

Vaccination of the Indians: Concept of Health, Hygiene and Race in Colonial Burma (1870-1937)

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After the three Anglo-Burmese Wars (1824-1885) the British annexation of Burma was completed. Simultaneously there began the process of modernization of Burma which required huge number of labours and agriculturists. The Indians were taken as labourers for the works of construction, clearing jungles and as port labourers. With the expansion of trade and government offices the Indian migrated as traders and white collared job holders. There were both push and pull factors involved in the process and the immigration of Indians from India outnumbered the Burmese to India. With the spread of epidemic diseases and introduction of vaccination in British Burma, the medical officers and government authorities identified the Indian coolies as the prime cause for the spread of diseases like plague and small pox in Burma. The concept of hygiene and health were attached to the Indians as a race and irrespective of their social status or class. All the Indians including well known business men and wealthy merchants were forced to the checkups and vaccinate in the ports of Rangoon and Calcutta before they boarded the ships. Sometimes they underwent quarantine process too. The article tries to undertake this British attitude towards the Indians and their concept of cleanliness and health in colonial Burma.

Keywords: *Immigration, Kangani system, barracks, health, hygiene, race, vaccination, Indian coolies, filthy habits, quarantine.*

Introduction:

After the three Anglo-Burmese Wars in the 19th century, Burma was colonized by Britain in the gradual process. The First Anglo-Burmese War and Treaty of Yandaboo led to a large number of British merchants to settle on the southern coast of Burma and Rangoon. After the Second Anglo-Burmese War (1852), the British started establishing administration in Burma. The acquisition of lower Burma by the British led to the development of Rangoon, as a port for exportation of rice and teak-timber. The Third Anglo-Burmese war took place in 1885 which led to the end of Konbaung dynasty. It became a province of India and remained till 1935 when it was separated.

The movement of the Indians began with the fundamental changes in the economic life of Burma in the wake of the Burmese rice being valued under a new economic system, as a commercial food-crop demanded much in foreign markets in the second half of the nineteenth century. Vast cultivable lands were required to be brought under cultivation for the production of large quantity of rice sufficient to meet the demand of foreign export. The indigenous labour in Burma was neither adequate nor capable and therefore, the government had decided to import labour from India to Burma, since Burma was constituent province of India.¹ The British wanted to promote migrations

because they wanted to balance the population through a transfer from India particularly from the most densely populated districts to Burma which required population. They also wanted to introduce along with the population, new crops and new methods of cultivation. The government not only required labour for the cultivation but also for the clearing of jungles, swamps, building of roads and railways and for the teak trade.² With such intention in mind the British Government passed in 1870 a Labour Act under which a Recruiting Agent was appointed in India and subsidies were given to the shipping companies to transport Indian immigrants to Burma. The condition in India and opportunities in Burma influenced the great influx of Indian immigrants into Delta area of Lower Burma. Most of the Indians were from the provinces of Madras and Bengal.³ In this historical background the article wants to study the immigration of the Indians in Burma, the wages and the living conditions of Indian labourers. In doing so, the British started a vaccination policy of the Indian labourers and the health inspection in the ports.

It is true that to write on vaccination policy and the colonial health care system one cannot avoid the influence of Michel Foucault and his *Discipline and Punishment, The Birth of the Clinic* and the concept of Power and Knowledge. The article is not an initiative to imitate the writings of Foucault but to take into account the British perception of health and hygiene and constructing race and class about Indians in Burma. The British regulated the vaccination policy and made it compulsory for the Indian labourers who immigrated to Burma.

