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'A Want of Care': Death and Disease on Fiji Plantations, 1890-1900

Glenn Fowler

This paper examines deaths caused by disease on the Fiji plantations between 1890 and 1900. Although only 16.59 per cent of the total number of Indian deaths between 1879 and 1920 occurred during this eleven-year period², its use as a sample is justified by the fact that it produced the highest death-rates.³ I ask the following questions. What were the yearly death-rates among indentured Indians in Fiji between 1890 and 1900? How do these compare with those of unindentured Indians and other groups during the same period? What conclusions can be drawn from these

death-rates? How soon after arrival (or birth) did Indians die as a result of a particular disease? Did conditions improve over time? If so, why? What were the significant differences, if any, between male and female deaths? What were the major causes of death among the infants and children of Indian immigrants?

The primary sources used for this essay are the Fiji Immigration Department's *Annual Reports on Indian Immigration to Fiji* and *Register of Deaths of Indian Immigrants* (from which the death figures in the *Annual Reports* are compiled). As I soon discovered, any analysis based upon these supposedly correlating sources is fraught. For a start, dates of arrival are occasionally not supplied in the handwritten *Register of Deaths*, and the cause of death is often recorded as 'unknown' or simply '?'. These omissions do not prevent the researcher from obtaining the general picture, but they do mean that the findings will never be complete. The main dilemma in attempting to interpret the *Register of Deaths* is in determining the primary cause of death (a task which is necessary if one is ever going to arrive at some conclusions). In some entries, causes of death are numbered ('1' presumably denoting the primary cause), while in others the causes are labeled 'primary' and 'secondary' (or 'proximate'). In just as many cases, however, the causes of death are simply listed without comment. Whether one can assume that the cause which appears first is the primary one will never be known.

There is, furthermore, a wide variance between figures entered in the *Register of Deaths* and those published in the *Annual Reports*. The variation between the death totals themselves begs the question: which of the deaths that appear in the *Register of Deaths* were ignored by the compiler of that particular year's *Annual Report*? The main problem one encounters when attempting to identify trends in Indian deaths is that the *Annual Reports* differ in what they include. For instance, the *Reports* from 1890 to 1892 differentiate between the deaths of infants and those of children, as well as between males and females of both, in terms of the numbers killed by the various diseases. The *Reports* from 1893 to 1895, on the other hand, do not differentiate between infants and children. From 1896 to 1900, the *Reports* distinguish between the causes of death of children under one year old to infants and those of children between the ages of one and ten, but there is no breakdown by sex.⁴ These inconsistencies mean that we can discuss infant and child mortality only in general terms. Clearly, problems such as these stem from the Immigration Department's frequent alteration of the format of the mortality statistics in the *Annual Reports*. It is possible that changes could have been made to conceal figures which would have

alarmed Indian Government or the Colonial Office.

Nonetheless, the *Annual Reports* are useful in that they provide the researcher with death-rates for indentured Indians and their children. Gillion made use of these figures in his analysis. From the *Annual Reports* it can be seen that the death-rate in 1884 was 5 per cent (or 50 per thousand). The death-rate peaked in 1886 at 5.61 per cent before plummeting the following year to 2.08 per cent. From this time, the death-rate rose gradually (the exceptions being a small decrease in 1890 and an even smaller one in 1894) until it reached an astonishing 5.28 per cent in 1895. Interestingly, the *Annual Report* for this year informs us that at the same time the death-rate for *unindentured* Indian immigrants was only 2.15 per cent.⁵ In 1896, the death-rate for indentured labourers dropped sharply to 3.06 per cent and continued to decrease gradually until 1900 when it rose slightly to 2.84 per cent (See Appendix A for death-rates).

For almost every year between 1887 and 1894,⁶ the death-rate for the indentured Indian population was significantly higher than that for the Europeans in Fiji. In 1892, when indentured Indians were dying at a rate of 3.49 per cent, the European death-rate was 0.96 per cent. In the following year, the indentured Indian death-rate was more than four times that for the European population, the rates being 4.05 per cent and 1.01 per cent respectively. The only exception to this trend was 1889, when the European death-rate actually exceeded that of the indentured Indians—2.86 per cent as opposed to 2.75 per cent. I have no explanation for this apparent turnaround (See Appendix A).

By contrast, for each of the seven years for which such a comparison is made in the *Annual Reports*, the death-rate for indentured Indians was lower than that for the indigenous Fijians (See Appendix A). If Gillion is to be believed, then this is at least partially due to the fact that Indians were better served by hospitals than Fijians.⁷ Moreover, for all but two years between 1890 and 1900, the indentured Indian death-rate was lower than that of Melanesian indentured labourers on Queensland sugar plantations, which ranged from 2.38 per cent to 5.59 per cent over the eleven-year period. The exceptions were 1895 and 1898.⁸ (See Appendix A.)

