases that had been linked to warm climates in 19th century, which would later be classified as the field of Tropical medicine towards the end of 19th century. In these works the link between colony and discipline as a category of historical analysis emerges. This strand of scholarship focus on race and state formation, critically engage with long colonial reasonings on ecology and show putative public health measures like sanitary inventions in colonial settings went a long way in reinscribing tropes of race and varied subject positions.

A lot of this work is in the wake of Michel Foucault and Edward Said, whose methodology had come to influence social history of medicine in a big way. However, the area itself has its own precursor in this regard. Philip Curtin in 1964, pointed to these issues in his book, "Image of Africa". He examined the impact of the tropics on the European mind and revealed the crucial link between theories of disease and racial difference. Franz Fanon voiced the same concerns in his essay, "Medicine and colonialism" albeit with very different rhetorical framework.

Since 1980s, Philip Curtin, as with Mary Dobson began to re-examine mortality data for white settlers and troops stationed abroad. Their work drew attention to the colonial priority of protecting the health of the European population stationed in the colonies, which was reflected in the policy trajectory of the colonial state. Indeed a number of studies in this strand of literature stressed the vital formative influence that colonial expansion had on the emergence

of “scientific racism” and were critical of the instrumentalist approach of Daniel Headrick’s “Tools of Empire”. David Arnold and Mark Harrison’s work on colonial India, Heather Bell’s work on Anglo Egyptian Sudan or Lenore Manderson’s work on Colonial Malaya contributed significantly to our understanding of the interstices of public health and political economy of colonialism. Their work expands on Curtin’s focus as this new social history of colonial medicine argues the varied layers of permeability between social groups, and the presumed dynamic nature of pathogens made it impossible for colonial states to focus solely on the enclaved European populations. Thus Public health became an integral part of colonial state apparatuses meant to discipline subject populations in the tropics.

In this endeavour, Michael Worboy's 1976 essay was a path breaker. Drawing a conceptual framework from sociology of medicine, he focused on the policy imperatives of “constructive imperialism” that marked the development of tropical medicine in the metropole. He emphasised on the agencies and politics of pioneers like Manson or Ross. It led to the emergence of critical history of tropical medicine. Till mid-20th century the historiography of tropical medicine had been crowded by inspirational biographies of great doctors and institutions. The new history of tropical medicine had delved into very diverse aspects of colonial governmentality with variegated issues like town planning, sanitation, architecture, ecology, ethnology and drawn on disparate methodological takes like material culture, grounded theory, agent network theory and so on. I will discuss this body of literature in detail while focusing on the literature upon public health policy targeting migrants in Chapter 2.

Chapterization of thesis

The dissertation is divided into 4 chapters and a concluding piece which will sum up the

implications of the research.

In **Chapter 1** I will narrate the genesis of the indentured Overseas Indian emigration scheme, the particular political economic milieu in the wake of abolition of slavery, the activities of the planting interest pressure groups on the British imperial administration, the links between the public discourse of necessity of cheap labour and the ‘coolie’ emigration scheme. Abolitionist groups were sceptic about the experiment from the outset and the fledgling scheme became a site of contest from its outset. I will provide an account of the onset of the scheme till its initial truncation in 1838. Analysing the episode of prohibition and subsequent resumption of indentured emigration with albeit more elaborate institutional checks and control, I would bring out the seminal role the tropes of health and welfare played in this contest, henceforth the body of the Indian indentured migrant would attain centrality in the dynamics of Indian indentured labour migration and British colonial governmentality.

The rest of the chapter will be devoted to a chronological detailing of the Indian indentureship saga with particular focus on the politics of public health and welfare that played out in regard to the scheme.

In **Chapter 2** I will chart the scene of European medicine and public health, which was deployed to deal with the presumably alien aetiological conditions of the “Warm Climates”. Early 19th century medical texts were largely unanimous on stressing the centrality of environment on disease causation. Thus the tropics with its marked difference were thought in need of a re-examination of European medical thought. I will look into the extant debates in the fields of medicine and public health of the era; the importance of climate and environment on health stressed by prevailing medical beliefs; the theories of disease classification, propagation and transmission and the centrality of Race in this worldview of 19th century

scientific thought which would mark the Indian indentured labourer deeply from the moment of her recruitment through her passage and in the eventual site of indentureship. By the middle of 19th century, race as a political anthropological doctrine would be highly medicalized, which would give renewed currency to the idea of fixity of 'man' to its environment. Focusing on the development of the field of imperial tropical medicine I would chart the institutionalization of race which would forever determine the relation of the Indian migrant to her support and control structures. The iatocratic vigil of the imperial state system was not conceived as a caregiving initiative for the migrant labourer in its entirety but was also devised to protect the larger 'population' from her as "surveillance medicine" had always already marked her as a potential carrier of diseases.

In this process of determination, as in the larger colonial ethnological endeavor the Indian emigrant had scarce chance of intervention. I would show, this fact of undisputed power of demographic profiling would greatly impress the frame of Public Health discourse when it came to the issue of Indian emigrant/immigrant. Public Health in turn would also reiterate and strengthen this power equation.

In **Chapter 3**, I would provide an overview of the process of recruitment of Indian migrants in the inland districts, their transportation to the ports of embarkation and their condition on shipboard while in passage to the host locales. I would bring out the impress of public health deliberations on the Indian migrant labourer that sought to create a disciplined, docile, fit agricultural workforce out of a presumed "ignorant" lot of Asiatic men and women fit to work in the industrial production system of the 19th century plantations and colonial Public works schemes.

In **Chapter 4** I will discuss the public health scenario in each of the receiving colonies. I will

analyse the systems of detention, segregation, therapy, prophylaxis and the legislative deliberations in their wake in each of the colonies. I would also discuss the situations in Burma and the Federated Malay States (Henceforth FMS) though the prevalent Indian migrant labour recruitment was not indentureship. I take these two diasporic locales as the situations of onsite conditions and public health have significant parallels and provide a differential frame to analyse the agency of public health in colonial governmentality of immigrant labourers per se, with or without direct involvement of the state in labour recruitment.

The last part of the thesis will be a long **concluding chapter** which would sum up the implications of the research.

Chapter 1

Conception of the Indian Indentured Immigration Scheme

Indian indentured emigration was a direct offshoot of the anxiety generated in the wake of abolition of slavery in British empire regarding impending shortage of labour. This was particularly felt in the colonies whose economies depended largely on the production of sugar. Sugar was the “white gold” that fuelled colonial expansion and for the British in particular was the chief source of colonial revenue before their conquests in India in late 18th century. It shored up the finances of Britain’s first colonies in America and funded further colonial expansion. As Marc Aronson and Marina Budhos write “sugar had done more to reshape the world than any ruler, empire or war had ever done” (sugar changed the world). Sugar was the prime impetus for the infamous Atlantic triangular trade in slavery. Where money and manufactured goods from Europe were exchanged for slaves in Africa on one hand and used to procure and upkeep the sugar plantations in the American colonies on the other, where the slaves were transported across the Atlantic to work in. Then the profits and the sugar produced in the colonies moved back across to Europe. The European empires profited in each of the nodes of this triangular network until the spectre of Abolition in 1830s made them despair for future source of labour.

Stanley Engerman (Contract Labor, Sugar, and Technology in the Nineteenth Century) points out that sugar had always been both capital and labour intensive. This is because given the heavy weight of cane stalks which needed to be manually cut and immediately grinded or else it will become sour and worthless. Preparation of the field for cane cultivation also required more man time than paddy or any other staple crop, because ditches and canals need to be made for proper irrigation and avoid inundation of the fields. After harvesting, a huge quantity of firewood is required for fuelling the burner for boiling cane juice. So the plantations needed to

have their own mills inside the estate to reduce freight cost and to extract the juice immediately after the harvest. After the crystalline white sugar had been produced it still needed to be transported for long distances over land to reach the nearest port for export, that is one reason for sugar plantations to be located near the coast or near a navigable river. Thus sugar, from its first introduction to the Asian mainland, 10 millennia ago to its journey through the Indian subcontinent and onwards through the silk route to the southern Mediterranean region was a luxury good, used as a precious condiment or what was called in Early Modern parlance, a Spice, conceived to be a stimulant, like cardamom or nutmeg, precious and rare commodities of the East, at times used as a medical stimulant and prohibitively expensive for most people apart from the super-rich. It was only since the 16th century initiation of the African slave trade, sugar could be produced in large quantities and became a mass commodity on which financiers could invest, speculate and make a profit.

The abolition of slavery in British Empire in 1834 stopped this cheap source of labour supply of slaves from Africa. The act in effect provided much leeway to slave owners in terms of handsome compensation paid by the state which amounted to more than 31 pound per slave in Mauritius and in British Guiana and Trinidad the average compensation per slave paid to slave owners was 50 pounds (Butler “Economics of Emancipation”). The Act also provided an extended period to plan for the transition to free labour before absolute abolition took effect. Slaves over 6 years of age were not immediately freed but became “apprentices” under which they were to labour in the masters’ field till 1838. However, the formulation of Act rung alarm bells among the planters and merchants who had stakes in the trade of the colonies which depended on sugar production. They constantly lobbied the imperial government for a new source of cheap labour supply. They argued that the sugar producing colonies are staring at an impending labour shortage as freed ex-slave population are observed to be reluctant to continue working as wage receiving labourers and consequently British sugar produced by free labour

will lose out in competition to slave produced Brazilian or Cuban sugar.

The evidence on the ground however contradicts this portrayal of abandonment of plantations by ex-slaves en masse. As the American journalist William Sewell who visited the West Indian colonies in the 1840s noted - “emancipation was an isolated experiment in each of the different colonies. Precedents and rules of action for one were no precedents and rules of action for another. *Here* there were obstacles to overcome and difficulties to surmount which there did not exist, or existed only in a mitigated form”. Colonies where land was in plenty there was a large scale movement of ex-slaves from the plantation and development of a subsistence agriculture and blue collar workforce. As in the case of TnT and Antigua. Places with scarce land like the Leeward island colonies did not see (36). Ex-slaves generally insisted to be paid according to a wage-rate mutually agreed upon by both planters and the labourers and wanted stipulated understanding for other works in plantations which were not directly related to cultivation or production of sugar like tending cattle or cutting wood for the proprietor or supervisor’s personal use (43). Ex-slaves also wanted to own or obtain small plots of land in lease from the large plantations where they engaged in market gardening and cultivating provisions for their subsistence, apart from which they also cultivated sugar (48).

None of these factors are supposed to diminish productivity of sugar theoretically and indeed might have increased the acreage under sugar cultivation. Indeed, the anxiety was, as expressed by William H. Burnley, a planter with large holdings in Trinidad, to the Parliamentary Select Committee instituted in 1836 to deliberate about land in British colonies was that the ex-slaves after “full emancipation” cannot be made to work “steadily” in the sugar plantations. The euphemism was not necessary to be elaborated to people who were familiar with the coercive regime of slave produced sugar, where workers were considered expendable human chattels having no claims on their bodies and routinely subjected to physical violence. Historian Kusha Harakshingh in her work on Trinidad had shown that far from ex-slaves fleeing the plantations

the reality was that a large number of just emancipated labourers were pushed off the plantation by planters seeking to rationalise their workforce by eliminating those people whom they considered least productive - women, the elderly, children and the infirm (). Madhavi Kale had argued that more than a fear of labour shortage it was a quest for a labour force on which the planters in cahoots with the planter controlled colonial legislatures in these colonies can exert monopoly control in terms of supply and consequently wage-rate, that drove them to find an alternate cheap source of immigrant labour (Kale, "Fragments of Empire"). Labour was needed to aid capital accumulation. Burnley told the Parliamentary Select Committee that in view of the extensive amount of fertile land available in the colonies and the large number of apprentices on the threshold of full emancipation who would be keen to obtain their own tracts of freehold land it would be judicious on part of the imperial government to fix both a high price and a high minimum acreage for the sale of such lands (he proposed 600 acres). This is because he considered the Blacks as opposed to the White people are not ambitious enough to prosper and gain a social standing.

This racist assumption of the lazy and indolent African is a well-trodden imperial discursive trope honed in the crucible of African slavery for 300 years. As John Gladstone prominent merchant and slave owner, notorious for his conduct in putting down the Demerara Slave Revolt of 1823 which centred on his estate expressed in his correspondence with Lord Glenelg, the Colonial Secretary about the lack of "pressure" upon the labourers to seek employment as vegetables like plantains are freely available in British Guiana which would satisfy their necessity for food (Kale, 1998).

Gladstone was pressing his case to be allowed to transport Indian labourers of a particular group from India who are described as "Hill coolies" or "Dhangurs" in British Indian official correspondences to work under contract in his plantations of British Guiana. For that he had engaged the Agents - Gillanders and Arbuthnot to recruit such labourers as they had already

been in the trade of recruitment and transportation of this group of labourers on Five Years contract to work in sugar plantations in Mauritius.

Mauritius was a new British colony obtained during the Napoleonic wars with France. Unlike the Caribbean where sugar cultivation had been continuing for more than a century, in Mauritius largescale cultivation of sugar had started only in the 19th century. Consequently, the brunt of abolition had not been felt so severely. However, the bogey of labour shortage haunted the Mauritian sugar planters as much as it did to their counterparts in Caribbean. They first tried to get liberated African slaves from other British colonies to work under contract, this time as “free” labourers. However, given their experience working in plantations as slaves in distant lands they were not too keen to migrate to another place for sugar cultivation (12,11). Next they tried to rope in European emigrants whom they believed to have superior work habit and whose presence they felt would “whiten” the population. However, Europeans had better alternative to migrate to North America or Australia, that too as free labourers than to engage in back breaking sugar cultivation in plantations under contract. The failure of this initiative was rationalised in the light of prevailing climatological understanding of race. Europeans it was argued, cannot be expected to perform field labour under the tropical sun. A tropical crop being cultivated in a tropical colony needed “tropical labour”. (13.11). It is under these circumstances the Mauritian planters turned towards India. India was close to Mauritius which sailing ships took less than 3 weeks to reach. It was also an important watering and provisions station for British ships between Cape and India. Mauritius already had a small population of Indians – mostly Sepoys stationed as part of Britian Indian Army contingents and convicts sentenced to heavy labour overseas (Carter, “Convicts”).

On 9 September 1834, Mr. G.C. Arbuthnot, on behalf of Hunter, Arbuthnot and Co. of Mauritius, contracted 36 “hill coolies” overseen by D. McFarlan, who was the magistrate of Calcutta at that time.. Since then these gentlemen had been transporting such men and women

to Mauritius under 5 year contracts. These 36 men who embarked on the ship Atlas, and were joined with 39 more at Bombay can be considered to be the first emigrants from India to go to work under contracts which would be later formalised into the Indentured Emigration scheme. Though Governor Nicolay of Mauritius informs that in 1831-32, 29 men from Bombay were taken by one Mr. Bickajee to Mauritius under similar contracts, who later voluntarily re-contracted after the termination of their first contract (Dispatches from Sir William Nicolay on Free Labour in Mauritius). These recruitments were being done completely under private arrangement between the agents and the proprietors who intended to recruit such labourers. There was no special legislation to supervise this scheme. The labourers after disembarkation from the ships were registered by the Mauritius police and came under purview of the general contracts governing master servant relations in the colony which were coercive pieces of legislations extant since the days before Abolition (19, Kale).

Getting wind of this Indian ocean channel of migrant labour, Gladstone wrote to Gillanders and Arbuthnot. They assured him that recruiting and supplying labourers to British Guiana won't cause additional difficulty. They informed this particular set of labourers to be able bodied and adept at agricultural labour, often seen to finish their work even before the "negroes". These people termed as "Hill Coolies" by the British in India were the indigenous people of Chhotanagpore plateau region which is today part of the Indian state of Jharkhand. They used to travel to the districts of Bengal for agricultural field work during the planting and harvesting seasons since pre-colonial times (3, FN). Being migrant agricultural field labourers in search of employment these people were the first to be recruited by the contractors of the agents for Mauritius. Looking at the particular racialized portraiture of these people by Messrs. Gillander and Arbuthnot gives us an idea about what kind of labour force the planters were searching for. They gleefully stated about the "perfect ignorance", of the men about their destinations, appraised their strong body, docility and as they perceived - their lack of kinship

bonds in language reminiscent of mercantile correspondences regarding consignments of slaves. They also expressed assurance that by taking these people to West Indies they are not “in any way acting a cruel part” because apparently these “Dhangurs” as they are called are apparently despised by “by the more cunning natives” of Bengal as closer to monkeys than men. (19, Kale) The implication is that by taking them out of India would not be detrimental to their interests but rather be an act of aid of which they will also greatly benefit. We would further delve into the discursive construction of this racial typology of “Hill cooly” in Chapter 3. For now, the Abolitionist discourse is highly influential in the early post-abolition time of mid-1830s. It had percolated into private and government correspondences and imperial policy considerations were formulated in its shadow. Gillanders and Arbuthnot stressed the fact that the labourers are certified in presence of the magistrate of police in Calcutta. This was needed to assuage Abolitionist concerns and avoid criticism of kidnapping or duping emigrants overseas.

Gladstone wrote back to Gillanders and Arbuthnot to recruit the labourers for a contract of 7 years for him in place of 5 years owing to the distance between India and British Guiana which entailed more shipping costs to transport back labourers than Mauritius (24, Kale). Gladstone also enquired to check whether such a scheme would face any objection from the government and if he needs to obtain any official approval by contacting the India Board member Hobhouse. He explained that labourers already being taken to Mauritius under contract. Hobhouse assured him that the only concern the British Indian government would likely have in this case would be that “due care” is taken of them in the voyage and they would not be subsequently abandoned after disembarkation (23, Kale). However, in February of 1837 he received information from the colonial office that British Guiana had passed a labour ordinance in June 1836 which limited the terms of all such contracts to a maximum of 3 years. The ordinance was awaiting the approval of the Home government. Gladstone was arguing in the

letter to Lord Glenelg that given the distance between India and the West Indies, emigration and repatriation cost can only be borne if the contract is extended to five years. Gladstone harped on the bogey of impending labour shortage once absolute Abolition sets in, in 1838, stressing the importance to ensure “regular continuous labour” supply if British sugar needed to be competitive in the international market. Meanwhile the issue of Indian labourers going to Mauritius under 5-year contract had started to raise concerns in Britain. The Mauritius governor approved 2 ordinances, one for managing the ex-slave apprentices “better” and the other about the increasing number of Indian labourers being imported in the colony in late 1835. These ordinances drew the attention of the Colonial Secretary Lord Glenelg as he considered them to be heavy handed and might reintroduce the previous servile conditions of slavery under a new guise (29, Kale Ch.1).

Glenelg as the Colonial Secretary, subsequently dismissed the Mauritian laws. However, as the correspondence between him and Gladstone show, he was not averse to the idea of Indian labour transportation to other British colonies to work under contract (Kale, 1998). His concern was simply that this new scheme does not cause adverse public opinion and become a liability for his office or his government. He proceeded to rationalise the scheme by taking all the colonial governments along with the Home Government into account. Thus an Order in Council was issued by the Colonial Office on July 12th 1836 allowing the importation of Indian labourers under 5year contracts. This was an exception to the law of the colony which Glenelg’s office had passed limiting the term of any labour contract to a maximum of 3 years, few months earlier.

In India, the Government had taken note of the transportation of contract labourers to Mauritius. The government of India approached the Indian Law Commission about its legal opinion regarding the transportation of Indian labourers to work under contract in Mauritius and British Guiana in the month of May, 1836. The Law Commission enquired and in

September of that year informed the government that there is no legal impediment to the ongoing transportation though magistrates in the areas of recruitment and the police and port authorities in Calcutta should intercede if evidence of coercion is suspected in recruitment, treatment or in course of transportation of the emigrants. The Bengal government incorporated the legal opinions of the Law Commission as part of Act V of 1836, whose provisions were later extended to cover similar transportation of Indian labourers from Madras and Bombay Presidencies by Act XXXIII of 1837, Nov. 20. This act formed the initial basis of the Indian indentured labour regime.

The Act sought to formalise the process of recruitment with an officer being made mandatory to be delegated by each of the concerned presidency to supervise the recruitment and embarkation process of the emigrants from the chief port of the particular presidency. The said officer – the superintendent of emigrants, had to inspect all the intending recruits along with the recruiting agents. If he was satisfied with his inspection that all the intending indentured recruits' decision to emigrate were voluntary and not effected by coercion perpetrated by the agents and the intending emigrants understood the terms of the contract clearly, he was to issue a license for embarkation on to ships. Such embarkation can only take place from the ports specified in the Act, which were Calcutta, Madras and Bombay. The labourers were to be given a copy of the contract with all the details in their mother tongue. It specified the term of their contract to be not more than five years at the completion of which they would be eligible to claim their return passage back to India. They could also choose to re-indenture with their previous employer after the completion of their term for a period not more than 12 months in one instance and they could claim their return passage any time after completion of their subsequent re-indentures. The act did not specify any minimum wage rate for indentureship or durations for receipt of payment. Nor did the particular contracts included information regarding stipulated amount of food, clothing or other provisions to be received by the

emigrants. Matters which would soon emerge to be major points of discord between workers and their employers and reports of emaciated condition of Indian workers in the colonies would rouse public opinion.

The Act directed the superintending officer to inspect every ship intending to carry more than 20 emigrants to the colonies regarding its stock of food, water, medicine and other required provisions for sea journey. He was to allow the sailing of the ship only after he was satisfied with the quantities of provisions being carried was adequate for the number of emigrants on board. The carriage of illegal emigrants on ship, i.e. emigrants who had not been inspected by the superintending officer previously in the depot was punishable by a penalty of 200 rupees for each emigrant conveyed likewise by the master of the vessel or imprisonment for a month in absence of such payment. The superintending officer was to receive a fee of re.1 per emigrant for all these services which he would collect from the recruiting agents. This in effect compromised the impartiality of the superintending officer as he had monetary interest to see a greater number of individuals recruited for indentured emigration.

However, it is evident from the tenor of the Act that the formulators were keen to distance themselves from the allegation that slavery is being restarted under the garb of this new system. They took the position of the benevolent imperial protector of the legal rights and privileges of the British subject's freedom of movement to any territory under the British flag to live and work safely; more so as the subjects in question are apparently vulnerable non-white colonized subjects deemed to be in need of protection. Between 1837 and '39 when the system was truncated for reasons I will soon analyse, nearly 20000 emigrants left India's shores to work as indentured labourers in other British colonies. If we take the figures from the earliest voyage to Mauritius in 1834, upwards of 25000 people would emigrate by 1839 (16, iv).

Indeed, the Government of India had reasons for apprehension, all was not going well with the indentured labour emigration scheme. As early as 1836, J.P. Woodcock of the Bengal Civil

Service went to Mauritius and he reported many instances of ill-treatment of Indian labourers both on their voyage to Mauritius and also in the plantations. He submitted his report to Governor General of India, Lord Auckland in November 1836 (8, XII). He reported that many emigrants were recruited with false representation about the nature of work and the wage that they can estimate to earn. About the state of accommodation of the labourers on the ship to Mauritius he drew a sorry picture –

“Coolies were disposed of in the waste, between the gangways and the fore castle ... , being unprotected from every change of weather and climate”.

The labourers had to also assist the crew in the working of the ship, he stopped short of alleging ill-treatment being consciously meted out to the labourers by the master or the crew of the ship (9, XII). In the same year another Bengal Civil servant T.C. Scott also went to Mauritius on sick leave. Mauritius at this time was reputed for its salubrious climate and carried the epithet of being the sanatorium of the British Empire (Ross). On his return to India, Scott too reported on the prevailing practice of recruitment of labourers under false representation. It was as a response to these adverse reports the Government of India asked the Law commission's suggestion for better regulation of the traffic, out of which the Acts V and XXXIII of 1837 which I discussed above were formulated. However it did not take much time to reveal the ineffectiveness of this Act. Instances of fraud, manipulation and misrepresentation in recruitment were continuously pouring in. The issue had by now started to draw interest of the abolitionists in Britain. In February 1837, when Gladstone was busy lobbying the colonial secretary to sanction him permission for importation of Indian labourers to work in British Guiana, lord Brocbyian had described the plan as a renewed establishment of the slave trade in a debate in the House of Lords (18, XIV). Thomas Fowell Burton who established the Aborigines Protection Society also raised the issue in the House of Lords in the same year (17, XII). Then came the report of three ships – William Wilson, Adelaide and Indian Oak which

were carrying indentured labourers to Mauritius and witnessed unusually high mortality and disease which incensed public opinion even more. In William Wilson out of the 224 labourers embarked, 31 died. In the barque Adelaide with 72 labourers on board 24 died before arrival to Mauritius and more than 10 men jumped overboard from the Indian Oak who were never found, with additional 6 men dying of symptoms of some eruptions on their skin and dysentery. All of these three ships were put under quarantine upon arrival in Mauritius.

In William Wilson the symptoms suffered by the deceased were marked by sudden vomiting of their last meal, “purging of watery fluid”, pains in their joints, great thirst and rapid deterioration with death following very quickly after their first complaints. All of these are evident symptoms of cholera (P.94, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation). The captain of the ship speculated it might have been caused by the brackish quality of water supplied to the emigrants which was collected from the river Hooghly in Calcutta and near the mouth of the river when the ship was anchored off Sagar Island. On Adelaide some of the symptoms found on William Wilson were noticed but the Medical Board in Mauritius did not classify it as such and diagnosed the disease with the rather unwieldy nomenclature - “mucous dysentery”, the disease’s location being judged to be “situated in the mucous membrane of the stomach and bowel”. The ship was nonetheless put in quarantine with the passengers being allowed to spend their quarantine on shore (P.95, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation). In the ship the Indian Oak, the deceased were witnessed to suffer from certain eruptions of the skin which was suspected to be Small Pox. It is to be noted that the following year, i.e. in 1838, Mauritius will witness a virulent small pox epidemic which will abide and intermittently flare up till 1842 (Ross).

It is to be noted that none of these ships had a medical professional of any description on board and was carrying rice in their holds, which decreased the space available for the emigrants.

Rice was also thought to emanate noxious putrid vapours or miasma when stored in large quantity for long time, which by the prevailing doctrine of medicine at the time was cause itself for diseases to spread. I will discuss the miasmatic theory of disease causation later in Chapter 2 as part of the prevailing conceptions of disease spread in the 19th century. For now, I am making a passing mention of miasmatic doctrine to shed light upon this particular set of cases. In January 1838, the prominent abolitionist John Scoble published an article in the anti-slavery mouthpiece “British Emancipator” (Kale P. 28), denouncing the Order in Council passed on July 12, 1837 which allowed Gladstone to bring in Labourers from India to British Guiana under 5 year contract. It should be noted John Gladstone had been an old target for anti-slavery abolitionists as one of the public defendants of slavery before abolition. Once he had entered into a public debate with the Quaker abolitionist James Cropper. He had gained notoriety for the slave rebellion which broke out in his Demerara plantations – “Successs” and “le Reservoir” which became a rallying point for the abolitionist cause, ushering in the abolition of slavery. In May, the newspapers in Calcutta reported on the condition of the Indian labourers going to British Guiana on board Gladstone’s ship, *Hesperus*. They reported that labourers were embarked and kept on guard by Chowkeedars, lest they decide not to emigrate. During the voyage the chowkeedars apparently compelled them to pay for “the privilege of coming on deck” from the hold where they were boarded. The hatches of the hold were battened down from outside. One man died for not being able to come on deck, which gives an idea of the suffocatingly over-crowded condition in the hold of the ship (Scoble, P.7). Reports of another ship called the *Whitby* which arrived in Demerara during the same time were similar. There were 270 to 280 labourers on board and not adequate quantity of food, consequently the labourers cooked only once a day. According to the Master Pilot, John Dyer who travelled in the ship from Calcutta till the mouth of the River Hooghly, the ship was so overcrowded that it was difficult to clear people off the deck when their presence hindered navigational activities

on deck. At one time he had to allow the vessel to go on to shore because if anchor was let off, people on deck might have been killed. The ship was carrying a cargo of rice and was ill-ventillated. In his testimony to the Committee later formed to enquire into the reports of atrocities in the system he would state that the emigrants came on board in good health but soon upwards 20 were attacked with an infection of jail fever along with 5 members of the crew. The numbers of sick increased daily which according to him was caused due to (his diagnosis) "heat of cargo, change of food, loss of caste and c." He also stated there were general complaints of being engaged with false promises and being robbed of their advance (P. 118, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation....).

In Calcutta, a clergyman named Thomas Boaz interviewed some intending emigrants on their way to Mauritius and some returnee emigrants from there. He reported that that the "Hill Coolies" most of them being illiterate did not comprehend the terms of the contract, that it is for 5 years and Mauritius is a far off place, the only way to go there being by a sea voyage of minimum three weeks. They had the impression it was somewhere near Calcutta, being in the habit of migrating to the lower Bengal districts during planting and harvesting seasons for long time. From conversations with returnee emigrants he was informed that their journey from Calcutta onwards, right from their stay in the depot to the ship, the duration of their voyage till their final engagement with individual planters in the destination is utterly coercive. They were subjected to routine beatings and the work in the plantations from dawn to dusk - they described as back-breaking. When Rev. Boaz asked them if they had heard of any large scale disturbance regarding Indian emigrants in Mauritius, one of the returnee emigrants replied "How could we hear? For we were always kept in close confinement", Boaz asked them whether they mean to say that they were kept in a state of imprisonment. They replied "no but if a man of our place were in the next plantation, we were not allowed to visit him". To the enquiry committee formed later to probe into the flaws of the system he told "... I do not think the title "free

emigrants" which has been applied to them is at all applicable" (P. 88, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation of Hill Coolies; Report of Committee and Evidence).

In June 1838, the newspaper "Bengal Hurkuru" in Calcutta reported a case of labourers being kept in confinement in a house in Thonthoneea street, Calcutta with the intent of shipping them off to Mauritius. These labourers were kept under close guard by stick-wielding private goons of the contractor. They were released from their incarceration by the intervention of the noted British social reformer David Hare after he went to the house accompanied by the attorney Longueville Clarke and found 100-150 people being kept in rooms with doors bolted from outside with goons stationed in front. He ensured their freedom at the risk of his own life (21, xii).

The details of this case reveals the close connivance of the police authority with the planters and merchants who were recruiting these labourers. When David Hare and Longueville Clarke went to the magistrate's office under whose jurisdiction Thonthoneea street falls, they found the Protector of Emigrants Captain Birch to be present there. On hearing Hare and Clarke's complaint, Mr. Robison the magistrate told them that he does not have a strong case to raid or enquire into the matter because Hare and Clarke do not have any specific name of a person who is alleged to be kept against his or her will in there, nor the name of the person or party which had kept them thus. For that he ordered his subordinate Mr. Cann to go and see the house and submit a report of his observations to him. Here Mr. Mc Cann disclosed that he is aware of a batch of labourers being in that house who were unwilling to proceed to Mauritius. It was on the Protector of Emigrant Captain Birch's order McCann had sent some constables to guard that house to ensure their transportation and safe boarding on to the ship. However, McCann insisted that on being aware of the labourers' unwillingness to proceed he had removed the constables. Then as Hare and Clarke were leaving the magistrate's office to proceed to the

house in Thonthoneea street with McCann, McCann told them that he thinks he ought to inform Mr. Browne, the person who had contracted these labourers for shipping to Mauritius. Then as Mr. Longueville Clarke stated to the Enquiry Committee set up later to probe the atrocities in the traffic “....I found what his (McCann’s) intention was, I suspected there would not be fair play. I proposed to Mr. Hare to go to the house ourselves” (P. 50, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation). Reaching the house, they found the coercive condition in which the labourers were confined which I had described above. The labourers informed them that the goons, called barkaundazes or brijbasis used to subject them to routine beatings. When Hare and Clarke told them to lodge complaints against the barkaundazes to the police, it was found that they feared the police equally and were unwilling to go to the magistrate’s office. Later when the labourers were set free with the consent of the police, Mr. Robison confided his thoughts to Mr. Clarke “they (the labourers) were unworthy of our sympathy”.

This incident along with the now continuous reports of deplorable condition of labourers on board ships and in the colonies pouring in, created public uproar in Calcutta. Similar incidents were reported from Baumun Bastee in Calcutta and sealdah. Mr. Roger Dias, a pleader in the mofussil courts of the 24 parganas district rescued a man named Oojah from the clutches of a duffadar named Bhecanny in the month of June. Mr. Dias published a report of this incident in “Bengal Hurkaru” (P. 60, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation). From Oojah and the deposition of another man named Chuneer it was revealed that Bhecanny’s profession was kidnapping people and handing them over to contractors recruiting indentured labourers to ship them overseas. The centre of this enterprise being Baumoon Bustee, a locality on the southern outskirts of Calcutta’s the then city limits. Towards the end of July, Roger Dias accompanied by Chuneer and sergeant John Floyd with a contingent of police entered Baumun Baustee to enquire into the whereabouts of the trade in

trafficking people. Chuneer led them to the house of Sankar – another contractor alleged to be in the trade of trafficking people. On reaching Sankar's house they were surrounded by inhabitants of the area. On being told the purpose of their visit, the inhabitants told them that Baumoon Bastee and Colvin's Bazar adjoining it had become a "mart for kidnappers" in the last two years. Several relatives and friends of the inhabitants had gone missing without a cause, who were never seen again. The people led them to the house of one person named Hussain Bux. He was a duffadar, i.e. a native contractor recruiting labourers for the agents of the planters of the receiving colonies. Raiding Hussain Bux's house two men were found who were under the influence of some drug. These men said that they had been enticed away from their native places with the promise of employment in Calcutta. On reaching Calcutta they were told that they would be shipped to "Muchibunder", which was the common name for Mauritius among the natives involved in the trade. The men always objected to go and had tried to escape several times but were kept under close surveillance by Hussain Bux's men. From Hussain Bux's house Roger Dias's party were led to another house by the villagers where several men were found to be kept in chains. From there they were led to another house in a village outside Calcutta whose doors and windows were all boarded up. Inside were found several men and women all under the influence of some drug and are bound in chains similarly like the men found in the house at Baumoon Bastee. Roger Dias's party took the duffadar under custody, who informed him that he was under employment of Mr. John Hughes, an under agent of the shippers of labourers. From the duffadar they came to know the location of one of the main depots for confining unwilling recruits which was at Chuckerbain in Bhowanipore, a suburb of Calcutta. This was the next place Dias and his party raided. This was a house of 50-60 feet in length surrounded by an imposing wall of 6 feet height. There only one door, entering which they found an armed barkandaz. After the entrance is a compound with several cooking hearths, beyond which is a verandah, which faced an inner building. The walls of the verandah

were hung with swords, spears and other weapons. Crossing the verandah into the inner building Roger Dias and his party found a woman frantically running in from the outer court towards them, crying that she won't board the ship without her husband. She apparently mistook the police party to be sent by the recruiting merchant. On being assured that she has nothing to fear from them, she showed one of the rooms along the side of the courtyard where her husband with other men and women is locked in. They found that all the rooms that line the courtyard were full of men women and children, who were in a debilitated state. These people told that they had been seriously ill-treated and abused and kept in this state of confinement for a very long time. They were escorted by barkaundazes when they needed to attend calls of nature and at night they needed to relive themselves in the inner courtyard itself. Most of the people hailed from Sona-mukhee region of Bankura district. As in most cases of overseas indentured labour recruitment during this period they were enticed to come to Calcutta for employment by a native contractor who had guards and peons along with him who wore badges. The badges and the peons' khaki uniform gave a false impression that they are recruiting people for government service (P. 61, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation). As one emigrant informed the Committee later formed to enquire into the abuses of the system reported, the badges and uniforms of the guards accompanying the recruiting party made them him believe he was being engaged to do "Company's work" – the Company being in this case the East India Company, the company with Royal Charter from the British government which was ruling India on crown's behalf during this period (). By late June 1838, the pages of the Calcutta newspapers like the "Asiatic Journal", "Bengal Hurkuru" and "Friend of India" were replete with articles and poems lamenting the plight of Indian emigrants being spirited off to distant lands and their harsh treatment in there (21, XV). All of these were highly evocative of the accounts of slave trade which had very recently been abolished. Recruited under false promises, escorted under armed

guards, kept under confinement by armed goons in Calcutta, facing risk of separation of close relatives during embarkation on ship, crossing the kalapani, the dreaded black waters of the open sea – against which there are prohibition in Hindu Shastric texts, and on top of that the untold privations they suffered in the ship drew comparisons with the traffic in slaves in eponymous Guineamen ships from West Africa to the New World, named so because human beings were reported to be packed in literally like guinea pigs in these ships.

On 10th July 1838, a meeting was organized in Town Hall, Calcutta to register protest against the system. It was presided by Mr. J. Young, the sheriff of Calcutta and attended by leading public figures of Calcutta including Rev. Thomas Boaz, David Hare and the prominent Bengali entrepreneur and philanthropist Dwarkanath Tagore. It was resolved that the Government should be asked for a full enquiry into the system (24, XIV). A petition was subsequently submitted to the President in Council of the Bengal Government, Mr. A. Ross which demanded for the ban on the export of natives of Bengal to the island of Mauritius and Bourbon, Australia, British Guiana and other places on grounds of injustice and ill treatment of immigrants. The petitioners alleged that the system contains elements of a new species of slavery (25, XIV).

These spate of events were considered to be a big disgrace for the British government in India (22, XIV). The very next day the emigration to the West Indian colonies was halted pending further investigation into the abuses extant in the system. A blanket ban on the entire emigration scheme was out of question as the mercantile interests of the Empire was substantially dependent on the success of this scheme. Finding them in the middle of manifold pressures from detractors and supporters of the system, the Imperial government embarked on a two-pronged strategy of damage control and projecting the benevolent paternalist image of the imperial state. The first part of this strategy was setting up enquiry committees to probe the abuses reported to be extant in the system and subsequently decide whether it would be advisable to resume the scheme with stricter regulatory measures or to bring an end to the

system of indentured labour transportation for good. The second part of this strategy was to assert in the depositions to these enquiry committees that emigration by itself is good for the people moving out from a land like India which was presumed to have a surplus of labour (Committee on Exportation...). This line of argument was reiterated countless times by a host of Government servants in front of the enquiry commissions who reasserted the presumed benefits that the emigrants gain coming to work in the colonies, making it into an imperial dogma.

On August 1st 1838, the Government of India set up a committee to investigate the export of “Hill Coolies” in Calcutta. It was comprised of six members namely T. Dickens, James Charles, W. Dowson, Major E. Archer, Rassomay Dutt and J.P. Grant (“Report of Dickens Committee”, (also referred to as Calcutta Committee) PP, Vol. xvi, No. 45, 1841). The government also requested the government of Mauritius (26, xii) and the other colonial governments (27, XVI) which recruited Indian labourers under indenture to set up their own enquiry committees to investigate into abuses being practiced if any at the site of the labourers’ engagement.

The Mauritian government in its reply to the Indian Government expressed its overall satisfaction regarding the condition of the Indian emigrants engaged in there (34, xv). They welcomed the suggestion to form an enquiry committee. They confidently invited the Indian government to send their delegation to participate in the enquiry, which they thought would dispel all allegations of mistreatment meted out to the Indian labourers. Accordingly, an enquiry committee was formed on 15th October 1838 (36, xx). The government of British Guiana also sought to enquire into the treatment of Indian labourers engaged in the plantations in there (37, xiv).