IMMIGRATION OF THE INDIANS IN BURMA

There were many push and pull factors involved in the immigration of the Indians in Burma. The burden of revenue, overcrowding in the land, famine, drought, poverty and search for better fortune were the few among the push factors to come to Burma. The Report of Philip Nolan to the Government of Bengal in 1888, placed the high wages in Burma as the reason for the migration and in comparison to the wages the prices of the food commodities for the daily consumption were much less. Philip Nolan was deputed by the Government to study the factors for the huge immigration into Burma from Bengal. In this Report he stated that the wages which were offered in Burma were higher than the wages provided in India for a labourer or a cultivator. Higher wages were one of the pull factors which attracted the labourers to come to Burma.⁴

There were three classes of Indians who came to live, work, or seek their fortunes in Burma. First, the capitalist or trading class, a very small number, thoroughly conversant with methods of international trade, banking, commerce and industry, and willing to invest heavily in Burma. The second class consisted of teachers, doctors, engineers, lawyers and accountants, clerical and administrative staffs. They together with Europeans (filling the higher ranks in all branches of administration) were responsible for making up the colonial educational, medical, executive, judicial, revenue and municipal systems of administration in Burma. The labouring poor, both skilled and unskilled workers, formed the third class. Indians contributed to more than half of the technical or skilled personnel in the economy. They were essential workers in railways, inland water transport, road transport, electricity, post, telegraph, telephone and radio communications, and exploitation of natural resources, including minerals, mineral oil, timber, rice and other agricultural

products. In trade, Indians constituted about 17.3 percent of the total workers. Except for those who were prominent in trade and urban areas, the great majority of the Indian traders and shop assistants were small shopkeepers (including also some bazaar sellers and hawkers). Indians were also employed as menial workers, as servants and sweepers in households and the city municipal corporation.⁵

With the passing of the Labour Act in the 1870s, the Recruiting Agent appointed in India and the subsidies were provided to the shipping companies to transport. The prospect for employment and trade soon became so attractive that Indians no longer needed Government assistance to transport the Indians. In 1886 the Famine Commission of India reviewed the position and recommended to transfer Indians from the congested areas to the unproductive and waste lands.⁶ The Indian community which was very less before 1838 increased during the second half of the nineteenth century. Thus by 1881, Indians were 66,000 in number in Rangoon i.e., roughly about 44 per cent of the city's population at that time. In 1901, the number of the Indians in Rangoon increased to 130,000, i.e., about half of the population of that city. In addition, thousands of Indians, migratory or seasonal labourers, passed through Rangoon which was their main port of entry or exit. It became the main centre from where the Indians moved to different places in Burma.⁷ The free and unregulated immigration of Indians during the entire period of British administration resulted in the steady increase in the absolute number of Indians in Rangoon.⁸

With the Government's encouragement and the recommendation of the Famine Commissioner the British Government had sent two *zamindars* from India to Burma to establish estates where their own people could take up as agriculturists. The lands would be given to them. Two such estates were by Mylne at Kyauktaga in Pegu district with 27,506 acres of land and the other by Jai Prakash Lal Bahadur at Zeyawaddy in the Toungoo district with 15,000 acres of land. In Kyauktaga at least 10,000 agriculturists were settled, most of them went from Faizabad of Uttar Pradesh and in Zeyawaddy 3,500 agriculturists settled, mostly from Shahabad in Bihar.⁹ The immigration went unchecked in the nineteenth century and the early decades of the twentieth century. The Indian population mostly migrated from the states of Uttar Pradesh (United Province), Bengal, Bihar, Orissa, Tamil Nadu (Madras) and Andhra Pradesh.¹⁰ The presence of the Indian population was more in the Lower Burma than the Upper Burma. Probably the reason was due the expansion of the colonial rule was first felt in Lower Burma than in the Upper Burma. Moreover, Lower Burma had access to the sea ports than the Upper Burma. Another probable reason was the growth of the rice cultivation in the Lower Burma made it a rich province than the Upper Burma which attracted larger number of the Indians to the country. The Indians made Rangoon the centre of their settlements and gradually they had spread to the other provinces of Burma. In Upper Burma the Indian population represented a small proportion and in 1931 it constituted only 2.5 per cent of the population. The Indian population in Upper Burma concentrated in the five districts of Mandalay, Kyaukse, Meiktila, Myingyan and Yamethin.¹¹

The Table-I shows the distribution of the Indians in Upper Burma.