What, then, can be made of the death-rates for indentured Indian labourers and their children? Gillion's argument that these death rates reflected market conditions is persuasive and merits further attention. According to him, falling sugar prices—first in the mid-1880s and then in the early 1890s—'had important repercussions on the treatment of the Indian immigrants and the government's administration of the indentured labour system'.⁹ Dramatic falls in the price of raw sugar led many of Fiji's

sugar companies to fold, and even CSR threatened that it was in danger of collapsing.¹⁰ Consequently, employers were desperate to reduce costs, and the Fiji Government, fearing that the collapse of the sugar companies would lead to the colony becoming insolvent, was reluctant to stop them.¹¹ This led to what Gillion sees as a 'marked deterioration' in the treatment of indentured Indian labourers after 1884.¹² Gillion writes:

The contemporary view [prior to 1900] that colonies should live entirely on their own resources, and not the British taxpayer, meant that the Fiji Government was dependent upon commerce for revenue and was forced to exercise a rigid economy. This enhanced the importance and power of commercial interests, and over much of the period prevented the government from imposing reforms in the conditions under which the immigrants lived.¹³

Gillion attributes the over-tasking that went on to both the rivalry between CSR's managers and the low cane price paid to those planters who were under contract to the company.¹⁴ Plantation managers had few checks imposed upon them before 1900 and could work their labourers more or less as hard as they saw fit. The paucity of government inspectors, especially in the early 1890s, meant that the supervision of planters was grossly inadequate.¹⁵ Moreover, the fact that there was no public criticism—from either within or outside Fiji—of the way in which the plantations were operated meant the Indian immigrants were very much isolated.¹⁶

A common explanation put forward by the Government for the high death-rates among Indian immigrants was that those recruited were of poor quality.¹⁷ In fact, the Indians sent to Fiji were not inferior to those sent to other colonies.¹⁸ The high rate of mortality among indentured Indian labourers throughout the 1890s can be attributed to the deterioration of conditions on Fiji plantations.¹⁹ These conditions will be discussed later.

In identifying the main killers among Indian immigrants in Fiji between 1890 and 1900, it is useful to examine the death figures year by year. In 1890 a total of 181 Indians (both indentured and unindentured)²⁰ died in Fiji, of whom 117 were male. Dysentery was the main killer with 48 deaths: anaemia was next with 23, and diarrhoea was the cause of 15 deaths (including 2 described as tubercular diarrhoea).²¹

Among the 229 Indians (132 males and 97 females) who died in 1891, dysentery was again the major killer, causing 56 deaths. Diarrhoea killed 31 Indians, influenza 17, and 14 deaths were attributed to anaemia.²² In the following year, anaemia was said to account for the colossal total of 50 deaths. The remarkable variance between these two figures does not

indicate (as it seems to) that the deaths caused by anaemia increased three-fold in the space of a single year. Instead, it merely illustrates the inconsistency which permeates the Immigration Department's *Annual Reports*. The *Report* for 1891 gives the number of deaths caused by anaemia as 14, but it fails to take into account another 33 deaths in which anaemia was listed along with one or more additional causes. By contrast, the 1892 *Report's* figure of 50 deaths caused by anaemia not only includes those deaths caused by 'pernicious anaemia'—of which there were 14—but also another 36 in which anaemia was a contributing cause. From 1892 onwards, the totals given for deaths caused by, say, anaemia include those deaths in which there were other causes. The problem confronting researchers today is that it was up to the compiler of each *Annual Report* to decide which column such complicated deaths were listed under—that is, which was the primary cause of death. This gave rise to a kind of 'hierarchy of diseases'. If the *Register of Deaths* gave the cause of death as 'anaemia and debility', it was most likely to appear in that year's *Annual Report* under 'anaemia combined with other causes', which for all intents and purposes meant that the cause of death became simply 'anaemia'. To the researcher's enduring frustration, the *Annual Reports* have a somewhat arbitrary feel about them, and this is mainly due to the inconsistencies of the *Register of Deaths*.