As the Committee in Calcutta, generally called the Dickens Committee started to collect evidences from various stakeholders and regulatory authorities of the system – the recruiting agents, the contractors, the magistrates in the districts of recruitment, the police and Protector

of emigrants in Calcutta, the masters and surgeons of the ships in the business of carrying emigrants as well as emigrants – both intending and returnees, more instances of kidnapping, deception, misrepresentation, ill-treatment during voyage, non-conformity of contracts in the colonies were revealed. A former policeman, George Wilchow narrated the case of an Upcountry woman going to visit Jagannath temple in Puri in 1837, who was kidnapped and boarded on a mauritius bound ship as an indentured recruit (P.87, Point 1015, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation of Hill Coolies; Report of Committee and Evidence). The Protector of Emigrants himself recalled an instance which he had heard of a woman being kidnapped and carried in a box through esplanade with the intention of shipping her to Mauritius under indenture. He also told of a Darogah in Burdwan who habitually kidnaps people to hand them over to Duffadars for which the Duffadars paid him Re. 1 per person (P.25 & 26, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation). It was also revealed that the requirement of examining the intending recruits and explaining to them the terms of the indentured contract by the Protector of emigrants stipulated by Emigration Act XXXIII as a mandatory procedure prior to embarkation on board ships was conducted albeit summarily. The Protector used to assemble the labourers in groups, brought forth under guard by the duffadars. Then he used to give a general routine speech which listed the terms of contract. In such a short space of interaction we can imagine the individual migrant intimidated by experience of routine physical abuse in the hands of the barkaundazes who were present had little chance to speak her/his mind. The Protector told the committee of his knowledge of many people who had been recruited with the promise of finding them gardening work in Calcutta by the duffadars only to be shipped overseas under indenture (P.22, Point 108, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation...). One returnee emigrant Bibi Zuhuroon told the committee that she was told by the contractor she was to serve a gentleman and lady in Mauritius as a domestic servant, which

work she found agreeable and hence signed the contract. However, reaching Mauritius she found out that she had to perform all kinds of work both in the plantations and house of the proprietor, who constantly harassed her with sexual advances (P.45, Point 598, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation ...). Another Return emigrant named Sheikh Manick who worked in the capacity of a head labourer of a group told the committee that the proprietor of the estate Mr. Riviere used to tell him to work the coolies as hard as possible. If he used to reply "if they were put to such hardship they would die". Riviere's usual reply was "Never mind, I will get others to supply their places if they die". Which is the salient logic of slavery – labour as dispensable because it is replaceable without additional cost. Manick pithily described the typical workday in the plantation "we were worked from gun-fire in the morning, get one-hour at eight o'clock, two hours at twelve, and were released at eight o'clock in the evening". He told stipulated provisions for labourers in the estates were often cut short. In the first year they received the stipulated quantity of foods listed but no clothes. They were supposed to receive two dhoties and one extra piece of cloth. Next year the proprietor Mr. Riviere provided only rice and salt. After labourers complained, the overseer physically assaulted them and Manick was put in prison for instigating disturbance. Of the four who were put in jail along with Manick one died, one seriously fell ill. After which Manick was deported. (P.128, exhibit 11, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation of Hill Coolies; ...). Abdullah Khan a ship surgeon on emigrant ships reported that when he was in Mauritius one Sunday he met some labourers in the bazaar whom he knew from the ship in which they had come to Mauritius. Meeting him they expressed their sense of abandonment and loss of faith, exclaiming "Is there no company, no government in Calcutta"! As I had mentioned before many intending emigrants were recruited under the false impression that they are going to do company's work, seeing that the recruiting agents wore badges and travelled with peons. They told Abdullah Khan that for the slightest fault or seeming recalcitrance they

were ordered to break stones – a back-breaking work which was generally performed by convict labour gangs. They were beaten everyday with whips (P.38, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation...).

In course of the voyage to the colonies all the protective vestiges of Act XXXIII, 1837 were thrown to the wind. In spite of strict prohibitions against embarking unregistered persons on ship, to ensure which the master of the ship or the surgeon were to conduct preliminary roll-call from the list forwarded by the Protector before the ship leaves the port, multiple deponents testified to the committee of their knowledge of duffadars taking in people throughout the course of the journey down the river Hooghly from Calcutta till the mouth of the river at Sagar islands. Captain Jameson, master of a ship reported that when he conducted a roll call from the list provided by the planters' agent he found that only 25-30 people responded to their names out of 366 emigrants on board. The agents' men on board continued taking in people on the ship down river with large numbers embarked at Budge Budge, 30 kms south of Calcutta and at Khejuri, at the confluence of Bay of Bengal (P.17, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation...). Captain Alexander Mackenzie deposed that his ship *Cavendish Bentinck* left Calcutta with 121 men, 21 women and 8 children on 6th October 1838, then between 8th and 9th October, it received 92 labourers at Fultah, and in Diamond Harbour between 13th and 15th October, it received another 54 labourers (P.30-31, Point 260, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation of Hill Coolies; Report of Committee and Evidence). We have one surviving testimony of a man who was boarded in such a manner on a ship to Mauritius being kidnapped from a Calcutta market. The man who gave his name as Ameen was approached by a person who persuaded him to proceed to a boat standing nearby where apparently some men were amusing themselves. As Ameen agreed to go to the boat with the man, the man took him first to a shop where he was offered twenty rupees and something to drink. When he drank the beverage offered to him, he became

intoxicated and after that when he went to the boat he was given more intoxicant liquor until he became perfectly drunk. The next morning, he found himself in the ship *Arab* proceeding to Mauritius as an indentured emigrant with his name being registered as Peroo Khidmudgar. He was among the fortunate few who after being taken to Mauritius could convince the authorities in there of his claim of being recruited against his will. Mauritius police's attention was drawn to the fact that he did not have a badge as part of procedure of registration at Calcutta nor the two customary tin lotas which were given to intending emigrants at the depot in Calcutta. In January 1838 he was allowed to return to India. He might be the only emigrant in this period who could claim his passage back before the term of his contract was over on claims of being falsely recruited. (P.105, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation of Hill Coolies; Report of Committee and Evidence). With such method of topping up the required quota of indentured labourers being a routine custom there was constant shortage of space and provisions on board which had since come to characterise the Indian emigrant's sea journey. Joseph Sherling, who piloted the vessel *Arab* to Port Louis wrote to the Protector of Emigrant that on top of very insufficient accommodation available to the emigrants the doctor complained "that he had never seen such bad medicine" and in such short supply that he did not consider it sufficient for even one fourth of the number of passengers embarked on board (P.118, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation of Hill Coolies; Report of Committee and Evidence). The ship *Whitby* which was the first ship to carry indentured emigrants to Trinidad had found its place in history for the dubious distinction of rampant contagious disease and mortality in the passage. The exact number of people embarked on board is not available for similar trespasses of embarkation procedure as discussed above. There were approximately 270 to 280 labourers on board. Food provisions were inadequate. The labourers received only one meal a day. The Master pilot John Dyer told the Dickens Committee that the ship was so overcrowded that it was very difficult to

make the deck clear of passengers when their presence hindered navigational activities. At one time he had to even let the vessel slide on to the shore because if anchor was let off people on deck might have been killed. The ship was ill-ventilated, more so as it was carrying a cargo of rice. As I mentioned before, by the miasmatic doctrine of disease causation prevailing in erstwhile medical circles, rice stored for long time in large quantity was considered to emanate noxious vapours which was believed to be the source of a host of diseases. According to John Dyer, the emigrants were in good health when they boarded the ship but soon an infection of jail fever spread among them. Jail fever, also called War fever, 19th century names suggestive of overcrowded sites like prison or army camps characterised by lack of water and consequent lowering of personal hygiene standards is the disease called Epidemic Typhus. It is spread by the bacterium "*Rickettsia prowazekii*" and is spread from person to person by a certain species of lice, commonly called body louse (). The disease was a frequent occurrence in the jails of British India and in the course of the indentured emigration regime would mark its presence felt in plantations in different parts of the world where this particular variety of louse did not exist before. The number of people falling sick on Whitby increased daily, the master ordered the accommodation of the emigrants in Between decks to be cleaned daily with chloride of lime but still sickness continued to increase throughout the course of the voyage and the ship register made a holistic but rather vague diagnosis of the cause – "heat of cargo, change of food, loss of caste and c." Apart from disease there were the usual complaints of being engaged with false promises and being robbed of their advance (P.118, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation).

With overcrowded conditions, constricted accommodation, inadequate food and epidemic diseases running rampant the method of maintaining order among the emigrants resorted to on board of these ships depended on coercion. Dickens Committee depositions show that physical assaults of emigrants were a common occurrence in this period. Captain James Rapson

testified that the hatchways which the emigrants used to move between the deck and their accommodations in 'tween deck were always guarded by 5 or 6 sentries. Their job was to discourage emigrants to go down to 'tween deck during day time and go up on deck during night (P.18, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation of Hill Coolies...). Abdullah Khan a ship surgeon reported such a blatant act of physical manhandling in which he himself was made to play a certain part albeit unwittingly. In the first few days after ships left port, emigrants had been observed to suffer from the trauma of separation from their loved ones, familiar locales and the anxiety of embarking on an unknown journey to an alien land. Multiple reports attest to suicidal acts of jumping off the ship by emigrants at sand-heads where river Hooghly meets the Bay of Bengal as a desperate effort to swim back towards the receding shores of motherland. During this time there was a constant din on board the ships with people howling and crying hysterically. Abdullah Khan was ordered on one such voyage by the captain to cut off the hair of all emigrants - men, women and children travelling on the ship. The captain, a certain Charles Edward also used to lock the emigrants down below the hatches after 4p.m., the reason being he wanted the deck cleared of emigrants for him to take a stroll with his wife. If some of the labourers cried, he ordered to bring them up and be given 12 strikes with a rope by tindal. Additionally, there were the usual complaints of emigrants not being provided adequate food or water and being robbed off their advance payment by duffadars. On one occasion, the captain even beat Abdullah and broke his thumb. After Abdullah Khan narrated the harrowing account of the conditions on board the ship to the Dickens committee, the committee asked him the rather incongruous question – whether he thought the emigrants in the ship were comfortable and happy! Abdullah Khan replied that they were all crying and thought that they had all landed in trouble (P.38, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation).

The Committee's question to Abdullah Khan mentioned above points to an interesting aspect

of its mode of work. In spite of the quantity of evidence of kidnapping, deception and misrepresentation in recruitment, swindling of advance payment and ill-treatment of the emigrants in ships and plantations it unearthed for which it rightly deserves credit, the Dickens Committee tended to rationalise all of it within the prevalent frames of racial knowledge. Reverend Garstin who travelled on the ill-fated ship *Indian Oak*, which was struck by an epidemic disease discussed before, reported to the committee his opinion regarding the space allotted to the emigrants in the ship. He considered the space available “might not have been enough” for European travellers if they were travelling in that large number, however, he explained out of his “knowledge” about “coolies” “habits” who tend to “huddle up” together they did not need that much space as Europeans did (P.64, Point 780, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation). What had been resorted to out of exigency by the labourers because of inadequate space to stretch themselves is thus inferred to be a racial trait. This tendency to settle for a racial understanding of the degenerate habits and mores of Indians to explain away the gross aberrations between practice and the putative ideal spirit of the indenture system apparently conceived out of sheer imperial benevolence is present in every colonial deliberation regarding the Indian emigrant - be it the enquiry committee report set up by the Mauritius government, the occasional investigations undertaken in this regard in the West Indies as well as the despatches and ordinances passed by the Home government. It needs to be mentioned that race in this period was not a discredited partisan theory of imperialism. It was considered a legitimate part of contemporary knowledge. Indeed, a constitutive element of the emergent disciplines of biology and anthropology, race informed medical knowledge and policies of governing subject populations. It was formative of the reigning imperial episteme – an aspect which I will discuss in chapter 2. Even abolitionists like the members of organisations like British and Foreign Anti-Slavery Society (henceforth BFASS) or the Aborigines Protection Society who fervently opposed slavery and saw to its

ultimate legal prohibition taking effect throughout the empire and who were now steadfastly opposing the Indian indentured scheme, calling it an underhand attempt to resume slave labour agreed upon a notional understanding of race. They were not anti-racist, they believed in the existence of different races and their writings show they also believed in qualitative racial difference, i.e. the prevalent ideas of certain races being inferior to others marked by a lower degree of civilization. Their issue with the existing state of affairs was that racial inferiority should not be a basis for exploitation but instead called for protection and paternal care of such races by the spirit of Christian brotherhood which they considered to be the divine ordainment of the British empire.

Apart from Race, the another issue with which the Dickens committee was concerned about very interestingly was the economic cost of the suspension of the scheme or very precisely the future of British Sugar – would imperial sugar survive and be profitable in competition with sugar produced by slaves in Cuba or Brazil without the supply channel of Indian indentured labour? Enquiries about the alleged abuses in the scheme was interspersed with enquiries regarding the prospect of British Indian sugar and the fear of diminution of British sugar production and consequent saturation of the Home and imperial markets by non-British sugar. Calcutta based planters like Andrew Colville, whose firm Ainslie, Colville, Cowie & Co. had been alleged of abusing intending recruits was asked after enquiring the issue at hand by the committee about the potential competitiveness of British Indian sugar vis a vis other non-British sugar producing regions of the world like Thailand, Brazil, Java, Philipines etc. in case sugar production stops completely in other British colonies and no protection is given to Indian sugar in the English market.

An issue which is not relevant to the course of the committee's enquiry at all. Andrew Colville's reply to this question was negative (P.70, Point 846, 1841 Session 1 (45) Letter from Secy. To GOI to Committee on Exportation). Other Calcutta based planters like William

Frederick Fergusson or the pioneer Bengali merchant Dwarkanath Tagore whose deposition was critical of the conceived scheme and expressed his doubt whether rural Bengalis or the “Hill Coolies” would proceed to such a distant land voluntarily without coercion or false representation, were also asked the same questions about the future of British imperial sugar. I will return to discuss the fate of the Dickens Committee enquiry later. The abuses exposed by the Dickens committee in course of fact gathering and taking evidences along with the findings of other committees on this issue in India and abroad would prompt the government to pass Act XIV of 1839 on 29th May which suspended further emigration of labourers from India to the colonies after July 1st 1839 (41, 41, xvii). This was before the Dickens Committee had submitted its final findings to the government. For now, let us look at the findings of the other enquiry committees.

The presidency governments of the other two designated ports of indentured emigration, Viz. Madras and Bombay also set up their own enquiry committees. These were not so elaborate as the Dickens Committee enquiry in Calcutta, the reason being the smaller quantum of people indenturing from these places compared to Calcutta. The Madras Committee found the system generally free of abuse, except the deposition of the collector of Malabar who stated the system of collecting and assembling the intending recruits to be coercive. The Bombay Committee submitted its final report much before the other corresponding committees, i.e. on 20th September of 1838 (33, xviii).

The Mauritius government which prompted by the Indian government duly set up a committee on 15th October 1838 and even invited the Indian government to send its representative to be a part of that committee, found sharply contrasting opinions dividing the committee members in course of the enquiry. There were the usual complaints of Indians receiving less pay than what had been promised, very short meal time between shifts, being underfed (P.19, 1840 (58) Despatches from Sir W. Nicolay ...) and many instances of people who jumped off the ship in

the open sea before arrival who were never to be found again (P. 13, 1840 (58) Despatches from Sir W. Nicolay ...). Superintendent at Special Magistrate's office, Mr. Charles Anderson submitted a report of his own on 13th November 1838 where he alleged that many of the Indian labourers were actually kidnapped from their country, a fact which unbeknownst to him during the time was being corroborated by the findings of the Dickens Committee Report in Calcutta. He wrote, conceding cases of "few exceptions", the labourers are treated with brutality with regular corporeal manhandling and quotidian abuse characterising their regular workday experience. They are not provided proper accommodation with few instances of housing labourers being housed in stables with draught animals in some of the plantations. Accommodation is at times withdrawn if a labourer is perceived to be recalcitrant or assertive. He reported that the Indians were routinely overworked, he himself having witnessed them driving carts of wood and rice at 10 o'clock at night. Many of them had complained to the committee that they were not provided time to eat their meals after working 14 to 15 hours per day. Anderson singled out certain proprietors in whose estates physical coercion of Indian labourers were supposed to be a matter of routine, several incidents having shown stripe marks on their backs and arms to the members of the committee. One proprietor Mr. Berger threatened the labourers in presence of the committee members when some of them showed such marks on their body. In terms of accommodation Anderson wrote he had found only two estates which provided sufficient accommodation for the labourers. In other estates he found the lodgings of the workers were too crowded and had little room for ventilation or circulation of air. At Mr. Berger's and Lesur's estates the sleeping places were over the stables, the space below being full of animal droppings and other kinds of filth from which the entire building stank. Other estates he had observed which did not have any sleeping accommodation designated for the labourers and labourers slept either in the stables or the verandah. About the hospitals in the estates Anderson stated that 'hospitals... are generally more calculated to increase disease than

to alleviate its sufferings.... They are unfit for reception of human beings", labourers were brought in front of the committee who were "perfect skeletons". Most of the estates did not maintain proper medical journal and there were estates which did not have hospitals and employers generally judged sickness of labourers as excuses to not work. In one estate a labourer was observed by the committee who was evidently suffering from serious disease and could barely walk. He told that for two months he had been compelled to work every day even in this condition. The employer when asked conceded that he neither had a hospital on the estate nor a medical attendant who visited the estate (P. 37-38, 1840 (58) Despatches from Sir W. Nicolay).

Anderson proposed formulation of local colonial regulations to ensure that Indian labourers were provided accommodation and proper hospital care in all estates by law. However, his report was contested by other members of the committee on grounds of insufficient evidence and concluded that the "coolies were treated with humanity and kindness" and "their condition on the island is superior to what it is in most parts of the India" (39, xvii). Many of the problems such as the issue of working late or crowded accommodation or absence or inadequacy of hospital provisions were blamed upon the racial traits of Indians themselves – of being lazy, physically frail and filthy in their habits. For instance, during the time when this enquiry committee was gathering evidences, reports emerged of unusually high mortality in an estate owned by a certain Mr. Mervin in Pamplemousse. A medical enquiry commission was set up to look into the matter. The enquiry commission found the cause of the mortality and disease to be a carryover from the ship Donna Pascoa by which the emigrants came in 1837. The commission Stated rather unspecifically that the latest batch of emigrants were covered with "leprous or herpetic eruptions". It found that all the other labourers except that particular batch were "remarkably healthy" and went on to absolve the estate owner and the hierarchy of all allegations of negligence. They wrote the accommodation provided to the Indians were "good

and ample” but it was the Indians who preferred “hutting themselves” in congested quarters. To diagnose the cause of the severe mortality and disease it invoked the trope of race, blaming it upon the “generally depraved habit of body of Indians” (P. 80-81, 1840 (58) Despatches from Sir W. Nicolay on Free ...).

Majority of the Mauritius government committee were off the opinion that the indentured system is free of abuse. The governor Mr. Nicolay in his despatch to Lord Glenelg the Colonial secretary wrote that certain practices like employing Indian labourers to break stones - a work generally performed by convicts and hence carrying the reputation of penal labour should be dispensed with by the planters as it is “not only useless for the purpose of intimidation but, very impolitic, as tending to keep up in all the others a spirit of dissatisfaction”. With that, harking back to the then racial perception about Bengalis and “Hill coolies” he added “so sensitive are these men, that the least semblance of an assimilation to the preceding condition of the servile class should be carefully avoided” (P.188 – 189, 1840 (331)). He recognized abuses in the recruitment of the labourers but opined such abuses can only be rectified in India and shirked off his responsibility. In the end the government expressed its satisfaction about the running of the system in Mauritius (39, 40, xviii).

Enquiries in British Guyana

The government of India had stopped emigration of indentured labourers to the West Indian colonies on July 11th 1838, i.e. just the day after the Town Hall meeting in Calcutta presided by the sheriff was convened to register protest against the scheme. Such expedite action was taken on grounds of distance and comparative sparseness of communication between India and the West Indies. The historical baggage of slavery in the Caribbean was also a factor which the government of India wanted to distance itself from and the closure of traffic prompted such allusion. Meanwhile in London, owing to the suspicions lately arisen about the Indian labour

scheme and Gladstone's involvement in it, the Home government ordered the entire correspondence between the Colonial Office and Gladstone to be compiled and laid before the House of Lords for debate. These correspondences were published in March 1838. (Kale, P. 23). Facing stiff opposition from anti-slavery groups inside parliament and out, Lord Glenelg, the Colonial Secretary wrote to Governor of British Guiana, Mr. Light, asking him information about the condition of the Indian labourers who are there in the colony, especially about their health. He also wanted to be informed about the work of the Special Magistrates in the colony on this matter; whether they had been briefed about their current powers and responsibilities in regards to the Indian labourers brought in the colony since the Order in Council passed by the Colonial Office permitting Gladstone to engage them under 5-year contract (41, Kale, p. 23). By the time Governor Light replied to Lord Glenelg on 30th August 1838, Government of India had already halted emigration to West Indies. Light informed that he had made a tour of the various locations where Indian labourers are engaged and had found that the only complaint they have is that they are much distressed with the insects that infect the place. He wrote that he had assured them via Mr. Winfield, the then sheriff of Berbice and an old India hand who apparently spoke Hindustani, that they will get used to the insects and it would be quite difficult to transport them back to India in such a short notice. He added that the workers had been persuaded to stay in the colony and he had been informed personally observation he found them satisfied with their present condition and employers are also satisfied about their work and behaviour (Hill Coolies, Correspondence). Despite his effort to assuage concerns, Glenelg was not satisfied with the report. By latter half of 1838, the findings of the Dickens Enquiry Committee had started reaching Britain and it had stirred up public opinion. Glenelg wrote back to Light in early November, stressing the importance for providing "detailed information" to him so that he can answer in case of any inquiry is conducted by parliament (44, Kale p. 23). Light however writes another letter to Glenelg before he receives Glenelg's aforesaid

chastising letter. Dispatched on November 1st, Light writes that he had read in the papers that at a quarterly General Court of Proprietors of East India Stock, Sir Charles Forbes had stated that 50 Indian labourers had died in Demerara immediately upon their arrival. He goes on to dispute the numbers stating that upon his enquiry he had come to know of 5 deaths, 4 of which happened on board and only one after disembarkation. The deceased were suffering from dysentery. He adds that the labourers suffer from “Chigo” on their legs upon arrival in Demerara and if left untreated as is usually the case the lesions develop into painful sores. They suffer from continuous itch but will never take the medicines prescribed by medical personnel. He thinks that he believes that all of them had been kindly treated (1839 (463) Correspondence). Chigo or “Tunga penetrans” is a parasitic insect found in tropical and sub-tropical climates. Embedded under the upper-most layer of human skin, with infestation as it swelled up, rupturing blood vessels of the host it caused Tungiasis – a disease characterised by peeling of skin (desquamation) and marked by severe pain, itching, and reddish puss-filled lesions with burrow at the centre as the infection spread. There was no effective treatment of the disease at the time and people who got infected, had these painful abscesses which aggravated into gangrene leading to eventual disfigurement. It is to be noted that the governor’s statement about Indian labourers being averse to taking medicines prescribed by European medical practitioners was a usual trope which fitted into the larger racist stereotype being formed at that time of the despondent Indian “coolie”. Another trope which went with it, reiterated by multiple colonial officials and observers throughout the course of the regime albeit contradictorily was Indians used the estate hospitals as an excuse to skip work. We will soon see these contradictory articulations formative of the racist stereotype of the Indian being put to work to prove that all is well with the Indian indentured labour emigration scheme in British Guyana.

On November 19th, Light wrote another letter to Glenelg with computed documents of the number of labourers who had proceeded to British Guiana since 1834 (45, Kale P. 23). Governor Light was unaware however that Glenelg was blaming him in London for the lackadaisical state of labour relations in British Guyana at this time. By the time Governor Light's letter reached London public opinion was once again on the boil fomented by another article published in the "British Emancipator" by John Scoble, a prominent Abolitionist in early January, 1839. Scoble, who went on a fact finding tour to enquire about the present situation of ex slave apprentices since Abolition, reported about attempts of escaping from Bellevue plantation of Calcutta based merchant Andrew Colville. He reported that workers had been recaptured and upon asking about their reason for escaping they informed they wanted to return to Calcutta, walking through the thick forests of British Guiana. Scoble himself had observed the labourers being escorted by the police and one labourer who talked with him told that a large portion of their food apart from rice is salt.

Scoble wrote that he had come to learn from the teacher in Bellevue estate, Mr. Berkeley that upwards of 10 Indian immigrants had died in the plantation because of mistreatment, especially by the manager Mr. Russell, who did not even relent to provide them "rag" for their burial. One Indian immigrant in much debilitated state told Scoble in broken English that "Russell no good" and all his companions are in the same sorry state as himself. Scoble also mentioned the displeasure of the Indians being paid in East India Company Rupee, which had a disadvantageous exchange rate vis a vis the local British Guiana guilder. Scoble concluded his report quoting the mournful informant who told him in broken English "Calcutta better" (48, Kale, 24).

Scoble's expose` was intended to embarrass the government and the apologists of the Indian indentured emigration scheme and outrage public opinion. It flatly negated the claims of Governor Light that things are fine in British Guyana. Few days after Scoble's article hit the

streets Governor Light blithely reported to Lord Glenelg that the “Coolies on Mr. Gladstone's Property are a fine healthy Body of Men”. Their relations with the ex-slave African American population is good. He informs that the Indian labourers had started to cohabit and marry with the “negresses”. Alluding to the erstwhile racial dictum of anatomical similarities existing between presumed proximate races he expressed hope – “the magnificent Features of the Men, their wellshaped, though slender Limbs, promise well for the Mixture of the Negress with the Indian” (49, Kale, 24). Needless to say there was obvious discrepancy in the descriptions of the Indian labourers’ anatomy between the governor’s observation and Scoble’s fact finding. However, with adverse public opinion regarding the issue both in Britain and India, Governor Light was forced to order an enquiry. For that purpose, assistant Government Secretary Mr. Wolseley and the magistrate of the district of West Demerara proceeded to Bellevue plantation. On 11th of march 1839, Mr. Wolseley reported back to the governor that conditions in the estate leaves much to be desired. Upon arrival he was shown the place where the Indian labourers dwelt. Which was a single long hall without apartments and women were lodged in the same place with the men. Upon being asked the reason for not having separate accomodation, they (Wolseley and Coleman) were told that the labourers "like to be together, as well by night, as by day". This was an allusion to the same racial assumption of Indian emigrant’s preference for “huddling up” together as reverend Garstin reported to the Dickens Committee when he was asked about conditions on ships carrying Indian emigrants, intending to absolve the authorities of all indictments of mistreating Indian labourers.

From the labourers dwellings Messrs Wolseley and Coleman went to visit the estate hospital. About the scene that greeted them in the hospital, Mr. Wolseley wrote "never did I see a more sickening or melancholy spectacle”. He found, as he wrote “there were 34 miserable looking objects", most of them bathing their feet and some others writhing from pain caused by the abscesses resulting from chigo bites. Some of the patients had severe fever or bowel

complaints and one corpse was lying on the floor amongst them, to which another was added soon within the time that they were there. There were no latrines in the hospital and the labourers had to clean their own chamber pot. Mr. Wolseley was not of the opinion that the hospital was "particularly clean" but he conceded the benefit of racial argument in favour of the estate authorities running the hospital, as he wrote "considering the general habits of the patients" he agreed that "the preservation of cleanliness must be a matter of great difficulty."

From the hospital Messrs Wolseley and Coleman proceeded to take the deposition of the manager John Russell, - the man whom John Scoble in his January article in "British Emancipator" as the person responsible for all the abuses existing in the estate. Shortly after reaching John Russell's house, Messrs Wolseley and Coleman were joined by John Scoble himself who had come to follow up on his previous fact finding. John Russell told them that on 27th Aug. 1838, 22 labourers ran away by the boat of the estate and were spotted the next day at the back of the estate Herstelling. They had severe complaints against the overseer Mr. Young and were not willing to return unless he be dismissed. The manager informs that he had to discharge Young from his service and bring the labourers back. He adds that in the entire course of event no act of coercion or corporeal punishment was resorted to nor were they under the custody of police at any time. He further informed that he had never flogged or beaten the labourers but "has once or twice tapped one or two of them on their cheek with his fingers" which he considered to be a rather innocuous and gentle gesture of reprimand. He insisted that he had always provided them ample food and provisions.

After meeting John Russell, Messrs Wolseley and Coleman along with John Scoble met Mr. Berkeley, the teacher at the estate who informed them that he had witnessed the labourers working even with open sores on their feet. He had seen the interpreter and the Sirdar to strike the labourers with a whip which is generally used by mule drivers. The labourers had also complained to Mr. Berkeley about their ill-treatment in hospital and he had seen some labourers

being kept under confinement. Another thing Mr. Berkeley mentioned was the case of an old labourer who came from the plantation Vreed-en-Hoop to see his son who had a deadly sore with a worm in it. He died in Bellevue itself. Vreed en Hoop was John Gladstone's plantation. This tip will later open a Pandora's box.

Mr. Wolseley ended the report remarking "I can only look upon the condition of the coolies at Bellevue as a state of exception to the state of the coolies generally in this colony" (P.75, Encl. 8, 1839 (463) Correspondence ... British Guiana). The governor while forwarding the report to the new colonial secretary Marquess of Normanby, tried to strike a note of positivity. He noted that it is clear from Mr. Wolseley's report that the Indian labourers had suffered much from sickness and were in a "a filthy state", but the conditions in Bellevue he insisted had been remedied and pointed out "the habits of these people are friendly, though they are gradually improving" (P.75, 1839 (463) Correspondence British Guiana).

Later in course of investigation it was revealed that even the medical attendant of the estate, Dr. William Nimmo was in the habit of whipping the patients in the hospital (P. 85, Encl. 6, 1839 (463) Correspondence British Guiana).

As Scoble's January article in "British Emancipator" mentioned an incident of Indian labourers escaping from Gladstone's estate for alleged ill-treatment and their subsequent capture, coupled with the information provided by Mr. Berkeley of Bellevue of an old labourer from the said estate being in Bellevue, Gladstone's plantation – Vreed en Hoop also came under the enquiry commission's radar. Reports came of 6 or 10 Indian labourers had fled from the plantation Vreed - en – Hoop. They were subsequently brought back and confined in the sick-house for the night. They were brought out the following day and flogged with cat o' nine tails by the manager Mr. Sanderson and the interpreter Jacob. When the men's backs began to bleed they were taken to the sick house where their wounds were rubbed with salt. One of these two men ran away again after a few days because he was beaten again by Jacob while working on

the field.

Light reported that these beatings had witnesses because some people were present in the Negro Yard who saw the men being beaten. It was also brought to notice that few days these incidents two more labourers went missing and were never heard of until their dead bodies were found at a distance from the estate (P. 79, Encl. 1, 1839 (463) Correspondence British Guiana). Light forwarded the minutes of evidences of the enquiry along with correspondences between the Assistant Government Secretary and James Stuart, Gladstone's attorney in Georgetown to the Colonial Secretary (51, Kale 25).

Neither the manager Sanderson nor the interpreter Jacobs recognized the legality of the enquiry commission and refused to participate in the hearing. The secretary to the Colonial Government, made known the facts of enquiry to James Stuart and directed him to dismiss the manager and the interpreter. Stuart declined to fire them. He admitted that Jacobs might have ill-treated some of the workers by beating them though he went on to dispute one African-Caribbean woman's incriminating evidence against Jacobs on this issue. Stuart insisted that he could not accept evidence of Jacobs mistreating the workers unless Jacobs himself agreed on that matter. In regard to Sanderson, Stuart was of the opinion that there was not sufficient evidence of wilful negligence or abuse of workers against him to warrant his dismissal (53, Kale P.25).

However, in spite of Gladstone's attorney's refusal to take action, the government continued with its prosecution. Jacob pleaded guilty at last on May 21st to the charges (54, Kale P.25). He was subsequently sentenced to pay a fine of 20 pounds plus one-month imprisonment in Georgetown jail. Interestingly it was revealed that though Jacob was a white man he had actually come from India in the *Hesperus* - the first ship to reach British Guiana with Indian indentured labourers on January 26th 1838. On disembarkation he was sent to *Vreed en Hoop* and received a monthly wage of Rs.16 and very unusually ate at the manager's table. Upon

being sentenced he pleaded his non-cognizance of the laws of British Guiana as he claimed to be a native of India! (55, Kale P.26).

While forwarding the proceedings of the enquiry and its attendant correspondences to the colonial secretary Marquess of Normanby in May 1839, governor Light regretted that the findings of the inquiry will provide grist to the mill of detractors of the labour transportation scheme, like the Abolitionists. He nevertheless expressed his confidence that there is not danger in bringing Indian labourers if proper allowances are made with allowances for proportion of women and referring to the commonly held colonial stereotype about India that India is over-populated and is in need of demographic relief which can only be achieved through emigration, he thought Indian labourers would be greatly benefitted by coming to work and stay in British Guiana, which with all its resources is just in need of such an industrious group of people to make the place a “second India” (56, Kale P.26).

In august, Mr. Thomas Gladstone, the son of John Gladstone wrote to Marquess of Normanby vindicating his father’s character in the wake of these evidences of abuse found to be prevalent in his estate, which had by this time been raised in both houses of the parliament. He asserted that his father took meticulous care in the entire process of contracting the labourers from Bengal through intermediaries. He stressed that the labourers’ recruitment had been duly certified in terms of their health and consent by the authorities in India. The ship *Hesperus* which his father had chartered to transport the labourers from India to Guyana, he wrote was stocked with ample provision of rice and other provisions for the emigrants’ requirement. There were indeed some old men who were recruited which Thomas Gladstone considered ought to be due to oversight by the authorities certifying emigration at Calcutta. As to the severe mortality of the labourers both on board *Hesperus* and post disembarkation he wrote that his father always thought that given the emaciated condition of these people and the quality and quantity of food they had been used to, they suffer repletion once they consume too much food

because apparently they are not used to receiving so much, this he considered to have had been the case with the immigrants on board *Hesperus*, he thought was the cause of the deaths in *Hesperus*. he stated that the captain and the surgeon of the ship also share his father's opinion.(P. 104, 16, 1839 (463) Correspondence ... British Guiana).

This idea about the under-fed Indian labourer suffering from repletion, that is debility due to excess of food after receiving ample food to eat – a medically unsubstantiated belief, a figment of colonial apologists' imagination will be continuously reiterated in official and planters' discourse on Indian indentured emigration throughout the course of the regime.

The ship *Hesperus* as mentioned earlier had indeed drawn attention for widespread disease and mortality in its voyage to British Guyana. The symptoms of the patients – diarrhoea, dysentery, accompanied with vomiting, cramps, “rice water evacuations” were indicative of cholera. Apart from that there were multiple cases of hemeralopia too. The British Guyana medical report took recourse of the same trope of repletion of previously underfed people when consuming apparently ample food to explain the cause of the disease. It wrote rather contradictorily “the coolies were strong, healthy looking people, though very emaciated, from the defective diet” (P. 106, Encl. 2 in 16, 1839 (463) Correspondence ... British Guiana) As regards to the incident of the whipping of the labourers by the interpreter Jacobs, Thomas Gladstone considered it to be of a “a trifling nature”. He contended that “the people continued cheerful and contented; but evil disposed persons”, by which he obviously implied John Scoble who “have endeavoured to create a bad and dissatisfied feeling” among them. He compared John Scoble and his allies' action to apparently foment discord with that of the Chartists who were arguing for political reform and extension of franchise in England at that time (P. 104, 16, 1839 (463) Correspondence ... British Guiana).

The colonial office was sufficiently alarmed with the revelations by this time to order an enquiry by itself. James Spedding, an official in the colonial office who incidentally would

later make his mark as the editor of Francis Bacon's work was commissioned for the task. Spedding submitted his report at the end of August in 1836. Spedding's hypothesis regarding the mortality of the Indian labourers en route to British Guyana was regurgitation of the same thesis – repletion. He wrote "the sudden change from the meagre diet which the Coolies had been used to, to the ample allowance secured by their indentures" to be the predisposing factor of the illness. By this time the fact of widespread illegal boarding of Indian labourers as found in the evidence collected by Dickens Committee had become common knowledge. Spedding found it to be a convenient bogey to account for all the deaths in excess of acceptance level of the colonial office. He claimed that on the ship *Whitby*, seven of the eight mortalities were among the twenty-six emigrants who were illegally boarded. Ten people who died at Bellevue estate and two more who were intermittently admitted in the sick house quite often were also from among these twenty-six, he claimed. By that logic both the colonial government and Mr. Gladstone are absolved of all allegations of negligence and blame can be squarely placed on the contractors engaged for recruiting labour in India, in this case Gillanders and Arbuthnot and the recruiting agents they employed. As Spedding vigorously denied that "any fault can be justly imputed to the Government, or to any of its officers, or to the proprietors in England, by whom the Coolies were transported" (61, Kale, P. 27).

However, Spedding was forced to acknowledge that mortality among the labourers in the colony was indeed high by all counts. Of the 412 people who had survived the harrowing journey and landed in the colony from the two ships – *Hesperus* and *Whitby*, 53 had died by May 1, 1839, i.e. within less than a year and a half from the arrival of the first ship. He observed "that is to say, rather more than one in eight!" (59, Kale, P. 27). Spedding conceded that these deaths might have been avoidable. However, he thought the precautionary requirements for that might not have been practicable to implement. He wrote that the apparently ample amount of food that he believed were provided to the labourers in the estates was not a good idea.

According to him the labourers food provisions should have been slowly increased to avoid repletion. About the chigger bites from which the labourers suffered continuously and caused severe illness and deaths, he thought would not have been a problem in the first place if they could have been persuaded to conform to methods of treatment. However, acknowledging the racial traits of the Indian “coolie” - "filthy in their habits; averse from taking medicines not made by themselves; and generally unwilling to submit to the proper remedies", he admitted it was not an easy job to treat them (59, Kale, P. 27). Thus he held responsible the Indian emigrants for their own deaths and illnesses.

Turning to the issue of abuses allegedly practised against the Indian labourers in the estates, he criticized the means of detection in use, particularly in the context of the recent conviction of interpreter Jacobs of Vreed en Hoop estate. He considered that the investigation gave excessive weightage to the complainants' depositions which had been “trusted too much”. Especially considering the nature of the people concerned here, which is Indian “coolies”. About John Scoble and his allies he wrote that they went to British Guyana for the sole purpose of “discovering grounds of complaints” on behalf of the Indian labourers and foment trouble. The fact that they did not inform the governor about the abuses prevalent but instead published their findings in the abolitionist mouthpiece, he considered to be a highly sinister attempt at maligning the system and the government (62, Kale, P. 27).

Finally, he thought that the enquiry ordered by Governor Light ought to have had reminded the managerial staff in the plantations the necessity of adhering to labour regulations. He considered the trial and sentencing of Jacobs by the commission to have been efficiently undertaken and noted that though flogging as Jacobs had done was illegal, it was “in no respect cruel; indeed they were no more than the Coolies had been used [to] in their own country to submit to from the superintendents”. On that ground he concluded his report thus "In this respect it cannot be even plausibly maintained..... that they are worse off than they were [back

in India]” (63, Kale, P. 27).

Spedding’s report strikes us to be acutely concerned about dismissing all allegations of abuse raised against the planters and the colonial government of British Guyana – a concern which was not altogether absent in any of the enquiry committee reports that I discussed so far. Indeed, all the enquiries that were conducted, be it in India, Mauritius, West Indies or directed by the colonial office at home with their appendages of opinions and testimonies of myriad experts were careful to not question the rationale of the indentured labour emigration system as a whole. It was individual contractors, ship captains, surgeons and plantation staffs who apparently had tarnished the reputation of the scheme and it was against them that criticism and censure was reserved. The scheme itself, so dear to the planters, merchants, financiers and the recruiting colonies, unfortunately halted since the end of May in 1839, was supposed to be of salutary benefit to the emigrants by elevating them to a higher degree of civilization. It was also deemed to be the panacea for British imperial sugar by solving the problem, albeit manufactured as I discussed before, of post abolition labour shortage for good.

It needs to be noted that throughout the period of public outcry and subsequent campaign against the indentured traffic, planters carried out their own deliberations for the resumption of the system by sustained lobbying of the various colonial governments and more particularly the imperial government in London. I will now discuss their course of action which will eventually overturn the ban on indentured Indian emigration.

Campaigning for “Free Labour”

When the indentured emigration scheme was called into question for the prevailing abuses in the system by the abolitionists in Britain and the public in India, the planters and merchants connected with the system started organizing their defence of it in 1838.

Two weeks after the 10th July meeting in Calcutta Town Hall, which denounced the system of

overseas indentured migration and petitioned the government to put a stop to it, on July 23rd, a counter-petition to the former was drawn up and submitted to the government by twelve Calcutta firms engaged in the transportation of labourers to the colonies. They summarily rejected the comparison between the indentured scheme and slavery calling it an analogy based on prejudice and not corroborated by facts at hand. They posed the question to be about the liberty of movement of every British subject to go for work or any purpose whatsoever in any part of the empire. The British Subject in question being the Indian native whose liberty they alleged had been curtailed by the prohibitory order on emigration to West Indies (80, Kale, P. 32).