The Lower Burma had larger percentage of Indian population particularly in Arakan, Pegu, Irrawaddy, Tenasserim and other districts. It was largely due to the Chittagonian agricultural

Table-I : Indian Population in Upper Burma

CENSUS	TOTAL POPULATION	INDIAN POPULATION	INDIAN PERCENTAGE
1891	3,063,426	62,658	2.0
1901	3,823,935	61,645	1.6
1911	4,397,814	82,087	1.8
1921	4,852,694	106,800	2.2
1931	5,336,434	134,157	2.5

Source: James Baxter, Report on Indian Immigration, Government Printer, Rangoon, 1941, pp. 8-9

population who could be found in Arakan and labourers from U.P., Bihar and Madras particularly in Rangoon. In fact, Lower Burma could be reached easily by rail and river.¹² The Table-II shows the distribution of the Indian population for the selected areas in Lower Burma.

Table-II : Indian Population in Selected Areas of Lower Burma at the 1931 Census

AREA	PERSONS	PERCENTAGE OF TOTAL POPULATION OF AREA	PERCENTAGE OF INDIAN POPULATION IN LOWER BURMA
Akyab	211	33	24.8
Rangoon	213	53	25.1
Pegu	51	10	6.0
Hanthawaddy	66	16	7.8
Insein	44	13	5.2
Bassein	24	4	2.8
Myaungmya	28	6	3.3
Pyapon	34	10	4.0
Thaton	34	6	4.0
Amherst	41	8	4.8
Tungoo	30	7	3.5
Rest of Lower Burma	74	3	8.7
Total	849	10.9	100.0

Source: James Baxter, Report on Indian Immigration, Government Printer, Rangoon, 1941, p-12

Since there was no railway connection between Burma and India, the Indians had to travel by the sea and mostly the Indians were made synonymous to third class passengers. The ships which carried them were overcrowded and unhealthy. Mahatma Gandhi was travelling in the ship named S.S. Aronda which was owned by the biggest steamship company in the world. Mahatma Gandhi in his travel to Burma had described the condition of the ships as:-

“there are for the use of these 1,500 passengers (or more) two tiny bathrooms and 12 latrines in sets of 4 for men and two bathrooms and 8 latrines for women. This gives an average of one latrine to 75 passengers and one bathroom to 375 passengers.

There is a sort of a running corridor in front of each set of latrines Dirty water and urine from the latrines flow into this corridor and owing to faulty drainage, instead of discharging itself through the drain, the foul water continues to roe to and fro on the floor with the rolling of the ship. The lower deck has been described by Gandhi as dark and dingy and stuffy and hot to the point of suffocation There is no direct access to the sea air ... The forepart of the main deck is sometimes partly used – as was the case last time when we voyaged from Calcutta to Rangoon- as a cattle – hold; the space used by the cattle being separated from the passengers just by a trellised partition . Similarly, at the stern end of the shade deck there is a cage where sheep, goats, ducks and poultry are kept. It is the foul and stinking beyond description, so much so that it is impossible to stand anywhere near it. There seems to be no hospital arrangement for the third class passengers on board this boat. Nor is there any special accommodation provided for patients from among third-class passengers in case of casual illness or an epidemic outbreak”¹³

He adds that during the rainy season the deck passengers suffer most and the indescribable hardships lead to illness and even loss of lives. Under such condition the workers had to travel but after reaching Burma their conditions were no better. Sarala Devi Choudhurani in her article ‘Burma Jatra’ mentions about her travel to Rangoon. She writes about the discrimination of the shipping companies against the Indians and the Europeans who were given privileges in the ships.¹⁴ Many Europeans have mentioned in their travelogues about the unhygienic habits of the natives travelling to Burma.¹⁵

The Table-III shows the Sea Passengers to and from the Ports of India to Rangoon (1920-1935)

Table –III : Sea Passengers to and from the Ports of India to Rangoon (1920-1935)