Among the 245 Indians (152 males and 93 females) who died in 1892, dysentery accounted for the second highest number of deaths with 36, while diarrhoea accounted for 20 deaths, influenza 10 and phthisis 12.²³ In 1893, 280 Indians died, 167 of whom were male. Anaemia was again the main killer, accounting for 81 deaths (45 as the result of pernicious anaemia and 36 as the result of a combination of anaemia and other complaints). Diarrhoea and dysentery accounted for 47 and 17 deaths respectively.²⁴ Of the 295 Indian deaths (180 males and 115 females) in 1894, 76 were the result of anaemia (57 from pernicious anaemia and 19 from anaemia combined with other causes). Diarrhoea and dysentery accounted for 37 and 19 deaths respectively.²⁵ In both 1893 and 1894, anaemia and ancylostomiasis (or hookworm) caused between them over half of the deaths among indentured Indian immigrants. This prompted an investigation of anaemic deaths in the *Annual Report* for the year 1894, which concluded that the 'greatest loss occurs in the two districts of Rewa and Navua, which in soil and climate present conditions not found elsewhere, and possibly favourable to these diseases'.²⁶

In 1895 when 397 Indian deaths were recorded (243 males and 154 females), diarrhoea and dysentery both overtook anaemia as the primary killers. Diarrhoea killed 61 and dysentery 49, while anaemia caused 36

deaths (19 from 'tropical anaemia' and another 17 from a combination of anaemia and other causes). Among indentured immigrants, the percentage of deaths caused by anaemia dropped from over 50 per cent to 29.41.²⁷ Ancylostomiasis, though, which had accounted for only 8 deaths in 1894, accounted for 20 in 1895, and debility accounted for another 18.²⁸

In 1896, the total number of Indian deaths dropped to 258 (152 males and 106 females). Diarrhoea was again the main killer with 47 deaths (41 of which were caused by a combination of diarrhoea, marasmus and convulsions and occurred in children and infants). Anaemia caused 28 deaths (including 14 where there were contributing factors) and dysentery 24. The compiler of this year's *Report* continued to follow the progress of anaemia as a killer, and concluded that of all the deaths among indentured Indians, only 17.72 per cent were caused by anaemia or ancylostomiasis. If these figures are to be believed, anaemia was no longer anywhere near as rampant as it had been between the years of 1892 and 1894.²⁹

The *Annual Reports* for the years 1897 to 1900 do not include a breakdown of the causes of death among the Indian population as a whole in terms of particular diseases—such a breakdown only appears with regard to child and infant mortality. The causes of death among the Indian population as a whole are broken down only into general and local diseases, and into general and local injuries. Hence, it was necessary to work through the *Register of Deaths of Indian Immigrants* for the four years from 1897 to 1900 to obtain some idea of the main killers. The difficulties associated with doing this have been discussed earlier. Suffice it to say that in the case of a death involving multiple causes, in which the causes have not been numbered, or labeled 'primary', 'secondary', etc, the assumption has been made that the first cause listed was the primary cause of death.

Of the 253 Indians (140 males and 113 females) who died in 1897,³⁰ 23 fell to diarrhoea, 20 to anaemia, 8 to syncope and 5 to dysentery. Other significant killers included marasmus, syphilis, tuberculosis and enteritis.³¹ In 1898, 229 Indian immigrants (of whom 127 were male and 102 were female) died,³² 22 from syphilis (especially congenital),³³ 20 from diarrhoea, 11 from anaemia, and 7 each from dysentery, syncope and debility.³⁴ Among the 256 Indians (147 males and 109 females) who died in 1899,³⁵ diarrhoea caused the death of 26, anaemia of 13, debility of 12 and dysentery of 5. Syphilis and enteritis were again fairly common.³⁶ In 1900, 343 Indians (of whom 188 were males and 155 females) died.³⁷ Diarrhoea was again the main cause of death claiming 25 lives, while ulcerative colitis (a condition similar to diarrhoea characterised by the frequent passage of stools containing blood)³⁸ claimed 15, broncho-pneumonia 13, pneumonia

12, dysentery 12 and bronchitis 11. As a primary cause, anaemia appears only four times. Syphilis, phthisis, ancylostomiasis, enteritis and fever were all significant killers.³⁹

What emerges from these figures is that the three main killers among the Indian population as a whole between 1890 and 1900 were dysentery, anaemia and diarrhoea. Why were most deaths caused by these three diseases? Anaemia, according to the *Annual Reports* (and, between the years of 1897 and 1900, the *Register of Deaths*), was responsible for the deaths of 217 Indian males and 138 Indian females during the last eleven years of the nineteenth century.⁴⁰ The vast majority of those whose deaths were attributed to anaemia died within their term of indenture, though relatively few died within the first six months of their stay in Fiji.⁴¹ Comparatively few infants (children less than one year old) died as the result of anaemia.⁴²

The fact that so many deaths were attributed to anaemia alone is an indication of how primitive medical knowledge was at the time. Anaemia by itself kills rarely.⁴³ What it does do is break down the body's immune system, rendering one vulnerable to other diseases such as tuberculosis (which would not have been detected without an autopsy), and, most importantly, to parasitic infection, especially that of hookworm. It was hookworm, or ancylostomiasis, which, by finding its way to the person's stomach and preventing the body's absorption of protein, would have eventually caused their death.⁴⁴