The planters in the various colonies along with their counterparts in London formed the Free Labour Association to lobby the imperial government and the various colonial governments concerned for their cause. They especially concentrated their efforts in London. The euphemistic name – Free Labour Association indicates the plastic and vaguely defined conception of freedom in this discourse where free labour is conceived in strict opposition to the servitude characteristic of enslaved labour. Such a conception failed to account for the cumulative exploitation and relational servitude of the labouring subject to her/his superiors, characteristic of a host of hierarchical regimes of the period like the mines and industrial workplaces of Britain, in context of which Luddites and Owenites were campaigning for reform in the period or the Indian indentured labour migration. We shall see that the anti-slavery Abolitionist activist also subscribed to this limited conception of freedom.

The planters once again harped on the fictitious fear of imminent labour shortage and impending doom of British imperial sugar which I had discussed earlier to press home the urgency of resumption of Indian indentured emigration. They did not need to do much convincing in the labour importing colonies for their cause as these colonial legislatures were dominated by planting interests and public life revolved around sugar production – case in

point being the fate of the report of the Mauritius enquiry commission which was formed to look into the allegations of abuse against the Indian emigrant labourers. This is why the planters concentrated their lobbying efforts in London. I will briefly discuss here the considered judgement of the enquiry commission and the report's afterlife.

As I had discussed earlier there was difference of opinion among the members of the enquiry commission regarding the state of labour relations between planters and their indentured Indian workers. Special Superintendent Anderson made a scathing appraisal about the myriad abuses to which the Indian labourer was subject to in the colony. He proposed formulation of local government legislation to ensure that Indian labourers receive adequate provisions, accommodation and hospital facilities by law in the plantation. However, the other commissioners considered the arrangements for the labourers in the plantations inspected by them to be satisfactory. Anderson submitted a separate report and refused to sign the abstract of the main report. On being asked by the Colonial Secretary Mr. G.F. Dick about his reasons for not signing it, Anderson explained that while he had no intention to expand the already voluminous content of the Commission report by appending his own individual report, he considered the abstract to be at variance with his findings about the issue and thus did not reflect his well adjudged opinion regarding the matter. He thought that a person who would read the abstract would get a misleading impression regarding the situation of the Indian labourers in the colony. According to his estimate the mortality rate of the Indian immigrant which he admitted was difficult to compute given the continuous nature of migration and lack of properly maintained record would not be less than nine or ten percent. Anderson pointed out that in course of enquiry the commissioners had witnessed convincing evidence of illegal corporeal punishment meted out to Indian labourers in the estates of Mr. Berger, Mr. Worthington and Mr. Tyack, none of which had been noted in the abstract of the report. He also strongly disagreed with the well resorted method of absolving the planters and the system

at large of mistreatment on the completely speculative ground of the Indian labourer's previous condition back home in India compared to Mauritius – the latter assumed to be better in all respects.

The government's response to Anderson's reply was equivocal. It tended to agree with Anderson that the other commissioners did not conduct their investigation thoroughly. Colonial Secretary Dick struck reprimand mode reminding him of the governor's expectation that in future he will be conducting enquiries with more commitment, finding out all the facts about the issue at hand. He also told that the question of the Indian labourer's "comfort" should be measured according to standards of their own class of people in the island and not out of conjectures regarding the level of comfort they were used to apparently back in India. He conveyed the governor's satisfaction regarding the work of the commissioners while he thought Anderson might have "generalized" too much based his inquiry on external sources than the enquiry committee findings. 54, 39).

As Scoble later wrote in the "Anti-Slavery Reporter", when the report was made public that an observation of the proceedings clearly show that the commissioners considered the issues of abuse in a very narrow range of considerations (55 Anti-Slavery Reporter). This episode increased Anderson's reputation among the critiques of the indentured labour system as an impartial and benevolent administrator. The planters' lobby sought to utilise this reputation of Anderson to the hilt when they deputed him to London to represent their cause to reopen the Indian indentured labour traffic on behalf of the Free Labour Association. The Free Labour Association was advocating for a revamped system of indentured migration which would be regulated and controlled completely by the government. They proposed a system in which the agents would be appointed by the association but would work under the control of the government. Such a proposal was obviously meant to placate the critics of the indentured emigration system, to tone down their objections if not to actively support the system.

Planters' Activities in the Caribbean

The Caribbean colonies were the birthplace of large-scale slave based sugar cultivation that transformed the commodity from a luxury item to a produce for the masses in the course of the long 18th century. The region's planters had strong channels of communication to London, through which it raised capital from the financiers in the City of London and also exerted their influence on the government. With the prohibition of the Indian indentured labour traffic they stepped up their rhetoric about the impending doom of British imperial sugar due to lack of adequate labour just like in Mauritius and reinvigorated their channels of influence in the City to lobby the government. However, the Home government was wary of bad publicity in light of the exposes of abuses in the system found in the late 1830s. This is evident from planter Andrew Colville's letter to Gladstone in late 1839. Colville was the owner of Bellevue plantation which was in the spotlight for mistreatment of workers along with Gladstone's Vreed en hoop, which I had discussed earlier. Colville informed that the political climate in England does not seem to him to be congenial for the government to allow emigration of Indian labourers. He advised not to press for the reintroduction of the scheme of labour transportation at the present moment given the adverse public opinion, which would make ministers reluctant to consider such a legislation for enactment. (44, Kale P. 50). Nevertheless, the West Indian lobby carried on sustained lobbying.

During the same time Gladstone received another letter from Viscount Howick. Howick had previously been the parliamentary under-secretary of the state for the colonies between 1830-33 and would later serve as the Secretary of the colonies from 1846 to 1839. He reported to Gladstone of a meeting between a group of "West Indian planters and Lord John Russell (Normanby's successor at the Colonial Office), Howick noted the strong influence of the anti-slavery activists over colonial policies at that time. He informed that he is in the same page as

Gladstone regarding the reintroduction of Indian indentured labour and that he had talked with the colonial secretary Lord Russell who also appreciates the imminent need of the planters for indentured Indian labourers however he (Howick himself) thinks Russell won't be acting on his own accord but one possible course of action in this regard might be to approach the Abolitionist groups for consultation and ask them for suggestion (46, Gladstone Papers). He then continued on a more encouraging note that Russell had implied that he would be willing to be more flexible on the issue of Indian immigration which had been stopped for eighteen months by this time.

In December 1839, Lord Russell received a petition signed by 773 "Clergy, Planters, Merchants, and other Inhabitants" of British Guiana. The petition implored the Queen and her government to give them respite from the debilitating labour shortage from which they were suffering since emancipation of ex-slave apprentices took effect in 1838. Since then they lamented the number of agricultural labourers had diminished

About the source of such supply of labour they suggested to look beyond the Americas and Africa and into Asia. Specifically, the Indian possessions of her imperial majesty. They posed the issue of labour immigration as an act of imperial benevolence on their part because presumably it provided scope of moral advancement to the non-white workers. They warned that if labour immigration is not resumed all that "sacrifice" made by the colony and empire at large for the immigrant will be in vain as they will steadily degenerate into their primitive state of barbarism while "the capital sunk in buildings, machinery, etc. will be thrown away". For that purpose, they requested a sanction for a loan from the imperial government, stating that the finances of the colony being not secure at present for the afore-stated reasons, however they assured that once the immigration scheme sets off, the profit and the revenue generated out of the process would not only be sufficient to pay off the accrued yearly interest but also the principal (52, Kale, P.53).

This petition was significant in its direct address to the imperial government in London, bypassing the governor, Mr. Henry Light. Governor Light had disputed the colonial planters and merchants' claims of shortage of labour and the unreliability of emancipated ex-slaves to work steadily in the sugar plantations multiple times. He was not keen for the resumption of fresh immigration and when in December 1839, the combined court of British Guiana decided in favour of passing the immigration loan ordinance alluded to in the petition, he was not willing to sign it. Seen against this backdrop the petition bears added significance. In the case of crown colonies like British Guyana, the Colonial Office had legislative prerogative. The planters and merchants with strong metropolitan connections took this recourse of lobbying the imperial government directly along with parallel lobbying by their counterparts in London when faced with the recalcitrance of the colonial government. As the letter of Viscount Howick to Gladstone discussed above indicated the erstwhile Colonial Secretary Lord Russell, was more receptive to the entrepreneurs' demands.

During the same time in late 1839, Lord Russell received a letter from the West India Merchants Association regarding the same issue. Along with the usual recitations of problems of high wage rate and unreliability of emancipated ex-slaves, it harped on another popular stereotype of India to argue for resumption of Indian immigration – the problem of overpopulation of India. They invoked the prevalent climatological understanding of race also when they urged for emigration from overpopulated lands with climate that are best suited for labouring in the tropics. They emphasized the advantageous nature of the prospect for both the people and the West Indian colonies. They mentioned the incidences of famine that causes deaths of a multitude of people every year in India. These grounds they argued were sufficient for the British government to allow the transportation of labourers from India to West Indies as it would provide them a gainful opportunity for bettering their conditions by seeking industrious employment and a host of other opportunities.

Added to that they mentioned there was also the advantage of gaining religious instruction for the immigrant.

Faced with such incessant pleas and unrelenting lobbying of planter-financiers Lord Russell eventually proposed that parliament ought to give "encouragement to a large emigration of labourers into Guiana, Trinidad, and other colonies, with a view to introduce a large population", not because he thought there was a shortage of labourers for continuing sugar production. He agreed with Governor Light of British Guiana about the availability of labour in the colony itself for cultivation as their correspondence attests. However, he thought there might be a shortage of scope for profitable expansion with the existing pool of labour. Labour in the imperial scheme of things was for the purpose of enabling expanding capital accumulation (Kale, 1998).

In February 1840, R. Vernon Smith, Russell's parliamentary under-secretary for the colonies introduced a motion in the House of Commons to resume the indentured traffic from India to Mauritius with extension to the West Indian colonies shortly thereafter (1, viii). The BFASS mouthpiece "Antislavery Reporter", immediately denounced the motion. Scoble published a pamphlet detailing the instances of abuse perpetrated on the Indian emigrants and the systematic exploitation of them in these places. He wrote "Hundreds of thousands of poor helpless women and children are now to be abandoned to want, that the growth of sugar in the West Indies may not languish." He reminded the readers that "under the shadow of parliamentary deliberation" the "slave trade crept in" and "a race was then begun between abuses and legislation, in which legislation was always found to be in the rear." Its expectations about the future course of Indian indentured emigration is not more optimistic, summed up with the laconic observation "and so it will be with the coolie trade". The same cycle of rampant

abuse, delayed legislative response cumulatively increasing the misery of the Indian labourer. The paper provides its categorical opinion about resolving the issue – “We must tread the same circle” and “come to the same result” at the end that in the case of the new, as of the old, trade, the only path of safety lies in absolute prohibition” (Scoble, ASR).

However Scoble’s writings, which was characteristic of anti-slavery abolitionists’ larger rhetoric did not differ from official imperial or planters’ portrayal of the Indian labourer as helpless and vulnerable. Thus in their *écriture* the abolitionists felt short of interrogating the innate racial assumption of imperial discourse and in that way reified racist stereotypes of the Indian labourer – the “coolie”. The BFASS, the most prominent abolitionist group in Britain with its Quaker evangelist background and its members drawn from the middle and new professional classes, with a certain proportion of tradesmen and a few nobles did not speak in a single voice when it came to the issue of indentured emigration. In February 1840 itself, the “Anti-Slavery Reporter” reprinted an article from a Trinidad based newspaper – “Trinidad Standard” which lauded the working ability of some Free Blacks who had recently emigrated from United States to there and are completing unprecedented three tasks a day. The “Reporter” in this case was quick to discern the “important inference of the superiority of free over slave labour!” (4, ASR).

As I had discussed above, the crux of abolitionist argument rested on a binary conception of free and slave labour. They did not oppose European or Free Black indentured emigration from America because they considered these people to be free agents coming from civilized countries with an understanding of the free nature of contract. They opposed emigration from Africa and Asia based on their racial understanding of these places as civilizationally backward and hence ignorant immigrants coming from such locations were deemed to be especially susceptible to unscrupulous recruiters on the look out to misrepresent exploitative contracts as lucrative. Lord Brougham a prominent abolitionist aristocrat who was among the first members

of the British parliament to raise the issue of the plight of Indian indentured emigrants in parliament in 1838, pointed out that there are laws in Britain against transporting any Briton from the country against her/his will, who according to him were “civilized men”. He then made a comparison between the British “civilized men” and the “coolies of Bengal” and “negroes of Mozambique coast” stressing the need for extra vigilance in cases of migration of such apparently uncivilized people and hence in the absence of such provisions their emigration should be stopped (8, ASR).

In March 1840, when the bill for resumption of indentured emigration was in debate, the “Anti-Slavery Reporter” conceded the possibility of resumption of the traffic when it wrote “It is true we have called for a present prohibition rather than regulation of the transportation of coolies, but certainly only for a temporary prohibition; we never thought of shutting up India absolutely and for ever. We must see a great alteration in the whole system before we can set to its extension.” (51, XXIII).

The 1840 bill for resumption was eventually defeated in the parliament and it was applauded in the First World Anti Slavery Convention which was being held in London at that time. However that did not stop the lobbying efforts of the colonial planters. They got a shot in their arms next year when J.P. Grant, one of the dissenting members of the Dickens Committee submitted his dissenting report.

Grant who was a Bengal civil servant and would later be the lieutenant governor of Bengal, explained his difference of opinion with the majority of the commission members’ views about the report’s stated recommendation to the Indian government regarding the future course of action. The majority committee advocated putting a stop to Indian emigration to these colonies. To him the matter was about the right of the free British subject to move and work anywhere. He wrote “whether the whole of the labouring population of the vast portion of her majesty’s subjects.... Ought or ought not to be as free as the rest” in the matter of “disposal of their labour

and their right to going about” is a principle that he affirms thoroughly and thus cannot sign a report which “advocates the negative”. He considered the prohibition of Indian Emigration Act XIV of 1839 to be remarkable because “not content with getting rid of the whole of the abuses complained of” which in spite of being a member of the enquiry commission he considered to be of little truth, the act “imposes strange and servile restrictions on the liberty and means of livelihood of millions of people, in matters which as yet has never been practically subject to abuse”.

Grant acknowledged that certain prevalent practices like escorting labourers under private or police guard on to the ships or confining them in ship holds during the course of the voyage were more akin to convict or slave transportation than emigration of free people and agreed such practices ought to be disallowed. However, his point was abuses “must be rendered impossible” in the system rather than banning the system. To explain he took the analogy of the lascars, i.e. the Indian sea-farers who frequently migrated seeking service in British and foreign ships. He wrote just like indentured labourers “Lascars may be thus confined and forced on board the opium ships, there to be kept on deck on watch incessantly for winter voyages to China Sea”.

The blanket ban on emigration by the 1839 law he considered to be “impolitic and unjust” and compared it with legislations of erstwhile slave states of United States against the movement of Black individuals and the serfs of Russia who are prohibited from emigrating from their masters’ lands.

On top of all that he criticized the commission report of treating lightly the issue of “prosperity or existence of whole colonies and the liberty of tens of millions of British subjects” as witnesses had deposed to the commission that if emigration was permanently prohibited then “Mauritius must be ruined, and it is not unquestionable that the mass of our Indian fellow subjects are no longer free men as before”. Thus the interest of imperial economics bolstered

by the putative claim of freedom of the British Indian subject were garnered as strong claims for the resumption of the system in spite of the abuses (Grant, FN).

Grant's report was attacked in the 1841 parliamentary session, however as Madhavi Kale had shown, through constant reiteration by planters and imperial officials, the Grant report's arguments will gain increasing validity while the majority report of the Dickens' committee would be devalued (Kale, P. 80-82).

Resumption of Emigration

Colonial Secretary Lord Russell had an ambivalent position regarding the issue of resumption of Indian indentured emigration. On the one hand he did not agree with the planters that the ex-slave emancipated workers were lazy or recalcitrant. He accepted Governor Light of British Guiana's report of them being dependable farm labourers. He was also not receptive to the grand plans of planters to initiate an enhanced immigration scheme with additional checks and regulations to prevent abuses, for which they requested sanctions of loans from the imperial government. However, as I had discussed earlier Russell agreed with them in as he considered labour's crucial function being in aid of capital's needs to expand accumulation through ever increasing productivity. This was his chief reason behind introducing the motion to resume Indian emigration.

In 1842, Lord Russell was succeeded by Lord Edward Stanley as the new Colonial secretary. He did not share the ambivalence of Russell regarding Indian indentured emigration. By that time Grant's argument about the right of free British subject to move anywhere for work or whatsoever and the empire's responsibility to uplift its less civilized subjects by providing them exposure and opportunities, which the indentured emigration scheme purportedly provided to the Indian subjects were widely asserted by enthusiasts of emigration. One signal trope invoked by the pro-emigration party is the figure of the return emigrant. It was argued by them

supposedly gleaned from the evidence of the various committee reports of 1838-39 period that the return emigrant underwent a significant transformation morally, physically and racially with the experience of indentured labour in the colonies. In 1841 one member of the parliament Mr. Elliott told in anticipation of Stanley's resumption of Indian emigration bill of 1842 told that the workers who returned to India after the end of their contract to India apparently could make savings, became healthy, acquired moral strength, continence and were generally more industrious in outlook than before. (64, Parl.papers, 1842, 82). One supporter of the bill put the issue in blunt racial term when he argued that Stanley's proposed legislation will be "most beneficial to that race" as it had been proven that Indians "went to the Mauritius monkeys, experience proved that they returned to India men" (63, PP 82).

It is noteworthy that in this spate of British parliamentary deliberation regarding resumption of Indian emigration, the government of India, which had significant reservation against resumption, its opinion was not taken into account. In March 1842, when the bill was expected to be tabled in parliament, the Court of Directors of the East India Company wrote to Government of India that the British government is all set to resume Indian indentured emigration by repealing Act XIV of 1839. For that purpose, they wrote "Her Majesty's Government do not deem it necessary to apply for any legislative enactment in the country [India]". The Indian government would be responsible to implement measures of protection and welfare for the migrants for which it can proceed with further legislative enactments. As the Directors expressed their confidence in the power of the parliament to provide proper safeguards for recruitment, transportation and upkeep of these labourers. (80, PP, 1842, 86). Immigration was thus resumed with an extension of the Colonial Passengers' Bill by imperial legislative fiat and Indian government was made to follow suit.

It passed Act XV of 1842 and Act XXI of 1843 to annul Act XIV of 1839's prohibition and resume emigration for Mauritius.

He also asked the parliament for constituting a committee for enquiring about the master servant acts, wage rates, availability of labour and agricultural production costs in the different West Indian colonies. (76, PP, 1843, 94). With the Mauritius precedent it did not take long for West Indian emigration to resume. Stanley enabled it with a further extension of the Colonial Passengers' Bill. As always the Indian government was delegated to formulate regulatory safeguards for the route, which it did by passing Act XXI of 1844.

Resumption of Indentured Emigration under Government supervision

The acts of 1842 and 1844 sought to formalise the process of recruitment and transportation to Mauritius and the West Indian colonies respectively. It directed the appointment of emigration agents from the receiving colonies of labour in Calcutta to directly manage the recruitment of intending emigrants for the colonies. It would be the agents' job to explain the nature of contract to the intending emigrants through personal communication, informing the distance to the particular colonies and debunk "false" and "unreasonable expectations" regarding the job among them (ACT No. XV. OF 1842, for regulating the Emigration of the Native Inhabitants of the Territories under the Government of the East India Company to the Island of Mauritius, P. 1 & ACT NO. XXI. OF 1844, regulating the Emigration of the Native Inhabitants of the Territories under the Government of the East India Company to Jamaica, British Guiana and Trinidad, P. 3). He had to ensure that the labourers indenting for such work overseas have satisfactory health and "not incapacitated from labour by old age, bodily infirmity, or disease" (ACT No. XV. OF 1842, for regulating the Emigration of the Native Inhabitants ..., P. 3). For these works the agent was required to be paid an annual salary in place of the earlier system where the emigration agent's remuneration was dependent upon the number of recruits he could engage. Still the Secretary of State for the colonies, Lord Stanley expressed concern that the emigration agent's job profile made him responsible to the government of Mauritius and

invested in the task of recruiting emigrant labourers rather than being primarily answerable for the welfare of the Indian emigrants. Lord Stanley stressed the necessity for employing protector of emigrants by the government of India apart from the Mauritian emigration agent whose sole responsibility would be to provide for the indian emigrant labourer's welfare (78, XXIII).

The Secretary of State for Colony's apprehensions were substantiated when W.W. Bird a civil servant reported of the Indian indentured labourers' inability to enter contracts of their choice as he observed about the new emigration system to be 'left as formerly to the private speculation of the Mauritian Planters' who lure ignorant men and women into emigration by employing crimps and duffadars (79, XIII). To remedy this, Act XXI of 1843 was passed which provided for the appointment of an emigration agent by the Government of Mauritius and a Protector of Emigrants by the Government of India at each port of embarkation. No emigrant was allowed to embark on a ship to Mauritius without a certificate signed and countersigned by the emigration agent and the protector of emigrants respectively henceforth.

The acts of 1842 and 43 resuming emigration to Mauritius along with Act XXI of 1844 for West Indies sought to formalise the process of recruitment with supervision by the protector of emigrant and the emigration agents of the respective colonies specially deputed at each port of embarkation for this purpose. This double supervision was devised to ensure the free and voluntary nature of emigration and the emigrants recruited thus were of satisfactory health to undertake agricultural labour. The emigration agents henceforth were paid an annual salary instead of the earlier arrangement where they were paid according to the number of emigrants recruited for the particular colony in a particular season. Embarkation was limited to the three presidency ports of Bombay, Madras and Calcutta just like before. The labourers were to be given a copy of the contract with all the details in their mother tongue before embarkation onto ships. It specified the term of their contract to be not more than five years at the completion of which they would be eligible to claim their return passage back to India. They could also choose

to re-indenture with their previous employer after the completion of their term for a period not more than 12 months in one instance and they could claim their return passage any time after completion of their subsequent re-indentures. They were to be paid Rs. 5 per month and before embarkation were to receive the first 6 month's wages in advance for initial expenses.

Beside the attempt at pre-empting Abolitionist charges of a renewal of slave labour evident in its formulation, this document, the eponymous form of indent is an archetypal piece of colonial record-making. As colonial regimes sought to create legible markers for generating wieldable, quantifiable pieces of knowledge for somatic control of colonized subjects, this document sought to transcribe the racialized migrant colonial subject – of “the coolie caste” through gaugeable categories and stanchions of colonial bio-power apparatus into docile, legible bodies (124). Beside the particulars of wages and other provisions, the contract was to include the particulars of their previous occupation in agriculture, their parent's names, age, feature and distinctive markers. The protector of emigrants needed to check the indent forms and explain the terms of contract specified to each intending emigrant before embarkation. After that he was directed to “forthwith proceed to the ship” by which the emigrants will travel to their destinations and inspect the provisions and other requirements specified by the acts for emigrant ships.

The acts specified that an emigrant ship could carry a maximum of 1 person for every 2 tons of registered burthen of the ship. The height between decks in the ship needed to be minimum 6 feet and a ship could carry a maximum number of one emigrant per 12 sq. feet of the area of the lower deck or platform of the ship unoccupied by provisions and miscellaneous stores kept in there (84, xii). The ship had to carry adequate amount of food and other provisions for the estimated duration of the voyage. 5 gallons of water per emigrant for each week of the voyage was stipulated to be carried in sweet casks along with rice, Bread, Biscuit, Flour, Oatmeal, or Bread amounting to 7 pounds for every emigrant per week of the voyage. After his inspection

regarding the adherence of all the requirements and seaworthiness of the ship the protector of emigrants was to allow the sailing of the ship with him remaining on board the ship till Sagar Islands – where river Hooghly meets the Bay of Bengal. This measure was put in place to ensure that no unregistered emigrant was taken on board along the course of the river downstream from Calcutta till Sagar Island as was evidenced to have had occurred regularly by the Dickens Committee report in the previous phase, which I had discussed earlier (96, xiii). The act XXI of 1844 fixed the sailing season for West Indies bound emigrant ships between 30th September and March 1st in light of inclement weather prevalent in the Atlantic Ocean between April and August. The post of Protector of Immigrants was also created by this act in all the receiving colonies to assist Indian immigrants in distress or in need of redress from unscrupulous employers.

It is evident from the tenor of the act that the formulators wanted to stymie the detractors of the system's campaign and criticism that slavery is being restarted under a new guise by the Indian indentured emigration scheme. One significant omission in these resumption acts is regarding medical provisions to be carried on emigrant ships. Nor does the Acts stipulate the presence of a medical personnel on board. This is of note in light of the multiple incidents of outbreak of epidemic disease and general prevalence of ill-health on board ships mentioned in multiple enquiry commission reports. Towards the end of 1837 twin outbreaks of smallpox and measles occurred in Mauritius which abided till 1842. Such outbreaks, especially of smallpox were rare in Mauritius before large scale indentured immigration, which had the reputation of being the sanatorium of the British empire in the Indian Ocean during this time (Ross). In fact, in 1838, the British parliament drafted a law for better regulation of the Indian indentured emigration traffic which carried substantive stipulations for the availability of medicine on board for emigrants and required the presence of a medical practitioner certified by the Medical Board of the presidency from where the ship is travelling (74, XIII). The draft act was never

implemented because by 1839 emigration was prohibited for reasons which I had discussed before. However, since that time, i.e. in the first phase before prohibition it had become a common practice for ships to have a medical personnel on board and in cases where such a person is not available captains of ships carried a chest of medicines. As the 19th century progressed and cases of epidemic outbreaks of diseases like malaria cholera or smallpox occurred in receiving colonies, later legislations updated the regulations regarding medical requirements.

The regulations, including the heights between decks for accommodating emigrants on board, provisions to be carried for feeding the emigrants and the attendant practices of care would soon turn into points of legislative, juridical and at times public deliberation with three governments – the receiving colonial government, the Indian government and the Imperial government in London getting involved. For instance, in 1847, the Mauritius government seeking to cut down cost of importing immigrants proceeded to reduce the required regulation of minimum height between decks from 6 feet to 5½ feet and do away with the minimum requirement of 12 superficial feet in there. The Indian government reluctantly agreed to the proposal which was made de jure by the emigration act IV of 1852 (68, XXV). Similarly, the stipulations of fixed sailing seasons for West Indies led down by Act XXI of 1844 was dropped. In this case too, the Indian government reluctantly acceded to the proposal. The Indian government on its part suspended emigration to Mauritius and West Indies on multiple occasions when outbreaks of disease and severe mortality either on shipboard or in the colonies or in cases of accidents on ships led to large number of deaths. Just four years after resumption of emigration to West Indies, the traffic was suspended by the Indian government in 1848 because of severe mortality. It was allowed to resume in 1852 when measures put in place by the West Indian colonies in regard to vaccination and medical access in plantations were deemed adequate for Indian emigrants. Henceforth the body of the Indian emigrant will be a

prime site for imperial legislative and public deliberations. the threat of adverse public opinion in India and the ghost of Abolitionist activism in Britain, which I had discussed above acted as palliative checks against excesses in the regime. This did not ensure practices of overworking Indian immigrant labourers or underpaying them or imparting severe corporeal punishments in plantations in disparate colonies came to a stop. Throughout the nineteenth century more and more colonies proceeded to pass overtly anti-Indian legislations with racist underpinning in order to restrict their movements off the plantations in the name of anti-vagrancy laws, starting with Mauritius, which I will examine in Ch.4 (75, XXV). The resumption acts of 1842-44 created an institutional structure for imperial indentured emigration which acknowledged the right of the non-white British subject's physical wellbeing in transit and in the destination colonies in the form of the various safeguards and provisions ensured by these acts. It (the acts) also made the government, i.e. all the stakeholder constituent polities of the empire – the government of India, the colonial government(s) receiving Indian indentured labour and the imperial government at London responsible for the undertaking of the Indian indentured labour migration regime.

However, ensuring good health in ships carrying immigrant labourers was not just a benevolent imperial concern in 19th century. In this era a host of pathogenic disease outbreaks swept across the globe following the circuits of global trade routes esp. the busy shipping lanes across the oceans and attained pandemic proportions in far flung colonies and metropolises. For instance, between 1820 and 1850, eight spates of cholera epidemics, originally emerging from India broke out across the world striking disparate locations such as Constantinople, Hamburg, the West Indies and the ports of United States (Contagion; Harrison). Yellow fever, small pox and Malaria were other significant diseases which captured the imagination of metropolitan and colonial public spheres – of ships from distant plague cursed land dumping disease laden cargoes and passengers in their lands hitherto spared from such scourge. Mauritius which had

a reputation of being the sanctuary of the British empire in the Indian Ocean was struck by a small pox epidemic shortly after large scale immigration of indentured Indian labourers started in 1838. The epidemic persisted on the island till 1842 (Ross). The nascent Indian contingent in the island were immediately suspected of being the carrier of small pox variola in the island. As I had discussed before, Race being a persistent feature of 19th century European medical discourse, such reportage, including professional medical correspondence tended towards a racial explanation of disease transmission. This was exactly the case in the 1854 Mauritius cholera outbreak, the 1856 cholera outbreak (New Age, 1856, FN) and the smallpox outbreak in 1863 (Ross). In late 19th century Burma, official and nationalist public rhetoric always equated smallpox with the influx of mainland Indian labourers which by extension implied an infection of the national body politic (NA, FN). In South Africa, the fear of small pox, cholera apparently stemming from “small nests of oriental dirtiness”, i.e. dwellings of Indians in town were the catalyst for the passing of the first Vagrancy Law in 1874, which stipulated every Indian to carry passes issued by the police and observe a 9 pm curfew in the city of Durban. The vagrancy law became a precursor to later anti-Indian legislations directing segregated zones of habitation and progressive disenfranchisement of the Indian contingent of the community, culminating in the infamous apartheid era legislation – the Group Areas act of 1950 (‘Asiatic Menace in Durban). In the imperial conception, disease or dis-ease was dependent upon a different ethnology. Metaphors of plague, carbuncle, ulcer, consumption, venereality and viral infections were regularly resorted to in assertions of autonomous racial spaces and sensitizing campaigns against such ‘malaises’ of race-mixing. Thus such salient colonial spaces as the port of embarkation, the ship, the plantation and its ‘coolie’ townships were all characterized by the quarantining initiative of discipline by segregation. For instance, during the 1856 cholera epidemic in Mauritius, the Mauritian newspapers like the “New Age” (), sensationalized racist imperial stereotypes of apparently degenerate state of

health and hygiene among Indians in their reportage, singling these factors out to be the main cause of introduction and prevalence of the disease in the island. The Indian press on the other hand, like the pro-imperial “Englishman” (1856, FN) published from Calcutta, led a point by point rebuttal of the “New Age”’s claims and focused on the less than desirable treatment of them in transport and during their stay in the island.

Thus managing intra-imperial non-white migrant labourers’ health was a delicate task for the imperial authorities. The labour importing colonies, in spite of their grouse about emergence of epidemics accompanying importation of labour could not afford to dispense Indian indentured labour, because it was a necessity. While the Government of India feared inclement public opinion on top of imperial moral responsibility to its Indian subjects, in deference to which it occasionally suspended emigrant traffic to colonies when public health provisions in such colonies were deemed to be lackadaisical or ineffective to guarantee corporeal wellbeing of Indians. In the midst of such intra-imperial wrangling the imperial government tried to strike a balance; its chief concern being the prosperity of British imperial sugar. The public health regime of Indian indentured immigration developed within the interstices of these legislative and bureaucratic impulses of multiple imperial agencies.

In my research I am looking into the emergence and development of this public health regime geared towards the corporeal governance of Indian indentured emigrant labourers. The imperial rationales and its attendant procedures constitutive of this regime depended to a large extent on the phenomenon of quarantinization. The imperial authorities of the concerned colonial authorities in their quest to stem propagation of purportedly “tropical” diseases via ships conveying Indian indentured immigrants to the colonies, followed the migrants with their medico-legal apparatus from their points of recruitment to the ports of embarkation. The voyage, the quarantine stations near the ports of disembarkation and the plantations where the emigrants finally reached were spaces which were marked by the same biopolitical impulse of

surveillance and segregating the Indian contingent from rest of the population. It tells a lot about this biopolitical rationale that even after four decades of the initial suspension of emigration in 1839, where the estate hospitals were reported to have been in an abominable state and was frequently used as a space to confine recalcitrant workers, in the 1870s, the Royal Commission found evidence of estate hospitals still being used as a carceral space and workers were deducted pay for their duration of treatment in the hospitals (Royal Commission Report, 023, FN). The mortality of Indian immigrants decreased, albeit slightly, but health and hygiene were asserted to be the chief reason for introduction of Vagrancy Laws specifically targeting Indian labourers by the colonial governments during epidemic outbreaks. The vagrancy laws, for instance the Mauritian vagrancy law of 1850s, made it compulsory for every Indian, even Indians who had completed their indenture and did not reside upon plantations to carry a police pass, whenever they ventured out of plantations in lieu of being arrested by the police (RC, 023, FN). The vagrancy laws were seldom abolished after epidemics ended.

In Ch, 3 and 4 I will chart the presence of this biopolitical gaze over the indentured recruit from the depot in the port of embarkation onto the voyage and in to the destination colonies. In the next Chapter, I will discuss the etiological condition prevailing in this era and the prevailing medical theories that were resorted to make sense, explain and eventually confront the malignant diseases. The discursive background would explain the biopolitical rationales behind particular actions and enactments of imperial public health authorities and reactions of the public.

Chapter 2

The Politics of Care and Therapy

The Indian Indentured Emigration scheme restarted in 1842 with an elaborate enlargement of legal infrastructure for efficient management of the process. The 1839 episode of suspension and eventual resumption of the system was underpinned on the issue of corporeal wellbeing of the migrants. The upkeep of emigrant bodies would remain an intra-imperial bureaucratic and political issue in this phase of renewed emigration. The onset of the period was marked by enlargement of depot accommodation for intending recruits and building of new depots by the various recruiting colonies at the ports of embarkation in India (Dickens Committee Report, 1842). Emigrants were entitled to receive more food and space per capita in ships transporting

them to destinations than their counterparts who went in the initial phase. Not all of these gains however would endure for long time in the face of planter avarice and machinations of planter controlled colonial legislatures that were bent upon to reduce input cost of labour recruitment. Mauritius government passed legislation to reduce the increased minimum height allowed between decks in ships to house immigrants from 6 feet to 5 and half feet just 5 years after resumption of emigration in 1847. The provision of 12 superficial feet to be provided per migrant was also dispensed with. The protective safeguards against exploitation of labourers embodied in the resumption Acts of 1842-44, passed by the Imperial and Indian governments were diluted piece meal by multiple local legislations enacted in the various colonies. As the ghost of the suspension episode of 1839 receded from public memory and a retrospective scepticism regarding the gains of the abolitionist movement (Stepan, 1980) set in, a period of aggressive pro-planter legislation in the sugar growing colonies seemed to be on the cards.

However, as I had mentioned earlier the middle of the nineteenth century was marked by outbreaks of multiple global epidemics which struck disparate regions of the planet in quick succession, traveling through the channels of modern industrial traffic, especially the railways and the shipping lanes across the oceans. Cholera, which was hitherto an endemic disease in Eastern India spread out after initial outbreak in Jessore in 1817 to strike disparate locations around the world in six waves of pandemics in the nineteenth century. The West Indian islands were severely affected by it multiple times – between 1833-38, 1850 – 56 and 1865 – 72 (https://wwwnc.cdc.gov/eid/article/17/11/11-0958_article). Increased frequency of transoceanic shipping, with steam power enabling the construction of bigger iron built vessels were capable of carrying more people and thus spread more germs. Between 1830 and 1870, journey times were practically halved on many routes. The 1865 cholera epidemic ravaged Mecca during the pilgrimage season and spread to Russia where it killed more than 90000 people before entering Western Europe (Harrison, “Contagion”).

Cholera also affected Mauritius in 1854 – 56 period, which was affected more frequently by the other epidemic scourge of the time – Malaria. The 1865 – 68 malaria epidemic had profound effect on the lives of Indian emigrants in Mauritius as the epidemic occasioned the enactment of stringent anti-Indian legislations. Emigration for West Indian colonies was halted in 1852 due to the cholera epidemic raging in there and was not reopened before late 1855. In 1856, Huge mortality occurred on board the ships Futtay Mubarak and Hyderee carrying emigrants to Mauritius. More deaths occurred when the immigrants from the two ships were quarantined on the remote Gabriel Island. Indentured emigration for Mauritius was halted, pending upgradation of quarantine facilities (Marina – Voices). Such occasions of closures, reactionary legislative enactments and public anxiety, as I will discuss in the wake of raging epidemics occurred frequently throughout the period that the indentured immigration system persisted. The plague epidemic of the 1890s in India provided the backdrop for the South African colony of Natal to go into quarantine overdrive. In 1896, when two ships, Courland and Naderi, sailing from Bombay arrived in Durban harbour, they were not granted pratique in spite of their adherence to the most stringent regulations of quarantine and with no case of plague being reported whether in the voyage or in quarantine. The sole reason for such punishing quarantine being the fact that the two ships sailed out from Bombay – the epicentre of the epidemic, which fomented anti-Indian sentiments among white residents of the colony. The tropes of health and sanitation would be the prime impetuses for enactment of racist anti-Indian legislations in Natal. These legislations barred Indians from owning properties and businesses in designated whites only zones of the city and severely curtailed their chances to gain voting rights in the colony. Surendra Bhana had shown that the segregationist anti-Indian legislations of the turn of the 19th century Natal were the precursors of the more explicit white supremacist legislations of 20th century which culminated in the Group Areas Act or Apartheid of 1948 (Bhana). Here health and sanitary boundaries coalesced with government's racist impetus to demarcate racial

habitations of Blacks, Whites, Indians and Coloureds as such boundaries between communities purported to be *cordon sanitaires*, i.e. sanitary cordons; guarding against the perceived malaise of mixing of races and spread of pathogens.

Upkeeping the health, especially of non-white emigrants was not just a therapeutic concern for the imperial authorities. There were also preventive and preservative impulses attached to it. Roy Porter, the pioneer of the field of Social History of Medicine had shown that the early nineteenth century was a transformative period for Western medical scholarship (). Europe's encounter with alien geographies in this phase of colonial expansion exposed them to distinct disease environments which could not be explained by the received medical tradition of the West, passed down from Hippocrates and Galen in antiquity to the era of Enlightenment. This system of medicine based on the theory of four bodily humours which were presumed to correspond with the states of nature was placed under intense scrutiny in the spirit of the age of enlightenment, but there was little unanimity among the scientists, experts and practitioners regarding a reformulated theory of medicine. In this context, the tropical zone of the world was conceived to possess a distinct geo-aetiology. Characterized by a relative abundance of vegetation and faunal presence than the temperate zones of the world it was presumed to contain a correspondingly large and varied set of diseases.

In 1965, the complex of disease, race and climate in European medical conceptions of the tropics was explored by Philip Curtin for the first time. He demonstrated that the difference in climate of the tropics and its distinct aetiology, observed by European doctors, naturalists, explorers and prospectors had a profound impact on European understanding of race. The fact that certain groups which they conceived in racial terms were perceivably immune to certain maladies which were fatal to Europeans, it led experts to theorize on racial physiology and processes of disease causation. During the early 19th century, European troop mortality in the tropical locations were especially high. Be it in West Indies, Algeria or India, European troop

mortality was significantly higher than the rate in Britain or France. Moreover, it was observed that the diseases from which the troops suffered were also different in the tropics than from Home. As he points out, in Britain most deaths among troops were caused by respiratory ailments, especially TB, whereas abroad, respiratory diseases accounted for only 10 percent of total deaths (Curtin, 1965). Here in the tropics, Europeans suffered from diseases about which Medicine could do little at the time, like malaria in India or Yellow Fever in Africa and the West Indies apart from cholera and Beri Beri. Health of European troops was a prime necessity to maintain the imperial system. Thus the tropics started to be seen as especially dangerous and in need of special iatocratic focus. This impetus would later go on to create the edifice of Imperial Tropical Medicine.