YEAR	INCOMING	OUTGOING	EXCESS
1920	300,288	188,999	111,289
1921	287,888	245,391	42,497
1922	300,943	246,977	53,966
1923	322,134	223,918	98,216
1924	326,029	242,568	83,461
1925	309,335	277,322	32,013
1926	347,110	262,709	84,401
1927	361,086	280,739	80,347
1928	360,129	263,345	96,784
1929	345,406	294,574	51,332
1930	301,914	314,429	-10,512
1931	266,105	288,696	-22,591
1932	294,193	224,098	50,095
1933	216,658	194,925	21,733
1934	228,357	179,773	48,584
1935	246,059	176,470	69,589

Source: James Baxter, Report on Indian Immigration, Government Printer, Rangoon, 1941, p-122.

It clearly reflects the excess of passengers coming to Rangoon for various works and particularly as labourers and seasonal workers. There was a large number of Indians coming to Rangoon from India in search of work and employment. But many of them were temporary workers and they were returned after the harvest season. They usually came to Burma alone without their families and returned back after a few years. The Indian population was largely concentrated in urban areas due to employment reason. Rangoon had largest rice mills in Burma and 80 percent of the rice factory workers were Indians. In smaller mills around the country Burmese and Indians were 'employed in roughly equal numbers'.¹⁶ Three factors actually shaped the working conditions of Burma. Burma was governed from India. There were, therefore, seasonal employment, and the *maistry* recruitment system prevailed. Since Burma was a part of India, it was governed by the same legislation enacted in India and extended to Burma. This Legislation included the Worker's Compensation Act 1923, the Factories Act 1911 and 1934 and the Payment of Wages Act 1935.¹⁷

The *maistry* system was the method by which the labourers were recruited in public works, mines, mills and plantations. Although employment was more or less continuous in most of the larger mills but in most of the smaller mills operated on a seasonal basis. Burmese rice mills recruited labourers at its highest during the harvest season and the recruitment were reduced in the monsoon season.¹⁸ James Baxter in his report gives an account that 80 per cent of the labourers in the slack season were the Indians. Most of these men did not return home i.e. India but were engaged in different manual works like Burmese agriculture, transport and maritime industries.¹⁹

The Wages and Living Conditions of the Indian Workers

The wages in Burma acted as a pull factor in the immigration of the workers. The wages of the labourers was higher in Burma than in India. In early 1930 the labourers employed on a regular basis in manual work in factories earned about Rs.25 a month. In smaller rice mills the pay of the mill hands varied from Rs.18 to Rs.40 per month. The usual pay of the mill hands was Rs. 25 per month.²⁰ Baxter also provides evidence of (average) wages for Indian workers employed in Burmese rice mills in 1940. Noting 'their ability to live on exceedingly small sums', he found that a considerable portion of rice mill wages were remitted to India:

Two Indian rice mill owners, for example, agree that the Oriya labourer earns in their mills about Rs.25 per month out of which he 'spends only Rs.5 to Rs.7 a month, and saves something like Rs.15 to Rs.20'. An Indian contractor reports that his unskilled workers received from Rs.14 to Rs.22 per month as against a monthly expenditure of from Rs.10 to Rs.12 and remitted the balance to India by post.²¹

The living conditions of the Indian labourers were unhygienic and deplorable. The European firms provided basic accommodation consisting of zinc or iron sheet covered 'barracks' with partition to some rooms to provide privacy. The barracks were mainly for the male labourers. The houses were dark and unventilated, where married couples slept in hammock style beds, slung above bedding used by single men. It was degrading for women. During the dry season the factory workers slept in open.²²