It was possible for Indians in the 'lines' (or barracks) to become infected with this parasite in a number of ways. In such an environment, hookworm could be passed on by way of contaminated food—in particular, imperfectly cooked meat or badly prepared sausages. It is likely, though, that most Indians became infected after coming into contact with human stools (or faeces). *Black's Medical Dictionary* informs us that if one becomes infected with hookworm, worms, usually around twelve millimetres in length, inhabit the upper part of the small intestine, where they embed themselves in the mucus membrane lining the bowel. These worms produce an enormous number of eggs which pass from the body in the stools. The embryos, finding their way into water, mud, or damp earth, develop rapidly and are capable of maintaining their vitality for up to several months, provided there is moisture. These embryos can gain access to the human host through the drinking of polluted water, but in the insanitary conditions present in the Indian living quarters, it is more likely that they gained access through the skin—probably through the feet or ankles.⁴⁵ It would have been very easy for the labourers, who were mostly barefooted, to pick up the disease while frequenting the communal ditch-style latrines,

which were some distance away from the lines. If a person was to walk or stand on any faeces, the hookworm could enter the body through the feet.⁴⁶ Gillion believes that hookworm was the cause of 'more real misery than anything else in the indenture system', causing many thousands of deaths either directly or indirectly, and weakening and/or breaking countless others.⁴⁷ In the wet districts of Rewa and Navua especially, where the ground was swampy and the drainage ineffective, hookworm thrived.⁴⁸ Chronic infestation with *ancylostoma* was (and still is) always accompanied by anaemia.⁴⁹ Contemporary medical officials in Fiji were, as the 1894 *Report* shows, not blind to the link between the two conditions, but the fact that so many deaths were attributed to anaemia and so few to ancylostomiasis indicates how little they knew about the relationship between the two.

The insanitary conditions on the plantations also accounted for the prevalence of dysentery, which, according to the *Annual Reports*, claimed the lives of 192 Indian males and 81 Indian females between 1890 and 1900.⁵⁰ A highly infectious disease, dysentery usually took the form of a very draining, prostrating, continuous watery diarrhoea, and left the victim dehydrated. Infection could be spread by flies (which interfered with food), by direct contact, or by pollution of the water by the faeces of infected persons.⁵¹ Indentured Indians, living in overcrowded and insanitary conditions, and often malnourished, were ever vulnerable to infection, especially if those carrying the disease were permitted to handle food.⁵² Improperly cooked food, especially vegetables, would also have been a potent source of infection.⁵³ A high percentage of those deaths caused by dysentery occurred within one year of the victim's arrival in Fiji, suggesting that dysentery struck early and killed quickly. Of the 48 Indians who died in 1890 as a result of dysentery, 26 (or 54.17 per cent) had been in Fiji for less than a year. Similarly, in the years 1892 and 1895, more than half of those whose death was attributed to dysentery died within one year of their arrival in the colony.⁵⁴

While most of those who fell victim to dysentery were adults,⁵⁵ it was much less common for adults to die as a result of diarrhoea. In Fiji in the 1890s, as in Africa, South America and parts of Asia (Bangladesh even today), diarrhoea killed enormous numbers of children and infants. Of the 258 Indian immigrants who died from diarrhoea between 1890 and 1896, 182 (or 70.54 per cent) were under the age of ten.⁵⁶ Similarly, of the 101 who fell to diarrhoea between the years of 1897 and 1900, 88 (or 87.13 per cent) were children, and of these 67 (or 66.34 per cent) died in their first year of life.⁵⁷

Diarrhoea among infants, today usually referred to as infantile gastroenteritis, involves looseness of the bowels accompanied by vomiting.⁵⁸ With this condition, it is a case of the younger the infant, the higher the mortality rate.⁵⁹ The first year is the critical period. Among Indians in Fiji, the high incidence of diarrhoea was probably due to the sheer uncleanness of the plantations. An infant, often with nobody to adequately supervise it if its mother was at work on the plantation, was at liberty to crawl around in the dirt, thus contracting the disease (often via the ear or mastoid), and then passing it on to its siblings. Diarrhoea could spread like wildfire, and was often fatal within twenty-four hours of infection.