These factors added grist to the conception of distinctiveness of tropical climate among naval and military medical observers who extended the hypothesis to propound distinctiveness of physical constitution of peoples according to their corresponding climatic zones of birth and habitation. According to this hypothesis Europeans were conceived to be especially susceptible to the diseases of the tropics and thus should only be delegated supervisory roles while posted in there. They should abstain from “spirituous liqueurs” and should only follow a light regimen of exercise. While the back-breaking physical labour demanded in plantations under the tropical sun should be left to be undertaken by people originally from the tropics. Thus we see even before the formulation of a scientific racial episteme which was concretized only towards the end of the 19th century which I will discuss, the structure of racial hierarchy was already there. During the 1780s, when the slavery abolition movement started to gain steam among the evangelical circles and started to gain political valence, an ambitious plan was proposed to transport indentured European labourers to work in the sugar plantations in West Indies. This plan was posited to be an experiment, which was hoped to eventually dispense the sinful need of recruiting slaves from Africa to work in the plantations. However, the plan was nipped in

the bud for the reason mentioned above, i.e. Europeans were not considered suitable to undertake manual work in tropical climates (Harrison, “Tender Frame”, c47). A similar plan was again proposed in the 1830s with the prospect of slavery’s imminent abolition being a reality. As I had discussed in Ch.1, the plan was again abandoned for similar reasons, and in its place the Indian indentured labour immigration was conceived to be a viable alternative as Indians were supposed to be suitable for the required task by dint of India being a tropical country.

Thus cutting down the mortality rate of Europeans in the tropics and prevention of outbreaks of epidemic diseases, especially diseases presumed to have had been imported from overseas against which the resident population do not have any resistance was a major impetus of imperial public health policy apart from its therapeutic aspect. According to David Arnold the preventive aspect was the prime impetus behind the development of colonial medical services – especially the Indian Medical Service (henceforth IMS) which served as the template for the development of other colonial medical services in the British Empire. The IMS strived to ensure the upkeep of health and reduce the alarming mortality among European troops of the East India Company army, later the British Indian Army and the European civilian personnel posted in Indian regional headquarters (Arnold, “Imperial Medicine and Indegenous Societies”). Arnold called this a medicine of the enclaves, as the European personnel resided in sequestered parts of Indian cities – the Civil Lines, characterized by wide boulevards, manicured hedgerows and bungalow houses which were considered to be the most scientifically informed specimen of tropical architecture. The larger Indian public were barred from entering these spaces which doubled as cordon sanitaires for the protection of European personnel. However, such a system of medicine needed to take into account the fact that European officials, be it the soldiers, the bureaucrats, the judges, the magistrates and other functionaries of varied ranks came into contact with numerous Indians in course of their

administrative and social chores – the sepoys, the clerks, peons, their own servants and countless others. Thus concerns of native health was acknowledged albeit as an external factor bearing upon the proper management of health of the enclaved European society. The Indians who came in frequent contacts with Europeans in their daily lives were the first contingents of natives to attract Western iatocratic attention, particularly the sepoys – i.e. the Indian troops of British Indian Army (Harrison). Erica Wald's work on the institutions of colonial lock hospitals which treated venereal diseases had shed light on the intense iatocratic scrutiny that Indian sex workers were subjected to because of their dealings with troops – both Indians and Europeans. The Indian indentured immigrants faced imperial iatocratic gaze by virtue of their presence in the prime site of capital intensive, industrial scale agricultural production which is the colonial sugar plantations. The iatocratic concern was thus not just for the wellbeing of the Indian emigrants themselves but also for the protection of the larger population around them in the colonies. As I mentioned earlier in Ch.1, Mauritius had a reputation of being the sanctuary of the British Empire in the East prior to large scale arrival of Indian indentured labour. Soon after the onset of Indian indentured traffic an epidemic of smallpox and measles set in (Anderson) which prevailed till 1840. It is difficult to ascertain whether this epidemic was transmitted through the channels of indentured labour flow as methods of contact tracing were not conceived and both the diseases being common occurrences in various locations around the globe. In 1842, with the resumption of indentured emigration from India an epidemic which was classified at that time as 'relapsing fever' broke out. Ronald Ross hypothesizes that this might have been a case of malaria epidemic as fevers interspersed with periods of recuperation is a common symptom of malaria. Medical observers noted that before this epidemic, malaria was unheard of in Mauritius (ross).

With the rationales of therapy and prevention, imperial public health also had a preservative aspect. Indentured labour was not cheaper than slaves, in spite of rhetorical assertions to the

contrary (Tayyab Mahmud). Recruiters and emigration agents were paid according to the number of able-bodied emigrants they recruited, i.e. individuals who were deemed to be fit enough to engage in regular plantation labour. Ship owners were paid according to the number of emigrants that disembarked in good health from ships in the destinations. They had to forego payments on the number of immigrants who died during voyage or were rejected during allocation to the plantations at destinations. Capital for labour recruitment were at times raised by public taxation and thus aggravated mortality or debility among emigrants were deemed to be a waste of public money and attracted governmental oversight into the functioning of plantations which the planters resented. Moreover, sugar cultivation was highly labour intensive and thus a band of debilitated labourers were not considered ideal by the planters. The initial preference for recruiting the so called 'race' of "Hill Coolies" about whose laboring ability and frugal, almost primitive needs Messrs. Gillander and Arbuthnot waxed lyrically in unapologetic racist tone in their letter to John Gladstone in 1834, which ushered in the vogue of indenting Indian emigrants, discussed in Ch.1, decreased with time. In the initial period many emigrant ships' contingent consisted almost 80% of people who could be classified as "Hill Coolies" – a speciously defined ethnographic category, as I mentioned earlier. This overwhelming majority started to decrease significantly by the 1850s as the 'hill coolies' were seen to be more susceptible to various disease and had a significantly higher mortality rate than other groups of Indian emigrants by the planters and hence were deemed unremunerative (Tribal Migration beyond.... Book Ch., Verene Shepherd Ch. In "Race and Racialization"). Ralph Shlomowitz propounds the reason for this aggravated debility among "Hill Coolies" to be because of their unfamiliarity with the disease environment of lower Bengal plains. They lacked immunity from the endemic diseases of south Bengal such as malaria and cholera and hence were susceptible to infection when they reached the crowded recruitment depots.

A Public Health regime geared towards the upkeep of non-white intra-imperial laboring bodies

was a system of fostering biopower. In order to trace the iatocratic gaze upon the Indian emigrant and the specific nature of the public health infrastructure that was conceived to gain a degree of somatic control upon them I will chart the prevailing understanding of disease aetiology. The medical scholarship in this transformative period of growth of European empires, amidst accelerating rate of global epidemic spread contributed to the expansion in scope of the Life Sciences due to a larger typological repertoire of both diseases and materia medica made available to it in the wake of European colonial expansion in the tropics.

Medical Foundation; Of Humours and Miasmas

European medicine of early 19th century traced its lineage from classical antiquity. It was based on the teaching of Hippocrates – a Greek physician of 5th century BC. According to Hippocrates, infectious disease had its origins in “the whole constitution of the season and particularly the state of the heavens”, as well as in the social condition and the individual's own style of life. One fundamental tenet of this medical philosophy is that the “macrocosm” of the universe corresponded with the “microcosm” of the body. Both are assumed to be formed of the same matter and are governed by the same natural laws; When a disorder afflicts either of the two, it has a corresponding relation with the other resulting in an outbreak of disease in the other. Each constituent of the macrocosm is imbued with two of the four “qualities” of dryness or wetness and hot or cold.

All the essential features of the macrocosm are recapitulated in the microcosm of the individual body. They are composed of the four elements in their liquid form, which are called “humors”: These four humors are the two types of bile -black and yellow along with phlegm and blood. All these four humors supposedly circulates throughout the body through the veins.

Black bile was supposed to be composed by earth, with qualities of cold and dryness, it supposedly helps appetite and nourishes the blood with the spleen. While yellow bile is

supposedly composed of fire with characteristic property of dryness, it was also called choler. It was associated with enabling digestive system, being accumulated in the gallbladder and was perceived to be the cause of purgative actions of the gut. Cholera owes its name to the sudden and extremely debilitating symptoms of its onset which left the victim almost paralysed in pain and completely dehydrated, often resulting in death of the patient.

Phlegm was considered to be the wet and cold humor that was essential for the health of the brain, supposed to be composed of water, its slippery quality was considered important for lubricating the joints of the body. Thus phlegm was considered important for body's locomotion too.

Finally blood, which was considered to be wet like phlegm but also dry like the biles was thought to be composed of air. Blood was supposed to perform crucial functions by nourishing the body, provideing heat, and most importantly it transports the other humors throughout the body. Liver was conceived to be the organ where blood was produced in ample quantities according to the age of a person and the specificities of climate.

These humors were supposed to be present in different proportions in the body and corresponded to upkeep their distinct temperaments which supposedly they determined. Thus a melancholic person was thought to have a preponderance of black bile over the humors. A person who was quick to get angry or what was termed being "choleric" was supposed to have a preponderance of yellow bile over the humors. While a person who was thin and seldom given to strong passions was thought to have a preponderance of the watery humor, that is phlegm. A person considered to have preponderance of blood over the other humors was considered to be a sanguine person. This quality was generally associated with martial prowess. Humoral theory was based on deductive reasoning, that it proceeded from major premises conceived out of medical observations and fitted individual cases to its conception. Like in any ancient society, there were strong proscriptions against cutting open human body, be it alive or

dead as the human apparently imbued with the soul of the divine spirit was not to be disturbed by decorporealising. Thus there were precious little options for medics to empirically observe the working of internal organs in the body. A large amount of its theorization was based on analogical reasoning from autopsies of animal corpses to ideate about the working of human physiology.

Moreover, in spite of the broader popularity of the system in the wider Eurasian world, in its conception it based upon the specificities of the climate around the Mediterranean Sea. The four season climatic pattern determined its fourfold conception of four elements, constituting four humors with binary qualities which corresponded with particular temperaments which were equated with the characteristics of the different seasons.

“Eucrasia” was the foundation of health for all Hippocratic doctors, however, which was conceived as the state of perfect balance of the humors, ensuring optimum physical, mental and moral wellbeing of the person. Variations in the balance were common both between persons and even a single individual might undergo different phases of humoral state, each characterized with slight preponderance of one humor over another according to age, climate, sex, his/her station in life which characterized the said person’s lifestyle upto a certain threshold. However beyond the threshold if a particular humor becomes dominant or deficient, it risked unsettling the constitutional balance of the person. “dyscrasia,” was the name of this humoral derangement which constituted disease.

Thus for Hippocrates, disease was caused by destabilization of the humoral balance of the body.

Additionally there was the issue of humoral corruption, i.e. if a humor “putrefied”, i.e. started rotting within the body it could result in internal poisoning.

In this humoral framework, diseases were not conceived as individual entities or phenomena. Thus be it jaundice or malaria, lockjaw or hydrophobia, pneumonia or influenza – all were

considered to be distinct types of humoral imbalance of the body. For Hippocrates, disease was singular which could appeared in various forms and degrees.

Later, the Roman court physician Galen extended the Hippocratic disease causation scholarship by codifying six “non-natural” events which supposedly caused the distinct disease forms. These are – air, exercise, excretion, sleep, food and drink. All of these were considered to have their positive and negative varieties. Thus air vitiated by harmful emanations, especially that supposedly arose from damp marshes and bogs produced a harmful natural state for humans to subsist in. This kind of air was called – Mal-Aria, i.e. bad air. Which gave the name to malaria, the disease which might have killed the most number of people throughout human history. Similarly lack of proper exercise or excess of it was supposed to cause various physiological debilities, As it was with excretion, excess or deficiency of bowel pattern was thought to be the cause of a host of digestive problems. In the same vein excess or lack of food and drink were accorded to be causatives of various illnesses.

The primary focus of the Hippocratic practitioner thus was to maintain the proper balance of the body, which meant restoring the stricken body to its natural state of balance. Hippocrates believed that the body in itself retains the power and urge to maintain its state of proper balance i.e. homeostasis. The physicians’ job was to ensure temperature maintenance of the patient by evacuating the putrid humor and infuse its good variety in the body. This was supposedly achieved by prescribing the proper diet and medical regimen. It needs to be mentioned here that just like the humors, all food was also classified according to their temperaments, that is hot or cold or dry or wet and the combination of them. In case of deficiency of one certain humor, the Hippocratic physician concentrated on prescribing the proper variety of food to be consumed by the patient which has the corresponding temperaments to the specific humor in issue.

Hippocratic healers constantly monitored the patient’s temperature, pulse and heart rate, rate

of sweating, bowel routine and all other physiological functions to identify the specific kind of humoral imbalance. For evacuating putrid humors, they depended on the strategies, sweating the patient or providing diuretics and purgatives for increasing evacuation of fluid and solid substances.

Similarly, venesection was a powerful strategy since blood was itself a humor and supposedly carried other humors in its flow, a powerful strategy. It became a staple for the Hippocratic physician and remained the mainstay of medical practice upwards of two millennia—i.e. till the 19th century, the period of my enquiry. To us modern 21st century individuals the idea of doctor with a lancet conducting venesection and drawing out multiple ounces of blood might strike as repelling, almost medieval but venesection was a strategy that was widely resorted to, nay enthusiastically advocated by leading medical experts till the mid-19th century for diseases as varied as Malaria, cholera, lockjaw, hydrophobia and many others.

Hippocratic doctrine might look primitive in its simplicity to us modern subjects compared to the intricacies of modern bio-medical theories of human physiology. However, as the epidemiologist Charles-Edward Winslow assessed the pioneering contribution of Hippocrates's intervention to Medical science, it was the “essential first step” of modern medicine, moving away from previous conception of diseases being caused by either gods or demons that made future scientific study of medicine possible. A humoral notion, even if its imperfect can be a theoretical stepping stone from where hypotheses can be conceived and tested by repeated observation. It was a landmark moment of medicine precisely in its conception of disease's natural as opposed to divine causation. In that way Winslow considered it to be an “epochal advance in the intellectual history of mankind. (Winslow, 1946)

However, the spirit of enquiry embodied in the Hippocratic philosophical tradition was stultified in the hand of Galen – the other canonical figure of classical antiquity of western medicine. He synthesized and stylized the teachings of Hippocrates. In late imperial Rome, the

Hippocratic corpus developed into a doxa in the hand of Galen which was passed down to early modern medical practitioners. It persisted in spite of its seeming ineffectiveness in the face of multiple epidemics which ravaged Europe like the plague epidemics of 14th and 17th century. Hippocratic theory could not account for the reason for vast numbers of people experience the same humoral imbalance at almost the same time? that. Its advocates invoked the possibility of the occurrence of environmental insults. According to orthodox understanding the atmosphere in a particular region had become “corrupted,” resulting in an “epidemic constitution.” Its cause was conceived to be some kind of deadly fermentation which arose from decaying organic matter present in the soil or in marshes and bogs adjoin it. This precisely was the “miasma”, the first non-natural of Hippocratic doctrine. The poisonous effusion could contaminate the air and sicken large numbers of susceptible people if they smelt the poison or supposedly absorbed it via their pores. The notion persisted and had strong impress on the growth of modern Western medical Thought – Philosophers such as Montesquie and Hume, physicians like William Falconer considered this to be the prime agent of disease causation. physicians and physical scientists In the 18th century started exploring the nature of air’s agency on disease causation. Stephen Hales’s influential work “Vegetable Staticks” published in 1727 propounded that air is suffused with the emanants of plants. He argued air quality can be managed by controlling vegetal matter. John Arbuthnot’s “Essay Concerning the Effects of Air on Human Bodies” (1733) was one of the first works devoted entirely to the effect of air on health. He drew in Hippocrates's writings with insights from contemporary works on physiology. His hypothesis was Heat relaxed the fibres of the body, meaning the blood vessels and nerves, thus making them less vigorous, subject to its influence while cold, he argued caused fibres to stiffen, resulting in the opposite effect. By extension of his line of argument it was hypothesized that in hot climates the decay of organic matter and the resultant emanations from marshes and swamps happens faster which causes deadlier miasma to arise.

Thus in spite of its axiomatic and localized nature. The Hippocratic system, with its hypothesization dependent upon observations made in Mediterranean climate was used to make sense of the diseases prevalent in the tropics by European physicians travelling to tropical colonial locations. They tried to understand disease aetiology through a miasmatic conception of tropical ecology. There It led to the development of what was called the “medicine of Warm Climates”.

The Medicine of Warm Climates

M.N. Pearson had noted the scholastic relations existing between early modern European medical scholarship and other bodies of medical knowledge prevalent in South Asia Viz. Unani Tibb and Ayurveda. All these systems of medicine ascribed to the notion of ‘humours’ corresponding to the different states of nature. Their theories of prophylaxis and therapy also subscribed to the dictum of restoring the sick body to its earlier harmonious state by conferring its correct humoral balance (Pearson, “Thin End of the Wedge”). As Foucault had asked rhetorically in *Order of Things* about Western knowledge – a body of scholarship as insular, emic in its worldview and conformant to the reigning dicta of theology, similar to any other body of scholarship prevalent in disparate cultures of the world – how could this body of scholarship pose as the global universal episteme; the story of its eventual triumph as the sole doxa of modernity cannot be understood without accounting for European colonial expansion (Foucault – 1976) The colonial frontier was not an appendage to the world of Western scholarship, it was constitutive of it. This fact is especially salient in case of Medicine and the Life Sciences.

Mark Harrison writes that Western medicine till the early modern period had precious little idea about the internal physiological structure of the human body. Religious proscriptions against autopsy of dead bodies left room for only conjectural analysis by analogy of the internal

structure of organs and their function. Convicts condemned for vivisection provided the only rare and spectacular occasions out of which physiological knowledge could be gleaned. However in the colonial outposts which seldom lacked moments of warfare with local powers and the consequent abundance of human cadavers provided crucial opportunities for physicians to explore and analyse the internal organisation of the human body. In that regard the Colony was an important constitutive site of the doxa of modern life sciences.

Moreover, exposed to the widely distinct ecologies of the tropics, European medical practitioners got an important vantage to evaluate the theoretical foundations of the Hippocratic tradition and compare it with other local medical doxa. European medicine thus got enriched with its exposure to disparate medical traditions like Ayurveda and Unani Tibb, whose materia medica and herbological corpus soon started to be incorporated within the Hippocratic tradition, which in the process transformed it.

Towards the end of sixteenth century, as European powers expanded their commercial interests and Europeans started to visit the tropics in more numbers, the difference of diseases and difference in the nature of diseases prevalent in Europe to those in tropical locations were noted. Climate was observed to be the prime factor of such difference. Experience to comparatively hotter climate exposed them to different physical sensibilities than they hitherto experienced. As the East India Company chaplain John Ovington reported about Bombay and Surat in 1689 – “we manifestly perceived in our bodies an alteration and change in the air”. Travellers noted the difference in diseases preponderant in the tropics and Europe. Bernier who went to India during Aurangzeb's reign as a physician and before that was the student of the great mechanistic philosopher Pierre Gassendi was one of the first to compare the disease environments of Europe and India. He observed diseases like gout, kidney stone or cataract to be non-existent in India (Harrison, *Climates*, 29). A fact which is not true.

Most of these early travellers seldom lived more than few years in the tropics. Consequently,

relatively few systematic studies on disease typology were made. It was hypothesized that climate had a formative impact on the constitutions of people residing in the regions. This belief paired well with the Hippocratic tenet that the constituents of human body, i.e. the humors, shared a correspondence with the qualities of nature and bodies thus stay in “harmony” with nature.

Bernier was also one of the first to make an observation regarding the effect of the climate on the constitution of the people and compare it vis a vis the effect of Europe's climate. He perceived “less vigour” among the inhabitants of India than the people residing in colder climates. “Excessive heat” he opined causes “feebleness and languor” of both “body and mind”. He propounded, what can be called the first climatological classification of human beings into races. He divided the people of the world into "European, African, Asian and Lapps". He distinguished them according to geography, colour and physical traits. By Asians he meant people of Mongolia and China. He classed Indians with Europeans according to similarity of physical features - an insight possibly influenced by the increased interest in comparative anatomy since the late 1500s. He however did not use the term in the rigid biological sense of 19th century. He meant the effect of environmental factors in producing distinct physical characteristics in people exposed to them. In that way his understanding of race is distinct from other contemporary commentators like Pietro Della Valle to whom race was synonymous with caste.

However not all of the early European visitors to the tropics considered the climate to be especially debilitating or detrimental for human habitation or holistic development of character. Some observers even considered the tropical environment to be healthy. For instance, Joseph Colet, the governor of Fort St. George Madras, wrote in 1718 that the sea breeze of the port had renewed his vigour and made him stay in “perfect health”. He reports about Mr. Newcombe, the warehouse keeper who had no desire to return to England because he

considered the climate of India to be healthier.

Authority invoked to make sense of the relationship between health and climate harked back to Hippocrates. This led to the impulse of distinguishing climatic zones of India according to the "airs, waters and places" in Hippocratic doctrine. This was a humoral conception of the qualities of the body under influence of heat and moisture of the environment. According to this, human constitutions resemble the distinct qualities of the environment they inhabit, though individuals might differ in degree. Those who lived in hot and moist climates were prone to fevers while inhabitants of cold moist climates were susceptible to respiratory ailments.

In this stream of scholarship there were considerable commonality between European and Islamic traditions of medicine. It also had parallels in Ayurvedic thought. Mughals classified Bengal as unhealthy, because it does not produce cereals and wheat which were important for upkeep of the horses while dry cereal producing lands, which were termed as "jangala" in Ayurvedic corpus were deemed healthier. Mark Harrison propounds that later European classification of corpulent, "effeminate" Bengalis as opposed to the hardy 'up-country' native of the north who were considered more suitable for army work might have been influenced by these prevalent traditions of environmental determinism as well as from racial understandings emanating from Europe in 19th century. We will observe this trope of ecological conception of racial classification at work in the construction of the figure of the "Hill coolie" who was supposed to be especially adept in agricultural field labour and having frugal needs for physical comfort by dint of their habitation in the dry deciduous plateau region of Chhotanagpur, located in the modern state of Jharkhand. However, coming from such a dry climate it was conjectured that they suffered from severe debility in sea voyages. Thus the alarming mortality of these people in the voyages during the early era of indentured emigration was explained away as the vagaries of racial susceptibility to climatological conditions. Similar ecological hypothesization of racial susceptibility of different contingents of Indian emigrants

hailing from different ports were forwarded about the ‘Madrasis’, “Bombay coolies” and “Calcutta coolies”, i.e. all the emigrants embarking from these different ports. As I will discuss in Chapter 3, places of initial recruitment of emigrants embarking from these ports were widely dispersed and shared little ethnographic or climatological commonality. High mortality of Indian migrants, be it in embarkation depots, shipboard or in the destination colonies were mostly due to ill health caused by exhaustion, overcrowded living conditions and severely inadequate nutritional and medical provisions made available to them.

Europeans indeed shared the belief regarding climates with abundant heat and moisture to be the most unhealthy, with their indigenous allies and subjects. It was considered to produce more quantity of miasma. Miasma had been variously described in European medical scholarship as “thickness” and “fermentation” of the air by analogy of organic decay. As John Ovington wrote about the “infected air” of late 17th century Bombay, he attributed the cause to be decaying of organic matter, which resulted in “thickness” of air due to “excess of earthly vapours after the rains ferment the air”. According to him this was the prime reason why “wounds and contusions of the flesh are likewise very rarely healed here”. Decaying organic matter was considered to be the chief agent for causing noxious effluvia in the environment. Bernadini Ramazzini wrote a treatise called “History of the Constitutions of Years 1690....and 1694” which was quite influential. Around the same time Thomas Sydenham started tracking the seasonality of Epidemic occurrences. As did the medical department of University of Edinburgh. However, the seasonality of disease in the tropics attracted the most attention. The Dutch physician, Jacob Brontius’s “Account of the Natural History, Medicine of the East Indies” (1645) was a pioneering text on the diseases of warm climate of 17th and 18th century. Discussing the causes and nature of the disease called Beri Beri he identified “a thick, viscid and pituitous humour, which seizes the nerves at night, when people after being fatigued by the heat of the day, unwarily throw off their bed clothes”. Brontius here was alluding

to the Gallenic doctrine of harmonic correspondence or “sympathy” between the putrid quality of the air with the putridity of the body’s humors. To us the processual explanation of the process of this putrefaction might seem vague. David Arnold had demonstrated in his work on the spread of Beri Beri disease in various colonial locations in this period – a disease which is neither contagious nor spread by any putrefaction of vegetal matter but as he wrote “ by the replication of similar institutions and workforces across the region and through the shared dietary practices that accompanied them”, i.e. the conditions perpetuated by institutions, practices and commodities accompanying colonial capitalist expansion (Arnold, Beri Beri). Modern medicine had identified the cause of Beri Beri to be the lack of thiamine, I.e. vitamin B1 resulting in nausea, difficulty of locomotion, loss of muscular and neural function accompanied with severe pain. The chief reason for its wide occurrence across locations in tropical zones in 17th -19th centuries, especially in ports and ships was because of the new vogue of consuming white milled rice in place of the unleavened rice consumed previously before the growth of the networks of colonial industrial production and long distance commerce. The milled rice was deficient in vitamin B1 compared to the brown rice.

Despite the vagueness of the concept of putrefaction, the concept proved resilient in face of new biomedical findings of the era of European enlightenment. As I will discuss in context of the explanations of the diseases from which the indentured Indian immigrants suffered, the concept held currency till the middle of the second half of 19th century. It underpinned the highly influential “putrid theory of fevers”.

The only healthy respite from this dangerous substance in tropical climate, European physicians presumed was effected by increase in altitude. Dr. John Fryer, residing in Bombay in late 17th century proposed an explanation for this. He thought the mountains effected a “sensible alteration to the air” by reverberating “the flowing particles; as we see the rocks do water....so here the air (which is thicker below) driven against these hills breaks off in

flurries... mitigate the violence of heat in their passage". This assumption would lead to the later impetus to found "hill stations" in various tropical colonial locations for recuperation of health, primarily for Europeans by the colonial powers.

The direction of the prevailing winds was thought to be another crucial variable of environment's effect on body. Bontius considered the air around Batavia, i.e. modern Jakarta to be "not very wholesome", because heat and moisture causing putrefaction, according to him living on the island for Europeans might have been impossible if the sea winds did not blow off the vapour thereby purifying the air.

The accounts of the nature of tropical air drew considerable enthusiasm from scientific circles. The pioneer chemist Robert Boyle incorporated the testimonies of different travellers who visited India and West Indies to attest his evidence regarding the effect of heat on air. His observations were later incorporated in his general theory on the effect of climate upon human body included in his influential work "General History of the air" (1692) (Harrison, *Climates*), the rarefying effects of heat. According to Boyle could cause "spirituous and aerial" particles in blood to swell, distending the blood vessels, causing alteration in circulation through arteries and capillary veins. Similarly, the East India Company surgeon John Clark reasoned by analogy of heat's effect on solid substances that "a warm climate relaxes the solid, dissolves the blood and predisposes to putrefaction". The use of the word 'relax' carries significance here which would later lead into tropes of sensuality and laxity – the supposed nature of the natives of the East.

For many European medical writers who sojourned in tropical locations, the belief regarding atmospheric and ecological factors exerting a heightened degree of effect upon human constitution seemed self-evident (Harrison, *Climates*, 80). From the mid-18th century with the growth of European colonial outposts in the tropics more Europeans started to be posted in

these locations for comparatively longer duration as soldiers and administrators. These early European contingents suffered alarming mortality rates. A phenomenon which Philip Curtin had theorized as the 'relocation cost' (Curtin). Physicians turned their attention to strategies for attenuating this severe rate of affliction. They considered the possibility that dietary and sartorial customs of tropical locations, especially of India might hold a key for the perceived good health experienced by the native inhabitants compared to the European colonists (Harrison, *Climates*). A general temperate lifestyle however was considered to be sufficient safeguard for preservation of health. With a longer period of residence in the tropics, many believed that Europeans can be naturally acclimatized. A particular term denoted for this process was 'seasoning' as Richard Towne explained that new arrivals to the West Indies would gradually undergo a period of 'seasoning' in which the fibres of their bodies would become attuned to the climate, increasing their vigour and rendering them more resistant to disease. The slave owning planter and part time physician John Hunter also wrote at length on the topic of Seasoning. He believed that "the human frame acquires by habit a power of resisting noxious causes. He also maintained that Europeans who settled in the tropics would acquire a darker skin. The fact that it had not had happened is because he thought they did not expose themselves to the full force of the climate (Harrison, *Climates*, P.88). Hunter, in accordance with contemporary works on acclimatization believed that 'Man's' capacity to inhabit every existant climatic condition proved His pre-eminence in divine scale of animal creation (Harrison, *Climates*). William Ward, the author of the influential work "A View on the History, Literatura and Mythology of the Hindoos" (1817) considered there is little to choose between the climates of England and Bengal in terms of salubrity. According to him both have their positive and negative aspects. In Bengal he wrote "there is none of the long and dreadful frosts killing every vegetable as in England..... In England many perish in the snow And multitudes die of colds, consumptions and asthmas, and many other diseases, the effect of climate".

However, the belief in the capacity of climate to cause transformation in the human body led writers to conjecture that an individual's mental and even spiritual outlook could become profoundly altered due to long residence in the tropics. The surgeon and orientalist J.P.Wade wrote in 1786 that "the human mind is subject to change, particularly a change of climate". It was a common belief that the blood of people who had arrived fresh from Europe was thicker and plentiful and prophylactic blood-letting was recommended by some physicians to aid the process of seasoning (Harrison, *Climates*, P.90).

The Doctrine of Seasoning and the Idea of Race

The doctrine of seasoning which was advocated by Clark, Towne and others considered human physiology and by its extension the character to be essentially malleable, capable of adapting to different climatological circumstances. These early European writers, who resided in West Indies and India in vogue with positive appraisal of the possibility of acclimatization according to Hippocratic doctrine remained optimistic about acclimatization in the tropics. Newer doctrines of environmental determinism became mainstream in the mid-18th century. The most influential works upon the effect of climate on human physiology was composed by the French philosopher Baron de Montesquie. In his "l'esprit de Loi" (1749) the characteristic of people was assumed to singularly depend upon the effect of the particular climate that they were exposed to, which according him influenced the nature of political life in different regions. He was indebted to Arbuthnot's Essay "Concerning the Effects of Air on Human Bodies" (1733). Count Buffon's "Histoire Naturelle" (1749-1804), was the other significant study in the tradition of the French enlightenment which held the view that climate have a determining effect on the formation of human physique and its features and it could even account for customs. However, he considered humans to be less sensitive to its effect vis a vis animals because of their clothing and shelter. Montesquie too was not a rigid environmental determinist,

at least not an environmental determinist in light of the spate of publications coming out of the British Isles in this period.

Adam Ferguson, the professor of Moral Philosophy at the University of Edinburgh composed “Essay on the History of Civil Society”, placing similar importance on climate to shape human constitutions, sensibilities as well as polities. His work was highly regarded by East India men. Ferguson wrote "the Hollander is laborious and industrious in Europe" but became "more languid and slothful in India". The East India surgeon James Ranald Martin repeated it almost verbatim when he explained the reason for the hindu's "slothfulness" to be climate which in its turn made the native of Holland "careful, laborious and attentive to excess". Robert Orme's “Historical Fragments of the Mughal Empire”, which published in 1805 but was written mostly during 1750s incorporated Montesquieu's insight to hypothesize the inferiority of Indian technology through climatological determinism. He wrote "it is not to be expected that navigation should have made great progress among so enervated a people as those of Hindostan". Abbe Dubois also diagnosed climate to be the prime factor behind the characteristic slothfulness of the Indian in his “Description of the Character, and Customs of the People of India”. He observed "The Brahmins in particular scarcely ever attempted any laborious effort of the body.... This feebleness is no doubt, occasioned by the climate, as well as by the quality of food to which the greater number of Hindus are restricted". Climate also accounted for the relative martial prowess of the various races of India for him as he wrote - "The courage of a people depends on the climate”. In his cartographic description of masculinity of the various people of India lies the precursor to Martial Races theory "southward of Lahore we see throughout India a race of men, whose make, physiognomy and muscular strength, convey idea of effeminacy..... The sailor no sooner lands on the coast, the nature dictates to him the full result of his comparison, he brandishes his stick in sport, and puts fifty Indians in flight in a moment".

The array of extensive climatological hypothesization of human physiological and cultural difference made the previous belief in acclimatization of humans in distinct climates, espoused in the earlier period unsteady by early 19th century. It also catapulted race into the forefront of anthropological and medical enquiries. However, this formative but proto-racial theorization would be seen to be distinctly malleable in light of the biologically determinate racism that would emerge in tandem with medical and anthropological theorization towards the later part of the 19th century. I will discuss the trajectory that much more institutionalized racial scholarship which will have tangible repercussions on the plife of Indian indentured migrants along with vast majority of non-white people of the world later. For now, I will concentrate on the consequence of this growing pessimism on acclimatization in context of the aetiological concerns of the time – an era marked by a host of endemic ailments interspersed with periods of rapid epidemic outbreaks which caused widespread panic and commercial disruptions. Indeed, pessimism about European acclimatization in India was both a consequence and cause of racial distinctions. As the English writer John Malcolm of early 19th century wrote to the viceroy of British India about India to be an ‘anomalous empire’ without parallel among British colonial possessions for its lack of European settlement.

Mark Harrison had pointed to the The First Anglo-Burmese war of 1824-26 period took a serious toll on company troops due to severity of disease. The war and the follow up mutiny of Bengali troops in Barrackpore who protested against recruitment in the campaign were argued to be one of the priem causes to transform an army based hitherto on caste to one arranged according to race. The failure of the Bengal Army which was caused mostly due to deteriorating conditions and lack of supplies, was instead attributed to the feeble stature of Bengali troops. Before the war there were references to different Indian Races but since the war such usage became commonplace. A soldier stationed in Chittagong for the Burma campaign, George Spillsbury wrote of his impressions about the place to his brother that it is a “delightful place’

freshened by a daily sea breeze, 'reckoned very healthy to Europeans but to "natives.... who came from upper Hindosthan the climate is very obnoxious and towards the end of the rains sickness prevails among them". Thus climatological explanation of racial traits, already in vogue in 18th century was not discarded but got incorporated within a more rigid hereditarian conception of race (Harrison, *Climates*, P.118).

the belief in seasoning started to wane by the middle of 19th century. As the surgeon Kenneth Mac Kinnon opined about the new "fashion" of raising European children in the hill stations. According to him the change of climate from the plains to the hills is "not absolute enough". According to him only schooling in Britain would assure their upbringing with the virtuous European physical traits. He asked rhetorically "to be shewn a hill-grown bird, hatched on the plains, with the brilliant plumage as one who has had his flight to the old country". However, he conceded that adult Europeans having the benefit of maturing at home could with a virtuous and energetic life mitigate the ill-effects of Indian climate.

By 1840s Europeans considered other contingent factors to be important causatives of disease. As Kenneth Mac Kinnon wrote in 1848 "Disease depends mainly on general climate.... But it depends also in part to mere local causes, and on the social condition, habits and morals of the population." I will now leave the story of race and discuss the growth and development of nosology – the study of classification of diseases in this era of European colonial expansion with particular focus on the significance of the observations made in context of formulating a medicine of the warm climates.

European Nosology in Context of the Medicine of Warm Climates

As I discussed earlier in this chapter, the Hippocratic corpus of medical scholarship passed down to the Europeans was based on symptomatology, i.e. it did not concern itself with

typology of diseases. According to symptoms diseases were divided into three types.

First the anatomical diseases, like gout or cataract.

Second were the febrile diseases, i.e. marked with the presence of fever. It included wide variety of diseases from malaria to jaundice, including the various pox diseases. A particular kind of fever might be accompanied by certain lesions, however in the Hippocratic tradition that was a secondary concern. Hippocrates had divided fevers by tracking their periodicity. He distinguished them as quartan, tertian and quotidian varieties. Now a disease like malaria could fit into any of these categories given the intermittent nature of malarial fever. Malaria was associated with enlarged spleen, which the ancients thought to caused by the humid emanations from swamps. The word 'malaria' originates from the medieval Italian usage – mal-aria, which means "bad air". It was also called ague or marsh fever for its association with swamps and marshland.

The third were those diseases which were neither febrile nor anatomical and the presence of external lesion if any was completely irrelevant to the nature of the disease. These included the various neuroses like epilepsy, hydrophobia or what were called the convulsions

None of these observations are fundamentally untrue. However, the problem was that this pathology confused the disease and the symptoms. "Fever" was almost a general term for most pathological condition.

James Lind, defined it as "an indisposition of the body, attended commonly with an increase of its heat, a thirst, often a headache, and oftener a remarkable quietness of the pulse; or at least a great change from its natural state". At times accompanied, with secondary symptoms, fevers terminate in a few days eventually either with the patient's recovery, remission, or death. (Curtin, P.74). Moreover, Fevers were conceived by some experts to be contagious while some others considered it to be not the case. Advocates of contagious spread of fevers were not in unanimity regarding the either cause or the nature of the contagion. Some believed fevers to be

communicable from person to person, particularly those types which caused skin rashes while others following a rigid miasmatic line of argumentation held that it is spread by poison from the air, water, etc. which were considered to be the active contagion to initiate them, especially in cases of epidemic.

Such an understanding of epidemic causation stressing on the febrile variation would cover a large group of diseases. Thus sub classification became important, which focused on charting the symptoms with accuracy. The Hippocratic tradition of measuring duration also remained important and was elaborated upon. Early modern doctors added some more types to the Hippocratic classification. like ephemera i.e. fevers lasting less than twenty-four hours or synochus non putris i.e. high fever which generally caused the death of the patient within a week. Such serious fevers were called putrid because heat and decay were considered the primary agents of disease.

Such a description would cover not only malaria, but a fair ' proportion of the other ailments known to humanity during the period. Sub-classification was therefore necessary, and it took the direction of describing the symptoms with greater accuracy. The ancient Greek classification, was still one of the most common, dividing fevers roughly according to the apparent degree and duration of the patient's increased body temperature. There were ephemera, or;

There was a second form of classification which was more suitable for tropical fevers which concerned with tracking the temperature variations of fevers.

James Lind used this system to divide diseases into continual, remittent and intermittent types. Continual fevers were those where the temperature persisted continuously for the duration. The fevers which were irregular in periodicity he classed them as remitting which might cause some symptoms during remission. The fevers which returned after few days he termed them as intermittent. He further divided the intermittent diseases into the old classes like quartan,

with a three-fold distinction between continual fevers, remitting fevers which were irregular in their periodicity and might leave some clinical symptoms during remissions, and intermitting fevers which returned regularly. The intermitting fevers were further sub-divided into the old classes of quotidian, tertian, and the like. All of the three major classes included bilious/non/bilious and mild/malignant distinctions.

Variations of this typology were used all through the nineteenth century, but its stress upon periodicity and temperature fluctuation created confusions in diagnosing symptoms. For instance, Malaria could be fitted at several points in the scheme. It was definitely intermittent, but it could be remittent too. Malarial fever is characterised by a close concentration of temperature peaks during its presence when it persists but after its abatement it can again remit a week or even few months afterwards without renewed reinfection. Also malaria is often accompanied with jaundice or nausea so it could be bilious too. Thus a single strain of malaria such as *Plasmodium Falciparum* could be diagnosed as a two or three different kinds of fever, all of them with their distinct mode of treatment. Moreover, diseases like typhus or typhoid fever were often misidentified as malaria. The diagnosis of malaria and Yellow fever in the West Indies and Africa created serious confusions (Curtin, 1974).

The Anglo-Indian physician John Clark, held that fevers all over the world were essentially the same, i.e. belonging to the same genus, in the spirit of scientific classification of species initiated by the Swedish biologist Carl Linnaeus. However, he conceded there are species variants among fevers, such as "intermittent", "remittant", "continual" and one type might mutate into another. He considered tropical climate to be especially congenial to fevers which might lead to malignant fevers of putrid and remittent nature. According to him the cause of persistent ill health among resident Europeans in Calcutta was the vitiated air of the nearby salt lakes of the city. "As soon as the rain are over" he wrote "the lake subsides and leaves on the ground abundance of mud, slime, prawns and other fish, which soon putrify with the heat of

the season and occasion very noxious exhalation". Certain other writers went further than Clarke and declared that the diseases found in the tropics are wholly unlike the diseases encountered back home. Charles Curtis believed that "European nosology and definitions would, in India, prove uncertain and fallacious guides". Many Anglo-Indian physicians shared the view of Curtis. James Bampffield in his *A Practical Treatise on Tropical Dyssentery* (1819) stated that "the generic character of Dr. Cullen and his subdivision of dysentery into species and varieties are not applicable to the disease as it occurs in the East Indies" (Harrison, P.68). James Johnson, the most influential writer of the diseases of East Indies stated in the preface of his magnum opus *Influence of Tropical Climates on European Constitutions* that "the author has felt in his own person, that INFLUENCE and most of those EFFECTS of tropical regions, which he has undertaken to investigate". This emphasis on direct observation was a direct departure from orthodox Hippocratic tenet of deference to received medical knowledge and signalled the intellectual autonomy if not independence of Anglo-Indian medical practitioners. The tropics had previously been treated to have affinities with other parts of the globe in Hippocratic analogical theorization, especially the Mediterranean and the Levant, which though not technically are tropical locations were nonetheless considered as having 'warm climate'. However, the Anglo-Indian observations stressed the distinctiveness of India's climate and placed it squarely within the tropics, drawing evidences of aetiological affinity with other tropical regions like the West Indies and West Africa. Indeed, as David Arnold had noted, these Anglo-Indian medical writers of 18th and early 19th century can be considered to have been the pioneers of Tropical Medicine, the distinct discipline of medicine specializing in the investigation and treatment of infection caused by microorganisms that developed with the emergence of Germ Theory of Disease Causation in late 19th century.