Under the '*maistry*' system the accommodation was provided in "miserable houses", the

housing problem being particularly acute in Rangoon with its considerable floating population and steady influx of immigrants. Most of Rangoon's industrial population lived in buildings listed in the municipal registers as lodging houses. Generally the houses were of 12½ by 40 feet occupied by as many as 40 to 50 people. Families often lived in lodgings with only a partition made of gunny bags to ensure privacy, while enterprising contractor often hired rooms at a fixed rent and crammed into each of these two sets of tenants, one set occupying it during the day and the other at night.²³ There were almost 42,000 workers living in these conditions in 1930.²⁴ It was reported that such unhygienic and sanitation habits led to the growth of epidemic diseases in Burma. The Indian labourers increased day by day and due to overcrowding and insanitary living conditions there were rise of diseases in the area. The medical officials considered these barracks as 'the foci of the epidemic'. The British officials connected these terms of 'insanitary', 'unhygienic' and 'filthy' with the Indian race, culture and habit.²⁵ They differentiated between the Indian living habits and Burmese living habits. The Chief Commissioner of Burma, Ashley Eden, submitted a report describing the living habits in India as 'In India, the dwellings of the poorer classes are close, ill-ventilated, confined mud buildings: in Burma, they are raised from the ground, and bamboo and grass floors allows free ingress and egress of air. There is no lack of space or overcrowding and cattle are not, as a rule, kept under the same roof as their owners. Observation alone sufficiently establishes the fact that no place in India can show such swarms of plumps, healthy looking children, or such vivacious manly inhabitants as Burma.'²⁶ This clearly states the style of living condition as considered by the British about the Burmese and the Indians. Though the Burmese were considered better than Indians but they were not considered as hygienic as the Europeans.

The Indians as the British put up their concept of the race and identified by the barracks of the coolies who were considered as the carriers of epidemic diseases. In the Census Report of 1911 it was referred that, "The problem is very largely not one of the space but of racial habits. The immigrant *coolie* from the Southern India is accustomed to live in overcrowded barracks whatever maybe the area of dwelling space available".²⁷ As a result of such a racial construction by the British colonial rulers the vaccination policy for immigrants from India to Burma was considered by the Government in the 1880 Act.

Vaccination of the Passengers in the Port

The Vaccination Act of 1880 prescribed compulsory vaccination for the children under 14 years old in the case of boys and 8 years old in case of girls. Compulsory vaccination for the children would be effective for increasing immunity of a stable community in a certain territory.²⁸ There was influx of large number of 'unprotected' Indian immigrants. So the medical officers used this Act towards the Indian immigrants to Burma. The Indians were subjected to medical scrutiny at the port. Thus all the migrants were forced to be vaccinated. But in 1896, an Indian servant died due to vaccination at the port. Thus the vaccination was banned but the Government was concerned that epidemic of small-pox should be checked and in 1899 adult vaccination in the Rangoon city was promulgated.²⁹

The Municipal Corporation of Rangoon wrote a letter to the Home Secretary describing that the Hindoos particularly labourers "love crowding together in their habitations and their practice of hiding cases of small-pox, added to small-pox." The unprotected coolies are leading to the recurring

epidemics of small-pox. Lieutenant Governor Federic Fryer opined that a mass vaccination of the labourers was not practical. Similar views were expressed by the Rangoon Chamber of Commerce that such a measure would lead affecting the trade and commerce of the city. As a result in 1900, Burma Vaccination Amendment Act was passed which led to compulsory vaccination of Indian labourers in the coolie barracks.³⁰

On the other hand, the Madras Provincial Government was asked to vaccinate passengers or labourers before they boarded the ship to Burma at the Madras port. But the Madras government did not take any action and wrote that, “the matter is left in the first instance to the Government of Burma”.³¹ The situation changed when in 1905 and 1906 severe epidemic of small pox and “plague scare” had occurred in Rangoon and Lower Burma.³² Due to the above mentioned reason, in 1909, the Vaccination Act was again amended and it gave the right to the Port Health Officer in Rangoon to vaccinate “any person who has travelled on board the vessel for the purpose of coming unprotected”. The definition of labour here was similar to an immigrant from India.³³