The condition is nowhere near as common among breast-fed babies (and when it does occur in these it is usually less severe),⁶⁰ a fact which accounts for the disproportionately high incidence of diarrhoea among female Indian infants and children in Fiji. In each of the years from 1890 to 1895 (the only years for which the *Annual Reports* distinguish between the deaths of male and female children with respect to particular diseases), the number of female children and infants that died as a result of diarrhoea was higher than that of male children and infants. Of the 140 Indians under the age of ten who died during this six-year period, 82 (or 58.57 per cent) were female.⁶¹ The chief reason for this imbalance is that girls were, on the whole, not as highly valued, seen as a burden, and thus tended to be breast-fed for a shorter period of time. Boys were often given superior nurturing, and the fact that they were breast-fed longer increased their chance of avoiding diarrhoea infection. Diarrhoea often combined with marasmus and/or convulsions (and even debility or fever) to cause the death of Indian children and infants in Fiji. In 1896, for instance, 41 deaths were caused by 'diarrhoea with marasmus, convulsions, etc', as opposed to 6 deaths caused by diarrhoea alone.⁶² Thirty of these dead were children under one year of age.⁶³

What is noteworthy about the three main diseases among Fiji's Indian population in the 1890s is that all of them can be attributed to the conditions under which the workers lived and worked. These conditions warrant closer examination. On a typical plantation, there were two or three lines, each housing between forty and fifty Indians.⁶⁴ It is generally agreed that these dwellings were cramped, dirty and unhealthy. In *Fiji's Indian Migrants*, Gillion writes:

With three bunks, and firewood, field tools, cooking utensils and wet clothes cluttered about, smoke, soot, spilt food, flies and mosquitoes, perhaps fowls, or a dog as a precaution against theft, and, until separate kitchens were required in

1908, a fire-place as well, living conditions were neither comfortable nor sanitary.⁶⁵

One can imagine how quickly infection would have spread under such conditions. When conditions were damp, the danger of infection was further increased, parasites such as hookworm thriving in moisture. The floors of the line, usually made out of cow-dung and clay,⁶⁶ were themselves often damp (especially in Rewa and Navua).⁶⁷ Furthermore, it was not uncommon for Indians to be forced to work in the pouring rain,⁶⁸ and this must have increased the chance of contracting pneumonia and similar complaints. When one notes that one of the major causes of dysentery is food poisoning, it is not surprising why so many Indians died. Meals were often prepared in the same quarters in which animals lived, and few precautions were taken against flies settling on food.⁶⁹ Moreover, the water Indians drank was often contaminated.⁷⁰

The weak condition of many Indians left them wide open to disease, and their poor state of physical health can be attributed to three factors. Firstly, most Indians were, by the Fiji Government's own admission,⁷¹ undernourished, usually lacking in protein.⁷² Even during the initial six-month period in which food rations were provided for Indian labourers (at their own expense), the amount of food they received was inadequate. According to Vijay Naidu, '[m]ost of them finished their weekly supplies in four days and only managed by borrowing from older immigrants'.⁷³ After this period of compulsory rationing ceased, many could not afford to eat sufficient amounts, especially if they fell sick and were thereby unable to earn a full day's wage.

The second factor to which the weak condition of indentured Indian immigrants can be attributed is the often callous over-tasking that went on, especially in the early to mid-1890s. Plantation managers and overseers, who were under constant pressure to obtain maximum production at minimum cost, were inclined to impose unreasonable demands upon their Indian workers.⁷⁴ Digging and clearing drains, along with planting, weeding, trashing, cutting, and loading cane were typical tasks. All were physically demanding at the best of times, but when performed for over nine hours a day, as they often were, they were doubly so.⁷⁵ A fatigued labour force is unquestionably more susceptible to disease than one which is well rested.

The third reason why the Indian labourers in Fiji were so susceptible to disease was that they received inadequate medical care. Indians, it seems, were fairly well served in terms of the number of hospitals available to them, unless they were on an isolated plantation.⁷⁶ According to Gillion, '[t]he District Medical Officer, a government official whose main duty was the medical supervision of immigrants, visited the larger estate hospitals once or twice a week and inspected the lines twice a year'.⁷⁷ Although good medicines were often provided in these hospitals (by employers who recognized that it was in their interests to get

workers out of the sickbeds and into the cane fields), the immigrants received what Gillion describes as 'rough and ready treatment'.⁷⁸ As Vijay Naidu points out, the hospitals were run by people who had hardly any knowledge of medicine, and qualified medical doctors were difficult to come by, especially for immigrants'.⁷⁹ Furthermore, there was no real nursing.⁸⁰