The army surgeon Robert Jackson's 1827 observations on diseases in America and the West Indies between 1774 and 1804 made him believe in the distinct nature of tropical diseases. He

sought to divide fevers into two types – epidemic and endemic. He considered the epidemic fevers to be present all over the world where conditions of overcrowding and consequent poor sanitation prevailed. He associated the presence of epidemics in the industrial cities of Britain and Europe to these factors. The endemic varieties he considered to be a product of decomposing vegetation characteristic in the tropics because of the “luxuriant” quality of tropical fauna.

Stationed in India, John Hunter also remarked upon the intensity and distinct nature of fevers in the tropical regions. While John Mc Cabe, a resident doctor in the West Indies informed younger doctors that the medical theories and practices learnt in the British schools might not equip them to treat the diseases in tropics. Here the aetiological corpus is more varied and afflictions are more intense and fatal with a rapidity that might “baffle calculation” (Harrison, 2010).

James Johnson extolled the native foods of India because of their prophylactic effect against tropical maladies, also carried a tone of pessimism. He opined that “man” depends on his mental ingenuity and level of physical fitness to resist diseases unlike animals who are equipped with the proper kind of physical requirements to withstand the vagaries of climate of a particular area. He held that degradation of climates can be withstood by human but cannot be overcome. The “tender frame of man” he wrote was “incapable of sustaining that degree of exposure to the whole range of causes and effects incident to, or arising from vicissitudes of climate, which so speedily operates a change in the structure, or, at least, the exterior of unprotected animals” (Johnson 1774).

He analogised humanity’s condition to the “the tender and innocent sheep” which when transported from temperate climates to the tropics apparently acquired a more comfortable coat of hair shedding its “warm fleece of wool” within “a few generations,” but Europeans were unable to acquire “the sable tint of the inter-tropical natives” even after long sojourn in tropical

lands.

The trope of the virulent pathological nature of the tropical environment was bolstered in the 19th century with the raging epidemics of cholera, malaria and plague. Till the early nineteenth century cholera was endemic in India but unknown elsewhere until it burst into a major epidemic after an outbreak in the town of Jessore in Bengal in 1817. Soon thereafter it moved beyond India, beginning a devastating international career that took it to Europe in 1830. After that the disease spread globally in six successive epidemic outbreaks. Between 1817 and 1823 it spread to the Ottoman ports in the Arabian and Red Seas, possibly via the India-Europe shipping traffic, or so it was assumed. In 1830s it struck Europe and then the first cases were reported in North America and the Caribbean. It again panned out between 1846 -1862 period. The successive epidemic waves lingered for longer durations.

Cholera devastated the economies of the British West Indian colonies dependent on Indian indentured emigrant labour. between 1852 – 1856 and 1865-1872 periods it caused severe mortality in Trinidad, British Guiana and Jamaica (Baruah and Greenough). Doctors and the press classified the cholera in epidemic form as distinct from the more familiar form of the disease, which they called cholera morbus, i.e. gastroenteritis of today, terming the epidemic form as Asiatic Cholera. The classification reflected the prevalent belief of the distinctiveness of the diseases of warm climates which I discussed.

Indian indentured shipping was suspected to be the principal vector of cholera transmission in the West Indies, though modern studies mapping the epidemic spread disputes the fact. The Government of India on its part suspended indentured traffic for West Indies in late 1852 and maintained the suspension till 1856. However, as the events stood, with these colonys' dependence on new Indian labourers for sugar production, these colonial governments lobbied the government of India and in London for resumption of the traffic (Carter, *Voices From Indenture*) .

Mauritius also felt the brunt of cholera although it did not declare the presence of the disease in the island in spite of widespread reports of cases of enteric fever – which was a euphemism for cholera and the presence of the disease in the neighbouring French colony of Reunion.

According to virologists, the disease was confined within India till the 19th century because the bacterium that causes it—*Vibrio cholerae*—is delicate and does not travel easily. However, the increased movement of people and goods through the modern channels of communication, caused its global spread.

However unlike cholera, malaria and plague were not diseases whose origins can be traced definitely to the tropics. The existence of the disease in Italy and other parts of Mediterranean Europe can be traced since the Roman times, while plague's presence in European history, its effect on social structure had been profoundly transformative. However, the rapidity of the 19th century epidemics, coupled with the widely shared consensus regarding the aggravated virulence of the diseases of warm climates cemented the association. With this, the growth of the sanitary movement in Europe to thwart epidemic outbreaks which I will shortly discuss, associated aggravated debility with the low hygienic standard of the working classes (Snowden, "Epidemics" ...). When the labouring contingent happened to be non-white indentured emigrants, the relation was especially bolstered. As it happened in case of Mauritius, where Indian immigrants were singled out as the cause of transmission in case of any epidemic outbreak – especially for Malaria. In case of the malaria epidemic of 1865-72 period effort was shifted to controlling the movement of Indian labourers as a shorthand for controlling the spread of malaria. Mauritius government passed the notorious vagrancy law passed in 1867 mandated every Indian – indentured or time-expired to carry a police pass always, whenever they stepped out of their homes. The fact that the vagrancy law was not annulled even long after the epidemic had subsided signifies the fundamentally racist biopolitical assumptions of colonial public health policy (Carter, "Servants, Sirdars").

In the case of malaria in Mauritius, it might be important to note that the disease might indeed have been imported via the indentured migration route, given the fact that malaria was not reported to have had existed in the island prior to largescale entry of Indian emigrants. However, it would be important to note that prevalent medical theory or at least the mainstream of it did not ascribe to the theory of contagious spread of diseases, i.e. vector transmission in contemporary terms. Epidemic outbreaks were widely considered to be caused due to miasma resultant from some unexplained environmental phenomenon. It was the racist sanitary dictum that disease abounded where there is abundance of filth and squalor and Indian emigrants were roundly implicated as low hygienic standard was supposed to be a racial trait of Indians.

I will now discuss the erstwhile understanding of the causes of these outbreaks, practices of prophylaxis, cure and the materia medica resorted for the same. I will start with cholera.

Cholera in 19th century

By contemporary parlance of Germ Theory of disease transmission, Cholera is caused by the bacterium *Vibrio. cholerae*, discovered by the German scientist Robert Koch in 1883 and is reputedly gruesome in its pathology. If, a person's digestion is already compromised because of other factors and the quantity of vibrios swallowed becomes overwhelming by partaking overripe or cut fruits, or indulgence in alcohol, then the bacterias can slip through the stomach walls into small intestine. Where the vibrios continue to reproduce prolifically attaching themselves to the linings of bowel. It causes the intestine to function in reverse order, instead of letting nutrients pass from the lumen to bloodstreams in makes plasma to circulate in reverse causing the drainage of blood in the digestive system which causes extreme pain and purging impulse.

When the body's immune system starts resisting the bacteria in response, the vibrios die but with death releases an enterotoxin which is one of the most powerful poisons in nature. It causes

the wall of the intestine to work in reverse mode. Instead of allowing nutrients to pass from the lumen of the bowel into the bloodstream, it reverses the flow of plasma causing the blood to drain into the digestive tract to be ultimately expelled explosively through the rectum.

After a short incubation period, violent excretion of liquid substances in the digestive tracts indicate the beginning of affliction. In the extreme cases of cholera sicca, body fluid loss is so rapidly that it risked imminent death of the patient. The onsets are sudden after a short incubation period that might be as less as a few hours after which the patient might suddenly suffer from rapid deterioration with severe dehydration. This sudden nature of cholera which often caught hold of its victims in public spaces who immediately felt stricken cemented the gruesome and painful nature of the disease in popular memory. It was this rapidity of infection and collapse that made the disease especially dreaded.

Contemporary reportage expressed shock at the horror of seeing apparently robust and healthy people who finished lunch and then died in agony before dinner, or who boarded a train and perished before reaching their destination.

The sudden nature of seizure also made cholera stand out as it resembled the chronic symptoms of endemic gastrointestinal diseases more than other epidemics familiar to most people.

Frank Snowden had written that the spectre of cholera supplanted the place that plague occupied in European popular memory in the 19th century. Doctors and policymakers tried to grapple with the consequences of cholera, leading to a frantic search for an effective therapeutic protocol and the medicines needed for it. They tried to arrive at an aetiological understanding within the prevailing frame of miasmatic episteme.

Today we know the fact that the Cholera vibrio thrives in heat and humid conditions. Consequently, Cholera was observed to occur with intense heat and moisture and thus cholera was opined to be caused by a particular type of environmental insult. About the 1817 cholera epidemic, doctors noted the unusual long monsoon season whose excessive moisture was

thought to induce cholera. Thus epidemic cholera was theorized in terms of endemic and remittant fevers by analogy. Doctors identified the disease with apparently certain kind of climatological feature - the presence of the 'cholera cloud' as they mentioned. As Orton wrote on the basis of reports regarding the 1817 cholera outbreak in Jessore in central Bengal "being always accompanied by a cloudy, overcast state of the air, giving it a whitish appearance and whenever the weather cleared up the disease disappeared." He drew attention to the prevailing direction of wind during the onset of the epidemic, particularly singling out the supposed hazardous influence caused by its blowing from the south east. He referred to the opinion of the leading Calcutta physician Francis Balfour who held the same view. Alexander Von Humboldt observed a similar relation in Mexico. He noted the presence of the disease during vernal equinox, which is when south easterly wind prevailed and also noted its absence in other times when wind direction changed to north. Apart from the south easter monsoon winds, the influence of the moon was considered another factor for cholera outbreaks in India. British naval surgeons like James Lind and James Johnson considered moon to be a causative for the outbreaks of fever. Orton extended this hypothesis to cholera. According to him the moon exerted a greater degree of influence on the human body in the tropics than elsewhere. Indeed as David Arnold had written cholera exemplified the localist contention, advocated by the writers on the Medicine of Warm Climate, that 'disease in India is not disease in England' (Arnold, Science....74). Here India and England stands as shorthand for the tropical and temperate regions, which was a common practice of the period.

There was little unanimity among specialists as to the treatment of cholera. As the Mauritian doctor recalled later after Koch's discovery of the causative bacillus, the prevalent modes of treatment in the island. Some believed its due to 'carbonization of blood, want of oxygen in the blood, as in suspended animation, collapse and asphyxia recommended the cold water douche and had some success. Some poured water on the patients' face and "condemned the formers

for rapid collapse due to douche use” (Anderson, “Epidemics”).).

First effective aetiological study of cholera was made in 1849 by John Snow, an anaesthetist who had worked with the cholera victims of Newcastle during Britain’s first cholera epidemic (1831-32) in England. He conducted empirical studies of the spread of cholera and posited that cholera might be waterborne.

However, Anglo-Indian practitioners, whose opinion was influential by dint of cholera’s tropical appellation persisted in their claim of cholera's non-contagiousness. Jacquemont, after observing the outbreak of cholera among Indian and European troops in Pune stated that it was caused by "a sudden cooling, either internally or externally". He wrote that cholera’s “apparent tendency to infect lower classes he thought to be caused by custom and lifestyle - "Europeans are seldom its victims, especially the gentlemen but the soldiers of the European corps, all Irish, addicted to drinking are swept away by it in great numbers". Twining thought the disease was not contagious at least in India while it might be in other places. To him atmospheric conditions and personal habits were more important factors though he conceded poor ventilation characteristic of indigenous habitation was an aggravating factor. He wrote similarly like Jacquemont that a sudden drop in temperature to be the "most frequent exciting cause of cholera" observing the disease's commencement generally to occur between "2 and 5 'O clock A.M. when the cold damp air is most sensibly felt in this country". To these Twining added the factor of race. According to him cholera among Indians occurred more rapidly and was more fatal than in case of the Europeans. Dr. A.C. de Renzy was removed from his post as sanitary commissioner of Punjab as he advocated for more water works to inhibit the spread of cholera. John Snow mocked the Indian Medical Service for adhering to the thesis that cholera attacked only those who are predisposed to it. As he wrote “The alleged predisposition was nothing visible or evident: like the elephant which supports the world, according to Hindu mythology, it was merely invented to remove a difficulty”.

It should be remembered however as Erwin Ackernecht had reassessed that the theory of contagious spread of disease lacked explanatory basis in this period. The theory of contagion indeed was not unknown. Girolamo Fracastoro, a sixteenth-century Italian physician was a pioneer in this regard.

He forwarded a fundamentally new explanation of cholera causation. He did away with the idea of humours and instead suggested it was spread by the transmission of some poisonous chemical. He clearly stated the tentative nature of his hypothesis subject to further enquiry about the mode of passage of the chemical from person to person. The German Jesuit Athenesius Kircher extended Frascatoro's surmise. He posited that a particular "plague" was spread from an infected person to another human by what he called "animalcules".

Before the revolution in Germ theory, the idea of contagious disease spread was not a specialists' position. It was more of a layman's belief gleaned from observing the course of epidemic patterns than an expert's position, who could not account for such a phenomenon by Hippocratic corpus of treatment.

. As Ackernecht had pointed out that "although the layman might have perceived the broad truth of contagious spread among the different ports. However the medical expert was well aware of the inadequacies, knowing that an idea of contagious spread from person to person caused by the direct transmission of the poison from an infected individual to a healthy one was utterly inadequate (Ackernecht,1972). Christopher Hamlin in his work on water analysis in 19th century England had noted that in the 1860s disease poisons were generally understood to be complex organic chemicals, possibly an alkaloid i.e. a nitrogen based compound capable of crystal like growth (C. Hamlin – A Science of Impurity....). Such a conception of contagious spread could not account for the apparent arbitrariness of epidemic outbreaks. Its selective nature occasionally, with the presence of epidemic in one part of a city while the rest of the city remained unscathed or cases of outbreaks with apparently no chance of direct contact with

the putative disease source or the absence of epidemic when such contact had been deemed to have taken place. The apparently idiosyncratic character of onset and sudden subsidence of it, made the theoretical foundation of the contagion theory weak. The theory needed to wait for the contribution of Louis Pasteur and Robert Koch, who demonstrated the animate nature of microorganisms through their microbiological research to gather steam. With these the factors of long distance goods supply chain when appended to could the contagious hypothesis be scientifically validated.

However, by the 1830s outright rejection of cholera's contagiousness was rare among medical practitioners. It was increasingly started to be associated with a specific poison. Environmental factors were not discarded though as they were conceived to be the vital factor for the poison to thrive. This argument of "Modified contagionism" as the physician Edmund Parkes described his position to be remained the mainstream view about cholera causation before Koch's demonstration. Snow's waterborne theory of cholera transmission drew little adherence.

By the 1830s surgeons were zoning in on the lower classes and people who were leaving in presumably unhygienic conditions as groups identified to be especially susceptible to cholera. As T.J. Pettigrew noted in 1831, that it is the people whose physique had become compromised because of backbreaking labour, exposure to the most challenging sanitary conditions and suffering from nutritional deficiency who are most susceptible to cholera.

James Adair Lawrie of the Bengal Army observed that cholera adhered to certain laws which he counted to be three. I - the disease was not "actively contagious" but became so under congenial condition. Secondly, the disease never persisted for long periods in a location and lastly - the congenial conditions of abundance of filth, overcrowding and dampness. Besides

these there were certain additional 'factors' which according to him predisposed persons to the disease. These were - the indirect factor, by which the body became weakened over a period of time and 'direct' factor - which impeded the functions of the organs concerned with the production of cholera. Reginald Orton, who previously advanced a meteorological argument in his report of the 1817-21 cholera outbreak now leaned towards a contagionist argument in this period. It was thought the disease can be prevented as T.J. Pettigrew wrote by "free ventilation, cleanliness, good diet, proper clothing....[and] abundant fuel".

In the colonies, where the poor and the working class were racialized other, this focus carried added stresses of racial degeneracy and public health concern coalesced with impulse of carceral control. In the West Indies, urban and plantation workers were equally subjected under stringent emergency provisions of law. It was observed however that the Indian immigrants suffered less from cholera. This was inferred to be because of prior familiarity of Indians with the disease, given the fact that cholera spread from India. However how exactly did this comparative immunity functioned was not understood. However, this led to speculations about racial susceptibility and immunity to diseases. Today we know Race as a biological factor of difference is unscientific and it was a fiction of 19th century European scholarship. Kenneth Kiple had pointed out that experts were looking at wrong places for the reason of acquired immunity during this period in the Caribbean. Cholera research after Koch had demonstrated that very few people after ingesting cholera vibrios actually suffer from cholera, i.e. only 10-20% of people depending upon location. As the acids in the stomach can destroy most of the vibrios, it is only those people who has low level of gastric acid activity, which enables the vibrios to proceed to small intestine and infect the blood, that get afflicted with cholera (Kipple, 18-19).

In 1883 and 1884, Robert Koch's empirical studies in Alexandria and Calcutta demonstrated

that cholera is spread by a water-borne bacterium of the genus vibrio. When it is ingested t by swallowing water contaminated by cholera containing fecal matter, the individual gets infected by cholera. Eating shellfish, lobster, vegetables or other food which contains human infected fecal matter or on which flies had dropped human infected fecal matter can also bring the vibrio into a potential victim's system. Ingestion of cholera sweat infused individuals or wearing an afflicted person's imperfectly cleaned clothes, or bringing the end of the sleeves to the mouth might also lead to infection (Watts, Sheldon Epidemics in History).

Malaria

Malaria might be one of the oldest diseases to afflict humanity. Scholars suggest that the disease might have killed the most number of people in history in aggregate. One reason for this conjecture is that unlike plague or smallpox, plasmodia parasites were present since the beginning of human species. Moreover it is present globally. Even today almost 2 million people succumb to malaria every year, most of them in Africa. Children are more susceptible to its infection than adults, unlike yellow fever.

Following from Laveran and Ross's findings in late 19th century we know today that it is caused by the parasites of the plasmodia group. Its life cycle is complex. Its life cycle has two distinct periods of growth. First it resides in the gut of mosquitoes in the extrinsic phase. This phase lasts from nine to 21 days. The parasite's rate of reproduction increases when the temperature increases over 15 degree centrigade. It does not cause any harm in the mosquito. Within the 9 to 21 days of maturity, if the mosquito bites a human, parasites are injected into human blood stream. Thus begins the intrinsic phase of the parasite. The parasites migrate to liver and starts reproducing prolifically. After that it enters the red blood cells. A few dozen parasites can thus multiply into trillions of kin within a short duration. Malaria symptoms can arise after weeks or a month after the initial infection. If the parasite is not checked by a vigorous immune system

in this phase the person gets afflicted.

The symptoms of malaria include high fever and body pains, which made it difficult to distinguish from other diseases. Its on and off pattern of high fever and abatement followed by remission is distinctive. It can increase heart rate and cause jaundice. In severe cases it turns the blood into a gluey viscous substance, resulting in severe anaemia, organ failure, coma and cardiovascular failure. A person can be infected by multiple strain of the virus at a single time, which complicates identifying its pattern. Most often it affects those who are debilitated by other illnesses or suffering from malnutrition (MacNeill 2011).

In 19th century, malaria was attempted to be explained by the emanation of putrid vegetal miasma from marshes and shallow waterbodies. Marshes were thought to cause for some poison to erupt which vitiated the air. Some doctors thought that the poison originated from the water vapour itself. While others focused on the soil and wet vegetation. Many observers pointed to the dampness of tropical air while others pointed to the stink of the mangrove swamps, some observers identified a degree of “thickness” in the tropical air which is apparently absent in the English air. John Atkins held that it is the “thick air” of the African coast which saves Guiana from being uncomfortable inspite of its equatorial location. He held that the supposed malaria poison to be the “exciting cause” and aided by the thick air which had already predisposed the putative patient to the disease, it afflicts people. Factors of heat and humidity when added to this understanding made up a complex but confusing repertoire of malaria’s treatment protocol in the period.

Ludovicus Rouppe's understanding of heat as a predisposing cause of disease illustrates this line of argument.

‘It is a physical truth that heat rarifies all bodies, excepting some few not necessarily to be mentioned here; by getting into their most secret recesses, it

separates the parts from their mutual contact, and increases their porosity,”
(McKinnon,____)

As with cholera, doctors started to search for environmental causative factors making the air of a certain place predisposed for the outbreak of malarial fever. For instance, in 1881, the Mauritian doctor, Dr. Meldrum issued a large report – “The Relations of Weather to Mortality and on the Climatic Effects of Forests”. Here he tried to draw causal connections between climatic variations and outbreaks and prevalence of Malaria. He contended that before 1867 in Mauritius, the increase in aggravated mortality in the summer months did not use to occur. he argues this increase caused by malaria is encouraged by certain conditions of rainfall and temperature, and goes on to suggest a theory regarding cyclical variations of death rates all over the world. He recommended drainage of marshes, re-wooding of mountains and slopes, draining of streams in the interior so as to create reservoirs, and strict sanitary rules. Such recommendations of environmental conservation in case of malaria had a long history. In renaissance Italy, the city states resorted to cleaning of waterbodies and draining of marshes and swamps. Ronald Ross, in his study upon malaria in Mauritius, which he undertook while on a project to eradicate malaria off Mauritius reappraised such procedures. as he wrote "The ancients knew that drainage reduces malaria; and the statement has become a sanitary aphorism for centuries.". He attributed the total eradication of the disease from Holland and Britain and reduced transmission in Italy and France during his time to these endeavours. As he explained “the reason why drainage reduces the disease was clearly revealed- it removes the stagnant weedy surface waters which breed the insects. In other words, the drainage of the soil, as applied to malaria, merely means Anopheline reduction and nothing else" which was to him the most important method for reduction of malaria (Ross76-77).

However, as I discussed in case of cholera, the sanitary reform movement pinned the blame for compromised environmental conditions on the working class – especially people whose

occupation and livelihood made them frequent such locations like the rural agricultural worker or the labourer in plantations. Like the Indian immigrant labourer who were under compulsion to be on swampy and poorly drained locations for cultivation of sugarcane. Race became a prime marker of signification in this case. In line with the dictum of tropical medicine and the sanitary reform movement in the early half of 19th century, segregation of Europeans from the larger native population was advocated. For instance, in Duars in North Bengal – a region similarly characterised by largescale plantation agriculture – in this case of tea, and it was fed by the same stream of migrant agricultural recruits by which indentured migrants were recruited for the overseas colonies for its needs of labour. in 1906, governemtn of India appointed Christophers and C.A. Bentley to investigate possible modes of treating Blackwater fevers as the British planters in Duars had requested the government already to institute a commission for the purpose. (Nandini Bhattacharya, “The Logic of Location”, 2008).

Christophers and Bentley’s report diagnosed the intricate links between the structures of plantation economy needing the largescale employment and habitation of migrant labour force which led to spatial conditions for malaria to thrive. They alluded to Koch and Celli’s celebrated malaria eradication campaign in the Roman Campagna to suggest the supposedly demonstrable and stable connection between presence of malaria and situations of “Tropical Aggregation of labour” They suggested proper safeguards for Europeans to segregate themselves in comfort in these localities. Reflecting on these findings and observations Ronald Ross considered this to have ahd been “an excellent suggestion” (Ross, 78).

Indeed, as J.r. MacNeill had demonstrated in his work on malaria and other mosquito borne diseases in the Caribbean the plantation mode of agriculture transformed the ecological and consequently aetiological environment of these locations in the first place which made them susceptible to epidemic outbreaks in the first place. Anopheles mosquito prefers cattle blood more than the blood of any other mammal. With the ecological changes mentioned above, there

was a substantial increase in the number of draft animals, especially cows, which were essential to haul cane load and also for tilling. The two most important variables for anopheles' mosquito breeding are availability of food source and standing water pools. Without these, anopheles' mosquito cannot reproduce at a rate to cause malaria. This is because it has a very short life, within that it ought to have the scope to firstly have the parasite in its gut, then bite an animal, where the parasite need to procreate, only when that animal is beaten by another plasmodium carrying mosquito and then bites a human, it is only then that malaria infection occurs. For such a prolonged process to occur within a short life span of 14 – 21 days, there needs to be ample number of animals and humans to bite and standing water pools for the mosquitos to breed. Sugar plantations provided excellent options for both (Mac Kinnon, 2001). Along with large number of humans and animals, cane fields needed to be irrigated by building canals, ponds and ditches for watering and hauling cane. For all these reasons the sugar producing colonies of created veritable habitats for the spread of mosquitoes and consequently malaria.

Ulrich Schweinfurth in his work on the ecological changes in Sri Lankan highlands wrought by the politico-economic processes of tea plantation and attendant importation of large number of contract labourers from South India had demonstrated that largescale mono-culture of tea proved a death knell for the bio-diversity of the region. The watercourses which arise from the mountains were used indiscriminately for water supply and sewerage disposal and consequently got contaminated. These factors led to a constant presence of diseases like cholera, malaria, ankylostomiasis and cerebro-spinal meningitis which are caused by hookworm infestation in human bodies through dermal, fecal or oral route (Ulrich Schweinfurth, *Landscape Changes... Sri Lanka*). Consequently, the figure of the unhygienic Indian "coolie" arose to become an abiding stereotype of the Indian in Sri Lankan popular

culture.

The corporeal violence that can be unleashed by such ethnographic or racial stereotyping reached one of its extremities with the outbreak of the plague epidemic in late 19th century India. Numerous studies had documented the heavy-handed but ultimately ineffective mode of containing its spread in India in the 1890s, especially in Bombay which developed into an epicentre of the outbreak. In chapter 4 I will discuss plague particularly in light of events in the South African colony of Natal. The effect the plague epidemic in India had on the lives of Indian indentured immigrants in Natal was profound. The technology of quarantization was wielded as a coercive instrument to control, intimidate and ultimately thwart the traffic of Indian migrants – it also provided a backdrop to pass stringent racially discriminating anti-Indian legislations.

In the next Chapter I will be shifting my gaze into modalities of indentured recruitment in India and their experience of overseas passage to the recruiting colonies.

Chapter 3

Becoming a Girmitya

Emigration of indentured Indian labourers under contract system began in 1834. Mauritius was the first British colony to receive Indian indentured labourers. It was followed closely by British Guiana and Trinidad. Then Natal started recruiting from 1866 followed by Reunion, Ceylon, Surinam, Malaya and Burma. In the last two locations there was already an existing traffic of labourers recruited under Kangany and Maistry system. Fiji was the last British colony to recruit Indian indentured labourers in 1878. Emigration of Indian indentured labourers however was not confined to the British settlements. Following the abolition of slavery in the French empire in 1846 and in the Dutch empire in 1873, these powers entered into agreements with the Indian colonial government to recruit labourers from India. Thus French Caribbean received 79,089 Indian labourers from 1851 and 1890s and Dutch Guiana (Suriname) received more than 34,000 Indian labourers between 1873-1916.

As I discussed in Chapter 1, Initially, emigrants who embarked for different colonies were a mixed lot who came from diverse regions. However with time a pattern began to emerge where recruits embarking from Madras generally emigrated to Natal, Malaysia, Sri Lanka and Burma while recruits from Calcutta formed the bulk of emigrants in Mauritius, Fiji and the West

Indies.

Legal Framework of Recruitment

The first initiative to regulate the immigration process as I discussed in Chapter 1 was taken by the Government of India in response to the reports of colonial officers regarding the irregularities in the recruitment of emigrants and their transportation. Act. V of 1837 was passed by the Legislative Council of India was passed in this context. This act entrusted the Superintendent of Police in Calcutta with the task of regulation of emigration system and supervision of the arrangements regarding the accommodation, food and health of emigrants on board the ships.

Act XXXII of 1837 passed on 20 Nov. 1837 extended the jurisdiction of the previous act to the Ports of Madras and Bombay apart from elaborating its provisions. By the provisions of Act XXXII of 1837, all the contracts specifying the nature, term and the wages of the services needed to be verified by the officer appointed by the government by personal supervision of intending immigrant and who would, after ascertaining the fact that the intending emigrant has duly understood the terms of contract, needed to give the permit to emigrate; a register needed to be maintained by the officer with details of all the emigrants, including their names, period and nature of contract, destination, contracting parties etc.

As I discussed in Chapter 1, emigration was resumed by the Act V of 1842 for Mauritius and Act XXI of 1843 for the West Indian islands which sought to clear the previous abuses with increased legislative provisions. In 1847, the Government of India was persuaded by the

colonial office to pass Act VIII of that year, it permitted the emigration from Madras on similar terms as of Calcutta, according to terms of the previous acts of 1842 and 1843.

1852, when large scale mortalities in the voyage and ill-treatment of Indian emigrants in Mauritius raised questions in the Government of India about the care and safety of Indian emigrants in the colonies, it led to a major shift in the attitude and response of the Government of India to the indenture system. Thenceforth the Government of India, which had so far primarily looked into the recruitment process, began to express concern about the condition of Indian labourers. They decided to intervene in the matter. Act XXIV of 1852 was passed, it stated that the emigration to a specific colony would be allowed subject to satisfactory observation by the protector of emigrants in that colony. To protect the interests of the Indian emigrants, the GOI adopted a measure which few plantation colonies could afford. Through the Act XIX of 1856 the Governor General of India exercised his power to suspend the emigration to any colony if it deems that proper measures for protection of emigrants have not been taken.

For the West Indies, where cholera was running amok among plantation workers it stayed suspended till 1860. The Mauritius traffic was allowed to resume just after one year in 1857. After this brief hiatus in 1856, emigration to Mauritius resumed again under the legislative premise of Acts VII of 1847, XXIV of 1852 and Act XIX of 1856 along with a host of other ad hoc ordinances which were passed from time to time to deal with the crisis in the functioning of the indenture system, which emerged almost continuously. It is to be noted that enormous discrepancies existed between the ordinances and Acts of different labour importing colonies though they had to deal with similar issues. Consequently, the laws were deployed most often at the detriment of the labourers in these colonies where the legislatures were controlled by

individuals loyal to the planting interest. In order to rationalize the legislative process, the government of India passed the consolidation Act XII of 1864. By this act all the intending emigrants had to be taken before a Magistrate in the district of recruitment instead of the port of embarkation, which was the extant practice. All recruiters were licensed by the Protector of Emigrants annually and they were only entitled to recruit for the colony allowed in the license and any violation was supposed to be punished with fine or imprisonment. In 1871, Act VII was passed which laid down provisions for depot among other things the arrangements prior to embarkation. It mandated 2 hospitals in the depot, one for regular treatments, the other for communicable diseases.

It should be noted however that in spite of the benevolent imperialist spirit of protection of emigrant labourers adopted by the Government of India, the Imperial Government also tried to protect the interests of the plantation lobby by suggesting to the Government of India to postpone the implementation of new rules frequently. Moving further in this endeavour, it pushed aside all the reports about the dire conditions of Indian immigrants in the colonies and the protests over these issues, and instead suggested to the Government of India that it should actively promote immigration instead of merely supervising it. The policy was meant primarily to serve the planting interests, though it was argued by the administrators that the emigration would be a benefit to the Indian population who had very little prospects in India because of apparent overpopulation and limited resources. This simplistic assumption regarding India's overpopulation by the British officials in India also limited their efforts to make the system free from abuses. Most of them were convinced that emigration a necessity for the Indian population.

I will now discuss the process of recruitment and the site of recruitment depot where they were

accommodated prior to their embarkation onto ships in the ports of Calcutta, Madras and Bombay.

Recruitment

To institute an efficient system of recruiting Indian labourers was important for the Indian government for various reasons. A continuous supply of recruits in indenture to the recruiting colonies was an imperial priority. Moreover the bad press it got for the reports of kidnapping, deception and manhandling of intending recruits in the initial period made the government keen to avoid Abolitionist attention to the system thenceforth. The abiding debate in the historiography of Indian indentured migration since then is whether the emigrants migrated of their own volition or were duped into indenting by manipulative recruiters.

The latter persuasion, called the Deception approach, originated with the first Abolitionist observers notably of the British and Foreign Anti-Slaver Society (BFASS) and Aborigines Protection Society who considered it to be a replacement of enslaved labour. Later this rhetoric was picked up by the Indian nationalists in late 19th-20th century period. Historians starting with Hugh Tinker had focused upon the existence of frauds in recruitment procedure, practices of withholding wages and regular instances of corporeal assaults on Indian labourers all throughout the period to argue the system was deceptive in its stated goals. They also question the ability of gullible individuals to appreciate the full significance of the indenture contract (Tinker, 1962). Opposite to this line of appraisal the votaries of the free choice approach stress on the agency of the migrants in voluntarily migrating for better wages. They point out to the presence of various internal streams of migration already existing in India. As David Northrup wrote “the colonial recruiting agencies only tapped the stream of migratory workers which already existed” (Northrup, 1956).

Both these schools conceive the system to be a static structure determined by the government's regulatory structure. The system actually was a dynamic one that evolved through the multiple forces like the requirements of various recruiting colonies, the price of sugar in London City market and conditions in the catchment area of recruitment, chief of which was the agricultural situation in the districts. The relation between incidences of famine and uptick in number of recruits from the affected districts in the following season can be widely correlated throughout the history of indenture.

Marina Carter was the first historian to draw attention to the dynamic factors in the history of recruitment. She analyzed the important changes in recruitment strategies resorted to by various colonies to cater to the shifting macroeconomic circumstances. She had zoned in on the figure of the return migrant as the hinge on which recruitment strategy depended in the latter period. Though she tends to over-emphasize on the agency of the returnee migrants to influence recruitment strategy.

The System of Recruitment

As I discussed in Ch. 1, recruitment under indenture began out of private initiative in 1834, When Mr. Arbuthnot of Messrs. Gillander Arbuthnot and company started recruitment for sugar plantation in Mauritius and the initiative drew imagination of the sugar magnate John Gladstone, who contracted them to dispatch batch of labourers to work in his plantations in British Guiana. Thus the system originated with individual planters engaging various British mercantile firms with operations in India to recruit labourers for their needs. The recruiters contracted sub-recruiters in the upcountry districts and Maistries in South India in turn to recruit labourers according to requirements. The recruiters were paid according to the numbers of emigrants they recruited which was drawn from the six month's advanced wages of the intending recruits. The system expanded gradually in proportion. As I had discussed before all

forms of stratagems were used to collect the required number of requisitioned recruits, especially in the initial phase when there was scarce governmental oversight. As the Bengal Civil Servant J.P. Woodcock reported about his journey to Mauritius on a ship transporting indentured emigrants reported –

“Island was described to them in glowing terms and advantage taken of their ignorance to provoke the belief that every necessity of life was cheap, labour light, and the voyage would only occupy ten days”.

As he expressed to Dickens Committee of Enquiry this aspect of deception he thought was the prime abuse existing in the system.

This factor also contributed to the high shipboard mortality in the initial phase. As the recruiters were under pressure to match the requisitioned number, they used every guile, at times recruiting severely debilitated and old people, who could not cope with the completely alien and harassing condition of a transoceanic voyage.

Apart from aggravated expenditure, this fact chagrined the planters because this led to a large number of immigrants who were unable to undertake the rigours of plantation work, whom the planters had to provide for. High mortality rate also drew the ire of abolitionists, who used this data to criticize the system. Despite the myriad legislative attempts at preventing abuses in recruitment, such practices prevailed nonetheless as noted by the numerous enquiry commission reports. Visiting India in 1861 to look into the system of recruitment and suggest improvements, H.N.D. Beys noted the instances of unscrupulous practices by recruiters to entice potential recruits and other abusive practices existing, even after 3 decades of indentured recruitment.

The revisionist scholars of free choice persuasion question this assumption of indentured recruitment as determined by deception. P.C. Emmer distinguished the indentured recruitment from slavery stressing upon the agency of migrants to exercise their free choice without any

instance of deception. He went to the extreme to deny any existence of abuse, even the ones acknowledged by imperial authorities and maintained “[O]n the contrary, many precautions were taken, both by the Indian authorities as well by the recruiting agencies” to guard against such occurrences.

Such an analysis is definitely ahistorical and goes against the grain of testimonies and evidences which were often acknowledged to extent even by apologists of the system.

In 1864, the government of India enacted Act XIII of 1864 to consolidate all the ad hoc legislations promulgated since the system started. The Act required all the recruiters to be licensed by the Protector of Emigrants. The system of paying recruiters by commission upon the number of people recruited was dispensed with and henceforth were paid a fixed salary. This Act, along with a further consolidation by the Act XXI of 1883, were the determining writs of the system till its closure in 1915-1916. In order to guard against fraudulent recruitment, these acts required every intending emigrant to be presented before the district magistrate to ascertain whether the individual had understood the indent agreement properly and going on their own accord.

In the hierarchy of the recruitment system, the Emigration Agent of a particular colony was at the apex. He engaged subrecruiters in the recruiting districts who on their part employed another set of recruiters who did the actual work of recruiting on the ground. The Head recruiters were paid salaries from the middle of 19th century while the sub recruiters were commonly paid by commission according to the number of recruits they could send.

In spite of frequent instances of atrocities, use of deception and swindling away recruits’ stipulated entitlements, which were noted by the various commissions instituted from time to time, Arkaties existed, nay were crucial in the running of the recruitment process, doing the actual work of recruitment. P. Saha thus identified the Arkati as the “backbone of the entire recruitment system” (Saha, 1938).

Arkaties were seldom licensed and they went about scouring the countryside in the recruitment season through village tanks, markets, fairs and pilgrimage centres persuading people to get recruited. As evidenced they often took recourse to unscrupulous methods and misrepresentation to entice people to come along with him to the head recruiter's place, where once they are housed in were often not allowed to venture out and in case of recalcitrance were beaten up. The migrants received only received uncooked rations and a blanket in winter in the depots. Here they were examined by the magistrate who certified them once satisfied that they are going voluntarily. Once certified, the migrants are transported to the custody of the emigration agent at the port of embarkation. Here they were lodged in the main depot where their medical examination is conducted. Once certified by the protector of emigrant that the migrants are fit to embark, the Protector of Emigrant conducted his final inspection to ensure that no recruit is being duped into emigrating, by explaining the clauses of the indenture contract and seeking their final assent to be recruited into indenture.

Here I will do a structural analysis of the space of the emigration depot.

Depot

Emigration depots functioned as a place where the intending emigrants were kept before the actual departure and various embarkation formalities like registration, medical examination etc. were done. During the initial phase i.e. between 1834 and 1839, there was no specific depot and intending emigrants were generally kept in the recruiting agent's houses.

Inspection of the recruits and depot arrangements were required under the Emigration Act of 1837 which was an exercise seldom performed by officials. Recruits were kept confined and not allowed to go out for the fear among the recruiters the recruited people might run away if they interact with the people around.

When emigration was recommenced in 1842, the Indian government took responsibility of overall supervision of the system and officials introduced a series of reformatory measures to ensure proper housing for intending emigrants and fair depot procedures of registration and embarkation.

Since Calcutta was the main port of embarkation, the Emigration Depot at Calcutta was very important and maintained permanently with utmost care. The most vivid description of the Mauritian emigration depot at Calcutta was given by H.N.D. Beyts, Protector of Immigrants in Mauritius, visiting India in 1861 to report on the establishment of emigration depots and suggest remedies against the malpractices extant in depot arrangements and procedures gave a vivid description of the Mauritius emigration depot at Bhowanipur near Calcutta. As per Beyts' description, "coolies were lodged in three straw covered bungalows in Calcutta depot. Depot was surrounded by a high wall with only one guarded entrance. Within the depot premises, cooking sheds were built where emigrants did their own cooking and water was supplied through a tank placed inside the depot. To provide medical attendance to sick emigrants, a hospital and dispensary was also built within the boundaries of depot" (Beyts, 1863).