The vaccination issue again was raised by the outbreak of epidemic of small-pox in Madras in 1916 and due to complaints lodged by Indians who were vaccinated though they did not belong to the labourers. Again in 1917 the Government of Burma appointed a Committee for a proper decision. The Committee submitted a report that Rangoon was a port through which there were inflow of people and largely it was the Indians who emigrated and immigrated from and to Rangoon. The movement of the people were largely Indians and not Burmese. Among the Indians it was the labourers who were mostly unprotected and due to their unhygienic habits they were open to infection and epidemic diseases as small-pox. The residents of Rangoon were protected by vaccination of small-pox but it is the Indians who were unprotected. Thus it was being considered that Rangoon should be protected from the influx of the disease of small-pox largely caused by the Indians either by restricting the flow of the Indians or by compulsory vaccination was regularised in the ports of Burma since 1918.³⁴

Thus by 1910 onwards the British Government in Burma decided that the Indian immigrants should be medically inspected and secondly should be compulsorily vaccinated particularly unprotected persons. The inspection and criteria for ‘unprotected’ comes from the concept of the colonial rulers who had decided it for the Indians.³⁵ A racial concept in the form that Indians were unhygienic dirty and insanitary in habits were constructed. The Indian labourers were considered as danger and the Government should take precautions against them. The reports constantly emphasised the fact that the “Indian labourer is a centre and focus of disease wherever he has established himself”.³⁶ In doing the vaccination, the Health Officer of Rangoon or the Medical authorities did not take the trouble to differentiate between classes and vaccinated even the “respectable people” who travelled as passengers to Rangoon. Along with the labourers it was sometimes the clerks or the traders who were vaccinated as a part of compulsory vaccination of all deck passengers. Letters of protest were often submitted to the Port authorities and one of those is cited below:

With the advertisement on vaccination, I have a complaint that last year on 14th September, 1916, I started my journey from Calcutta port to Rangoon with my wife

and children. When the steamer almost arrived the shore, all the third class passengers were forced to go to the underneath of the deck which was a dark and unventilated place. Policemen were used in doing so, but the men who paid money were spared. I paid eight *annas*. As the steamer reached the shore all the male passengers were separated from the women passengers by keeping the males in a storage place for goods and cargo. And women in another godown. Then the customs officer examined the luggage with much haste and there was no time to rearrange it again. After the checking we were forced to go to the other room for vaccination, with our luggage left in the other room and paid the policeman for taking care of the luggage. In the hall all the passengers irrespective of their position were made to stand in a line just like coolies with clothes. This rule is only for the coolies who are unvaccinated and not for high class people and traders like me. The officers are misusing their powers or they cannot recognize people of high and low classes. I complain against such a system of dishonour and disrespect and the wish that the committee will abolish this system.

The Complaint was made by Managi B. Mehta, Jeweller, to the Chairman of the Vaccination Committee (October 1917).³⁷

Managi B. Mehta was one of the many middle-class passengers who submitted their complaint to the Port officials. Further complaints were being made by the upper and middle class to the port authorities complaining about the compulsory vaccination and the experience of medical check-ups after reaching the ports. A certain M.V. Mehta from Mogul Street, Rangoon described his experience on one of the British India Navigation Steam Company Steamers, the *S.S. Bangala* :

On the 1st April, I left Calcutta by the *S.S. Bangala*. This was the first time I was coming to Burma and so I did not know the regulations of the Port as well as on the steamer. On the morning of the 4th April, the steamer came to Phyare Street jetty. All the passengers were made to land and were kept in the godown where officers from the vaccination department and the doctor brought all the passengers to a single line without any distinction. Afterwards, the doctor ordered them to take off their clothes. After that, the doctor examined the vaccinated marks. Those who had no vaccination marks were compelled to have vaccination without any pity whether the man was suffering from seasickness or whether the person had any place to stay in. After examining one by one, the doctor came to me. At that time, I did not take off my clothes, as I had some jewels and cash in my pocket. In fact, I was afraid to take off my clothes, as my neighbors were almost all coolies and I was afraid that they would come and rob me, but I opened my coat and showed the vaccinated marks to the doctor but he was not satisfied and told me to take off the coat. A number of people lost their things in the process. Besides that, I want to draw your attention to the fact that the lady passengers are separated from their relations and they have to stand for a long

time alone among strangers, which is not their custom. A few days ago, I read in the paper that only coolies were to be vaccinated. I do not understand why they compel merchants like me and other respectable men to undergo such inspection. When they put the vaccination marks, they do not easily dry up and so, people like me have to come to town without our coats on, which is very disgraceful. When I landed, it was about 8 A.M. and it was 3 P.M. when I had the opportunity to go home. On account of vaccination, we had to stand for hours doing nothing.