It is interesting to note that in 1891, 17 deaths of Indian immigrants were recorded as being caused by influenza.⁸¹ This coincides with a pandemic of influenza which began sweeping the world in 1890. This pandemic clearly reached Fiji in the following year, and the most plausible explanation for this is that it was brought to the islands by ship, possibly by way of parcels. The incubation period for influenza (that is, the period for which the virus can survive in the open air) is usually three to five days—two weeks at the outside. If the virus had been taken on board a ship at its port in India, the disease would have been detected on the voyage (over 70 days by sail or around 30 days by steam), and the ship would have been quarantined on its arrival at Suva. It is probable, therefore, that the virus was brought to Fiji aboard a ship from Sydney or Auckland. The former seems most likely in view of the fact that Australia's eastern seaboard was experiencing the pandemic in 1891, and that the Sydney-based company CSR was frequently sending ships to its Suva depot. Another 10 deaths were caused by influenza in 1892 (6 of these being attributed to a combination of influenza and other complaints),⁸² but by 1893 the number of deaths caused by influenza had dropped to two.⁸³ This coincides with the petering out of the pandemic in that year. The fact that so many of the Indians were undernourished meant that their chances of contracting influenza were increased.

Death-rates among the infants and children of Indian immigrants in Fiji were high by comparison with other colonies to which Indian labour was sent.⁸⁴ Among infants (that is, children under one year old), the death-rate was consistently over 15 per cent between 1890 to 1900.⁸⁵ Rarely, though, did it exceed 20 per cent until 1895 when the death-rate among infants was an astonishing 32.92 per cent.⁸⁶ By the following year, this rate had dropped to 19.7 per cent and for the remainder of the decade it never exceeded 21.23 per cent (the 1897 figure).⁸⁷ The death-rate among children (that is, those from one to ten years of age) was also consistently high, often over 10 per cent.⁸⁸ The death statistics for the year 1897 are remarkable. Of the total number of deaths among indentured Indians (166), 81 or 48.8 per cent, were those of infants (under one year of age). Of those children of indentured people who died, 79.41 per cent were under one year of age, 66 per cent were under six months, and only 9.8 per cent were over two.⁸⁹

The main causes of death among children and infants overlapped, but

while children mostly died as a result of dysentery, bronchitis and broncho-pneumonia, infants more commonly fell to asthenia (or want of strength), marasmus (progressive wasting attributable to defective feeding), rickets, convulsions,⁹⁰ debility, malnutrition, premature birth, tetanus neonatorum, enteritis (particularly in the latter part of the decade) and congenital syphilis (which killed 22 infants in 1898). Both children and infants were, of course, hard hit by diarrhoea.⁹¹

Throughout the 1890s, the *Annual Reports* tended to stress the same reasons over and over again for the high death-rates among infants and children. The 1890 *Report* attributes the mortality among children, especially infants, to '[t]he carelessness, indifference and ignorance of the parents, and also the debility and want of proper nourishment of the mother'.⁹² It is true that many mothers, deprived of the traditional kinship relations which they would have had at home, were ignorant of the ways of raising a child. In this *Report* it is also noted that '[t]he supply of milk is still insufficient on the majority of estates'.⁹³ The author of this *Report* was convinced that infants were, in some cases, 'purposely made away with', but he believed that most infant deaths could be attributed to a 'want of care' on the part of the mother.⁹⁴ Similarly, the 1897 *Report* states that 'in many cases the apathy, want of cleanliness, or ignorance of the mother has resulted in gross neglect'.⁹⁵ Other *Reports* refer to the 'negligence'⁹⁶ and 'lack of attention'⁹⁷ of mothers. One wonders how an Indian mother could be expected to pay round-the-clock attention to a baby or small child when she spent most of her time completing grueling tasks in the field. Although women often took their infants into the field with them and left them to lie on sacks (the alternative was to place them in a fly-ridden 'nursery'), these infants were still very much left on their own.⁹⁸ From the toddling stage until the age of fifteen (when they usually went to work), children, who had no school to go to, could, as Gillion put it, 'run wild'.⁹⁹ This left them highly vulnerable to infection, especially diarrhoea. The 1893 *Report* was more compassionate in its reference to Indian mothers, ascribing the problem of infant mortality to 'the inability of the parents to properly attend to the wants and ailments of these children' than to the 'wilful neglect of the parents'.¹⁰⁰ The author of the *Report* for the year 1900, though, was adamant that the high number of deaths among children was 'not due to neglect on the part of employers or failure to provide for the care of children'.¹⁰¹ This, as we know, is not true.