At Madras port, emigrants were lodged in godowns of the contractors till 1857 when an independent depot was came up in Vepery. This depot was designed on a pattern similar to the Calcutta depot with three large sheds to lodge emigrants with a hospital building.

Despite the arrangement of depots in the ports of embarkation to house all the intending emigrants, recruiters continued to keep emigrants in their private accommodation and transfer them to depot only a few days before embarkation. Describing the reasons for running private

establishments to lodge emigrants, Protector of Emigrants at Calcutta port, Thomas Caird wrote to the Secretary of

Bengal Government that “during the busy season .. every recruiting duffadars' dwelling of any kind is converted into a depot until the time arrives for the departure of a ship, when new arrivals from the recruiting districts take the place of those who have embarked “. Apart from official explanation, a more pragmatic reason for maintaining private accommodation was economic. These private accommodations beyond the purview of the Protector of Emigrants and other officials where therefore recruiters were not bound to provide provisions and facilities to intending emigrants which they would have otherwise compulsorily provided to the inmates of the official depots.

Emigration depot was managed by Emigration Agent who was a representative of one recruiting colony. In the depot, he had to make sure that all emigrants get proper accommodation, food, clothing, and medical attendance and he was authorised to issue certificate for emigration. Emigration agent continued to enjoy this control over every aspect of the system till the time Indian government realized that the Emigration Agents actually represented the Mauritian government and planters' interests. Therefore they would often tend to compromise in protecting interests of Indian emigrants. Therefore, in order to check the Emigration Agent's authority, a Protector of Emigrants was appointed at the ports of embarkation through Act XXI of 1843. However, Thomas Caird who held the charge of Emigration Agent for Mauritius, was dispensed with the duties of Protector of Emigrants by the Government of India; going against the very spirit of the office of Protector of Emigrants which was to check the irregularities of Emigration Agent.

To take care of ailing emigrants' it was necessary to have a doctor in the depot whose primary

job to examine all emigrants on their arrival in the depot for any communicable or venereal disease. Since all the inmates were supposed to be spending on an average of 10-15 days in depot, maintaining a hospital within the emigration depot to provide medical attendance was made a necessity. The apprehension of spread of communicable diseases was so momentous among the officials that the Emigration Act of 1871 provided for maintaining of two hospitals in depots- one for ordinary cases and the other for communicable diseases.

Despite all these regulatory measures to ensure disease free stay for emigrants in the depot, cases of outbreaks of cholera and malaria and even death of emigrants continued to occur very frequently. A variety of factors were responsible for this - the unhygienic living conditions in the depot and laxity in duties of the officials assigned to ensure proper and clean accommodation for the emigrants, admission of sick and physically unfit people as intending emigrants by the recruiters merely to increase the number and fulfil their quota; overcrowding of depots in 'busy seasons' when the number of emigrants lodged was many times the capacity of the depot, etc.

In light of existence of these malpractices, a standardized though complex procedure of embarkation evolved in 1860s which continued in rest of the period without major alterations. Under this procedure, when a ship was ready, recruits were taken to the port, examined by the Protector of Emigration in presence of Emigration Agent and if the examination was satisfactory emigrants were given a tin ticket as a permit certifying that they were going by their own will and fully understand the terms of contract. After this, emigrants were examined by the Medical Inspector or Surgeon Superintendent of the ship who singled out physically

unfit, or very old recruits. After this rigorous medical examination, emigrants were allowed to embark in the ship and were ready to begin an exploratory journey towards their future lives to traverse through astonishing new locations, socio-cultural milieus and societal norms.

The shipboard of 19th century emigrant ship

The 19th century witnessed a major thrust in the number of people leaving their ancestral communitarian locale to embark in global journeys of migration and circulation. Millions left Europe for North America, Australia and New Zealand. The long traffic in slavery from Africa across the Atlantic continued for the larger part of the century albeit with progressive legislations to eventually halt it. A considerable number of Chinese migrants crossed the Pacific to work in the plantations and railroads of America, laying the foundation of the strong politically formidable Chinese diasporic lobby of 21st century. And a million Indian subjects of the British Empire left as indentured laborers for the crown colonies of British Empire. All these significant flows of the age of empire entailed transoceanic passages, often lasting months. Larger and heavier ocean carriers crossed the seas in this era in keeping with the unprecedented increase in the number of people on the move.

Developments in shipping constructions, like the increased use of iron and eventually steel in place of wood to build stronger and lighter hulls, which increased super cargo space coupled with more sophisticated technologies for meteorological measurements enabled this spurt in passenger figures to be sustainable in the long run. By the last decades of 19th century steam ships replaced sail. As a consequence the age old dependence on trade winds and currents were cleared, ushering in the era of all-season navigation.

The effects of these changes had not always been salubrious for the passengers as unscrupulous shipping agents and contractors made a rally of it. With increased deck space, more passengers were herded in with little superficial space over journeys lasting months in often inclement weather. The infamous 'coffin ships' (Mangan 1994) that transported famished Irish migrants to Canada and US, the convict ships to Australia or Van Diemen's Land bear testimony to the intensity of the migrants' experience.

In that the emigrant ship in the age of empires was perhaps one of the pioneer globalized spaces of modernity. It was positioned in the interstices of the global flows of commodities, capital and people. A globalized workspace, where crews, officers and passengers embodying multitude of languages and ethnicities jostled in cramped surroundings. With inadequate and often rotting provisions, its appalling sanitary conditions led to its characterisation as a pathological menace. Its arrival was associated with spectres of dreaded contagious diseases, both corporeal and moral as it provided the perfect image of otherness pouring into the assumed racially homogenous space of the host community, in an era obsessed with "Race".

Among these flows the transatlantic passage had hitherto got most attention from scholars. The transportation of slaves from West Africa to the Americas and the Caribbean, with a much longer history spanning over four centuries had attracted the richest body of scholarship. The migration from the British Isles with specific focus on the post famine Irish migrations had brought forth a range of scholastic concerns regarding the dynamics of transportation, migrant subjectivity and reception of migrants in host locales. Same concerns had impressed works on the Australasian routes, both convict and free migrations. These works emphasize the interstices of class, ethnicity and gender in the transformative sites of the voyage not just the

shipboard but also the associated maritime infrastructures of inspection depots, quarantine centres and hospitals. It is argued that a host of disciplining impetuses impressed the migrant which had formative effect on the fledgling migrant subjectivities. Migrants had to specifically deal with these factors in their strategies of refashioning identities. The departing emigrants suffering in disease laden confines of ill-provisioned ships managed by callous and vindictive ship officers were powerful tropes of identitarian assertions for reawakening in sending locations.

Indian Indentured Emigrants in Passage

In case of India, the numbers of indentured labourers who went to other colonial possessions of various European empires are less than European migrations to America and Australasia in the corresponding period and more than the number of Chinese who crossed the Pacific to work in the Americas. Mauritius received 466018 (Benedict 1961) indentured Indians, by far the largest number among all the receiving locations. The British West Indian Colonies of Guyana, Trinidad and Tobago, Jamaica and the other smaller colonial possessions of Britain received 534 109 Immigrants (Bhana 1991). The French possession in the Indian Ocean, Reunion, received 118000 indentured Indians, and 60533 Indentured Indians were introduced in Fiji Between 1879 and 1916. Natal received 152 184 indentured immigrants between 1860 and 1911 (Bhana 1991). But in terms of mortality it was significantly higher than the European migrations across the Atlantic and the Australian route.

In 1869 Dr.Bakewell, the Health Officer of shipping at Trinidad exclaimed “more than 11 times as many immigrants died on board Calcutta ships going to Trinidad than on board English ships going to Australia” (Extracts from report of Dr.Bakewell, Bengal Emigration Proceedings).

The initial scheme worked with direct planter involvement in recruitment of Indian labourers. It was found cost worthy to transport the immigrants in cargo ships rather than hiring exclusive emigrant ships like in the Britain – Australia or Europe – America routes. The Indentured Indian emigrants were crowded all together on the inadequately covered tween deck between the gangway and the Waste (Report of JP. Woodcock, in Dickens Committee Enquiry, 1839). Each ship carried 150-200 migrants. Emigration was stopped in 1839 and remained prohibited till 1843 following huge public outcry against these deplorable conditions. Shipboard mortality and testimonies of brutal corporeal punishments of immigrants by crews became a potent symbol of national supinuity. Internationally, the anti-slavery activists mobilized public opinion against the traffic; they coined the expression 'new system of slavery' (Tinker, 1974) which went on to attain idiomatic resilience in course of the indentureship saga.

The traffic halted later too, like in 1857 and 1865 (from Bombay and Madras) to Mauritius, both triggered by concerns of high disease rate, mortality and fear of spreading contagion in the host locales. Official imperial opinion connected the emergence of contagion in plantation colonies with arrival of Indian immigrant ships.

The 1854 cholera report of the Government of Mauritius put the blame of that year's cholera epidemic in the colony on the arrival of the ship *Sultanee* with cholera ridden victims.

In fact, the huge traffic in migrants in 19th century was matched by another worldwide flow – of contagious diseases. Large scale epidemics or pandemics as they were rhetorically put by contemporaries swept across the globe all throughout the century. Known ailments like plague or malaria attained unprecedented speed in circulation while hitherto unknown diseases in

Western medical schema like Cholera and Yellow Fever were carried from their endemic aetiological locales through the global circuits of circulation, and attained epidemic form when it attacked the cosmopolitan contact zones like ports, transport nodes and the colonial metropolises. Scholars had suggested links between increased traffic in goods and people with the spurt in epidemics as pathogens were carried from endemic locales to different ecologies where the host population lacked immunity to the new diseases. However this connection between diseases and migrants as human vectors purportedly circulating unchecked was discursively morphed into diabolic figures of aversion. The spectre of migrant ships arriving in port came to be associated with xenophobic tropes of alien invasion.

The Sultanee left Calcutta on 14th February 1854, with 80 crew members and 375 emigrants. The first case was reported on 25th March 1854, when the ship was on anchor off shore Port Louis harbour (The Englishman, 5th Jan. 1857). The ship was put under quarantine at Flat Island off the coast of Mauritius. At that time the quarantine station was occupied by small pox victims and consequently the immigrants were exposed to a different contagious host. The record state that five persons died in the ship while in quarantine, recorded due to cholera and dysentery. The report notes the rumours that circulated regarding the ship Sultanee. It was widely believed that the captain of the ship broke quarantine restrictions and maintained contact with land. The report is plagued with a number of inconsistencies about the number of people who underwent medical treatment or the number of patients who recovered and only comments that recovery was rapid. Later, a number of these emigrants were infected in estates and 57 of them died. The facts show that no connections can be made between the arrival of Sultanee and the spread of the contagion if it does not disprove the conjecture forwarded. Ultimately however the report concurs with the assumption that the cholera epidemic was brought in Mauritius by the ship Sultanee.

In an another case for instance, in 1896, Durban port authorities kept the ships Courland and Naderi for 23 days in quarantine, just with the suspicion of having plague ridden migrants on board. The ship was not let off even after quarantine authorities certified absence of plague or any other contagious disease on board. Instead, the belongings of the migrants were fumigated and all contacts with land were severed. The ship was ultimately let out of quarantine following huge pressure from Indian immigrants in Durban. At the time of debarkation at Durban harbour, the Indians were met by a very hostile white South African agitation against letting off the ship from pratique (Memorial by Indians in Natal).

The Extant Literature on the Passage

Studies on Indian emigrant voyages to the colonies have mostly focused on the embarkation and debarkation part of it. Pioneering work of P. Saha (1970) and Hugh Tinker (1974) on indentureship had referred obliquely to the purport of the voyage on the migrants, their concern was more with the systematics of the indentureship process and consequently do not engage in a detailed analysis of the passage. Marina Carter in “Voices from the Indenture” (1996) brings forth revealing testimonies of the voyages drawing from epistolary sources, anecdotes and remembrances. The evidences situate the Voyage as a formative factor in forming diasporic identity among the voyagers and through subsequent generations. Same force is found in Brij Lal's study focusing on Fiji, “Chalo Jahaji” (2000). However the book charts the process of “jahaji” identity formation and deals with the shipboard saga more in its effect post debarkation. It reiterates the importance of the peculiar space of the emigrant shipboard in this process but desists from a grounded analysis of this space in transit. Scholars like Shlomowitz, Mc Donald and Brennan had extensively prodded into the dynamics of transportation through

extensive quantifications of mortality and diseases. However, with due acknowledgement to the much needed quantitative cartography and comparative frame vis-a-vis other migration stream that their work provided, it lacks reflexivity in reading archival sources. The colonial archive like any other scribal compendia also embodies power. The emigration department files of the British Indian Government, both at central and provincial level are replete with not so subtle examples of racist stereotyping of the Indian coolie emigrant. The extensive documentation of the 'habits' and ailments of the coolies locked the indentured emigrant in the colonizers' epistemic frame and thus every textual cue, anecdotes or statistics need to be read with grain of salt.

In this paper I propose to make a structural analysis of the modalities of power on board the Indian emigrant ships in the era of indentured migration. Existing scholarship stresses on the formative strength of the Jahaji identity in the development of diasporic consciousness in the host locales. The Jahaji solidarities formed among erstwhile strangers in the highly surveillanced transit space of 19th century emigrant ships was a salient part of the migrants' strategies to deal with in their new subjectivity in an alien (and often hostile) setting.

The emigrant shipboard became a site of a host of governmental and political concerns with at times divergent and conflicting impetuses that went on to mark the site by very divergent impulses - of disciplining and taking care of population often working simultaneously. Discursively it was variously represented as mother India's unfortunate children or vectors of dangerous diseases. I would chart the construction of the immigrant shipboard chronologically at the intersections of these different discursive endeavors.

Introduction and Premature Truncation of the Scheme

As a legal object the immigrant ship got continuously amended by these practices throughout the indenture regime. In 1830, when 2 Colonial Land and Emigration Commissioners were appointed by the G.O.I., there was little in their writs or capabilities to supervise shipboard provisions. Acts V and XXXII of 1837 widely considered to be the foundations of the Indian indenture Emigration led down broad guidelines for supervision of Emigrant ships. The acts stipulated inspection of every vessel carrying more than 20 passengers for accommodation food and general provisions necessary for the said passengers and led a cap of 3 passengers per 5 tons burden of ship, made it mandatory to provide 15 superficial ft. not covered by cargo or provisions for each passenger in the lower deck (Act V of 1837, Parliamentary Papers, Vol. 16, 1841). Every ship with more than 20 emigrants also needed to have a medical surgeon with enough supply of medicine and instruments. The stipulated instruction for doctors on board was to carry a 'chest' of medical supplies. The immigrants had to be provided with five gallons of water and fourteen pounds of rice every week, with additional provisions stacked for situations of emergency.

The inadequacies of the regulations were evident from the outset. Numerous instances were reported of ships loading migrants after sailing far from the port. The stipulations were vague and underestimated. The Dickens Committee instantiated the case of the ship Sofia under the command of captain Rapson to drive home the point of lackadaisical up keeping of regulations; in 1836 the ship Sofia embarked a huge number of coolies, once the ship had left the port of Calcutta and down river. It was found that 2/3 of all the emigrants in the ship had no police pass, the mandatory embarkation document prior to Act XV 1842 (papers relating to East Indian Labourer's Bill).

The ensuing public outcry against the deplorable treatment of Indian migrants coupled with concerns against resumption of slavery under a new guise led to the promulgation of Act XIV of 1839. It stated - “no native of India was to be taken out of the country, to work as labourers”. A penalty of Rs. 200 and/or imprisonment of upto 3 months were imposed against violators of the ban.

Indentureship Resumed: Legislations and Concerns of Governmentality

This incident had a salient impact on throughout the period of Indentured emigration. When after repeated lobbying by planter pressure groups, the India Office resumed colonial emigration; the ship became a central focus of regulation. Act XV, 1842 passed by Lord Ellenborough in presence of Queen Victoria, considered the prime resumption clause of Colonial Indian Emigration, coupled with Act XXI of 1843, attempted to stipulate provisions, superficial space, medical facilities with the number of personnels and even touched issues considered strictly of maritime concerns like placing of objects on board, positioning of emigrant dwelling which needed adjustments in design.

However, the issue of indentured transportation was locked in a tug of war between the concerns of wellbeing and safety of the migrants and the imperative of providing cheap labour to the plantations. The planters, who exercised immense power in the crown colonies which were often dependent on the production of a single cash crop stressed on the economies of scale in labour transportation. Their special target was the clause of superficial space stipulated to be provided to each migrant on board by Act XV, 1842 (Act XV of 1842, Parliamentary Papers, Vol. 35, 1843). In 1847, the Mauritius government gave in to their demands and decreased the stipulated height between decks (Geoghegan Report). The amendment was approved both by

the Government of India and the colonial Emigration commission.

Act IV 1852 supplemented the provisions of the preceding legislations. It created the office of Medical Inspector of Emigrants whose duties were to exercise a sanitary supervision over the various emigration depots, to decide on the eligibility of vessels tendering to transport migrants, to inspect the stores and was supposed to be present at the spot of embarkation, where he was responsible for disallowing emigrants to embark on grounds of inadequate fitness (Carter, 1996).

However, the 1850s saw an increase in mortality and sickness on shipboard. In 1856, huge mortality on the Mauritius bound ships *Futtay Mubarak* and *Hydere*, supplemented by considerable additions in quarantine at Gabriel Island off the coast of Mauritius, led the Government of India to close emigration to Mauritius pending upgradation of quarantine and allied disembarkation facilities. The incident also brought the entire transportation process under renewed supervision by the government. The ghost of 1839 still hung deeply in institutional memory. Various contemporary commentators tried to make sense of the figures; one longstanding focus of blame was of course on the debility of the recruited emigrants. The number of people emigrating also shot up markedly during this period. Some had inferred this to be a result of an influx of refugees and displaced people from the famine stricken districts of United Provinces and Bihar; while mutinee induced migration was also marked as a factor (Carter, 1996).

Following high shipboard mortality in the West Indies route in 1857, The Government of India commissioned an enquiry headed by Dr. Mouat, Inspector of Jails and Dispensaries of the

Bengal Government. He was considered to be an authority on the health condition of enclosed spaces – the prisons, the barracks and consequently the shipboard. As Clare Anderson (2000) had noted while studying convict transportation of Indians to overseas penal settlements it is not altogether surprising that the terminologies of overseas convict transportation seeps in and overlaps deliberations on Indian emigrant ships. The indentured emigrant transportation was widely suspected to be a route by which unconvicted rebels of the sepoy mutiny escaped prosecution. The belief gained traction with the unusual increase in the number of intending emigrants in the seasons following the mutiny. However, whether the increase was due to escaping ex-sepoys or due to sudden boom in global sugar production and hence increased demand for labour in the corresponding period is anybody's guess (Anderson, 2009).

In fact leaving out the context of the War of 1857, we find the overlap of the indentured 'coolie' emigrant and the Indian convict to be a widespread practice in imperial policy. In Mauritius, where the arrival of the Indian convict predated the Indian indentured Immigrants, the former remained a strong frame of reference to observe the Indian labourer. An 1875 Commission of Enquiry into labour conditions in Mauritius reported that earlier convict transportation to the island made the Indian indentured labourer 'not the entire stranger he was in the West Indies and Demerara' (Anderson, 2009).

A series of reports followed a similar line, which categorized migrant depots and ships – like other colonial institutions such as jails, penal settlements, asylums, lock-hospitals, as pathological social spaces (Arnold 1993, Anderson 2004). The 1861 emigration committee drew attention to the comparative rates of mortality on ships and in jails (West Bengal State Archives, henceforth WBSA, 1861). In 1867, after another season of high death rate on West Indies emigrant ships, the authorities moved to ensure that the space allotted to migrants was

the same as that allotted to prisoners in jail (WBSA, 1867).

Mouat's appointment to the 1858 commission was thus not anomalous. The staff of Jails and Prison Inspection was looked up as experts in studying Indian dispositions. The carceral aspect in disciplining Colonized bodies is presciently hinted by these bureaucratic amicabilities.

Mouat's report absolved the Protector of Emigrants and the depot personals of laxity in selection and care of migrants. Instead it turned its attention to the absence of sick bays, the high proportion of women and children and recent changes in diet. He objected to the introduction of biscuits and wanted ships carrying grain cargo to have air-tight hatches, privies outside the transom of the ship secured by forechains. The drinking water, stocked in the ships was drawn from the brackish waters of Hooghly River near Calcutta. It was considered by many ship surgeons to be a factor in ill health on ship (WBSA, 1860). A plan for installing a distilling apparatus to get drinking water from the ocean and filter it was suggested many times, but nothing came of it till the 1880s.

However one aspect that Dr. Mouat singled out for blame was the newly introduced sleeping platforms for the emigrants. He considered the platforms to be unnecessary and "liable to harbour vermin" and accumulate dirt and "obstruct very materially and injuriously the air of the space beneath". The prevailing conceptions of medicine stressed on the connections between air flow and aetiology. Disease, especially contagious ones were believed to be produced by miasma that emanate out of the soil and is carried by air. Thus damp, constricted spaces were considered to be more susceptible to harbor disease, which can be made good only by proper arrangement for ventilation. Thus unobstructed air flow was a prime concern in colonial medical thought; its importance was not lost even when studies with microorganisms proved that pathogen vectors can undergo very complex trajectories for the pathogen to become

contagious. The good healthy colonial construction always stressed on unobstructed movement of air. The elaborately constructed ventilators of colonial bungalows in the tropics are a relic of this worldview. The platforms were promptly removed from the 'coolie decks' in the next season but mortality rates increased. Indeed some ship owners and captains pressed for reintroduction of the platforms by regulation willing to bear additional expenses (WBSA, 1859). Indeed the reasons forwarded for the reintroduction of platforms also rested on miasmatic conceptions. As the report on the 1860s mortality rooted for it basing their case on the authority of army medicine, they quoted Dr. Henner, who wrote “it is a fact now well-known that the lower part of atmosphere of an occupied room is invariably the least proper for respiration. About the height of 2 feet, sometimes even 2 1/2 feet the proportion of carbonic acid gas is commonly 8-10%, and close to the floor 20% and even a larger proportion has been observed”.

About the cause of higher mortality of Calcutta ships vis-a-vis Madras ship Dr. Mouat gave in to prevailing orientalist stereotypes of racial fixity, which was widespread and considered perfectly pertinent for a doctor of mid-19th century. He thought the natives of Bengal were more fearful of sea travel than the Madras emigrants. About the overall high rate of mortality in passage his summation carries a prescient note of scientific fatalism which collapses tropes of race into tropes of vegetation while unproblematically (almost unconsciously) assuming convict transportation as the major premise of his inferential frame. – so consequently the stay at Calcutta depot for the upcountry emigrant awaiting embarkation, “although not actually labouring under disease at that time ,.. would suffer seriously from any defects of ventillation or cleanliness on board” as opposed to their non-vegetarian counterparts. He did mention the famine in Bihar and Chhotanagpur region in 1856, as a possible reason for the increase in debilitated recruits, but by his arguments it is only a supplement to the overall bleak scenario

than a cause in itself.

He does not mention in his report, the unhygienic condition of the location of the depots in Calcutta, which even by the prevailing logic of public health should be considered potent to “harbour disease and pestilence”. He points to the bad quality of food stuffs provided on board ships, especially rice and flour and called for its improvement by more stringent supervisory regulations. However, with the quantities in the diet scale he expressed satisfaction, except his reservations to the introduction of biscuits. Nor did he undertake a comparative analysis of the 3 diet scales of Calcutta, Madras and Bombay. P. Saha, in his study on indentured Indian labour in West Indies had demonstrated that the food rations in the Calcutta ships transporting indentured migrants was significantly lower than in the corresponding ships leaving Madras and Bombay.

The ship surgeons recommended transporting the labourers in ballast in place of the extant practice of transporting them in ships carrying other bulk cargo, especially grain. During the initial days of the regime, the lower deck was filled with grain while the migrants were left in the Waste, between the Gangway and Forecastle (Woodcock’s dispatch, Dicken’s Committee Report). Later, the grain was put in hatches beneath deck, while the lower deck was used to house the migrants. Numerous commentators had objected to the arrangement. It was considered detrimental to the health of the passengers because when the grain rot, as some of it would rot for sure being transported in bulk were perceived to cause “noxious effluvia” which arose off the hatches. Effluvium was considered to be the prime pathogen carrier in miasmatic conception. Ship surgeons blamed the reasons of contagious outbreaks on board on the effluvia arising out of the hatches which gained vigour by the abundant breeze on high seas. Their suggestion was to transport migrants in ballast as was the practice in the Britain – Australia

route (WBSA, Pro. 54, 1860).

However, the Government of India and the colonial office were reluctant to accede to this suggestion as they claimed; it would increase the cost of transportation by at least 40 % (WBSA, Pro. 53, 1860). The grain cargo being transported in the immigrant ships they claimed was mostly meant as provisions for the Indian migrants at their locations. They asked for experimental proof of the purported benefits estimated to be accrued by the change in transporting policy. In the end an experiment was conducted. In Dec. 185

8, 2 ships, “Northern Light” and “Catherine Apcar” were dispatched from Calcutta port with emigrants and without cargo. 17 people died on board the “Northern Light” but as she is debutant in the trade, no comparison could be made with her previous voyages. “Catherine Apcar” lost more number of emigrants than her previous voyages with cargo. As no benefit could be found out of this rare singular experiment, the issue was declared closed for further consideration (wbsa, Pro. 55, 1860)

Improving the conditions in the emigrant carrying ships was one of those lingering issues of correspondence in official circles. New plans such as the above were continuously proposed, discussed vigorously then in most cases were discarded often for reasons of costing, or non-implementability given the supposedly degenerate racial qualities of the Indian migrants. The space was subject to intense legislations, informed by both carceral and therapeutic concerns. Allocation of spaces, spatial positioning for example of bathrooms, kitchens, even the height of the platforms from the base of the hold of the ‘tween deck was legislated and deliberated upon. In spite of these provisions, once in the high seas frequent laxities could be indulged in by those in power in the shipboard, such as by the guileful medical surgeon or the chief mate or even at times by the captain. As I discussed in case of the ventilation episode, there were no dearth of new ideas to propose but were seldom implemented after slew of bureaucratic

wrangling. Even in the middle of the second half of nineteenth century, where steamship had become the norm in most of the other immigrant transportation routes, Indian indentured immigrants were transported by sailing ships even in the long voyage to West Indies, that lasted more than 6 months. Indeed there were votaries for persisting with the system as by the reigning climatological understanding of disease causation and importance accorded to seasoning, it was opined that a long sea voyage might be beneficial for the immigrants as they would have more time to get acclimatized with the climate. In the cold southern latitudes of the Atlantic Ocean, with immigrants just being provisioned with one single flannel jacket, conditions used become excruciatingly cold, even for the crew to operate the ship. However, the climatological reasoning was accepted and steamships only replaced sail towards the end of 1890s in the West Indies and Fiji routes.

Moreover, given the intense competition between the shipping companies, such as Nourse, and Sandbach, Tinne & co. in a trade where the passengers were not paying for their own fare, the tendency was to cut costs by shipping as many immigrants as possible in one journey, in spite of the stipulations allocating height and cubic space for immigrants.

This episode brings out the fine balance between commercial interests and policy imperatives caused by public opinion that underpinned the logics of imperial governmentality in the colonies. The health of the ‘coolie’ labourer was crucial. High mortality risked public outcry and increased attention to a traffic widely perceived to be a continuation of slavery. Also, a debilitated labour force incapable of field work was obviously not in anybody’s interest. However the exigency of health was stringently calculated against mercantile costs, in the

process the discourse of prophylactic care broadened to become a racialized critique of the 'Asiatic body'; more in need of regimentation than therapy. Indeed regimentation itself was posed as therapy. Hence colonial assumptions regarding the "contented" coolie shipboard stressed on strict shipboard routine - of work, of washing and exercise, and maintenance of certain demographic distinctions which were seen as vital – of sex, of caste and of race. (Saurabh Mishra, 2018)

The Women of the "Asiatic Races" on Shipboard

Marina Carter had pointed out that Discussions about the nature of cargo was gradually superseded by the observation that the proportion of women and children had a direct impact on mortality rates (Carter, 1996). Contemporary observation held that increase in the proportion of women which often led to corresponding increase in the number of children and infants shot up the disease and mortality rates among the immigrants. On shipboard, the resultant increase in disease purportedly led to outbreaks of contagious diseases. However, since the quota on women came into force recruiters had struggled to meet the quota. Policy practices created a host of adjusting conventions like carrying over the shortage of women in one ship to other ships sailing in the particular route in the same season. The shortage of a season were at times attempted to be filled up in the next season until the government disallowed the practice.

Official opinion held that immigrants should arrive in colonies before the start of the 'wet season' as it was seen unhealthier in terms of sanitation than the dry season in the miasmatic theory of disease transmission. Wet ecologies were held to effuse more miasma and was thus considered more conducive for spread of disease. Planters thus wanted new indentured recruits

to be in plantations before the onset of rainy season so that they get acclimatized and be put to work from the outset (WBSA, 1872). When it was seen that arrival of immigrants in the wet season cannot be completely avoided, one proposal put forth was to reduce the stipulated quota of women among the recruited migrants during the wet season. The proposal was mulled by the government on the ground that as it is less than stipulated number of women had been transported since implementation of the quota (WBSA, Pro. 46, 1858).

As Marina Carter had noted, the legislations governing sex ratios were a product of external factors on the migration stream. The anti-slavery activists and missionaries specifically pointed out to the negligible number of women transported in the initial years of the scheme as a telling parallel with slave transportation. It was seen as ‘unnatural’ and detrimental to the development of a stable filial society for the immigrants in the host locales and may lead to various ‘vices’ of jealousy, adultery, murder and by extension they hinted at homosexuality (BFASS, 1842). In 1843 when Mauritius started re recruiting, only 13 women were transported per 100 men. A year later when West Indies joined in, the proportion was 21 to 100. This fell to 16 percent at the end of the decade. Later with legislation the figure was increased to 30 and later 40 percent of male recruits (Carter, 1996). Lord Russell threatened to put a ban to emigration in 1850s if the disproportion was not addressed. It was pointed out that in the British Australian route or the British America route the proportion was 4 women to every 5 men (Carter, 1996). The issue of sex disproportion was considered more important for far off West Indies than Mauritius as the Secy. Of State wrote to the Governor of British Guiana in 1855 (Russell to Wodehouse, 1855, Parliamentary Papers, Vol. 16, 1859).

The Land and Emigration Commissioners’ Report of 1866 pointed out that recruitment of women is attended with certain persistant problems. They found that in cases of low number of women in ships, there arose “jealousy and strife” among the menfolk, while cases of high

proportion of women in contingents increased the number of infants and older dependents, which they considered to be “an injurious limitation of the whole number of immigrants”

The problem of maintaining a high proportion of women in the emigration stream was pointed out by the Land and Emigration Commissioners' report of 1866 - “.... attended by considerable difficulties, because on the one hand a small proportion of women gives rise to strife and jealousies,to require a large proportion leads either to the acceptance of a very inferior class, or to an injurious limitation of the whole number of emigrants”. By the 1860s, legislations required at least 1/3 or just over 33 percent of recruits should be women. However greater the numbers migrating, it was more difficult to impose the rules. In situations of deadlock thus the onus was upon the Protector of Emigrant to use his discretion. This became a custom as ship captains and depot authorities regularly petitioned the Protector of Emigrant of depots being full and ship in anchor waiting for embarkation of emigrants but for the lack of required proportion of women (WBSA, Pro. 11, 1878).

In 1872, when the 40 percent ratio was implemented, the West Indies managed 37.83 percent (WBSA, File 75, Pro. 11- 12, August 1878). Eventually the rule was relaxed to allow for 25 percent proportion of women. The rationale of such emphasis was to induce family settlements, which the authorities thought would lead to a chain migration following the filial networks.

It was noticed that when distresses like famine struck the number of people emigrating increased and with it the number of women and children. Another concern that bugged the authorities was regarding the ‘moral’ of the women being recruited. A large proportion of unaccompanied women were noted among the intending recruits which was promptly read as

women of 'loose morals' taking advantage of the indentured emigration scheme to try their luck out of the country (WBSA, Pro. 12, 1878). Recent scholarship on the life history of indentured women had shown that most single women migration was hastened due to domestic quarrels and property disputes especially when they had been widowed and shirked by relations or to escape agricultural debt traps (Carter 1994, Shepherd 2002?).

On board the women suffered more than the men. Long deliberations continued about the proper place for housing of the women on ships. It continued till 1872, when it was legislated by Act - to have the women's accommodation towards the rear of the ship in the coolie deck, with the unmarried women in the far rear, followed by the married women and married men, with the unmarried men taking up the place facing the forecastle. Act XXI of 1843 (Parliamentary Papers, Vol. 30, 1844) directed the employment of 2 female nurses on board migrant ships with 2 compounders but few instance of female nurses had been found. Instances of physical and sexual assaults on women, even by ship surgeons themselves are not unheard of. In rare instances, the doctors or other officers were convicted, in such cases their pay was forfeited and they were disqualified for further employment on board emigrant ships. However, numerous other complaints were summarily dismissed by authorities with the slightest suspicion of moral laxity of the victims.

Maritime commentaries are replete with not so subtle racist observations of the fairer sex on Indian 'coolie' ships. Ship doctors considered them dirty and uncooperative as patients, both in case of themselves and their children. Surgeons' manuals stressed to compel the women to take their off springs to the closets to wash as "women of the Asiatic Races" (Mouat's Report) were prone to make the coolie deck dirty (Laing's Handbook), are quarrelsome and interestingly "vitiate more foul air" in the 'coolie decks' than men (Mouat's Report). One

comparatively sympathetic commentator, Mrs. Swinton, wife of Captain Swinton, whom she accompanied in one of his voyages carrying Indian migrants to West Indies, commented on the migrant women as “lacking in feelings of sistership than their counterparts in Europe” (Swinton, J and E).

As it was observed that the increased number of women led to secular increase in mortality and debility rates on board, it was more convenient to put the blame of diseases on board on the migrants themselves. Thus the 10% mortality on the West Indian ships in 1865-6 season was blamed on the migrants rather than the emigration service (Carter, 1996). As Dr. Bakewell tried to explain the reasons for the exceptional mortality figures in Indian indentured migration, he gave in to the received wisdom of innate racial debilities of Tropical “races” which hinder vigorous acclimatization in alien climatic conditions unlike their European counterparts. The ideas of corporeal racial failings seamlessly give in to representations of unhygienic propensities of Asiatic races, against which European medical supervision has little chance to succeed unless the subjects are constantly supervised by European personnel. Discourses of racial somatics thus worked in tandem with discourses of racial predispositions, in which both were conceived as pathological and in need of therapy.

Regulating care and Order on Board Emigrant Ships

In 1859, Shah Allam, transporting migrants to Mauritius caught fire and only one individual out of 400 passengers and crew survived (Tinker 1974). This incident led to calls for revamping safety measures on shipboard, provisions for lifeboats and fire dousing equipments. Indian migrants generally cooked food on deck for themselves in groups, taking the rations provided by surgeon superintendent. This was a provision reluctantly granted by Act XV, 1842,

in view of the caste prejudices of intending emigrants. The wreck of the Shah Allam led to official strictures against cooking on board by migrants. This was just after the sepoy mutiny and the Government of India was itself in a process of large scale legislative transformation.

In the same year, high mortality on the ship “Marian Moore”, sailing from Calcutta to British Guiana prompted Secretary Of State Sir C. Wood to carry out an enquiry (WBSA, Pro. 47-49, May 1860). He called for provisions of increased hospital accommodation on board Indian migrant ships and provisions for ventilation, referring to the report of Dr. Mouat of 1857. He directed to look for some apparatus to induce adequate ventilation in the tween decks “for dispersing and drawing off the foul air apt to accumulate ... on Emigrant Ships”.

All these led to a major structural overhaul of the system in 1860s. The office of a separate Immigration agent for each recruiting colony in India was instituted by the Emigration Act 1860. This made the receiving colonies responsible for the wellbeing of the migrants once embarkation had happened and the ship is off mooring. A host of established practices in the indentured migration regime was touched by this change. One was, the captain becomes equally answerable to both the Indian and the receiving colony authorities, and moreover, the ship surgeon was now officially employed on behalf of the receiving colony by the Immigration Agent though hired in the ports of departure. The law also stated - ‘.... India will be open throughout the year to the agents of all the colonies’ and render it unfit that coolies should be [shipped]’ (Carter, 1996).

The changes of 1860 with the general trend in the previous legislations greatly increased the job profile of the ship surgeon. He became the de facto in charge of the migrants on board

ships. On land they were considered the lowest in the imperial medical bureaucracy with often no coveted medical diploma at hand and scarcely a chance to upkeep a good private practice being often in long sea voyages lasting months; they were under constant pressure and suffered from a host of insecurities. A surviving petition of a ship doctor, Dr. Nisbett, to the protector of Emigrant in Calcutta shows, Among a host of his concerns, one that particularly irked him was “now I am liable to be superseded by native doctors” (WBSA, Pro. 11, March 1860). However off shore the ship surgeon commanded formidable gravity over the few hundred Indian migrants. Apart from dispensing medical care, it was his job to maintain discipline and constabulating over provisions and even infrastructural issues when it came to immigrants' accommodation and maintenance. His job profile hints at the wide scope the institution of medicine had in official conception and the immediate regime on board the immigrant ship became singularly iatocratic.

As per his professional brief he was to draw up routines for his putative set of 'patients' and ensure their implementation. His job started with the embarkation of the migrants on the ship. He needed to coordinate and supervise the upcoming recruits over the Gangway and in the ship, Check each of their tickets issued in the depot which stated among other things that the intending emigrant is free of contagious ailments, able bodied and thus fit to migrate (Laing's Handbook, 1889, WBSA). Patrick Manson, the doyen of Tropical medicine and a ship doctor by himself at younger age noted, “no one accustomed to work in well-organized shore hospital, with its trained staff can know the difficulties which confront a surgeon on an Indian emigrant ship, even in his purely medical work. But in addition to that work he is responsible for discipline, sanitation diet, amusements.... Out of a crowd of ignorant coolies he has to organise nurses, policemen, cooks, cleaners.... and to constantly supervise them. His only assistance is from 2 sometime 3 more or less helpful native compounders, who in their turn need constant

direction and supervision (WBSA, Pro. 27-30, B. Nov. 1913).”

In later years, a proposal was made to induct the surgeons of Indian emigrant ships in tropical medicine courses. However, the plan was cancelled as a meeting of ship surgeons gave their opinion in 1913 - “The course is highly scientific, involving use of microscope, chemical analysis and such. some idea of the difficulty of pursuing scientific work on these ships can be gained from the fact that owing to noise, vibration and c, it is frequently almost impossible to hear accurately the heart or lung sounds”,(WBSA, Pro. 27-30, B. Nov. 1913).”

One prescient observation that was made in course of the observation by the ship surgeons, albeit unwittingly is that, Tropical medicine does not constitute a separate sub field of medicine, neither by aetiology nor by disease type. This was in the heydays of tropical medicine which fashioned itself as a “tool of empire” and would continue to influence global health policies for the tropics for the next 50 years until its methodological edifice lapsed into antiquarian oblivion.

The ship surgeons were paid according to the number of living migrants actually disembarked in destination. So, as veteran ship surgeon James Laing advises to his fellow professionals, “remember your interest is identical with the coolies” while with the captain it is not so. This he insists to the doctor as reasons for not allowing the captain to interfere in his work from the beginning.

One repeated complaint of the ship surgeons was that at times the emigrants despatched from the depot were already too ill whose conditions only aggravated during the voyage. In these situations, too little too late could be done within the constraints of the shipboard to cure them Depot authorities did not want to carry out large scale preventive checks or prophylaxis of

diseases, especially diseases which were considered to be contagious. procedures like blood or other body fluid sample testing which were required by norms were disenchantingly carried out in the depots as they considered such practices create aversion and panic among the intending emigrants and made some of them reluctant to emigrate. The ship surgeons indeed stood with the depot authorities during final checking of recruits before embarkation. One repeated complaint of both the depot and shipboard authorities was that, certain old people who visibly looked incapable of undertaking long sea voyage had to be allowed for embarkation as without them none of the other family members or companions would be willing to get on board. It is also noted that these people suffered most on the sea voyages (Swinton).