- M. V. Mehta to the Chairman of the Vaccination Committee (September 1917).³⁸

In 1918, a committee was appointed to 'investigate the alleged hardships caused by the compulsory vaccination under the provisions of Section 9 of the 'Burma Vaccination Law Amendment Act 1909' on labourers arriving in Rangoon by sea.³⁹ There were basically two problems: first the medical examination was a matter of discomfort and delay for all the passengers. The vaccination before the sea travel for 5-6 days caused further illness than preventing it. Secondly, the official statement was only on the labourers were to be medically examined and vaccinated. But in practicality, all the Indian passengers were classified as labourers may it was of business class or merchants or anyone even belonging to the middle class. Moreover, when the passengers even the middle class landed at Rangoon, they were to go through enquiry by the quarantine authorities at the port.

There were many complaints and the medical committee recommended the government an amendment in law abolishing the class distinction and emphasized that all passengers arriving in Rangoon were open to an inspection to be vaccinated if found unprotected. After the outbreak of a small pox epidemic in Rangoon in 1925, the Act of 1909 was amended and the Rangoon Municipality was given the power to revaccinate a person who has attained the age of 12 years. Moreover, the question or issue of class distinction completely disappeared and vaccination in the ports were increased. Medical screening, inspection and vaccination of all the passengers coming to Rangoon became thus compulsory.⁴⁰ Another experience can be mentioned of Sarat Chandra Chattopadhyay who used in his novel *Charitraheen* (Characterless), *Srikanta* and *Pather Dabi* (The Right of the Way) the backdrop of Rangoon. He himself travelled to Rangoon from the port of Calcutta where he described that he boarded the ship as herds of sheep and cattle and faced discrimination that the Indians faced at the hands of colonial medical and administrative staffs at the ports. When the writer had left Calcutta, plague, the epidemic disease had broken out in 1902. The British Government was anxious to check the spread and conducted medical examinations of passengers before they boarded and were forced on a 10 day quarantine when they arrived in Burma.⁴¹

Conclusion

With the establishment of colonial rule in Burma, the British required large working population to urbanize the country for the benefit of the colonial regime. Since the local population was few in number and as India was closer, it took not much of effort to transfer the poor and revenue burden indebted population from India to Burma. The British used the utmost labour of the Indians to modernise and urbanise the country but their transfer was made in ships which were totally unhealthy and unhygienic with no proper medical facilities. Moreover, in the travel from India to Burma the British constructed racial and class segregation by which the Indians were vaccinated on compulsory

basis and the Burmese as well as the Europeans were left out. The Government vaccinated while coming to Burma but moving out of the country did not have vaccination though there were severe outbreaks of small-pox in Rangoon. Thus the Government created a racial differentiation and people living 'within' Burma and coming from 'outside' into Burma.

The Indians were considered as a single homogeneous group of labourers who were identified as unhealthy in habits and unhygienic without classifying the middle and upper classes. They were too under the aegis of vaccination. Despite of complaints from the business classes travelling from India to Burma did not lead to any results. The labourers were considered as unhygienic in habits and their dwelling places as the breeding places of epidemic diseases like small pox. It must be noted that the Indian labourers came to work as a temporary workforce and the living conditions were most of the times provided by the recruiting agents. It was not a permanent living area for them. Furthermore, the government was more concerned about the filthy habits of the Indian workers and to check the spread of the diseases like malaria, small-pox and plague coming from India but the unhygienic condition in which the workers had to live in led to high death rates from diseases like debility, anaemia, diarrhoea, tuberculosis, cholera, beriberi and dysentery⁴² were not much unease for the health authorities of British Burma. As a result of which there was a high effect on the mortality rate of the Indian workers.

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