Both the rates of mortality and the numbers of deaths among Indians in Fiji between 1890 and 1900 were, not only by today's standards but by the standards of the day, excessively high. As Gillion observes, between the years of 1891 and 1894, more than one quarter of the Indian immigrants died or were repatriated as incapable within their five-year term of service.¹⁰² As an examination of the

main killers reinforces, a great many of these deaths could have been prevented had an effort been made by both planters and governments to improve conditions sooner. According to Gillion, the growing prosperity of the colony after the turn of the century led to significant improvements in the conditions under which the Indians lived and worked.¹⁰³ Plantation managers, experiencing higher returns, were more willing to make these improvements, and the Immigration Department, which could afford to employ more inspectors, was more able to insist upon them.¹⁰⁴ From 1908, for example, sanitation on plantations was greatly improved.¹⁰⁵ Furthermore, an increasing awareness of the conditions under which Indians lived, fostered by J.W. Burton's 1910 book *The Fiji of Today* and the Sanderson Committee's Report of the same year, meant that the Fiji Government was obliged to treat Indians better. The Government was not only under mounting pressure from observers in Britain and India, but also from the 'free' Indian community in Fiji. No longer were Indians as isolated as they had been during the early years of indenture.

Appendix A: Death-Rates (%)

	Indentured Indians (and their children)	Europeans in Fiji	Fijians	Melanesians in Queensland
1884	5			
1885	4.19			
1886	5.61			
1887	2.08	1.47	3.59	
1888	2.39	1.6	3.05	
1889	2.75	2.86	4.06	
1890	2.15	1.69	3.88	4.45
1891	3.28	0.98	4.97	5.59
1892	3.49	0.96	4.99	3.94
1893	4.05	1.01	4.93	4.74
1894	4.02	1.12		4.06
1895	5.28			2.96
1896	3.06			3.16
1897	2.62			3.28
1898	2.54			2.38
1899	2.57			3.28
1900	2.84			2.93

Source: *Annual Reports on Indian Immigration to Fiji*

Source: C. Moore, *Kanaka*, p.246.

Endnotes

1. *Annual Report on Indian Immigration to Fiji* for the year 1890, p.12.
2. Between 1879 and 1920, approximately 17.9 per cent Indians (both indentured and unindentured) died. Three per cent of these deaths occurred between the years of 1890 and 1900. (Included in these figures are the deaths of those Indians who had been reindentured, but during the eleven years under study, only 22 such deaths were recorded in the *Register of Deaths of Indian Immigrants*.)
3. KL Gillion, *Fiji's Indian Migrants. A history to the end of indenture in 1920* (Melbourne: Oxford University Press, 1962), p.102.
4. From 1897 to 1899 a more comprehensive breakdown is supplied, but the diseases are grouped into general and local diseases, and in terms of which part of the body they affect—specific complaints are not listed.
5. *Annual Report on Indian Immigration to Fiji* for the year 1895. The previous year it had been 1.7 per cent (see *Annual Report*, 1894).
6. The comparison is only available in the *Reports* for these years.
7. Gillion, *Fiji's Indian Migrants*, p.106.
8. C. Moore. *Kanaka: A History of Melanesian Mackay* (Port Moresby, 1985), p.246.
9. Gillion, *Fiji's Indian Migrants*. p.79.
10. *Ibid.*
11. *Ibid.*
12. *Ibid.*
13. *Ibid.* p.94.
14. *Ibid.* p.88.
15. *Ibid.* p.91.
16. *Ibid.* p.93.
17. *Ibid.* p.90.
18. *Ibid.*
19. *Ibid.*
20. Unlike the death-rates, the death totals provided in the *Annual Reports* include the deaths of unindentured immigrants. To attempt to separate the deaths of unindentured Indians from those of indentured Indians would be a time-consuming and probably fruitless exercise.
21. *Annual Report*, 1890.
22. *Annual Report*, 1891.
23. *Annual Report*, 1892.
24. *Annual Report*, 1894.
25. *Annual Report*, 1894.
26. *Ibid.*, p.18.

27. *Annual Report*, 1895, p.16.
28. *Annual Report*, 1895.
29. *Annual Report*, 1896.
30. *Annual Report*, 1897.
31. *Register of Deaths of Indian Immigrants* for the year 1897.
32. *Annual Report*, 1898.
33. Syphilis was common because of the social condition under which the indentured immigrants lived. Women, whether they liked it or not, often had more than one sexual partner, and this made it difficult to check the spread of venereal disease. *Annual Report*, 1900.
34. *Register of Deaths*, 1899.
35. *Annual Report*, 1899.
36. *Register of Deaths*, 1899.
37. *Annual Report*, 1900.
38. W.A.R. Thomson, *Black's Medical Dictionary*, 34th ed. (London, 1984), p.252.
39. *Register of Deaths*, 1900.
40. In the case of one death, the victim's sex was not stipulated.
41. *Register of Deaths*, 1900.
42. *Annual Reports*, 1890-1900.
43. This information, along with much of the following information which has not been footnoted, was supplied to me by leading medical historian Barry Smith in an interview I had with him.
44. Thomson, on page 47 of *Black's Medical Dictionary*, informs us that hookworm is even today widespread in the tropics and subtropic.
45. Thomson, *Black's Medical Dictionary*, p.47. On the same page we are informed that ultimately, through the blood-stream and the lungs, the embryos gain access to the intestine, where they develop.
46. Infants, therefore, whose feet went nowhere near the latrines, were not as vulnerable to hookworm infection.
47. Gillion, *Fiji's Indian Migrants*, p.107.
48. *Ibid.*
49. Thomson, *Black's Medical Dictionary*, p.48.
50. *Annual Reports*, 1890-1900. In five cases the sex of the victim was not stipulated.
51. Thomson, *Black's Medical Dictionary*, p.291.
52. *Ibid.*
53. *Ibid.*
54. *Register of Deaths*, 1890-1900.