Indeed the effect of maiden sea voyages on a ship full of maiden voyagers, must have taken its toll especially among the old and the infirm. First person accounts and anecdotal remembrances of the diasporic communities had epitomized the trope of the receding shoreline of India seen from the ship as a marker of the moment of traumatic realization of embarking into the ‘abyss’, into that tentative space where most erstwhile subjectivities becomes unsure while new subjectivities are still in the process of becoming, through the rites de passage of the voyage and thenceforth (Anderson2000, 2004; Carter 1996, Lal). It was noted, that this was the location where most attempts at ship jumping were tried by the migrants (Swinton; WBSA Pro. 3-6, 1872). Not one instance is available in the entire indentureship history of attempts at rescuing a fallen migrant by life boat reconnaissance. The ship surgeon categorized these instances as suicides. In the Surgeon’s views the suicides were often conflated with behavioural traits of panic and depression giving into insanity. Migrants who were seen to be especially quiet and drooping were to be particularly observed by the ship surgeon and compounders. Laing writes, “I know that many die from nostalgia pure and simple”. As an antidote to these behavioural traits which were perceived to have transmissive effect on the morale of the

migrant party he suggests, “daily life on board ship should be reduced as much as possible to a regular system”. The new recruits, hailed mostly from deeply inland locales that had little information, let alone experience about maritime life. The disciplining endeavours of the ship surgeon were geared towards instilling a maritime conduct on these migrants. Laing is assertive – “I believe the greatest good of the greatest number ... promiscuously thrown together at sea is attained by some discipline”.

Controlling Bodies, Producing ‘Coolies’

The Indian indentured recruitment called for an able bodied, obedient and industrious workforce. “It must no less be admitted that the labourers introduced should be confined to people of suitable habits and constitutions (for which purpose we doubt whether it will not be necessary at least to limit also to races)” (Lord Russell to Emigration Commissioners, Parliamentary Papers, Vol. 33, 1840). For a largely artisanal and agrarian population it created demand for adapting into a different regime of workplace relation. Especially it worked on a different logic of time management. The shipboard space was a major site of orientation into this new disciplinary regime.

Laing insists that from the first day, the people should be made to go to the scuppers or channels at the side of the ship and wash their plates. As, if this is not insisted upon “the upper deck will be simply abominable, and if water or other liquid is spilt on, it will lead to constant bickering, (especially among women who will also be found especially among the lower castes) too lazy to take the children to the closets”.

The surgeon superintendent is to select the men to work as topazes while some women of

middle age as sick nurse for the women patients. The compounders, translators and Bandheries are selected in the depot beforehand. Laing opines that the Bandheries (cooks for migrants) should be men of high caste so that no disputes occur regarding caste stipulations on board ship. Laing mentions that at times migrants come and tell about their uncomfortability regarding common cooking. He directs the surgeons to explain to the person, that this was stipulated by the agreements in the depot and individual cooking on board was not allowed. Laing suggests making arrangements for the man to work in the galley if possible, which would generally take care of his prejudice. As an endnote he adds, "There are good many pseudo Brahmins too".

Ships carrying more than 500 migrants had 2 compounders. Of these, one generally the senior, took charge of the dispensary, dispensed and administered medicines to the sick and superintended the preparation and issue of hospital diets and milk to patients in hospital, to the weakly and convalescents and to the nursing women and children on the quarter deck and was supposed to be present at the issue of meals to the immigrants. The duties of the other compounder was to take charge of the galley and superintend upon the bandheries, muster the sirdars each morning upon the deck delegating the days' work, while being in overall charge of the sanitation of the decks and associated entities not directly related to the navigation of the ship.

Every migrant is to rise between 6 to 7 A.M., and get engaged in their delegated works. The Bandheries are to go to the galleys and the topazes sweep the main deck, flush and disinfect closets under the supervision of the first compounder. Meanwhile, the second compounder goes about collecting the sick to report to the surgeon superintendent. At 7 AM., the surgeon superintendent goes out on his round which consists, apart from checking on the sick, the

general cleaning of the decks and cooking. Before 8 A.M., once the food is prepared the surgeon Superintendent has to taste it and give his opinion about the quality of the cooked food. Breakfast is served between 8 and 9. Then men and women have to exercise every alternate day and the coolie deck need to be cleaned by noon, so that the surgeon superintendent can go down and inspect properly. Then the main deck is to be cleaned second time in a day from poop to forecastle. After which the bandheries and topazes have to wait on the quarter deck for inspection. From sundown to twilight, dinner will take place which will be followed by another round of cleaning and disinfecting the main deck and the closets by the topazes. After 8 pm., migrants were all supposed to be in the coolie deck.

As first person accounts of Migrants' resistance is sparse throughout the period of indentureship, more so in case of shipboards, the Surgeon's testimonies can be a prized source for critical examination of instances of shipboard resistance.

Migrants used the salience of these bits of information (limited, past erasing official identifiers) to forge new solidarities, one of which was the relationship of Jahaji bhai or Jahaji Bahin (brothers or sisters of the same ship), which has received some scholarly attention.

The belief among the officials connected with the scheme was that the intending emigrants were the "refuse" of the country. Laing writes, "There is sometimes a large admixture of those who have been failures in their own country and of bad bargains, whom to say the least, magistrates are not averse to getting out of their districts." The belief that the indentured emigration scheme was an escape valve for grievous offenders persisted throughout the course of the regime. In 1838, J. Shaw, investigating into indentured labour recruitment, reported his belief that migration offers criminals a scope to avoid the hand of law. He wrote of a migrant

“who looked like a Thug, and who had never been in the habit ... of passing a single day, as an honest or industrious labourer”. The man in question happened to be a religious mendicant. Shaw expressed his opinion about such types as he described “one of the vagabonds and pests to society called Sunyussees (sannyasi), a most profligate and debauched set of men, than who, are not in existence in Hindoostan” (Dickens Committee, 1839).

Later it was believed that sepoys escaping conviction were signing in as recruits (Carter, 1996). In one report of unrest on board a Demrara bound ship in 1863, the Immigration Agent General of the said colony opined that the that the migrants involved appeared to have had ‘military training’ and had probably belonged to mutinous regiments or participated in civil rebellion (Anderson, 2009). He did not elaborate on the reasons of his conjecture. Later too, the connection between the revolt and indentured emigration was referred to. Clare Anderson had extensively studied the impress of penal procedures in the governance of indentured labour recruitment and transshipment (Anderson, 2009).

There was very strong connection between the potential violence with the spatial politics of a ship. Crew members might be bold enough to transgress into the between deck and act vilely as did the second mate in the above incident. However migrants on their part were doubly aware of their demarcated space and seldom ventured out of it. The understanding was ingrained enough to make migrants forego bathroom facilities and relieve themselves in the passenger’s deck rather than going up to the upper deck to access latrines (Bahadur, 2014). Women, too, preferred to use the upper decks only in small groups while needing to use bathroom facilities upstairs at night. Dickens Committee informs cases where migrants “bought” time on the upper deck by bribing chowkidar to take a stroll up there, after feeling suffocated beneath the hold for long continuous stretches. These knowledge of spatial boundaries will linger and travel with the migrants as they reached their destinations, becoming

ingrained in the passengers' minds.

On board the emigrant ship, most of the disturbances recorded show to start with issue of food and at times regarding allegations of mistreatment of coolies by the crew, the surgeon or even by the Sirdars (Laing's handbook, 1881).

The Act VIII, 1873 prohibited the use of corporeal punishment against coolies. Laing is vocal against this new stipulation as he thought it would make management on board the ships extremely difficult. He mentions that none of his fellow ship surgeons are happy with the regulations. He thought that to induce "moral influence" on the "coolies", some prior "examples" need to be set. He draws out some accepted maritime retributive practices like to put the disturbing elements in irons for some days and later bring him in front of the coolies assembled with his face chalked. He prescribes this act of public shaming as retribution, especially when the "offender" had tried to organize collective bargaining against the surgeon or some other figure of authority. This he recommends as an educative spectacle to induce moral influence.

He lays down some other accepted modes of maritime retribution like – if 2 men are fighting they are tied together by a dhoti till their anger subsides. Use of bad language to superiors is punished by making them stand with their tongue out. If it is a woman, she can be put to work to grind grams with currystone and if somebody is caught stealing he is escorted round the deck by the topazes proclaiming him to be a thief. However, for more serious offences the practice was to isolate the purported offender from the rest of the migrants. Laing cynically comments on the Act XXI of 1884 "the rules contain all that is said about discipline, and, as if further to restrict the power of the Surgeon Superintendent before "moral influence" can be established, it says "no emigrant shall for any offence be subjected on board to any reduction of the

prescribed quantity of food”. His advice in light of the regulations is, “If the surgeon superintendent is so unfortunate as to have some of the blackguards on board his ship that I have had to deal with, by all means give him the prescribed quantity but let that daily food be bread and water” He ends the section with a dose of Gallenic observation, “[bread and water] judiciously used [is] a wonderful subduer of malapart spirits”.

Indeed there were some spectacular incidents of disturbance, which can be qualified as large scale disturbance against the ship surgeon. For instance, the protector of emigrants on Saint Helena, the South Atlantic island where indenture ships often stopped to refuel, boarded the ship Ailsa to be confronted by the people who were vocally complained against the treatment they received from the ship surgeon Hollman. Some of the men threatened him that they would jump overboard rather than submit to Hollman if Hollman is not arrested. He apparently underfed them, withholding their rations. He was also in the habit of touching women inappropriately forcing several of them to sleep with him. To all of this Hollman’s defence was that this was another instance of the racial habit of the East Indians to fabricate incidents and such a defence helped him to escape punishment even in face of such grave complaints.

Hollman stayed in the business for more than two years after this even taking part in investigations on other complaints against ship doctors brought forth by women emigrants. The protector of emigrants included Hollman among the few migrants who were called forth to lodge a defence for practicing certain changed course of action distinct from stated down statute rules as Hollman

informed as a routine occurrence his action of breaking down bulkheads in an emigrant ship to enable more ventilation in between decks according to miasmatic requirement he considered important for the health of the migrant passengers.

Resistance and Solidarity on Board: The Jahaji Bhai and the Spectre of the Return Coolie

One particular figure that Laing cautions against is the reindenturing returned emigrant. His particular advice to surgeons in situations of disturbance is, “look out for some return coolie as the instigator.” The return coolie had been variously sketched by commentators both in India and the destination locale as the perfect advertisement of the success of the indentured migration scheme. Sanderson Committee commented on the possibility of using the returned emigrant as the recruiting agent as it was believed more trustworthy for the intending recruits to be recruited by someone who had actually had the experience of indenture and had come back as successful.

However, return coolies were miniscule in number and not everybody who had come back were effusive in their praise of the scheme. Among the time expired emigrants who returned to India most can be categorized as paupers. In fact the testimonials of returned emigrants were later used by the nationalists as exposés of the evils of the system (A report on the Emigrants repatriated). Thus the return coolie became a delicate figure for the authorities whose firsthand knowledge into the machinations of the scheme was potent to disrupt the status quo. On shipboard his presence was anomalous to the received figure of the “ignorant Indian coolie” who are perfectly unaware about their destination and mores of maritime life (Dickens Committee, Papers of East India Labourers Bill).

The fear of the informed indentured recruit indicates deep insecurities of the scheme. Insecurity about the legislative apparatus which had been built up purportedly to guarantee the scheme does not slide back into a new system of slavery. Insecurity against the development of solidarities among the migrants, on land this was guaranteed by punitive laws against collective

deliberations and fraternization with other labour groups, notably the blacks, by sundry wage cuts against getting out of plantations even if for complaining against work conditions to the police, and at sea it was treated by anticipatory selective vigilance against the informed emigrant. Ship captains and doctors had long deliberated about the pros and cons of employing Lascar or South Asian crews in emigrant ships. Procuring Lascar crew was cheap and they were considered adept sailors; however officials preferred to employ European crew if available, the reason being, the Lascars “speak the same language” as the migrants.

We don’t find evidence of fraternal solidarities in the equally coercive regime of overseas penal transportation from India. However, In spite of the carceral control on the bodies of the indentured migrants on the shipboard, the development of Jahaji solidarity as an affective tie had enduring resonance post disembarkation, in the host locales indicates the vibrant, almost rebellious spirit of socialization engaged in by the docile Indian migrant.

I will discuss the structure of corporeal and iatocratic supervision of the migrants in their destinations in the next Chapter by analyzing the procedures associated with disembarkation – the quarantine, holding spaces and their eventual subjection to the biopolitical requirements of modern industrial work regime – which characterized the space of the 19th century capitalist plantation.

As Stuart Hall noted about the process of identity formation that it is not a fixed process and never fully realized or final, with identities being constituted not outside but rather inside the frame of dominant representations, the “coolies was formed in the crucible of the emigrant ship where a considerable emotional investment was done to mend broken subjectivities and “tutored” into remoulding into an as yet unfamiliar way of life to which they would be exposed fully once they reached the plantations.

Theorizing upon identity Stuart Hall points out that thinking of identities as fixed and stable epistemological constituents is a fallacy. Identity is never stable, especially in an age of global migration with both coercive and enticing impetuses. Identities thus might be better conceived of as a process of becoming, which is seldom finished or conclusive. This is especially true in case of the Indian indentured emigrant, being sundered from their locales with previous subjectivities at the risk of becoming irrelevant in the process of becoming a “coolie”, new identities were conceived and constituted through new affectivities. As Sudhesh Mishra had reflected upon the immigrant voyages that various bonds, such as of family, kin and caste might have been lost, however they also found something new, that was of their own making, such as the affectivity of being Jahaji Bhai or Jahaji Behen, i.e. brothers of the same ship (Sudhesh Mishra, 2016). The relation was so strong and real that Gaiutra Bahadur, herself a progeny of indentured immigrants to British Guiana informs us that marriage among descendants of Jahi Bhais or Behens were often considered a taboo as it was conceived to be incestuous (Bahadur, 2016). Moreover, As Sudhesh Mishra hints, for a lot of these migrants, the shipboard might have been the first time where they had become exposed to the wider nation, coming from interior villages of upcountry districts. It was the first time that the Bihari farmer might have met a Marathi or a Madrasi person, opening up possibilities of large solidarity which would bear fruition towards the end of the regime in early 20th century, when there would be larger British empire wide networks of Indians were being forged to protest against the regime and demand its abolition.

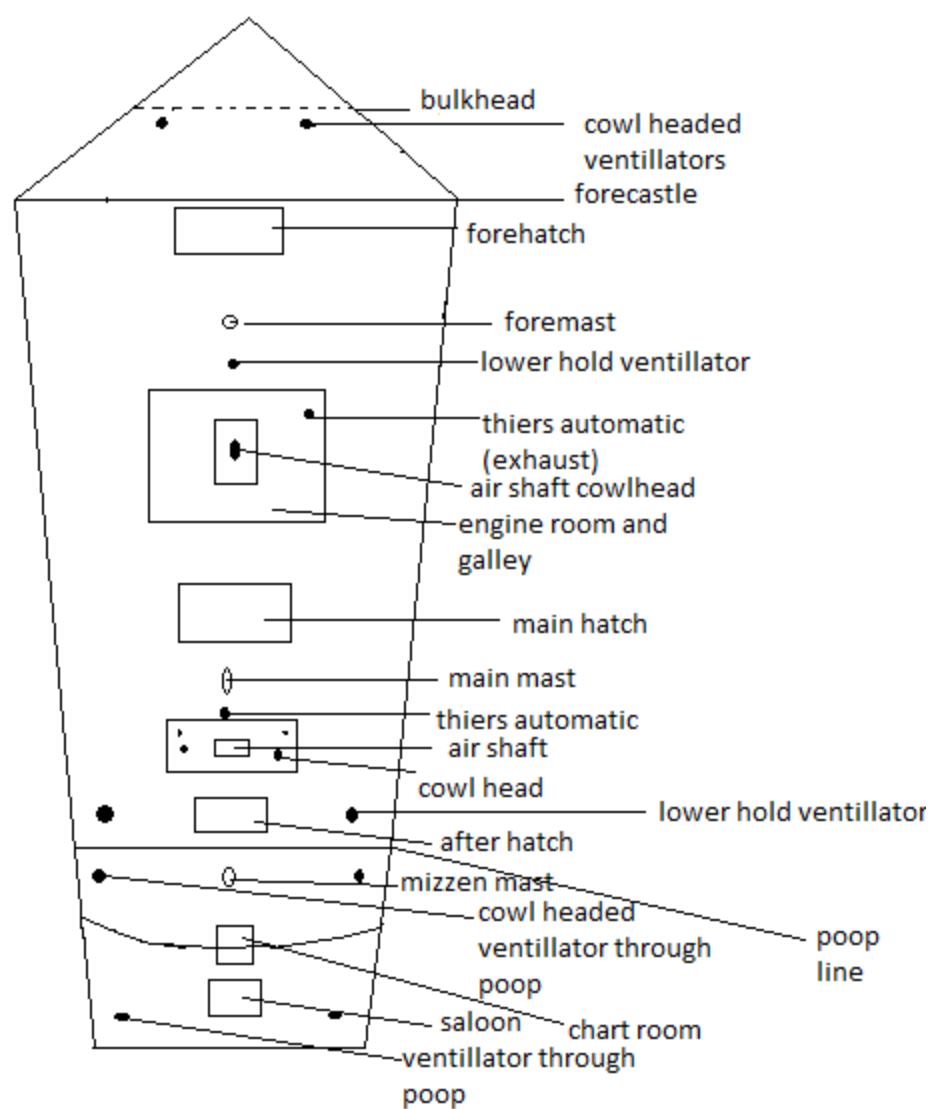
However, the migrants were not just formed completely within the terms of dominant representation which would be a myopic position but was not constructed outside of it either. Rather the migrants used all the available options and cues of dominant mode of representation to mould an identity suited to their own self-respecting image.

Transportation of Indian Indentured Labourers from British India to Mauritius, Natal, West Indies and Fiji

Port of Embarkation	Period	Voyages	Mean Length of Voyage	Crude Death Rate/month/1000	Loss Ratio (CDR/Voyage/1000)
Calcutta	1850 – 1872	382	88	19.9	5.8
	1873 – 1917	876	65	7.1	1.5
Madras	1855 – 1866	56	62	5.6	1.2

(Source – Haines, Shlomowitz, Brennan, 1996)

Schematic Diagram of an Indian Emigrant steam ship from the 2nd Half of 19th century (Laing's Handbook, 1889)



Chapter 4

Indian Immigrant Labour in Colonies; Fashioning New Subjectivities

As I discussed earlier twin impulses of imperial therapeutic care and carceral structures of disciplinary control impressed the trajectory of Indian indentured labour migration from its outset. These twin forces impressed upon the bodies of the migrants from their point of recruitment in the depots of subrecruiters in the interior districts through their travel to the ports of embarkation and onwards in the voyage. In this chapter I will chart the mode of disciplining coupled with iatocratic control on the bodies of the migrants in the various destination locales. Indentured labour recruitment started in different time periods in the respective importing colonies. As I had discussed in Chapter 1, Mauritius and the West Indian colonies of British Guiana and Trinidad were the first places where labourers started to migrate from 1834 onwards. After the initial truncation of the scheme in 1838, the colonies had to implement comparatively streamlined bureaucratic structures for the proper management of indentured labourers. The British Indian government, fearing a repeat of the truncation episode of 1838, took occasional cognizance of the state of indentured labour in the various colonies. However their agency was limited because imperial migration being under the purview of the imperial government in London, the Government of India's writ was largely advisory in this regard. The colonial governments in the various indentured labour importing colonies were mostly governed by planter controlled legislature. Their policies reflected their pro planter bias and the newly stipulated immigration personells put in place by the resumption act of 1842 like the office of Protector of Immigrants or Medical inspector of immigrants were often cowed down to submit to the demands of the planting lobbies in these places for fear of being transferred or removed from office. The imperial government in London took a putatively neutral stance in

this regard, fearing on one hand abolitionist criticism that the “coolie emigration scheme” is just a new system of slavery and on the other hand sincerely considered the interests of the British imperial sugar industry which depended upon the availability of a cheap, replaceable workforce which is amenable to control. When the Mauritius government suggested a proposal to reduce the stipulated height between decks in emigrant ships from 6 feet to 5 and half feet in 1852, the Government of India had to reluctantly accede to the proposal.

However in cases of severe mortality like after the cholera epidemic in West Indies from 1854-56, the Government of India temporarily suspended recruitment for West Indies demanding upgrading of medical facilities. Similarly Mauritius traffic was halted in 1856 because of high mortality on voyage. It remained suspended till 1860.

The colonial state viewed the worker’s body as crucial link to the regime of production processes since workers’ health directly determined his or her productivity. Colonial capital sought to control the “fitness” of the worker’s body, and also developed a medical framework on sugar plantations and estates to control the type and frequency of medical care workers received.

There were indeed significant differences in modes of labour allocation and provisions in case of the different colonies. For instance, comparing the state of Emigration Procedures in West Indies and Mauritius Sir Arthur Hamilton Gordon, who had served as the Governor of Trinidad from 1866 - 1870 period observed that in the allocation of new recruits to plantations the Govts. Of West Indies had more control than Mauritius. In the West Indian colonies, every proprietor desiring new batch of labourers sends requisition before a fixed date in that year about the number of new recruits required. The Govt has discretionary power to allot the desired number or less than that according to circumstance. While in Mauritius the requisition can be sent in any time and if accompanied by an engagement to pay the necessary expenses, must be

forwarded to the agent of the colony in India to be complied with.

Moreover in Mauritius new immigrants were indentured in India to individual estates. In West Indies it is the colonial government which allocates new recruits after their arrival. There the allotment depended on conditions on those establishments. Gordon instantiated that in Antigua a proprietor in arrear would not be allotted labour, in Grenada an estate without a hospital would not be receiving labour, as in Demerara where additionally high mortality figures on individual estates was also a cause for rejection. Additionally in Trinidad and Demerara the governor could remove immigrants from estates where their accommodation is insufficient or bad, whilst in Mauritius the law depended on the opinions of the various local magistrates, who could order that their lodgings be repaired. The reason is as North-Coombes (1991) had noted "[In Mauritius] where planter ascendancy was unquestioned, such compromises were unnecessary and land-settlement by time-expired labourers was in fact encouraged from the 1880s onwards". Here he is comparing with the situation in Natal - another colony where sugar was important but not of prime economic concern much like the West Indies. In Natal with its virulent white racism marking all aspects of legislative and civic deliberations stringent anti-Indian laws were passed in 1895 to control the influx of more Indians into Natal. The law effectively left the Indians with two choices - either reindenture or repatriation. Mauritius in this period could realistically sustain its sugar production with its existing Indian population and circular migration from India. In Demerara immigrants were bound to work for five days a week for seven hours. Five days's absence was liable for a two month imprisonment.

In Trinidad for 280 days for nine hours, absence from work was punished by imprisonment for seven days. While in St. Lucia, Grenada and Jamaica, indentured workers needed to work for six days in a week excluding holidays.

In Mauritius, workers had to be in the field every day. They needed to work for two hours on Sunday and nine hours for the other six days. About the labourers who were absent without

justifiable cause in Mauritius, which included sickness without hospitalization, Gordon wrote :
“[The worker] Loses not only his wages and rations (the latter is given in West Indies irrespective of whether they worked or not) loses half penny of every shilling of his monthly wages, which may be deducted by the employer himself, or he may, at the option of his employer be imprisoned for 14 days, or have his contract prolonged for a period corresponding to that of his absence. If he is absent for three days from the estate he becomes a deserter, and may be apprehended not only by the police by the master or the master's servants, and imprisoned for three months”. (Gordon, 1892)

There is lack of reasearch on the movements of wages and prices over the nineteenth century in the field of indentured labour studies, but there is general agreement that one of the effects of intensive immigration was to depress wage rates in the labour-importing colonies, which then stagnated well into the twentieth century in most cases.

Geogeghan notes that In 1851 the Mauritian Government asked the Indian Governemtn to be relieved of the responsibility to provide return passge to time-expired Emigs. The GOI accepted the request on the condition that sick and infirm coolies are repatriated after the expiry of their indenture by the Mauritian Governemnt. This was however in direct contravention of the very first Section of the resumption of Emigration Act 15 of 1842.

In 1853, the West Indian colonies of Trinidad and British Guiana approached the Indian government with the same proposal. The negotiations took little longer this time. Ultimately Lord Dalhousie extended the term of industrial residence required of an Indian emigrant to be eligible for return passage from 5 to 10 years. Nevertheless, the Governments of the West Indian colonies repeatedly pressed their demand for the abolition of the responsibility to provide return passage. In 1858, the clause was relented for Jamaica to absolve the colony of such responsibility in lieu of monetary compensation or grant of land or both in due proportions to the emigrants. British Guiana went for the same course in 1859 followed by trinidad later.

In 1870, Des Voeux wrote to the Colonial office detailing the gross abuses in the operation of the scheme in British Guiana. He pointed out that the extension of industrial residence clause in the colony virtually left the emigrants with no other option but to re-indenture for another five years. This servile condition was aggravated with the slew of vagrancy and other penal legislation which are powerful instruments in the hands of their employers while the emigrants are not able to get redressal for such blatant injustice as unpaid wages which remain in arrears for multiple seasons. The vagrancy law was used in such a way as to hinder access to the Immigration department for the Indian labourers. (Geoghegan 1883).

I will discuss the conditions in the different colonies separately as situations in regard to availability of labour and the scale of sugar industry varied widely between the colonies. I will also discuss the other significant stream of Indian labour migration of the period, i.e. migration to the Federated Malay States and Straits Settlements under the Kangany system and migration to Burma under the Maistry system to provide a frame of comparison of the differing modes of control and concern over labouring immigrant bodies. In many of these locations the figure of the immigrant Indian labourer became a significant figure triggering racial anxieties about corruption of the national body politic. In case of Burma, as Atsuko Naono had noted it was anti-Indian sentiment rather than anti-British nationalism which went to mould a Burmese nationalist identity. It was triggered by tropes of potential contagious outbreaks of diseases like plague and small pox caused by the large influx of Indian immigrant labourers in the cities of Burma.

I start with Mauritius because Mauritius might have been the most important site for Indentured labour migration owing to its long history of association and proximity to India.

Indenture in Mauritius

As mentioned earlier, the comparative proximity of Mauritius to India in comparison with the

other indentured labour recruiting colony, there was never a dearth of new recruits in Mauritius unlike the West Indian colonies. Moreover, Mauritius being one of the first colonies to start recruiting under the indenture system and cheaper cost of tickets for India bound ships meant that comparatively more number of Indian labourers returned back to India, as well as returnee indentured emigrants were more in number compared to other colonies. Consequently there was a circular flow of information. All colonial commentators noted the familiarity of Mauritius as a recruiting destination in the areas of recruitment in north Bihar and the Gangetic districts of erstwhile United Provinces (Geoghegan 1883, Sanderson 1909). In the entire period of recruitment, from 1838-1912, 453,063 people made the journey to Mauritius under indenture (Clarke, Colin, Ceri Peach and Steven Vertovec, 1990). After two decades since the closure of the system there were 269,885 people of Indian descent residing permanently in Mauritius in 1938. They constituted the majority of the population at 64.9% ((Gangulee N, 1947). These factors persuaded Mauritian planters to move from a government allocated system of labour procurement via the designated emigrant agent of the colony stationed in India to an independent system of recruitment by returnee emigrants. Herein, Planters delegated the task of recruitment to a time expired returnee emigrant, who were most often Sirdars of labour gangs in good books of the particular planter to recruit people back in their villages. During the second decade of 20th century, when the system faced imminent closure because of Indian nationalist opposition, Mauritian planters were confident enough to seamlessly shift to a system of working the plantations solely depending upon local Indian labourers (Saha, p. 1938).

Scholars had noted these above factors to explain the particularly harsh attitude of Mauritian planters in matters of treatment of labourers. As I mentioned before, the rate of wages, the quality of hospital provisions, daily work schedule in plantations and in passing of stringent legislations by the planter controlled Mauritian legislature, Mauritius fared unfavourably to other recruiting destinations (Carter, 1998).

From my discussion of the subsequent episode of suspension of emigration traffic in 1838, in Ch.1 we are familiar with the course of the events, which brought the issue of providing decent health and working provision to the indentured workers to the fore.

Mauritius became notorious for malaria after the 1867 epidemic. Though this was not the first epidemic outbreak. The first outbreak of malaria occurred in 1858-59, then 1862, 1865. However the 1867 epidemic was a major one. As was the norm doctors tried to explain these outbreaks through miasmatic line of reasoning. As Colonel Pike opined two factors as the cause of malaria, to be a) gases and spores produced from high temperature and decomposing vegetable and animal

bodies. 2) Rice and vegetarianism of the people which multiplies the spores.

William Edward Frere and Victor Alexander Williamson, noted their comparison in 1871 with 1838, stating that the practice of double cutting workers' wages for a single day absence without hospitalization to be a regular norm. Though planters are stipulated by law to provide decent accommodation to workers or else risk paying fines they show that out of 217 estates there was never a single instance of planters being fined for breach of such provisions while charges and convictions against Indian workers in Mauritius courts skyrocketed. Moreover they painted a dire scene of estate hospital accommodation with abysmal provisions and very low recovery rate. Dr. Beaugard noted, the reason for "high mortality rate amongst Indians can be attributed to several factors before their entrance within the hospitals: their physical conditions are considerably weakened by repeated bouts of malarial fever, malnutrition and lack of good nutrients." He provides numbers for the proportion of fatal cases per thousand of population of the different population groups of Mauritius for Europeans which was 18.4, 66.6 for creoles and stood at 158.6 in case of Indians. They were often denied admission to hospitals and instead driven to fields to work with the ullocks. (Yoshina Hargovind, 2018)

By that time Mauritius had been visited by multiple epidemics of Malaria, cholera, smallpox and measles. The only substantial change that can be said to have occurred is that each occurrence of epidemics had seen the passing of more stringent anti-vagrancy laws focused on restricting the movement of Indian labourers irrespective of their status as indentured or time-expired migrants. For instance, the 1867 epidemic of malaria which made the association between Mauritius and Malaria become well known throughout the British empire, was the occasion of passage of the most stringent anti-vagrancy law, which stipulated every Indian to carry a police pass wherever they travel outside their area of residence. The pass needed to be appended with a photo, entailing a considerable expenditure for the average Indian emigrant. If an Indian could not produce his police pass when asked he or she faced imprisonment and severe penalty.

About the 1867 malaria epidemic, Doctor Davidson one of the leading medical scientists of the time with roots in Mauritius wrote that a slight local epidemic occurred towards the end of 1865 among the Indian labourers on the Wolmer estate, a specially marshy locality on the sea coast of Black River district. A large number of cases on the Albion estate (207 cases, 31 deaths) in Petite Riviere in November. Davidson provides miasmatic observation according to temperature and wind patterns which started 13 1/2 miles from the sea coast and spread 2 to 4 miles inland. In June it started to abate, which is explained by Davidson to be caused by the onset of cool season. With the next summer it attacked with renewed force, this time "invading the whole of the West coast from South to North, passed round the northern extremity and reached till Grand River S.E. there it was stopped apparently being arrested by mountain ranges. 1/5 (31920 of 360378) of the population was carried away by fever alone in 1867". There was a third wave beginning in late 1867, persisting till 1868 (Davidson, 1901).

The first intimation of the outbreak was the Mauritius Governments' application for a supply of quinine as "a fever of an intermittent type, but which has gradually assumed a more fatal

character, especially among the population of Indian origin". The GOI asked for further Info. In 1867. It was only towards the end of 1868 the Mauritius Government replied with a voluminous report.

Cases of remittant or intermitent fever of malarious variety had been but few before 1865 end. Though there was a slight increase since 1858. It notes one disease called Bombay Fevr had established itself on the island since 1838, which they opine to be a case of enteric typhus. There were instances of occasional outbreaks of this disease and as the name implies it came with the emigrants from Bombay. It generally affected the Indian labourers and is highly contagious. Another disease called the 'spurious bombay fever' had been noted to be confined almost exclusively to the Indian population. By 19th century nosological practice of classifying diseases according to places of origin it had been diagnosed to be a malarial remittant casued due to antecedent malarial poisoning.

Towards the end of 1865 a marked increase of the fever was seen in the Black River district which went on to occupy the entire littoral and in higher altitude too the epidemic broke out albeit in lesser proportion. In 1866 the severest time was between May and september. In October and November there was lull. Throughout 1866 the cases too were of less severe nature than what followed from December 1866 to May 1867. During this time "the intensity of the epidemic, the numbers attacked and severity of the cases were continuously on the increase". The subsidence took place slowly with cases becoming less and less numerous till October 1867. In the third year the epidemic started to die out.

Regarding the causes of outbreak, European commentators with their penchant for diagnosing racial habits and propensities considered the Indian immigrants to be particularly responsible due to their unhygienic mode of living. Their fear was that due to the supposed unhygienic excesses of Indian labourers, other contingent populations of the colony might fall at risk. Here their chief concern was about the minority white population. As Geoghegan, one of the more

sympathetic colonial commentators reported about Port Louis describing it as a "noisome town" in the Report suffered terribly. The mortality in April reaching to 6224 out of a population of 70000 or 80000. The mortality of the Indians under indenture had been markedly less compared to the rest of Indian population in the island - an effect assumed to be of the effort to stack up hospital provisions and open more hospitals and dispensaries by the planter class. The Secretary. Of State drew attention to the lack of cleanliness and drainage facilities and a despatch was sent to the Colonial Government pointing out the necessity of observance of sanitary laws. It went on to point out that the necessity of observance of sanitary laws was the chief reason stated by the Guv. For enactment of the stringent measures of 1867 (vagrancy laws). It asked what steps had been taken to introduce improved drainage, healthy dwellings and other requisites of ordinary hygiene. In reply Sir H. Barkley (Guv. The Head of the commission discussed above) wrote about the great difficulty of "reclaiming from inborn habits of domestic uncleanness and inanitation a class so fatalist and so entrained by the customs of his forefathers as the Indian of the lower class". He went on to stress the necessity of strict enforcement of the measures in place and with that pointed out that certain plans had been adopted for regulating building construction in Port Louis and suburbs alongwith a comprehensive drainage for the town. A scheme of sanitary taxation had been set on foot, a measure for Poor Relief had been introduced. Geogheghan adds "since then we had heard nothing further".

A commission was formed to enquire into the causes of the outbreak. It went on to explain the causes in the typical miasmatic vein of understanding. The majority of the commission held that the disease was 'prepared' by gradual deforestation of the island and the consequent diminution of rainfall and drying up of springs. Reduction of river water level, pollution of water, and deposit of alluvial matter in the marshy palins and mouths of rivers [the predisposing causes]. The exciting causes were thought to be the flood of 12th February 1865

and drought, overcrowding and bad hygiene to a lesser degree. Insufficient scavenging, dearness of provisions and attendant privation of the labouring population were all listed as exciting causes.

One member of the commission Dr. Baraut differed from the majority view and opined that the epidemic was caused by a contagion of typhus. This view was looked at favourably by the Sanitary commissioner who equated the disease with what was called "jail fever" which raged occasionally in the jails of North India and was thought to be an epidemic of typhus. However the commission weighed in its opinion in the report on the malarious and non-contagious nature of the epidemic.

In 1881, Dr. Meldrum, a leading contemporary writer of medicine composed a treatise upon the effect of climatic conditions on mortality and the issue of forest climate on human health. Here he tried to draw causal connections between climatic variations and outbreaks and prevalences of Malaria. He finds that before 1867 the increase in aggravated mortality in the summer months did not use to occur. He argued this was caused by malaria, which was influenced by factors of temperature and precipitation. He surmised that there is cyclical variation of mortality worldwide caused by weather conditions, chief among which is the constitution of the air. He suggested preventive measures can however be undertaken by afforestation programs, especially by restoring montane canopy, draining, cleaning of water sources and building clean reservoirs. With that he stressed the importance of maintaining proper personal sanitation to be the most important variable for individuals, irrespective of the other factors to withstand the ravages of epidemic outbreaks (Meldrum, 1881).

Daniel Anderson, recollecting the 1867 epidemic after three decades, when miasmatic reasoning was no longer in vogue concurred however with the chief rationale of health governance in Mauritius. As he reminded the readers of the foundational doctrine of imperial

tropical medicine, which is to ensure a healthy working population in the tropics along with the priority of catering to the health needs of the European resident population to ensure the functioning of productive operations, i.e. manual and other blue collar work “which cannot be undertaken by the white man” (Anderson, 1912). This was the heyday of Imperial tropical medicine, which was rationalised as a crucial medical methodology for the upkeep of European personell in the tropics. His ecological concerns regarding the island of his birth thus was primarily propelled by the public health dictum of Imperial Tropical Medicine. Thus while describing the system of water supply prevalent in Port Louis, his main aim was to delineate the source and by extension the course of the cholera outbreaks in Mauritius.

Upwards of five epidemics of cholera struck Mauritius in 19th century. There were cholera epidemics in 1819, then a lingering cholera epidemic existed from 1854 to 1856.

The 1854 cholera epidemic started September when on 12th, a man died in Port Louis, then on 14th one prisoner died in the civil prison. Anderson reports after that cholera spread like wildfire through the jail. Fifty two prisoners got afflicted of whom 28 died.” To Anderson the reasons were self evident, an open sewer passed through the centre of the prison courtyard to a cesspool, which discharges into the sea in the harbour. In order to limit spread the authorities were forced to shift the prisoners. Most of them were boarded up in a ship anchored at the harbour with the rest of them being landed at the quarantine station in Flat Island. 150 of the total 420 prisoners put up in the ships succumbed to cholera in the following days.

As Anderson pointed out with the benefit of hindsight that The worst place to send the prisoners to was the Port Louis harbour, where the only source of drinking water was a “putrid fountain” near the jetty (Anderson, 1912).

Aggravated mortality of Indian labourers in this epidemic compelled the government of India to suspend indentured recruitment in this period in demand for better facilities and as there was

another cholera epidemic in 1859, recruitment was allowed to resume only in late 1860. Cholera epidemic however, broke out again in 1862 (_ _).

Different kinds of treatment were prescribed by different doctors practicing at the island at time. As Anderson reported some believing it to be caused by carbonization of

Blood or lack of oxygen in the blood, as it happens when a person suffers from asphyxia.

Some doctors recommended use of cold water douche which had some modest success. While some preferred pouring water on the patients' face and severely chastised their douche using colleagues, blaming them for rapid deterioration of patients' condition later after douche treatment. The commission of enquiry that was constituted to enquire into the causes of the epidemic and its most expedient procedure of treatment possible noted with laconic resignation that

“At present, no antidote nor specific medicine is known that can neutralize the poison of cholera, and arrest with any certainty the progress of disease”

Anderson however had a different hypothesis about the outbreak of the epidemic. Correlating the onset of the epidemic with the arrival of Indian immigrants. According to him the ships that started their journey from India in January. He evidently held a low opinion of Indian intellect and moral standards as he conjectures

“the Indian unqualified docs on board and the captains for obvious purposes, declared the malady to be anything else than cholera, there is no doubt that it was this fatal contagious disease”.

He was unaware that most ship surgeons in Indian immigrant ships were Europeans. Indeed the epidemic broke out as soon as the immigrants were quarantined in the Gabriel Island. In just 9 days following from January 24th there were 271 deaths (Anderson, 1912).

According to Anderson sanitary improvement as one of the major factors for the diminished mortality figures of 1856.

the Col. Sexy. Protested against increases expenditure on quarantine and drainage as he was convinced that cholera is non-contagious evident upon its erratic occurrence, thus he remarked

—

“that God sent it and he only could remove it”.

After the 1856 epidemic the Government took steps to adequately provision Flat Island as a quarantine station. A decent hospital was built and general sanitary construction, repairing and maintenance was instituted. Anderson also correlated the malaria epidemics with the arrival of Indian immigrant ships. As a doctor of early 20th century who is aware of the fallacy of miasmatic reasoning and treatment, being schooled in the Germ theory of disease he of course knew that further cases of deaths in city after the prisoners were removed off shore was not because of the cholera poison being conveyed by the winds from the ships in city. He had a sure target of suspicion “infringement of the quarantine laws” by the family members and petty traders in the ship. After that the epidemic he considered to have been aggravated by the general lack of nutrition among the Indian and creole population which made the victims to susceptible to cholera in the first place.