55. Of the 244 whose deaths were attributed to dysentery between 1890 and 1896, only 60 (or 24.59 per cent) were under the age of ten.
56. *Annual Reports*, 1890-1896. A figure for the number of deaths among infants alone is not available in the *Annual Reports* for several of these years.
57. *Annual Reports*, 1897-1900. These percentages would undoubtedly have been higher had cases of dysentery not been included under the heading of diarrhoea. The most likely explanation for this is either that the two conditions were mistaken on account of the fact that diarrhoea is the chief symptom of dysentery. or that in certain years it was fashionable in medical circles to refer to dysentery as diarrhoea or vice versa.
58. Thomson, *Black's Medical Dictionary*, pp.251-2.
59. *Ibid*, p.252.
60. *Ibid*.
61. *Annual Reports*, 1890-1895.
62. *Annual Report*, 1896.
63. *Ibid*.
64. Gillion, *Fiji's Indian Migrants*, p.104.
65. *Ibid*. p. 105.
66. *Ibid*.
67. Naidu, *The Violence of Indenture in Fiji*, p.41.
68. *Ibid.*, p.35.
69. Naidu, *The Violence of Indenture in Fiji*, pp.31-2; Gillion, *Fiji's Indian Migrants*, pp.105 & 121.
70. Gillion, *Fiji's Indian Migrants*, p.107.
71. On pages 11-12 of the *Annual Report* for the year 1890, for instance, it is stated that 'want of proper nourishment' was 'the primary cause of sickness' in most cases.
72. Gillion, *Fiji's Indian Migrants*, pp.105-6. Gillion observes that in 1895 the ration diet was improved with respect to protein.
73. Naidu, *The Violence of Indenture in Fiji*, p.31.
74. Gillion, *Fiji's Indian Migrants*, p.109.
75. *Ibid*; Naidu, *The Violence of Indenture in Fiji*, pp.33-4.
76. Gillion, *Fiji's Indian Migrants*, p.106.
77. *Ibid*.
78. *Ibid.*, p.106.
79. Naidu, *The Violence of Indenture in Fiji*, p.41.
80. Gillion, *Fiji's Indian Migrants*, p.106.
81. *Annual Report*, 1891.

82. *Annual Report*, 1892.
83. *Annual Report*, 1893.
84. Gillion, *Fiji's Indian Migrants*, p.107.
85. *Annual Reports*, 1890-1900.
86. *Annual Report*, 1895.
87. *Annual Reports*, 1896-1900.
88. *Annual Reports*, 1890-1900.
89. *Annual Report*, 1897
90. Thomson, on pages 219-20 of *Black's Medical Dictionary* informs us that convulsions in infants are caused either by a difficult labour, by a sudden rise of temperature brought on by pneumonia, by an irritation in the bowels, kidneys, bladder, ears or teeth, by a disease of the brain such as meningitis, by asphyxia or by epilepsy.
91. *Annual Reports*, 1890-1900.
92. *Annual Report*, 1890, pp.10-11.
93. *Ibid.*, p.11.
94. *Ibid.*, p.12.
95. *Annual Report*, 1897, p.16.
96. *Annual Report*, 1891, p.13.
97. *Annual Report*, 1900, p.17.
98. Gillion, *Fiji's Indian Migrants*, p.108.
99. *Ibid.*
100. *Annual Report* 1893 p.18. This *Report* also stresses the need for daily inspections of the lines by employers; for the provision of competent nurses, good houses and good milk rations. and for prompt hospital treatment.
101. *Annual Report* 1900, p.17.
102. Gillion, *Fiji's Indian Migrants*, p.91. In 1895, he observes, this figure dropped to 19.75 per cent.
103. *Ibid.*, p.95.
104. *Ibid.*
105. *Ibid.*, p.107.

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