He also criticized the limited power of local health boards in the island. For instance, he notes that in, Rose Hill, Quatre Bornes, and Curepipe, the only town to have commissioner boards, the powers of these boards in terms of sanitation was severely restricted. They had no allocation for upgrading latrine facilities nor power to oversee hygienic standard in the market where cholera infected food stuff such as fruits and live stock were regularly sold. He also pointed to the system of water supply in mid 19th century Port Louis, the capital of the colony. It is sourced from the Grand River northwest of the town, which had been dammed at Beau Bassin, from where it travels via cast iron pipes. This water was already polluted by laundry usage at various settlements through Moka, from Curepipe to Beau Basin. This water was apparently the only source of drinking water for the inhabitants of Port Louis without any filtering facility. He

urged through his writings for making such a facility, even suggesting a suitable location – above Pailles railway station at an altitude of 172 feet, which is far higher than the average elevation below 100 feet in most parts of Port Louis.

Anderson's racist appraisal of Indian immigrants comes out unapologetically in his narration of the habits and mores of Indians, he held responsible for the aggravation of the plague epidemic of 1904.

He alleged that the Indian and the coloured workers regularly stole the clothes and belongings of deceased persons and resisted exhumation drives inside their dwellings. He suggested burning of their huts in toto, which would destroy all infected material. After which they can be rebuilt with plastering on the floor.

He does not spare the planters on this regard though as he indicts them for spreading the plague by waiting to inform the presence of plague cases inside their plantations and failing to upkeep sanitary provisions like destroying rats in the estate stores. They apparently made workers to remove deadbodies of cholera victims with bare hands. Thus several of them got infected.

He also derides medics who are against serotherapy and anti-plague vaccine as people who lack good training, which is a shorthand for European medical school attendance, and he decries their practice of lobbying to the Govt. to cut down on lab expenditure in Mauritius. He considered Controlling plague in estates is easier than other commercial or habitable sites, coz one order from the Protector of Immigrants is enough to make the necessary arrangements. The dwelling places can be removed to further interior part of the estate after burning down the old “coolie lines” which would kill all the insects and rats.

He proposes a cost-benefit logic for Govt. Expenditure in this regard about epidemics. Given the death of working population that the diseases cause resulting in the loss of manual labourers and sickness among colonial officials he thought it justifiable to “spend as much money” to

take measures for preventing potential epidemics to break out in future.

Such economic rationale for increased public expenditure on health was also advocated By Ronald Ross. Ross was invited to conduct a survey for malaria eradication in Mauritius. He calculates and gives a break-up of the total estimated loss to Mauritius enterprise due to malaria at 1,000,000 rupees/annum (Ross, 1908).

Anderson provides us an overview of the general nature of health infrastructure extant in the island. He is deeply aware of the importance of the Indian immigrant labourer for the Mauritian economy. He charts the provisions and requisites of health entitled to the Indian contingent albeit in a positive light. He seemed unaware of the centrality of carceral discipline, characterized by stringent vagrancy laws and the centrality of the estate hospital in this regime of coercive control.

He highlights the fact that the workers are provided free accommodation and are provided clean and adequate latrine facilities, which was in stark contrast to the appalling sanitary state in most of the colonies where workers needed to relieve themselves in the fields and drew water from dirty streams. He states the regulatory provisions regarding regular inspection of the camps by Sanitary officer, Medical inspector and the Protector of Immigrants as real facts. These officials seldom visited plantation and when they did, they accepted hospitality from the management, lodging in the estate house, which compromised their power of independent action regarding cases of violation of stated conventions. He points out approvingly that any plantation employing more than 19 workers was bound to maintain a hospital with capacity of admitting and treating 4% of the working population at least at a given time. or make arrangements for the workers to access some public hospital. He had little idea about the dire state of estate hospitals which also doubled up as place of incarcerating workers. He informs that every estate is visited by a doctor at least twice a week. Adding that the Medical Officer of the Immigration Department also visited each estate hospital twice a year and maintained

records about violations of provisions. He missed out the fact that these visits which were not so regular were more often like a social visit by the doctor to the plantation owner or manager's quarters.

Immigrants' experience however ran obtuse of this approving description. As time expired immigrants reported to the Royal Commission of immigration, doctors seldom visited estates and when they did it became an event. The doctor usually lodged with the proprietors while visiting estates and consequently he remained in too delicate a position to honestly report about the dire state of estate hospitals which also doubled up as spaces of incarceration for recalcitrant workers.

Old immigrants – i.e. time expired indentured workers indeed protested against these prevailing conditions. Through a petition to governor Gordon in 1871, 9,401 immigrants drew attention to these factors, emphasizing the preponderance of penal stipulations which affected their daily life. It included the experience of one labourer, whose house was raided suddenly one morning by police without warrant and demanded their vagrancy pass. As the family lacked the birth certificate of their children, which were destroyed by a fire which broke out in their hut, three children were arrested as vagabonds and kept in prison for a month. These incidents regularly afflicted the Indians by severely restricting their movement and putting them at complete mercy to planters, the police and other officials. They raised the issue of "double cut" – the practice of deducting two days' wages for a single day of absence without hospitalization by the labourers. This was a practice which was never used in the West Indian colonies or in any other locations. Some planters later shifted to the practice of extending the contract period though there were no official stipulation to do so. Labourers were required to carry passes whenever they went out of their homes and the police was rewarded for arresting vagrants. They mentioned about the regular vagrant hunts conducted by the police whereby they harassed Indians from anywhere they could find and produce as vagrants. The issue of non-recognition

of marriages by Indian customs by the French code of law in place in the colony was also an issue which affected Indians as offsprings born of such marriages were not recognized to claim inheritance or property. The high rate of litigation and conviction of Indian labourers, vagrancy laws and general decrepit conditions for living were not an exception to Mauritius, these situations and practices existed in all the labour recruiting colonies. What made Mauritius stand out in this regard is the proactive and intense nature of implementing these measures by the police and the colonial state. Moreover, reports of West Indian colonies' treatment of Indian labourers were not so easy to come by given its distance from India, while the Mauritius case drew attention of Indian nationalists and the press.

Marina Carter points out that the proximity of Mauritius to India with frequent shipping available between Bombay and Mauritius to be the reason for this.

Indenture in the West Indies

Indentured labour immigration to West Indies started in tandem with the immigration to Mauritius. British Guiana was the first location where Indian immigrants came to toil under indenture. As discussed in Chapter 1, the treatment of Indian labourers was not in any way different from the coercive and corporeal system of labour management practised in Mauritius, at least in the initial phase before suspension of traffic in 1839. Immigration resumed again in 1844. The most important issue that distinguished labour migration to West Indies from that of Mauritius was the scarcity of available shipping for transporting labourers in there. Voyage to West Indies in sailing ships, which was generally the norm for indentured transportation to there took almost 6 months (Cliff, Haggett 'Time, Travel...'). Steamships could be much easily contracted for the Mauritius route unlike West Indies. Moreover legal restrictions were instituted about the season of sailing due to inclement weather in the Atlantic ocean during the months of February to August.. Thus recruiting the requisite number of able bodied immigrants

for West Indies was a matter of perennial heartburn for the Immigration agents of British Guiana, Trinidad, Jamaica and the smaller colonies of St. Lucia and Grenada. Another attendant factor which worried West Indian authorities was the region's long history of slavery (Kale, 1996). The system of transporting African slaves to work in colonial plantations was devised and honed in the Caribbean islands from the early 16th century. The relation between West Indies and slavery was ingrained in metropolitan public opinion in Britain.

For these factors West Indian colonial administrators were keen to disassociate the Indian indentured labour transportation scheme from slavery, more so than in Mauritius. As I had mentioned earlier, women were always transported under contract to work in the plantations, unlike Mauritius where women were never contracted upon and did not used to get paid apart from their daily rations and part time task work. Mauritian authorities saw women primarily to function as unpaid domestic labourers for the working men. While in West Indies, with its low rate of incoming recruits, women recruitment was seen as a guarantee to ensure eventual reproduction of the Indian contingent of the population and thus create a stable pool of locally available labour. The acute disparity of sex ratio among slaves was highlighted by Abolitionist activists to be the unnatural and sinful nature of the system. West Indian authorities thus took pains to ensure the fulfilling of the proper quota of women vis a vis recruited men to distance themselves from this lingering bogey (Bahadur, 2018).

Gaiutra Bahadur points out that imperial authorities, especially in West Indies trumpeted the fact that the system enabled women to earn wages by dint of their own labour, which liberated them from the clutches of men. She points out that during the 1890s, when there was slump in sugar prices and the Black population of British Guiana were protesting against the continuation of indentured labour import into the colony further, the pro-imperial newspaper, "Chronical" drew attention to this fact of Indian women's elevated position in British Guiana vis a vis India. However it missed out the fact that women were paid two-thirds of the wages

that were received by men. Women were mostly employed for tasks that were considered “easy”, such as weeding the field before harvest and fertilising it. However even when women were employed to do the same tasks as men, they were paid two-thirds of their male counterparts. The imperial policy assumption was that the women’s wage labour was supplementary to her family’s other sources of income. The woman was thus primarily conceived as a wife and such meagre income consequently made the women dependent upon menfolk and influenced their decision to seek partners likewise (Bahadur, 2016).

Migration to West Indies recommenced in 1844. The agents at Calcutta and Madras were authorised to recruit 5000 migrants each to Br. Guiana and Jamaica and 2500 to Trinidad. However as the Land and Emig. Comms. Explained owing to various reasons, of which scarcity of shipping from India to Caribbean being the most significant only 250 migrants were sent to Jamaica, 56 to Br. Guiana and 226 to Trinidad. Between 1845 - 46 Jamaica received 4250 Indian emigrants under indenture, Br. Guiana 7617 and Trinidad 4159. In 1847 and 1848 no further emigration took place for Jamaica as the Jamaican assembly intimated their wish to discontinue Indian emigration. 5000 more emigrants were authorised to be despatched to Br. Guiana and 1000 more to Trinidad. However the scarce availability of shipping from India to the Caribbean became an impediment. The agents could only engage three vessels in this period. Moreover the West India Committee informed the respective colonies that further funds for Indian emigration would not be available and thus the scheme stopped with the agents in India being relieved of their duties (Carter, 1996).

K.O. Lawrence had narrated the nature of debates between planters and colonial authorities in the West Indian colonies regarding allocation of responsibilities for providing medical facilities in Plantations. Neither British Guiana nor Trinidad had a centralised Public health service by Abolition. Georgetown and Port of Spain were both overcrowded and deficient in regard to public hospital facilities while such facilities did not exist in the rural regions at all where most

labourers resided. In both colonies the government had to ultimately compel the authorities to provide basic medical assistance to estate workers. British Guiana with its larger immigrant population had an extremely high rate of sickness even by the standards of indentured regime. This fact forced the Court of Policy along with the legislative body to pass an Ordinance in 1847 making it mandatory for estates to maintain hospitals with minimum hospital provisions at the risk of removing workers from the estates in case of non compliance. Yet the Royal Commission of Enquiry visiting Guiana in 1871 noted the deficiencies and scarce medical provisions available in estate hospitals. The Commission recommended direct employment of doctors by the government who would be in charge of the estate hospitals. In 1873 both Trinidad and British Guiana created District Medical Officers who were put in charge of estate hospitals by funding from local government.

(Gramaglia, 2016).

The British government advised both the colonies to institute boards of health and quarantine protocols isolating the stricken and generally carry out cleanliness measures during the 1830 cholera epidemic itself. Some of the colonies conformed with British Guiana, Grenada, and Barbados instituting health boards and Port of Spain cleaned the streets. These measures were ineffective however as the high mortality rate during the cholera epidemics of the 1850s showed evidently. Street cleaning and whitewashing could not hide the poor hygienic condition and lack of clean water facilities. In spite of the increased sanitary emphasis placed by colonial officials and doctors public health provisions did not improve visibly for most of the period. Doctors observing the cholera epidemics described them in terms of military campaigns describing cholera's "onward march" characterising cholera's course as treacherously silent, sinister and malignant, noting the accelerating migratory nature of the disease in mid-19th century. As Doctor Butcher who was present in British Guiana during the 1854 cholera epidemic noted the imperceptible and silent spread of the epidemic in there.

(Warner-Smith, 1997).

In 1868 it was reported that the death rate of Indian population in Br. G. was 29.4/1000 per annum. The Emig. Commission pointed out that this dealt with only the "lowest class of unskilled labourers" and comparing with the urban mortality of all classes in Britian during this period which was apparently 24.56/1000 per annum, the commissioners concluded that comparing with the mortality of the lowest class of Britian wont be less than that of the Indian immigrant in Br. Guiana. This comfortable conclusion elided the restricted age range of the Indian immigrant population. Shlomowitz et. Al had worked on the mortality rate of Indians in Fiji, Authors own work on a sample of 7000 register entries show that 14% of adult male, 12% of adult female and 13% of children died within the first 5 years in Mauritius, after which survival rates increasingly improved (Carter, 1998).

One of the consequences of dire health infrastructure was the intractability of anklylostomiasis, i.e. hookworm. It threatened Indian estate workers and by extension the estate. These factors persuaded Britain and the Netherlands to invite International Health Commission - of the Rockefeller Foundation. Its activities depended upon co-operation with colonial governments. (Barros & Stilwell,2012)

Ankylostomiasis or hook worm disease, is caused by hookworms, small parasitic worms with hooks around their mouths, which infest the small intestine of man and other animals. The disease is characterized by anaemia, weakness and abdominal pain. While it can cause death, it also makes the patient prone to other diseases. The parasite enters the body of the host through the skin, usually through bare feet and its prevalence in the British West Indies is an indictment on living and working conditions for the working class in the region. Medical officers in the region began to express concern about hookworm infestation late in the 19th century although statistics on the prevalence of this disease were not then included in the annual reports on the medical institutions of the colonies. Early in the 20th century, there was a change as there was

growing concern about the increasing incidence of this disease. Infection rates were highest in the colonies with East Indian immigrants and the health problem was greatest in those territories with the largest populations of indentured workers. In 1904, ankylostomiasis was listed as one of the principal diseases treated at the San Fernando Hospital in Trinidad.¹⁰ Since that time the Surgeon General continuously commented on the "prevalence of ankylostomiasis among the immigrant labourers on the estates" noting that the disease was on the increase. He commented that

'There is no doubt that the extensive prevalence of the disease among the labouring class is a matter of very serious importance, as it is probably directly or indirectly the most potent cause of inefficiency, and it is of the highest importance that such measures as may be possible for the prevention and cure of the disease should be generally adopted' (Pemberton, 2014).

In 1910, the Protector of Immigrants listed this disease as the 2nd major cause of deaths among immigrants and in the following year the Surgeon General's report, placed the disease as one of the principal diseases treated at the Port of Spain and San Fernando hospitals and the main cause of death in the latter institution. Although the connection was not then made, there were continual reports of the high incidence of anaemia among the immigrant population of Trinidad since 1888. The contribution of hookworm infestation to this condition only became realised after the campaigns of the Rockefeller Foundation had begun.

Visiting British Guiana in 1915, doctor Rose of Rockefeller Foundation commented "...open drains where geese and ducks lived, cattle came and drank, people washed and bathed and into which rain washed all refuse from roads and cottages. The villages perpetuated the physical conditions of the old slave yards."

There was an absence of latrine accommodation in many areas of the colony. Some districts such as Bellevue, were close to swamps and stagnant water. These conditions contributed to the main diseases in the colony which were, ankylostomiasis, malaria, typhoid and

dysentery.²⁴ In the rice growing areas poor housing and living conditions were characteristic. The majority of the people lived in mud huts with dirt floors. Frequent flooding during the rainy season, low wages and poor diet (vegetables, fruit and fish with meat and chicken occasionally) compounded the problem.²⁵ Generally, living conditions were worse in the villages than in the towns. Villages, which "perpetuated the physical condition of the old slave yards" were characterised by cheap houses.

In absence of the proactive measures undertaken in British Guiana, the situation in Trinidad was definitely worse.

yellow fever appeared intermittently in British Guiana many times in 19th century. James Rodway, the most important historian of British Guiana in early 20th century considered that the sorry state of health in the colony, if not proactively rectified might affect the productive power of the population leading to economic deterioration. Rodway or medical observers in temporary sojourn in British Guiana, pointed to the sad state of sanitation in the colony as the prime reason for frequent outbreaks of epidemics. Schomburg diagnosed the reason for the 1837 yellow fever epidemic to lie in the ramshackle condition of the sewage system which caused waste sludge to deposit near the jetties in the harbour, which caused deadly miasma to arise. Rodway considered the state of drainage to be the reason for deadly miasma to arise, resulting in Yellow Fever epidemic. He considered the people along with their representatives to be negligent about the sanitary conditions of the colony.

Indenture in Fiji

Indentured emigration to Fiji started in 1879, one year after it became a British colony. Indigenous Fijian population were self sufficient with subsistence agriculture and animal husbandry. Thus they had little interest in working in sugar plantations owned by Europeans with their intensely carceral system of labour management. Their reluctance however was

perceived as laziness which supposedly characterized the racial trait of such indigenous societies by European observers. As the indigenous population of the island of Sri Lanka were perceived to be lazy by dint of their unwillingness to engage in the coffee and tea plantations and renewed emphasis was placed upon recruitment of Indian migrant labourers brought under Maistry system. Similarly Indians were brought under indenture to Fiji to work in the plantations of the Colonial Sugar Refinery (CSR) company.

Nicholas Thomas looking into aspects of sanitation in Fiji noted “while the documentation of the fijians was full of statistics regarding health and mortality the only time these issues were referred to in the 'Annual Reports on Indian Emigration' is in list of 'lost' working days; pregnancy was listed with 'bad weather' as causes for a 'lost workday’”. This reflected the differential impetus of governing distinct subject populations by imperial authorities.

Kangany and Maistry system of migration to Federated Malay States, Straits Settlements and Burma

Indian networks of migration into South East Asia were active for the better part of the 2nd millennium of the Christian era. Court chronicles of the various kingdoms of South East Asia attest to the activities of numerous Indian merchants, moneylenders and mercenaries in these regions. However the almost secular increase in the number of Indian immigrants into these regions that occurred in the 19th and 20th centuries was a direct offshoot of the phenomenon of European colonialism.

According to moderate estimates, at least 5 million Indian migrants reached Burma, the Federated Malay States and the Straits Settlements from the middle of the 19th century till the start of World War II.

Apart from the obvious increase in the number of immigrants in this period, this era was marked by an impressive infrastructure for state regulation and surveillance of the migration process.

The British Empire, found in the Indian possessions a reservoir of cheap labour, a lifeline to the impending labour crisis which gloomed the colonial commerce circuit with the abolition of slavery in the British Empire in 1834. Indian Indentured workers who were hitherto transported to various parts of the British Empire were now first systematically legalized under the Government of Bengal Act V. 1837, Government of India Act XXXII 1837 and Government of India Act XIV 1839. These were the first attempts at standardization of recruitment, surveillance of body, shipboard provisions and institution of a responsible Governmental cell headed by The Protector of Immigrants.

However, Burma and the Malayan peninsula poses a different case altogether as there was no ‘inauguration’ of immigration under the auspices of the British Indian Government. Geoghegan mentions that there was a regular flow of Tamils and Bengalis to the Malay Peninsula and Burma for a long time, which increased after the British conquest of the Tenasserim. In the case of Federated Malay States (henceforth FMS) and the Straits Settlement (SS), it first came to the radar of the British Indian government in 1870 when Mr. Hathaway, sub-collector of Tanjore complained to the government about the illegality of this migration process from South India. This was because, Act XIII 1864 defined emigration as “departure of any native of India out of British India for the purpose of laboring for hire in some other place” . Now SS was ceded from British India in 1867. Thus Mr. Hathaway considered the whole process of immigrant recruitment as “a regularly organized system of kidnapping” .

Actually it was an informal system of recruitment carried mostly based on word of mouth contracts guaranteed upon caste-kin-region solidarity and debt bondage carried out by ‘Kanganis’ or ‘garden sirdars who were regularly sent out by SS estate managers to recruit more kinsmen on their (Kanganis’) regular sojourn home .

However this gesture of benevolent colonial welfare concern led to the Act XIV 1872 – an attempt at regulating immigration to the SS and later to the FMS. Indentured immigration was

extended to these regions but the Statute Immigrants as they were called according to the legal terminology were always a minority compared to the Kangani recruits .

In fact the Act legalized Kangani recruitment with the permission to the SS government to open a depot at Nagapatnam for supervising the recruitment procedure by the ‘Planters’ agents’ who are to bring the intending migrants to the depot for enquiry .

It is this Act which became as the founding principal for surveillance, licensing procedures and enquiry standards for both Statute and Kangani Immigration to SS and Malaya.

Burma was a pretty different case altogether as regards to its gradual inclusion within the British Indian Empire till 1885 and its subsequent separation in 1835. For most of the later part of the 19th century and the early part of 20th century Burma was administered as a province of British India and so Indian migration to Burma was legally not in any way different from other cases of inter-provincial migration. However the provincial government felt harassed by the huge number of Indian workers who “flooded” the major Burmese towns, especially Rangoon . They were seen as vectors of dangerous diseases, especially smallpox, cholera and plague. Indeed, a Port Health Officer was appointed Rangoon, as early as 1867, to “guard against the importation of disease’ from immigrants. He was directed to keep a vigil for all incoming passenger traffic, which indicates that travellers from other parts of British India were not to enjoy any special privilege of exemption.

This is sensational, considering the fact that technically according to Act XIII 1864, the Indians coming to Burma were not immigrants. In fact being part of British India, many laws which were common to India were also extended to Burma like the Workmen’s Compensation Act, 1923, The Factories Act, 1911; 1934.

However as Charles Maier shows that a “stable sense of community” emerges only when “identity space” – the unit that provides the geography of allegiance – is congruent with “decision space’ , the Indian in the Burmese provinces of British Indian Empire were always

temporary immigrants necessary to be policed as they formed a floating underclass in the working class districts of Burmese cities and towns. By conventional norms of colonial governmentality, they need to be kept under constant surveillance.

Following Maier, Nicholas King had argued that colonial era public health with its international arena of focus had always tried to conceive geo-cultural spaces and host populations in terms of particular disease susceptibilities. These were the times when the in vogue miasmatic theory of disease and the germ theory of disease, though rival conceptions of contagion, nevertheless were used in tandem in the project of colonialism to create sanitary cordons to segregate populations. In the colonial metropole, this was achieved through immigration control to debar the potential alien vector and in the colonies was ensured through upkeeping of Cordon Sanitaires to protect precious European lives from getting infected by contact with the colonized other. The traces of these boundaries remain in the urban morphology of most of the Indian cities where the Civil Lines, demarcated by a glade clearing with wide boulevards and spacious bungalow houses, maintained its privileged segregation from the rest of the crowded, unsanitary city. The Civil Lines and Cantonment areas of today's Indian cities, which are prime real estate locations owe their origins to these imperial sanitary policy considerations.

However, these control strategies were intrinsically race and class conscious, differential regulations of outsider control were devised in to guarantee a less harassing health supervision for the European personnel and also the nascent Indian professional class in Rangoon. For instance, One of the landmark legislation debate in this issue – the Draft Bill for Ammendment of the Indian Ports Act, 1889, attempted by the Bombay provincial government with special concern to the inspection of Indian migrants embarking in Burma carried an exemption clause in Section 5 –

When the Health Officer considers it necessary, in order to prevent the spread of disease, he

may inspect the vessel and may arrange for the conveyance of all persons to a hospital, unless the sick person or his friends can make adequate provision elsewhere .

Now it was common knowledge, that only the European passengers and the members of the emerging Indian colonial elite in Rangoon had the monetary and social resources to ‘make adequate provision elsewhere’. The Vaccination Law amendment Act or the Burma Act 1 of 1900 was specifically improvised to search and vaccinate ‘coolie’ emigrants in their barracks and lodging houses, it legalized a spatial focus for controlling a specific demographic category. The Act underwent a further amendment in 1909 by which ‘deck passengers’ were made liable to searches and compulsory check-up on their disembarkation at Rangoon while cabin class passengers were exempted from it. It was quite a common knowledge that the Indian workers preferred the deck than the cabin class which was generally used by Europeans and a few well of Indians.

I will return to the specific construction of a corpus of legal control measures in order to make the Indian working class immigrant easier to be tracked by the health control agencies when I will discuss the case of Burma in detail. For now I will attempt a brief chart of the refocusing of the medical ‘gaze’ onto the immigrant within the British imperial discourse, especially its legal ramifications with specific reference to the British Indian Empire.

Public Health as a policy initiative as formulated by state agencies in the 19th century was closely linked to concerns of national security. The quarantine measures first propounded in the Mediterranean ports in the 15th and 16th centuries were imagined in terms of blockades against pathological threats arriving from outside territorial arena . The 19th century saw the emergence of a global medical public debate regarding the viability of quarantine regulations. Quarantines were now regularly criticized for being detrimental to the ‘commercial country’, even by people of the medical establishment . The 14 International Quarantine conventions that took place among nations needs to be seen in light of this debate. The conferences sought more

to streamline and unify various quarantine measures extant in the various countries than to attempt any global interaction regarding newer control technologies. British Indian personnel regularly complained about the inconsistent and changing quarantine laws in the ports of the Mediterranean .

Commercial concerns always had an underpinning on the debates regarding quarantine measures in the age of colonization. However, as scholars had shown, commercial or mercantile concerns (both did not have the same interests and at times took antagonistic positions) did not necessarily always assert against large scale medical policing. Dorothy Porter opines that instead during the 18th and 19th centuries mercantilism provided the ideological underpinnings, for the creation and extension of public health practices .

Especially in colonies the stress was more on segregation and control of populations through direct albeit limited interventions than on propagation of a regime of internalized discipline . David Arnold had shown in the case of cholera that the impetus of a pan Indian imperial Public Health initiative was the safety and security of the European residents and the British army who hitherto experienced heavy disease casualty. It led to direct intervention from London and a parliamentary probe was instituted. This can be taken to be the starting point of Public Health policy in India.

These were times when non-governmental organizations, chiefly religious missionary endeavors, although having a long history of involvement in therapeutic activities in the subcontinent didn't have any systematic agenda of providing health needs to the 'population'. Thus state health issues were addressed by the imperial conceptualization of 'public health' in the context of colonialism, with its very specific and limited practical and ideological needs. It initially focused on the health of European soldiers, traders and settlers. When the focus shifted to the health of colonized, David Arnold notes it was primarily to ensure the availability of a pool of productive labour. 'Public health' was designed to serve the interests of the direct

participants in the project of empire – the arms of the state and the host of imperial mercantile concerns in those early days of Industrial capitalism. Community health improvement was subservient to it. Nevertheless, the indigenous community was important to be intervened as members were potential vectors .

These were the concerns that underpinned the imperial discourse of Indian labour immigration when it came to the question of health. The imperial reports about health were almost solely and morbidly concerned with mortality rates. This was the chief concern as it obviously decreased the number of laboring hands, but also because death had a palpable effect on the nascent imperial public sphere like few other. It outraged the conscience of a public which almost universally looked upon the imperial project as a good thing. It was death-rate that provoked the equation of indenture labour regime with its predecessor – slavery.

Emigration to Mauritius was halted 3 times in the 19th century due to reasons of mortality and inadequate health infrastructure. Moreover, apart from concerns over public outcry, ‘good health’ came as a guarantee clause both for the immigrants and for the hiring planters. Later we will see that its proper implementation was necessary for all parties concerned because in the ruthless world of 19th century imperial circuit it ensured safety from hostile lobbies and career competitors who at times took advantage of implementations and used the legislations as bullying clauses.

In 1930, the newly appointed “Land and Emigration” commissioners entrusted to recruit suitable people for overseas indentureship reports:

It must no less be admitted that the labourers introduced should be confined to people of suitable constitution and habits (for which purpose we doubt whether it will not be necessary at last to limit also to race) and that being of a suitable description, they should be brought in under adequate conditions for their protection in a strange land” .

In 1852 a Medical Inspector was appointed to supervise the sanitary conditions and health

regulation implementation in the depot. He was also to check the health of the intending emigrants so that no person of unsound health boards the ships . In 1871, Act VIII, the onus of supervising recruitment was done away with, instead recruiting ‘unhealthy’ individuals was made prohibitive as they were now supposed to pay and facilitate the return journey of the discarded . It also led down the shipboard provisions and regulations regarding hospital and allocation of spaces.

The regulations however, by virtue of their singularly extended trail of addressees comprising various parties from London to British India to the target colonies were seldom uncontroversial and easy to deal with. Minor deliberations like providing a pair of extra blankets and clothing to the emigrants while on board in winter engaged a lot of parties holding a wide spectrum of position from outright accusations of rising expenditure to various hues of conditional and re-examined acceptance .

Using newer brands of products started off competition between rival commercial lobbies and in which health personnel were regularly pitted against each other. Two principal ailments from which Indian emigrants suffered in the colonies as well as in the depot were cerebro-spinal meningitis and Ankylostomiasis. Various medical officers advised varying and often opposite treatment for these diseases and each one wanted their mode of treatment and prescribed medicines should be made the norm and compulsorily stocked in the stores. However, not only were they ferocious in their advocacy, they also staunch opposition to their own fellow professionals’ prescriptions, the deliberations passed on for years and decades at times. Both the aforementioned diseases were ultimately left open to on-site doctors’ discretion from 1911 till the end of indentureship .

It is in this context that the special cases of Burma and Malaya needs to be examined. As destinations for Indian Blue collar workers, they shared some parallels and were indeed covered by many shared clauses of regulation with the much more institutionalized regimes of

indentured migration but as places where ‘free’ labour regimes dominated their (the workers’) experiences were also diverse. Moreover their closeness to India also made it more seasonal with some part of the workforce (especially the recruiters) returning once in a year. It led to greater number of migrants and a fewer percentage of permanent settlers.

Burma

Migration from India to Burma dates back long before the colonial era. However it was in the middle of the 19th century, especially in the 1870s when the first regular steamer services were launched between the East Indian coast and Burma, that migration especially from the Telugu belts of the then Madras presidency saw a sharp rise . These ships had bare provisions for undertaking a sea-journey and consequently complaints regarding the ill-health of the recruits were a regular complaint on the part of the employers. Once in Burma they were housed in zinc-roofed very ill-ventilated, crowded lodging houses, with almost no provision for sanitation facilities. Kondapi quotes the Report of the Public Health Committee, Rangoon:

“Dark, ill-ventilated houses on sites perennially flooded with rain or tide waters or with stagnant pools of household sullage waste, with scarcely a ray of direct sunshine in the inner room, are inhabited by hundreds and thousands of the poor class of the community; and with their poor wages, in addition to drink and drug, squalor and filth surrounding their social life, form a tragic total climax of their slum life. There are thousands of houses, huts and hovels in our town, which are unfit for human habitation” .

He states, by 1930 almost 42000 Indian immigrants lived in such slums in and around Rangoon. Rangoon had a perennial crisis of housing and this almost unregulated influx aggravated the situation further . As lodge-keepers and avaricious contractors took care to put multiple families in one room, and at times even sets of boarders were accommodated in single rooms with one set occupying during the day, while the other stayed the night . In this situation it was

no wonder that the Indian Immigrants were the first to succumb to epidemic diseases. Moreover, as the migration was seasonal few travelled with families, which resulted in a severe demographic imbalance with males outnumbering women at times to the ratio of 250:1. Thus prostitution was rife and venereal disease was rampant within the community . Moreover the fact that Burma was a part of British India, for the most part no special interventionary measures to supervise the health and the implementation of the laid down regulations were there on the ground. The aforementioned case of the appointment of the Port Health Officer in 1867-68, sums up the problematic history of Medical attention shown towards the migrants. Burma's gradual inclusion within the British Indian Empire, it's very different ethno-demography from the rest of the country and the dependence of the Burma economy on the cheap Indian labour pool caused frequent clashes between London, Government of India, the provincial government, The Burma Chamber of Commerce and The Burma Traders Association .

Atsuko Naono had shown how Indians were seen specifically as vectors of dangerous diseases by the Public Health division and also by the Burmese themselves. Debate over response to Indian immigration in Burma had significant impact on the vaccination establishment in Burma, especially in the case of Small Pox. Earlier I had discussed the slew of vaccination legislation that the Indian Immigrant question led to. It needs to be mentioned however that the deliberation that led to these legislations most of the times acknowledged the Indian emigrant as one of the main source of the problem. The reports discussed the popular perceptions regarding the Indians and on the whole gave official credence to the opinions. However, the cause for the dire state of health of the Indian section of the population was perceived more as racial features than arising from specific conditions of their life in Burma.

Some scholars following C. Kondapi had argued that there was apathy on the part of the government to install control infrastructure in Burma to check epidemic influx. Kondapi had

shown the Government of India to shirk off its responsibility by contributing to the salary of the labour commissioner in Burma, who was supposed to carry out inspections, a duty seldom attended to. However, Kondapi as a labour activist is here making a political statement about the lack of welfare organs for Indians in Burma and not talking about control measures. Welfare options were indeed painfully limited for the Indian in Burma but that does not mean that they had not been taken up as a specific demographic category to be disciplined.

The Lepers Act 1898, Burma Act 1 of 1900, Burma Vaccination Law Amendment (Amendment) Act 1909 were powerful purpose-made legislation to target the Indians. The final Act gave power to check any ship carrying immigrants and also sudden inspection of Indian employing mills for on the spot vaccination and revaccination.

However, the problem that emerged in the face of such heightened surveillance was a dearth of resources – especially monetary. Especially the the draft of 1928 sequel to Vaccination Law Amendment Act, which professed to vaccinate all Indians coming into Burma faced objection. Such a legislation would demand the vaccination of 300,000 individuals which was beyond the capacity of the Burma government.

Soon after, Burma was separated from India and violent anti-India riots became common place. Scholars had opined that Indians residing in Burma carried the stigma of a slum-dwelling Smallpox and plague vector – a mentality of othering which was condoned by the differential inspection regulations put in place by the Government. Less than 10 years from separation the Japanese attacked and invaded Burma, sparking off an exodus of Indians from there. That was the end of all of it, as with the completely different dynamics of the post War era, this migration trajectory became obsolete for good.

The advent of the British era in India led to a process of institutionalized labour migration to various other colonial possessions of the British Empire. The advent of mercantile capitalism with its stress on state interventions in matters of disciplining subject populations provided the

ideological impetus to extend control over the body of the immigrants. It led to a regime of health-surveillance with specific focus on identifying vectors, segregating them from the general population and rehabilitating them. Scholars had shown the system was more bent upon ensuring a disease-free working environment to keep the wheels of the commercial empire running than from any altruistic motive of 'reform'. Thus the health policies formulated to discipline the immigrants from the point of their recruitment in India to their ultimate destination in plantation estates or mills were marked with procedures of quarantinization. Nothing more should be expected from a regime eager to contribute to a broader albeit more prosaic imperial goal of outperforming other colonial competitors by maintaining the productivity of the population.

The case of Burma and Malaya are slightly different than the completely indenture induced labour migrations to Mauritius, the West Indies or Fiji. Their proximity to the Indian empire and the preponderance of more informal community based labour recruitment system led to greater numbers and consequent problems of the government to enact and execute Public Health provisions. The presence of the provisions seldom ensured clarity in administration and security to the workers; they more often than not became weapons in the hands of antagonistic imperial agencies. Moreover, the whole system depended upon a rationale of differential legislation based upon supposedly 'innate' racial characteristics which never failed to uphold the superiority of the European in the anthropological ladder. We need to remember these were the heydays of Social Darwinism and the quasi-scientific race discourse of the academia was systematically informing policy decisions in a way not seen in any previous era.

James Scott in his classic book upon the anthropology of resistance, *Weapons of the Meek*, wrote "Everyday forms of resistance make no headlines. It is only rarely that the perpetrators of these petty acts seek to call attention to themselves. Their safety lies in their anonymity."

(Scott, _____)

The final closure of indentured emigration in 1916 was a result of multitude of distinct factors. Indian nationalist agitation regarding the condition of women in the colonies and the overall subservient condition of Indians. The action of nationalist leaders both in the colonies and in India was obviously the prime catalyst. With that larger macro economic conditions of the global sugar industry with cheaper availability of beet sugar pulling down price levels and managerial innovations of sugar plantation and refining which made sugar cultivation in small landholdings comparatively more profitable than before, hence ending the vogue of cultivating sugar in large plantations with attached refinery were also contributing policy considerations for ending the system. The logistics of transporting immigrants across the seas in the middle of World War 1 with constant threat of German U boat attacks and the transformed labour market due to the world war provided the immediate backdrop for the eventual closure, which was long awaited.

Conclusion

This study explores the debates in the historiography of Indian indentured migration with particular focus on the modalities of development of a regime of public health geared towards the care and control of Indian indentured immigrants within the auspices of the British Empire in 19th century.

It may be humbling to note that the present 20 million + Indian diaspora with quite an illustrious list of achievements had its inception in the various imperial labouring traditions within the erstwhile British colonial system. The abolition of slavery choked up a large and cheap labour sector. An impending labour crisis apprehended by the imperial mercantile concern turned the focus of labour exploration to the Indian possessions of the empire. Thus came the indenture labour regimes – under the aegis of which Indians were transported to the Caribbean, Mauritius, The Natal and other inadequately peopled (which by no means implies sparsely populated) imperial possessions. In Chapter 1, I had discussed the specific conjuncture of imperial public policy during the era of Slavery abolition with its imperatives to ensure the health of British sugar industry on one hand and facing strong Abolitionist pressure to do away with the practice of cultivating sugar by captive labour force on the other. It was within these interstices of imperial mercantile policy and Abolitionist pressure that indentured labour scheme for transporting Indian labourers to the sugar cultivating colonies as a replacement stream of labour was formulated. I had charted the course of strong abolitionist opposition to the system which led to its initial suspension after just five years of initiation in 1838. Exploring the moment of this suspension of traffic through its eventual resumption in 1842, I had sought to delineate the refashioning of the scheme, with emphasis on care of the indentured immigrants as propounded colonial policy makers to disassociate any allusions to the antecedent regime of slavery which it had come to replace.

In Chapter 2 I had looked into the specific imperial modes of caring of non-White immigrant population which also doubled as mode of disciplining the Indian worker to create docile labouring subjects amenable to the stringent work regime of a capitalist plantation. The other impetus for governing labouring migrants was the threat of epidemic outbreaks which became too frequent travelling through the burgeoning routes of commerce in the increasingly interconnected world of 19th century British empire.

Postcolonial critics of the sociology of British imperial scientific practice viewed science as an agent of cultural imperialism, which reflected the dominance and superiority of the West . It was argued that anthropologists, doctors, and others played an important role in the creation of racial and Orientalist stereotypes, and a number of studies stressed the vital formative influence that colonial expansion had on the emergence of “scientific racism.” Analysing the historiography of colonial medicine I had charted the particular process of racialization of the Indian immigrant population; the particular discursive forces that impressed upon the figure of the Indian labourer and sought to uncover the rationales of these discursive formations.

In Chapter 3, I had focused upon the process of Indian indentured labour transportation from their initial areas of recruitment, through their journey to the depots at the ports of embarkation like Calcutta and Madras. With allegations of coercive control of intending recruits by recruiters being a constant refrain on the one hand and the public portraiture of the depot as the place of refuge for the underclass of the port cities – Calcutta and Madras, the depot space was impressed by constant imperial legislation to ensure adequate accommodation and hygiene. I had followed it up with an exploration into the daily life of the immigrants in the ships enroute to the recruiting colonies. As most of these people came from inland districts of Bihar and today’s Uttar Pradesh with no experience of sea voyage, the passage was a harrowing experience for many, but was also a transformative site for formation of new identities as the new form of kinship of Jahaji bhai or Brethren of the ship was constituted in this space.

In Chapter 4, I had followed this story up with specific focus into the situation of the labour migrants in the various recruiting colonies, whose demographics and consequently cultural ethos was signally transformed out of this encounter. I analysed the legislations that were enacted for governance of this labouring contingent thereby interrogating the magnanimous imperial assertions of care by which the indentured labour migration scheme was often projected. I discussed that the impetus for caring Indian migrants did not arise so much from care for their well being but for ensuring an able-bodied labour force, capable to undertake hard labour in plantations. Often the medical legislations doubled up as carceral provisions for greater degree of control over the indian immigrant, as the epidemic outbreaks in all the colonies became moments for enacting vagrancy laws that specifically targeted Indian labourers and othered them.

I hope this study helps to clarify the life patterns of Indian immigrants in the British imperial era, who later went on to refashion vibrant diasporic communities in these locales and signally contributed to transform their respective local polities.

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